

Care England statement on visitation to Learning Disability services

There are indications that we are now past the peak of the Covid-19 pandemic and across the UK our devolved governments are beginning to ease some of the lockdown restrictions, and have released guidance on the limited ways people, including those who are shielding, are now able to meet outdoors in public and private spaces. Guidance for care settings in managing the release of lockdown remains general and lacking in specific detailed advice. It does, however, make clear that, in the majority of circumstances, if a person who does not lack capacity to make relevant decisions wishes, then, even if they are clinically very vulnerable, they might now decide to go outdoors, while still keeping strictly to social distancing rules. The guidance outlines the potential benefits of fresh air, exercise, and carefully managed meetings with family or friends.

Providers fully understand and appreciate the role friends and family play in supporting their loved ones and we know for many, the last few months have been extremely difficult. The primary concern of providers has and will continue to be, the health and well-being of all the individuals they support and their staff. With that in mind it is important that, on behalf of the individuals we support, we find ways of supporting increased contact with families and friends but that this is approached in a way that is safe, sensible and does not undo all of the efforts of so many to date.

The starting point for decision-making must be safety, transparency and a human rights-based approach. Clearly, we cannot ease restrictions for the rest of society while keeping people with care and support needs locked down indefinitely. But, the move towards increased liberty of movement must be accompanied by ongoing person-centred risk assessments.

In some circumstances, it may be appropriate for visits to services to take place in outdoor spaces, for example the garden. The care provider needs to carefully weigh up the risks to service users, staff and visitors of a visit going ahead and balance them against the potential emotional harm to an individual of not seeing important people in their lives. A Care England member has developed a very helpful risk based decision-making tool that provides clear step-by-step guidance and that is attached in Appendix 1. Any decision to either allow or refuse visitors must be clearly documented. It is also recommended that the regulator is notified of the decision. In the case of supported living, where the service user has a tenancy agreement, the provider cannot legally prevent visitors. Where it is felt that a visit to an individual in supported living would be too risky and should be avoided, this should be fully discussed with the landlord. Visitors will need to consider how they will travel to the care home and in particular whether their journey necessitates the use of public transport. Visitors will be encouraged to walk to the home or use own transport (avoiding public transport). It might be that some assistance is required to enable visitors who are especially vulnerable to get to the care home.

For a minority of individuals being supported who lack mental capacity to understand about the current pandemic, there may be an additional risk because the person is unable to keep to social distancing rules. Again, the risks of a visit need to be balanced very carefully against the individual's human rights and the emotional risks to the individual of not seeing loved ones. Another Care England member has prepared a very useful flow chart to guide decision making in these situations which is attached at Appendix 2. In these particularly challenging situations, the care provider should try and involve in the decision being made the person as far as possible, relatives or friends concerned for their welfare, any advocates, commissioners and appropriate members of the multi-disciplinary team. It is strongly advised to include the local CQC inspector for the service. The focus of decision-making is always to

find the way forward that keeps a specific individual safe, while lessening restrictions on their rights to privacy/ family life, and liberty. Any interference with the human rights of the individual must be necessary to prevent harm (whether to them or in a wider public health context) and a proportionate response to the likelihood and seriousness of these harms. A detailed record of the decision-making process, including the names of the people involved, should be kept.

Decisions should be revisited as necessary in light of what is likely to be fast-changing guidance in response to the numbers infected and whether these are rising or continue to fall. Such decisions will be vital in mitigating the probability and severity of a second peak.

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Appendix 1: Risk-based decision-making tool

Actions Taken	Please tick when completed:		
	YES	NO	N/A
<p>Q.1. Is anyone shielding in the care home/service? If 'No', please continue with the completion of the tool. If 'Yes', the latest government guidance should be consulted in conjunction with the best interest of the individual.</p>			
<p>Q.2. Are there people we support and staff who are COVID-19 possible (awaiting test results) or COVID-19 positive and are self-isolating – please check the service's dynamic support register (DSR)? If 'Yes', this request cannot be supported due to the risk of transmission.</p>			
<p>Q.3. Is the person or any member of the family who the person we support wishes to meet with self-isolating as they are COVID-19 possible (awaiting test results) or COVID-19 positive? If 'Yes', this request cannot be supported, due to the risk of transmission and the need to keep everyone safe.</p>			
<p>Q.4. Is the meeting planned to take place in an open-air setting (e.g. garden) that will involve less than 6 people (England) or 8 people (Scotland), or within a 5m radius of the service (Wales)?</p>			
<p>Q.5. Can the meeting be facilitated with the person's assessed staff support ratio to safely meet their needs, where applicable?</p>			
<p>Q.6. Does the person have the ability/capacity to maintain social distancing during the meeting? If 'No' then devise, if possible, ways to enable and support the person to learn appropriate social distancing skills, even if they need frequent reminding. Only if this is recorded as impossible, refer to the flow chart in Appendix 2.</p>			
<p>Q.8. Has the individual who the person we support wishes to meet up with confirmed:</p> <ul style="list-style-type: none"> ✓ The location of the meeting? ✓ When it will take place? ✓ How long for? ✓ Everyone 'meeting' is asymptomatic and not self- isolating? ✓ Have not been in contact with anyone who has been confirmed to be COVID-19 positive in the last 14 days? ✓ That everyone involved in the meeting will maintain social distancing (keep 2m apart)? ✓ Will wear the face mask/s provided (where applicable) during the meeting? ✓ If the person requires any assistance with care and support, the arrangements that are in place (see guidance regarding agreements for England, Scotland and Wales)? <p>All questions must be answered 'YES' for the meeting to take place and for the person we support, staff and other person /people involved are kept safe.</p>			
<p>Q.9. Does the person have capacity to make this decision?</p>			
<p>Q.10. Where the person lacks capacity, has a 'best interest decision' been agreed and been recorded? It is important to consider the second principle of the Mental Capacity Act (MCA) that nobody shall be found to lack capacity for a decision till all reasonably "practicable" attempts have been made without success to enable them to make this decision, with support if necessary.</p>			
Decision/s made:	Authorised by OM		
	YES	NO	
1.			
2.			
3.			

Actions Taken	Please tick when completed: YES NO N/A
Name of Manager/delegated deputy completing the form:	
Signature:	
Date OM authorised:	

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Appendix 2: Covid-19 family visitation flow chart

