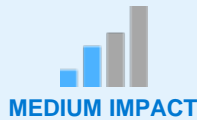




Review Sheet

Last Reviewed
04 Jan '23Last Amended
04 Jan '23Next Planned Review in 12 months, or
sooner as required.

Business impact



Changes are important, but urgent implementation is not required, incorporate into your existing workflow.

Reason for this review

Scheduled review

Were changes made?

Yes

Summary:

This policy details the process to follow with visitors to the service. It has been updated in sections 5.21 and 5.22 following a further update to the Infection Prevention and Control in Adult Social Care: COVID-19 Supplement. This includes that visitors as well as staff might consider wearing a mask if they are aware they are a household or overnight contact of someone who has had a positive test result for COVID-19. References have been checked and updated.

Relevant legislation:

- The Care Act 2014
- Civil Contingencies Act 2004
- Equality Act 2010
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Human Rights Act 1998
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice
- Data Protection Act 2018
- Coronavirus Act 2020

Underpinning knowledge - What have we used to ensure that the policy is current:

- Author: UK Health Security Agency, (2022), *People with symptoms of a respiratory infection including COVID-19*. [Online] Available from: <https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19#what-to-do-if-you-are-a-close-contact-of-someone-who-has-had-a-positive-test-result-for-covid-19> [Accessed: 4/1/2023]
- Author: UK Health Security Agency, (2022), *COVID-19 testing in adult social care*. [Online] Available from: <https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-adult-social-care-settings/covid-19-testing-in-adult-social-care#OUTBREAKTESTING> [Accessed: 4/1/2023]
- Author: Kate Lampard and Ed Marsden, (2015), *Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile*. [Online] Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/407209/KL_le [Accessed: 4/1/2023]
- Author: Legislation.gov.uk, (1998), *Human Rights Act 1998*. [Online] Available from: <https://www.legislation.gov.uk/ukpga/1998/42/schedule/1/part/1/chapter/7> [Accessed: 4/1/2023]
- Author: Care Quality Commission, (2022), *Statement on visiting in care homes following a change in guidance from the Department of Health and Social Care*. [Online] Available from: <https://www.cqc.org.uk/news/stories/statement-visiting-care-homes-following-change-guidance-department-health-social-care> [Accessed: 4/1/2023]
- Author: Department of Health and Social Care, (2022), *Infection prevention and control in adult social care: COVID-19 supplement*. [Online] Available from: <https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement/summary-of-changes-to-covid-19-guidance-for-adult-social-care-providers> [Accessed: 4/1/2023]



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Suggested action:	<ul style="list-style-type: none">• Encourage sharing the policy through the use of the QCS App
Equality Impact Assessment:	QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.



1. Purpose

1.1 To highlight the importance of visitors to and the potential risks of visitors to N/As and staff. This policy details how:

- ┆ Staff protect N/As whilst promoting their rights
- ┆ Staff respond to any risks to themselves or their colleagues

1.2 This policy also includes information on visiting practices to during COVID-19. For visits that take place outside of , staff can refer to CC180 - Visiting Out of Care Homes Policy and Procedure.

1.3 To support in meeting the following Key Lines of Enquiry/Quality Statements (New):

Key Question	Key Lines of Enquiry	Quality Statements (New)
EFFECTIVE	E5: How are people supported to live healthier lives, have access to healthcare services and receive ongoing healthcare support?	QSE4: Supporting people to live healthier lives
SAFE	S2: How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?	QSS4: Involving people to manage risks QSS5: Safe environments
SAFE	S5: How well are people protected by the prevention and control of infection?	QSS7: Infection prevention and control
WELL-LED	W1: Is there a clear vision and credible strategy to deliver high-quality care and support, and promote a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people?	QSW1: Shared direction and culture QSW2: Capable, compassionate and inclusive leaders

1.4 To meet the legal requirements of the regulated activities that {} is registered to provide:

- ┆ The Care Act 2014
- ┆ Civil Contingencies Act 2004
- ┆ Equality Act 2010
- ┆ The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- ┆ Human Rights Act 1998
- ┆ Mental Capacity Act 2005
- ┆ Mental Capacity Act Code of Practice
- ┆ Data Protection Act 2018
- ┆ Coronavirus Act 2020



2. Scope

2.1 The following roles may be affected by this policy:

- | All staff

2.2 The following N/As may be affected by this policy:

- | N/As

2.3 The following stakeholders may be affected by this policy:

- | Family
- | Advocates
- | Representatives
- | Commissioners
- | External health professionals
- | Local Authority
- | Director of Public Health
- | Care Quality Commission



3. Objectives

3.1 recognises the importance of the sustained and supported involvement of families and carers of N/As. also recognises that N/As have full choice over who they wish to see and that staff have a duty to safeguard adults. Staff will be clear on the actions to take to support N/A choice, whilst ensuring that N/As remain safe and free from abuse.

