

Guidance on care home visiting (England only)

Background

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.

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 7 of this document we have shared some ways to make the most of these visits.

Government guidance

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 12 April 2021 as changes were made to allow two regular indoor visitors.

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 the types of care home visits described in this guidance 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.

Blanket bans of whole local authority areas are not deemed appropriate according to the government guidance.

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, visits should stop (except in exceptional circumstances such as end of life). “*Essential care givers can continue to visit unless there are specific reasons not to do so*” (see section below on essential care givers to see who this includes). 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. More information can be found [here](#).

Care homes not enabling visits

The default position in the [government guidance](#) is that visits should be facilitated where this can be done safely. There may be reasons where visiting is limited due to factors such as the layout of the care home, that makes it difficult to socially distance. However the guidance is clear that blanket bans on visiting cannot be put in place.

If you believe a care home is not following the government guidance, and you are unsatisfied with their response after raising it with the care home manager, you can complain to the Care Quality Commission (CQC). The CQC is the regulator responsible for ensuring the safety and quality of care provided in care homes. The CQC can be contacted by email on enquiries@cqc.org.uk or telephone 03000 61 61 61.

Named visitors

Every resident should be asked by the care home who they wish to nominate as their two named visitors. If the resident lacks the capacity to make this decision, the guidance suggests that this is discussed with their family, friends and others who may have usually visited them, and should be done in the residents best interests inline with the empowering framework of the Mental Capacity Act. Social workers can also be engaged by the care home, resident or family to support these conversations.

Latest government guidance advises that the two named people should be the same people each time as far as possible. This limits the overall numbers of visitors and reduces the risk of infection. The two named visitors can visit at the same time (providing this can be facilitated by the care home) or separately if they prefer.

The guidance does acknowledge there may be some situations where the named visitor may be unable to continue, and urge families and care homes to take a pragmatic approach when this occurs.

In addition to the two named visitors, care home residents with higher care needs can nominate an 'essential care giver'. The essential care giver does not need to be one of the two named visitors, and can be in addition to the two named visitors. See more on the essential care giver role below.

Other friends and family members who are not named visitors or essential care givers which can be facilitated through arrangements such as outdoor visiting, rooms with substantial screens, visiting pods or from behind windows.

Arrangements for the visit itself

The care home should have an arrangement to enable booking/appointments for visitors – ad hoc visits should not be enabled.

The government guidance advises that visits should take place in well-ventilated rooms and care homes should consider designated visiting rooms where one visit can take place at a time and these rooms have regular enhanced cleaning between visits.

PPE should be worn by care home visitors, there is [further guidance](#) that sets out what PPE should be worn in different scenarios.

Physical contact must be kept to a minimum, visitors and residents can hold hands but other physical contact such as hugging is not permitted. Social distancing from other residents, visitors and staff must be maintained.

Indoor visiting supported by testing

All visitors are required to take a lateral flow test before visits are allowed to go ahead. For those who have tested positive for COVID-19 do not need to be retested routinely within 90 days of a positive test, unless they develop new symptoms or if local arrangements are in place that would require them to be tested.

Care homes must be clear to visitors about the expectations of visitors including use of PPE, social distancing, hand hygiene, any physical contact and what to do if the visitor tests positive.

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. The visitor must also wear appropriate PPE and follow all other infection control measures.”*

In the case that a visitor tests positive they have to leave and go home straight away and where possible avoid using public transport. They must then follow the government [guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#), immediately self isolate and complete a PCR test provided for them by the care home. If the PCR test is positive then their household will need to self isolate too.

The guidance says that being vaccinated is not a condition required for visiting, however they do

encourage everyone who is offered a vaccine to take it up.

Essential care givers

The guidance describes the situation in which visiting involves more direct personal care that is core in sustaining their immediate health and wellbeing. Under such circumstances and with the agreement of the care home the visitor will be supported and enabled to give this care and be allowed to visit more often.

They will have the same access to testing and PPE as care home staff. An individualised assessment of the residents needs to be undertaken and it is acknowledged that each resident is different and so such arrangements need to be agreed between the care home, the resident and their family.

The guidance refers to types of care tasks that cannot be easily be fulfilled by a member of staff, e.g. *“This could include intimate care such as help with washing and dressing where the resident becomes distressed unless it is carried out by a familiar loved one. There may also be some situations where it is not the close contact per se, but the presence or company of the visitor that is critical to provide emotional and mental support. For example, a resident’s refusal to eat unless they do so in the company of a partner or loved one may be presenting a real risk of significant physical deterioration.”*

Although not a prerequisite this support from a loved one may already form part of their care plan.

The essential care giver is seen as an exceptional circumstance and so are permitted to continue visiting in the event of an outbreak in the care home, unless there is a specific reason not to do so.

New resources

The National Care Forum, Rights for Residents and other partners have developed a set of resources, designed to provide practical support to care home staff, residents and visitors observing the current care home visiting guidance. It’s called [Partners in Care](#) and has a range of tools to help friends and relatives and care homes to work together to help make the most out of visiting.

Outdoor visiting and ‘screened’ visits

The government guidance also allows for more visitors than the single named visitor or essential care giver, provided these are enabled in such a way that decreases the risks to visitors residents and staff. These should be covid-secure such as *“...behind substantial screens, in designated visiting pods, behind windows or outdoors”*.

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 (accompanied if appropriate by essential care giver) 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
- if the resident has an essential care giver, they could sit with the resident while another visitor was on the other side of the screen or window. For some residents, this may help them to recognise and chat with their visitors – improving the visiting experience for everyone

In all cases:

- visitor numbers should be limited wherever possible. (with 2 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
- appropriate PPE must be used throughout the visit, and around the care home building and grounds
- social distancing (between visitors and residents, staff, and visitors from other households) must be maintained at all times – during the visit, and around the care home building and grounds

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.

The guidance says when deciding visiting policy staff will need to apply the legal and decision making framework of the Mental Capacity Act 2005 for each resident individually and not take a blanket approach for groups of people.

Care homes must consider the rights of residents who may lack the relevant mental capacity (including residents who lack the capacity to choose who they want their single named visitor to be.) 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). Wearing PPE remains the case even if both resident and visitor have received a COVID-19 vaccine.
- 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."*

Preparing for the visit

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 have 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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