

COVID-19 Visiting Procedure for Care Homes, Supported Living and Extra Care Settings



UPDATED VISITOR PROCEDURE IN RESPONSE TO COVID-19

The safety and wellbeing of our those who use our services is always our number one priority. We know that visiting is a critical part of wellbeing for our service users and their loved ones and friends. The Government have updated the guidance on [Vising guidance](#) and for those in [Supported Living settings and Extra Care Settings](#) has changed. This accompanies the [government roadmap to ease restrictions across England](#) and replaces all previous guidance on visits.

We have reviewed and updated our Visitors' Protocol to reflect the recent changes and to ensure we remain considerate of the rising cases and what that means for safe visiting and will continue to review these measures and communicate on a regular basis. Any questions regarding visiting should be directed to the specific care setting's manager your loved one or friend is residing in.

Important Access Information

Below are few important points which we need residents and families to be aware of prior to the visit:

- If a Home has been closed because of Public Health Dorset advice or due to a recent outbreak of Covid within the Home, any visit type will not be able to happen until the Home reopens
- Where a care home is situated in a local community with high, or rapidly rising, levels of infection, and/or where there is evidence of variants of concern (VOCs), care home managers should seek additional local advice from directors of public health for visiting out of a care home/setting
- Newly admitted residents to a care home who are transferring from an interim care facility or transferring from another care home will no longer need to self-isolate upon arrival if the below requirements are satisfied:
 - The person admitted is fully vaccinated, wherever possible
 - Local guidance from the Director of Public Health about community transmission of variants of concern is followed
 - The person admitted has no known contact with a COVID-positive person
 - The care home has taken into account the circumstances at the care home or interim care facility from which they are transferring, prior to admission
 - The person is subject to an enhanced testing regime consisting of a PCR test before admission (within 72 hours), a PCR test on the day of admission (day 0) and a further PCR test 7 days following admission (day 7). Additionally, we recommend daily rapid lateral flow testing until the day 7 PCR result has been received
- All visits into the care setting will be appropriately risk assessed for indoor and outdoor visits
- It is strongly recommended that all visitors and residents take the opportunity to be vaccinated before conducting visits
- Children aged 11 and over should wear the same PPE as adult visitors and should not undertake regular asymptomatic testing. Children under the age of 3 should not wear masks. Any children visiting (apart from babies and preschool-aged children) should also be counted towards the maximum number allowed for the visit
- During your booked visit, we ask that under no circumstances should items be passed between visitors and residents directly. If visitors are bringing gifts etc., they need to be given to a member of staff who will ensure they are suitably sanitised before the item is given to the resident
- Residents can have 'named visitors' who will be able to enter the care home for regular visits. There is no limit on the number of 'named visitors' that a single resident can have and no nationally set limit on the number who can visit in a single day
- Residents can choose to nominate an essential care giver who may visit the home to attend to essential care needs. The essential care giver should be enabled to visit in most circumstances, including if the care home is in outbreak (but not if the essential care giver or resident are COVID-positive), or if the essential care giver is not fully vaccinated and is notified they are a close contact of someone who is COVID-positive)
- Named visitors and residents are advised to keep physical contact to a minimum (excluding essential care givers). Physical contact like handholding is acceptable if hand washing protocols are followed.

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Close personal contact such as hugging presents higher risks but will be safer if it is between people who are fully vaccinated, without face-to-face contact, and there is brief contact only

- Visitors to care homes are advised against visiting if they are identified as a close contact, unless absolutely necessary. Where visits do occur, visitors should have received a negative PCR result prior to their visit, and a negative LFD result earlier in the day of their visit. Residents in care homes who have been identified as close contacts of someone who has tested positive for COVID-19 do not need to self-isolate as long as they are fully vaccinated, and can continue to receive visitors as normal
- Residents should avoid receiving visitors who are clinically extremely vulnerable for 10 days after they have been in contact with a COVID-positive case, except in exceptional circumstances. Where possible, residents identified as close contacts should undertake a PCR test, and following this undertake daily lateral flow testing for up to 10 days
- The named visitors will be required to take an LFD test **before every visit or outing** which will be provided by the Home (where an independent test cannot be evidenced). Whilst the designated visitors wait for their test result on site (approx. 25mins), they will be required to complete consent and privacy documents with regards to us completing tests and holding data on their behalf
- **IF** the visitor(s) have taken a test was completed **that day** (day of visit **only & not** before), it **must** be evidenced as such (email, text re LFT report, etc showing the date that will be the same as the day of the visit and that the test was negative). A Risk Assessment (within the service) can then evaluate this as a **low risk**. If **any** of these elements could not be met or evidenced, then a visitor **must** take the LFT at the setting prior to accessing for a visit
- Others involved in the visit should take steps leading up to the visit to minimise the risk to the resident and others in the care setting, recognising that introducing COVID-19 puts all those who live and work there at risk. This includes receiving a negative test and following good infection control practice including social distancing, hand hygiene, wearing face coverings/masks and avoiding crowded places
- Where residents are visiting a location with an existing testing regime, for example a workplace, day care centre or education setting, they should participate in the relevant testing regime for that organisation where possible