3.2 will have regard for the current national guidance in operation and seek to understand the rules that apply that impact .



4. Policy

4.1 acknowledges that is the home of the N/A, and the flexibility and control that a person would exercise in their own home will be encouraged and supported.

4.2 recognises that family and loved ones being able to visit the N/A is central to developing person-centred care.

4.3 recognises the implications of the Lampard Enquiry for all services, not just NHS establishments. All visitors will be required to follow the procedure detailed within this policy no matter what their status, role or influence.

4.4 Staff will respect the N/A's relationships and give them as much privacy as possible.

4.5 will always respect the choices of the N/A and if it is assessed that they do not have capacity in this area, then all decisions will be made in the N/A's best interests, following the principles of the Mental Capacity Act.

4.6 If there is conflict between visitors, the service, N/As or staff members, then will seek to resolve the issues amicably and to the satisfaction of the person raising the concern. However, the primary focus is the welfare of the N/A.

4.7 Coronavirus and Restricting Visitors

understands that Article 8 of the Human Rights Act 1998 states that all of us have the right to live as we choose, to stay in contact with the people we care about and this can be breached to maintain public health as well as to protect the health of the individual.

The Mental Capacity Act (MCA) encapsulates some specific protection for the rights of people lacking mental capacity. It is essential to test all restrictions, to be sure they are necessary to prevent harm to people, and a proportionate response to how likely that harm will be and how serious it will be. will record the steps taken to ensure that there is as much protection for basic human rights as possible for people who use .

N/As lacking capacity may have a right to visits from an advocate who is acting as an Independent Mental Health Advocate (IMHA) or an Independent Mental Capacity Advocate (IMCA).

will work within the guidelines laid out in the [Infection prevention and control in adult social care: COVID-19 supplement](#).

4.8 Visits at will be conducted in line with national guidelines and decisions made by the senior management at based on a risk assessment.

will work following advice from the UKHSA, the local Health Protection Team (in the event of an outbreak), the local Director of Public Health and the Infection Prevention and Control Lead from the responsible Integrated Care Board.

will follow the policy and procedure laid out in this policy and recognises that the [guidance](#) now covers N/As who wish to visit relatives away from . Further information can be found in [CC180 - Visiting Out of Care Homes Policy and Procedure](#) for staff to refer to specifically on this.

will work with individuals and their families and use robust risk assessments in line with government guidance.



5. Procedure

5.1 In normal circumstances, there will be no restrictions on visiting hours other than those requested by N/As collectively or individually. The only exception may be in the incidence of an infection outbreak, where staff will refer to CC47 - Outbreak Management and Isolation Nursing Policy and Procedure.

5.2 Standard Visiting Procedures

Visitors will be encouraged to announce themselves to staff on entry to the establishment and to sign in and out of the premises.

5.3 Unless specifically authorised by the N/A, visitors will be asked to wait in a reception area while staff ask the N/A if they wish to receive the visitor. If a N/A does not wish to be disturbed, the visitor will be told that the N/A has asked not to be disturbed at that moment.

5.4 N/As' views on which of their visitors, if any, may be given unannounced access to them will be noted in the Care Plan and staff will not grant other people unannounced access.

5.5 If the N/A is assessed as not having capacity in the area of deciding who visits them, visits must still be enabled and encouraged, unless there are compelling reasons to say they are not in the N/A's best interest. The Mental Capacity Act decision-making process will always be followed in these circumstances.

5.6 Visitors are requested to declare all food and drink brought onto the premises for consumption by N/As to a member of staff in order for to exercise its duty of care in this area.

5.7 To minimise the chance of any future misunderstanding, visitors are requested to declare to a member of staff any possessions taken from, or given to, N/As.

5.8 Visitors, where possible, will be accompanied to see the N/A they are visiting.

5.9 On entering, visitors must agree to abide by the relevant policies and procedures.

5.10 In the event of a visitor presenting a risk to the N/A they are visiting, other people accommodated, or staff, Teresa Torres will talk to the visitor who may not realise that what they are doing poses a risk.

If this continues, Teresa Torres would need to assess the level of risk and the impact on the N/A. In extreme cases, the matter will be referred to n/a's Safeguarding Team. If criminal activity has taken place, the police will be contacted and the CQC informed.

5.11 Seeing a loved one in a care home can be distressing, especially in the beginning or as they become more dependent because of frailty, illness or decreasing capacity. Bearing this in mind, if issues or conflict develop, Teresa Torres will first meet with the visitor and try to resolve them. Conflict between staff and a family member or friend may be detrimental to the wellbeing of the N/A. If the visitor has concerns about a N/A's care, these will be acknowledged, understood and acted on.

