



COVID-19: Visitors' protocol

CPA Briefing for care providers

5th edition – 20 September 2021

Introduction

This protocol was first published in June 2020 following understandable calls from residents, friends and families, providers and staff to enable visiting to residential homes after a long and protracted period of 'lockdown', in line with changes within the wider community.

We have reviewed and updated our Visitors' Protocol on a regular basis to reflect but not duplicate updated official guidance and to provide practical examples of how care services can open up the home more regularly in a way which is safe and proportionate to their localised understanding of risk.

This document should be read alongside the latest Government information:

- [Government guidance on visiting care homes during coronavirus](#)
- [Government guidance on visits out of care homes](#)
- [Government guidance for supported living](#)
- [Government guidance for home care settings](#)
- [Government shielding guidance](#)

In March 2021, following changes in Government guidance, several CPA members, led by the National Care Forum, published [Partners in Care](#) – a series of resources to support meaningful visits. The resources aim to provide practical support to care homes and their relatives and loved ones to adopt the default position that care homes are open for visiting.

The Partners in Care resources include:

- A Visiting Charter - sets out a shared set of rights and responsibilities
- A Visiting Pledge - covers key commitments that all parties can sign up to
- Useful practical resources to support the charter and the pledge

[Access Partners in Care resources on the NCF website.](#)

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Purpose

Recent versions of the Government guidance, and the Partners in Care resources cover many of the points previously considered in the CPA Visitors' Protocol.

We have retained the Visitors' Protocol as it has been very well-received by the sector. Where Government Guidance and the Partners in Care resources provide more detail, we have signposted to these resources rather than reproduce content.

This protocol aims to provide a set of principles and top tips to help people using care and support to have the opportunity to safely receive visitors during the COVID-19 pandemic, while minimising the risk of its introduction to, or spread within, the care setting.

It is primarily aimed at care settings which cater for older people, including people with dementia, such as residential and nursing homes. However, it will be of help for other care settings such as those supporting working age people with a range of vulnerabilities, including physical, sensory or learning disabilities.

This CPA protocol recognises how difficult it has been for both people using care and those who care for them (loved ones and staff) to restrict visits, and the importance of finding ways to enable visits again in a risk-based, balanced way, and help to reduce the inevitable anxiety experienced by the families and friends of those in care settings as they have been unable to visit them for some time.

This is intended to complement and not to replace Government guidance or the very creative and innovative ways in which care providers have been facilitating 'virtual' visits, connecting people via technology to keep in touch, while acknowledging that these have, understandably, been more effective for some groups than others.

Principles for considering how to enable visitors to care settings

Care providers should take a **dynamic risk-based approach** to how they facilitate and manage visits to care settings, which will need to consider the safety of all their residents, staff and visitors and minimise the risk of any COVID-19 infection.

This will have to balance the risk of harm to residents not having visits, with the risk of harm to residents, staff and visitors. Care providers will need to ensure they take a person-centred approach to their visiting policy, taking account of individual needs and capabilities.

Types of visits

[Government guidance](#) (as at August 2021) states that:

“Visiting must be supported and enabled wherever and whenever it is possible and safe to do so – and a wide range of professionals have a role in supporting this, including care home managers, DPH and DASS.”

“As the default position, all care homes should seek to enable the different types of visits described in government guidance.”

Visits may occur in a number of ways, depending on existing guidance and local circumstances. [Please see the latest Government guidelines.](#)

All care homes, except in the event of an active outbreak, should seek to enable:

- indoor visiting by ‘named visitors’ for each resident. These visitors should comply with the arrangements for testing, PPE and limiting close contact
- every care home resident 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 all circumstances, including if the care home is in outbreak.
- opportunities for every resident to see more people than just their named visitors, by enabling outdoor visiting and ‘screened’ visits.
- visits in exceptional circumstances including end of life should always be enabled.

Some other examples are outlined below.

- **Window visits:** This will need safe ground floor window access for both residents 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. Providers 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.
- **Drive through visits:** These are facilitated visits in the car parks of homes. Again, any relevant PPE measures and social distancing will apply.

- **Designated areas within a care setting where settings allow for this:** depending on the physical layout of the care setting, it may be possible to enable visits to an identified location inside the care home reserved for this purpose, that facilitates good ventilation, social distancing, ease of access by residents, and limits visitor journeys through the residential areas. An example might include the use of a conservatory as a designated visiting area.

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 circumstance allow.

Policies and procedures

The Government guidance includes advice on developing the visiting policy in the care home. Key points include:

- The default position is that visits should be supported and enabled wherever it is safe to do so.
- Care homes should develop a dynamic risk assessment to help them decide how to provide the visiting opportunities.
- The local Director of Public Health and Director of Adult Social Services should support the visiting arrangements, unless there is good evidence to take a more restrictive approach.
- The local DPH and DASS have an important role in supporting care homes to ensure visiting happens safely. They should support the visiting arrangements set out in this guidance, unless there is good evidence to take a more restrictive approach in an individual care home for a particular period.
- While frameworks and advice developed by the DPH and covering the local population may be helpful, these should recognise different circumstances in individual homes and variations in infection rates in different areas within the local authority. It is important that any frameworks and advice enable care homes to exercise discretion based on their own circumstances.
- Blanket bans covering whole local authority areas are not appropriate
- Providers should undertake individual risk assessments to assess the rights and needs of individual residents, as well as any specific vulnerabilities which are outlined in the resident's care plan, and to consider the role that visiting can play in this
- In the event of an outbreak in a care home, the home should immediately stop visiting (except in exceptional circumstances such as end of life) to protect

vulnerable residents, staff and visitors. Essential care givers can continue to visit, but not if the essential care giver or resident are COVID-positive.