Types of Visit Available

Type of Visit:	Requirements:
Window Visits	This will need safe ground floor window access for both the resident 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. The service 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.
Designated Areas within a Care Setting	Depending on the physical layout of the care setting, it may be possible to enable visits to an identified location inside reserved for this purpose, that facilitates good ventilation, social distancing, ease of access by residents, and limits visitor journeys in passing through the areas. An example might include the use of a conservatory as a designated visiting area, such as the use of a Pod.
In-Room Visits	These visits may continue to be facilitated as appropriate, in line with the company's guidance in relation to essential / end of life visits to ensure the resident's final days and moments can be managed with dignity and comfort, taking into account their physical, emotional, social, and spiritual support needs.

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Remote Visits	We will also continue with electronic meetings with your loved one as a safer alternative, should you prefer this. For people within our services who are not familiar with this technology our staff will be on hand to help run these calls. Please continue to liaise with the service directly over booking these remote visits in.
Outing / Outdoor Visits	<p>Visits out of the setting which do not meet the criteria will need to follow the guidance, including the need for residents to isolate for 14 days on return (the day of return is day zero). This is to ensure that – in the event they have unknowingly become infected while out of the setting – they minimise the chances of passing that infection on to others within the setting including staff. These activities are:</p> <ul style="list-style-type: none"> • Overnight stays in hospital that are unplanned (an emergency admission to hospital is considered higher risk than an elective procedure) • Visits assessed to be high-risk following an individual risk assessment • Travel to an amber list country <p>For planned hospital overnight stays (such as elective admissions), residents do not need to isolate upon return provided they meet the following criteria. Residents should:</p> <ul style="list-style-type: none"> • Be fully vaccinated • Receive a negative PCR test following their return to the care home (and isolate until the result is received) • Complete daily lateral flow tests for 10 days following their return • Avoid contact with other highly vulnerable residents in the care home <p>If there is a nosocomial outbreak in the part of the hospital where the resident stayed, they should self-isolate for 14 days on their return regardless of whether their overnight hospital stay was planned (elective) or unplanned.</p>
Contractors	<p>Contractors should be following both their company COVID specific guidance and Tricuro's procedures to ensure safe practices are followed appropriately when visiting sites and undertaking works.</p> <p>If a contractor has taken a test and it was completed that day (day of site visit only & not before), it must be evidenced as such (email, text re LFT report, etc showing the date that will be the same as the day of the site visit and that the test was negative). A Risk Assessment (within the service) can then evaluate this as a low risk.</p> <p>If a contractor is unable to provide this assurance, they must undertake the lateral flow test and follow the services COVID-safe procedures.</p>

NB. Should visitors themselves need support – such as a sighted guide to visit a resident, staff will be able to support this.

Safety and Infection Prevention Control

All Tricuro care settings are fully stocked in terms of essential hygiene products such as hand sanitiser, bacterial hand wash and other relevant medical materials and will remain so for the foreseeable future. Our dedicated staff are also doing all they can to maximise infection control measures within the care settings and are being monitored themselves before they enter the building. Any staff member who is experiencing a high temperature, a cough or shortness of breath – or is socialising with anyone with these symptoms – will be asked to stay at home.

Rights and responsibilities

This protocol includes a set of rights and responsibilities for both care providers and visitors which put the welfare and wellbeing of residents/ people receiving care at the heart of the approach to developing their visiting policies:

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Rights	
Care Providers have the right to:	Visitors have the right to:
Mitigate the risk of infection by refusing entry to the care setting to anyone, or requesting that a resident leave the premises, for any justifiable reason consistent with this protocol.	Access in accordance with the entry requirements set out within the Visiting Policy of the care setting.
Consider increased visitor restrictions when an outbreak (including non-Covid19) occurs within the care setting or declared outbreak / clusters have occurred in the home's local area, or if there are other extraordinary circumstances that require it, and usage of such circumstances will be monitored.	Be notified by timely and regular updates and information about what is happening in the care setting, in relation to visiting and local Covid19 prevalence and transmission risk.
	Be provided and supported with additional ways to connect, such as video conference or telephone calls in addition to a limited number of in-person visits.