5.12 If issues cannot be resolved, as an extreme measure, Teresa Torres may consider placing some conditions that restrict the visitor's ability to enter the premises if, for example, they believe (having sought advice from others, like the Safeguarding Team) that the visitor poses a risk to other N/As and staff, or to the running of the service, for example, Teresa Torres could limit visits to take place in the N/A's room only.

5.13 Any conditions will be proportionate to the risks to other people or staff and kept under review. must be able to demonstrate that any conditions are not a response to the visitor raising concerns about the service as this would be a breach of the regulations.

5.14 To promote the safety of and respect for all people using, visitors will only be allowed in the private accommodation of the N/A being visited, or the recognised communal areas of the service. Visitors will not be permitted into the private accommodation of any other N/A without the express permission of the N/A concerned.

5.15 If the visitor is a person who is looking at providing a service for themselves or another person in the future, then these visitors will be accompanied at all times. They will only be permitted to communal areas and the impact on people using the service will be minimised.

5.16 If the visitor is a VIP, or other person with power and influence, then the same procedures for other visitors will be followed. They will be accompanied at all times and access will only be permitted to communal areas. Visits to N/As in their personal accommodation will not be permitted without their express permission.

5.17 will ensure that the Complaints, Suggestions and Compliments Policy and Procedure is available and accessible to N/As, their visitors and their loved ones. will ensure that the Complaints, Suggestions and Compliments Policy and Procedure is followed in the event that a complaint arises. It will make sure that the N/A's care is not negatively impacted as a result of any complaint being made, nor will their visitors or loved ones experience any negative treatment.

5.18 Where there are concerns about the visitors, will follow n/a's procedures and seek advice from the Safeguarding Team.



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The incident reporting system will be used to maintain a record of incidents.

5.19 Volunteers

Volunteers will comply with safer recruitment best practices which will include the need for Enhanced DBS checks if their role requires it. All new volunteers will undergo an induction and this will include the need to maintain professional boundaries. In addition, staff supervising volunteers will need to be mindful of the volunteer's role and raise any concerns with Teresa Torres if they arise.

5.20 COVID-19

There are no nationally set direct restrictions on visiting in care homes currently. Instead, the Government expects and encourages providers to facilitate visits wherever possible, and to do so in a risk-managed way.

Visits in exceptional circumstances, such as end of life, should always be supported and enabled. Families and N/As should be supported to plan end of life visiting more deliberately, with the assumption that visiting will be enabled to happen not just towards the very end of life.

Teresa Torres will ensure that a dynamic, risk based approach is undertaken, considering:

- | The safety of the N/A receiving a visit
- | The safety of all N/As at
- | The safety of staff and visitors
- | How to minimise the risk of any COVID-19 infection
- | Mental capacity and communication barriers where lateral flow testing (LFT) is not available and outdoor or screen visits have to take place
- | Whether N/As, staff or visitors are in an extremely clinically vulnerable group. This, however, should not prevent a N/A receiving visitors in the same way as other N/As and advice can be sought from the GP
- | The provisions and needs outlined in the N/A's Care Plan
- | The appropriate levels of staff to ensure adequate cleaning of indoor areas
- | The willingness of visitors to follow the visitor policy and code
- | The Government rules in place which impact on the type of visits allowed

Agreed outcomes identified from the risk assessment must be recorded on the N/A's Care Plan and communicated to staff. If a N/A has a social worker, they should be called upon if needed to determine the outcome of risk and the measures to put in place. Every N/A will have a Visitor Care Plan in place.

5.21 N/As' Visitors

- | Visitors must not enter if they are feeling unwell, even if they have tested negative for COVID-19, are fully vaccinated and have received their booster. Transmissible viruses such as flu, respiratory syncytial virus (RSV) and norovirus can be just as dangerous to N/As as COVID-19. If visitors have any symptoms that suggest other transmissible viruses and infections, such as a cough, high temperature, diarrhoea or vomiting, they should avoid until at least 5 days after they feel better
- | Visitors do not routinely need to wear a face mask at all times in care settings. However, there remain a number of circumstances where it is recommended that visitors wear masks to minimise the risk of transmission of COVID-19. These are:
 - | If the N/A being cared for is known or suspected to have COVID-19 (recommended Type IIR fluid-repellent surgical mask)
 - | If there is an outbreak – see CC47 - Outbreak Management and Isolation Nursing Policy and Procedure for further information
 - | If the visitor is a household or overnight contact of someone who has had a positive COVID-19 test result
 - | If a N/A is particularly vulnerable to severe outcomes from COVID-19 (for example, potentially eligible for COVID-19 therapeutics), mask wearing may be considered on an individual basis in accordance with their preferences
 - | Mask wearing may also be considered when an event or gathering is assessed as having a particularly high risk of transmission
 - | If the N/A would prefer visitors to wear a mask while providing them with care then this should be supported
 - | should also support the personal preferences of visitors to wear a mask in scenarios over and



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above those recommended in the [guidance](#)

- | Visitors conducting personal care must wear the appropriate PPE in line with staff at
- | Further details on testing can be found in CC94 - COVID-19 Testing Policy and Procedure

5.22 Testing Positive for COVID-19

If a N/A tests positive for COVID-19, they should isolate in their room for up to 10 days from when the symptoms started, or from the date of the test if they did not have symptoms, with tests available to end the period of isolation earlier.

During periods of isolation, N/As can be supported by:

- | Receiving one visitor at a time
- | Having access to outside space to assist rehabilitation if possible.

5.23 Visiting Professionals' Testing

Visiting professionals, such as GPs, nurses and CQC inspectors may attend as part of their work and will be required to demonstrate that they are safe to enter the premises.

They must follow government advice on visiting precautions and their own relevant testing precautions for their profession.

Further guidance around testing can be found at [COVID-19 testing in adult social care](#).

5.24 Outbreak Management

In the event of an outbreak of COVID-19 at , the following may be considered:

- | Proportionate changes to visiting: some forms of visiting should continue. One visitor at a time per N/A should always be able to visit inside . This number can be flexible in the case that the visitor requires accompaniment (for example if they require support, or for a parent accompanying a child). End-of-life visiting should always be supported

In this situation, will set out alternative options to maintain social contact for N/As, such as offering visits in well-ventilated spaces with substantial screens, visiting pods or from behind windows, while providing regular, personalised updates to N/As' loved ones. Forms of virtual communication might also be promoted including the use of Zoom, WhatsApp and Skype.

Any home closure will be carried out in consultation with n/a, the Health Protection Team and the Director of Public Health. Staff can refer to CC47 - Outbreak Management and Isolation Nursing Policy and Procedure for more information.

Please refer to CC47 - Outbreak Management and Isolation Nursing Policy and Procedure.



6. Definitions

6.1 Visiting Professionals

- | These are professionals who visit care homes as part of delivering their role, including health professionals, CQC inspectors and maintenance workers

6.2 Coronavirus

- | Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus
- | Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease and cancer are more likely to develop serious illness
- | New variants of coronavirus are in evidence within the UK and, in some cases, are believed to be causing the virus to spread more quickly. It is not thought, however, to be causing more serious infections or that the vaccines will not work because of the change

6.3 The Lampard Enquiry

- | An independent report into the themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile and the abuse that took place which focused on the NHS and made recommendations for future practice to reduce the chances of similar happening again



Key Facts - Professionals

Professionals providing this service should be aware of the following:

- | There are no national restrictions on the number of visitors to a N/A and visits should be facilitated wherever possible
- | Visitors must sign in and out when they visit
- | All N/As can have one visitor at a time inside, in all circumstances, including during periods of isolation and outbreak
- | If a N/A does not want to see a visitor, then this must be respected
- | When a N/A is assessed as not having capacity to decide whether they see someone or not, then decisions must be made in their best interests following the principles of the Mental Capacity Act
- | When conflict occurs with a visitor, it must be managed sensitively and where possible, the wishes of the N/A followed
- | The safety of the N/A, other N/As and staff is paramount



Key Facts - People affected by the service

People affected by this service should be aware of the following:

- | You are encouraged to discuss any concerns or suggestions about visitors to with Teresa Torres
- | Visitors are encouraged at
- | All COVID-19 visiting requirements will be followed at
- | If you do not want to see someone, then this choice will be respected and staff will support you



Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

Care Quality Commission - Better care in my hands: A review of how people are involved in their care, May 2016:

<https://www.cqc.org.uk/publications/themed-work/better-care-my-hands-review-how-people-are-involved-their-care>

Care Quality Commission - Visiting Someone in a Care Home:

<https://www.cqc.org.uk/help-advice/what-expect-good-care-services/visiting-someone-care-home>



Outstanding Practice

To be 'outstanding' in this policy area you could provide evidence that:

- | has completed thorough risk assessments and Care Plans reflect visiting arrangements or how a N/A maintains contact with loved ones
- | There is evidence that feedback from visitors is used to improve services
- | The wide understanding of the policy is enabled by proactive use of the QCS App
- | is proactive in identifying visitors for N/As and increasing their network of friends
- | Visits are facilitated in a highly flexible manner and in locations at the direction of the N/A
- | always discusses visitors with the N/A and consistently respects their wishes
- | There is wide evidence of visitors being extremely satisfied with the input of in maintaining relationships



Forms

Currently there is no form attached to this policy.