Responsibilities	
Care Providers have the responsibility to:	Visitors have the responsibility to:
Follow Government and local Director of Public Health guidance, including guidance on visitors.	
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 Visiting Policy and Visitor Code, including booking in advance.
Provide clear information about how the visit will work and the infection control measures that must be followed.	Not to visit when unwell or displaying signs of a cold/flu, respiratory or COVID19 symptoms.
Appropriately support staff to facilitate visits including written processes and procedures.	Respond truthfully to COVID19 screening questions asked by staff and to sign the checklist and visitor book.
Treat all visitors with respect and courtesy, and to provide clear instructions about the visiting policy and protocol.	Treat all staff with respect and courtesy, and to follow their instructions on the visitor policy and protocol.
Proactive communication with people within our services and families where an outbreak occurs, and the impact on the visiting policy and protocol.	Follow visiting requirements including, infection prevention control measure such as: <ul style="list-style-type: none"> • Respiratory and Hand Hygiene • Remaining in designated areas • Social distancing requirements – as directed by the staff • Provision of contact details to support NHS Test and Trace – and that failure to do so may affect the future ability to visit

Risk Management

Tricuro will consider both the benefits and potential risks involved in a visit out of the care setting with the family/carer/representative, in order to recommend measures to mitigate risks before, during and after the visit. Consideration will be given to the risk to other people within the care setting (who may be particularly vulnerable) and staff. Individual risk assessments should take into account:

- The vaccination status of the resident, visitors, and staff, including the extent of 2nd vaccinations

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- Any testing of those accompanying the resident or who they intend to meet on their visit out
- Levels of infection in the community
- Variants of concern in the community
- Where the resident is going on a visit and what activities they will take part in while on the visit
- The mode of transport that residents intend to use

When considering the most appropriate testing route, managers should consider any additional risks that may arise from testing off site, as well as the confidence and ability of visitors to carry out tests away from the care home. This may include factors such as:

- Visitors inaccurately conducting or reporting lateral flow testing themselves
- The increased risk of visitors needing to take public transport to a testing site, particularly where it is far from the setting, or coming into contact with other people
- Visitors may not have a mobile phone or email address to receive the result of their test

Where visitors will be self-testing, managers may wish to supervise the first few tests on site and provide support to ensure visitors are confident conducting the tests at home and they are being completed and reported satisfactorily. Wherever the test is conducted, it must be done on the day of the visit. Once the visitor has reported the test, they will receive confirmation of their result by text message (SMS) and email to show proof of result. Visitors should show proof of a negative test result before every visit, such as:

- An email or text from NHS Test and Trace
- A date-stamped photo of the test cartridge itself

If visitors are not able to produce a negative test, they may be asked to reschedule or be prepared to take the test on site. Care homes do not need to retain records of proof.

All tests done both at the care home and when self-testing at home should be reported to the unique organisation number (UON) of the care home and managers should ensure visitors are aware of their UON and the legal duty to report the result. If the visitor tests positive they must immediately self-isolate once notified by Test and Trace, following government [guidance for households with possible or confirmed COVID-19 infection](#). If the test has been taken away from their own home, when returning home, they should avoid public transport and wear a mask. Visitors should also complete a confirmatory polymerase chain reaction (PCR) test which should be provided to them by the care home if testing on site, or ordered from the [government portal](#) or by calling 119.

Mental Capacity

The individual resident, their views, their mental capacity, their needs and wellbeing should be taken into account when decisions about visiting are made, recognising that the care home will need to consider the wellbeing of other residents as well. These decisions should involve the resident, their family and friends and the provider and other relevant professionals such as social workers or clinicians where appropriate. The phrase 'family and friends' is intended to be a wide-ranging and inclusive term to describe the network of people around the resident who may wish to visit, or whom the resident may wish to meet.

Some residents will have particular needs (for example, those who are unable to leave their rooms, those living with dementia or those who may lack relevant mental capacity) which may make it challenging to follow some of the detailed advice on the conduct of visits. If so, Managers and staff will work with the resident, their family, friends and any volunteers to develop a tailored visiting policy within the principles outlined. These residents will fall under the empowering framework of the Mental Capacity Act 2005 (MCA) and are protected by its safeguards. Where appropriate, their advocates or those with power of attorney should be consulted, and if there is a deputy or attorney with relevant authority they must make the best interests decision to consent on the person's behalf to the visiting policy.

The assumption is that there will only be one essential care giver for one resident – although exceptions may be agreed subject to this assessment of individual circumstances. Where necessary, social workers can be approached by the care home, resident or family to support conversations on arrangements for essential care giver visits – in particular to help resolve any issues or concerns, and to ensure professional support and/or oversight where required.