Care providers should work closely with their staff teams and care managers to provide appropriate support, policies and procedures to enable staff to facilitate visits safely and in line with all the relevant guidance.

Care providers may wish to consider **developing a short individual visiting plan for each resident** (My Visiting Plan) with the overall care plan, tailored to their visiting wishes and preferences, taking account of their individual needs and capabilities and the circumstances of the family/ friends who the resident would like to be able to visit them.

Any **visits involving children** should be carefully considered by the family. The arrangements for the visit – in particular the numbers involved and where the visit will take place – must be planned and agreed with the care home in advance of the visit.

It is possible for a young person under the age of 18 to be an essential care giver – although clearly this would only be appropriate for older teenagers, and must be with the agreement of the care home manager who must satisfy themselves that the young person is confident, capable and willing to provide the care or support agreed.

Visits between residents and their visitors must **operate fully in line with the latest infection prevention and control guidance** including provisions relating to the use of designated areas for visits and the use of social distancing practices, good hand hygiene, use of PPE for visitors and residents.

It is advisable that visits are be **booked in advance for a specific day, time and length of visit**. Visitors must check in with the care provider on the day prior to their visit, just in case the situation in the care setting has changed.

Providers may wish to create a '**Responsible Visitor Code**' which sets out a range of responsibilities that visitors must abide by prior to and during any visit.

You may wish to use The Partners In Care Charter which sets out responsibilities and rights for all those involved in facilitating visits to consider.

The code could state that visitors must:

- book visits in advance for a specific day, time and length of visit
- check in with the care provider on the day prior to their visit, to ensure the situation in the service has not changed
- be free of any COVID-19 symptoms for at least 10 days prior to the visit, as per Government guidance
- not be unwell on the day of their visits

- not be self-isolating
- provide the necessary information required by the provider at the visits (e.g. honest response to screening requirements about COVID-19 risk factors, compliance with NHS Test and Trace arrangements)
- comply with the infection prevention and control measures, including a temperature test, mandatory hand hygiene, the use of PPE as required and social distancing requirements, remaining in the designated visiting area
- ensure that any gifts brought to give to the individual they are visiting can be sanitised, in line with relevant infection prevention and control (IPC) guidance.

Care providers should discuss with potential visitors the best way to get to and from the home. Wherever possible, visitors should a try to walk or travel by car and **avoid public transport when visiting the home.**

Supported visits

Some visitors themselves will need support – such as a sighted guide - in order to visit a care home resident.

As previously stated, the approach to enabling visitors has to be based on the circumstances of the individual care setting (including both residents and staff), the individual needs of the residents within that setting, and the external COVID-19 environment around that care setting. Personalised risk assessment is key, and it is the responsibility of the care provider to make that assessment.

For example, if the visitor is blind or partially sighted, they are very likely to require the support of a sighted guide. A sighted guide provides support for someone whose sight is not sufficient to safely negotiate an unfamiliar environment. This may be another family member or friend – and would therefore be a second visitor.

Permitting a visitor to bring a sighted guide with them, or providing a member of staff to act as a sighted guide, is a reasonable adjustment to make **if** the care home assesses that it is safe to do so.

The home should expect them to comply with the same infection prevention and control requirements as any other visitor. If the care home does not want two people with the resident at the same time, they could arrange for the sighted guide to wait in another empty space, or if available, in their car.

Essential Care Giver

Government guidance supports the role of an [Essential Care Giver](#).

Some residents may have a care or support need that cannot easily be provided by care home staff, or not without causing distress. This might be help with washing and dressing where the resident becomes distressed unless it is done by a loved one.

Other examples could be where the resident is refusing to eat unless they do so with a loved one present. Or where a family member or friend can calm down challenging behaviour more easily than care home staff.

These visitors will be able to visit more often in order to provide this essential care. They will have the same testing and PPE arrangements as care home staff. They do not have to be fully vaccinated

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^[footnote 1] and is notified they are a close contact of someone who is COVID-positive)

Resources on Essential Care Givers

- [Partners in Care: The Essential Care Giver Role – video resources](#)
- [Healthwatch Leeds: Being an Essential Care Giver](#)
- [MHA's More than just a visitor: A guide for Essential Family Carers](#)
- [The Essential Care Giver role and visiting – CPA webinar recording, 17 September 2021](#)
- [The Essential Care Giver role and visiting – Presentation from CPA webinar, 17 September 2021](#)
- [Essential Care Givers: information and support – Relatives & Residents Association](#)

Mental capacity

Government guidance states that:

“Providers must consider the rights of residents who may lack the relevant mental capacity needed to make particular decisions. This will include residents who lack the capacity to decide who they wish their visitors to be. For example, some people with dementia and learning disabilities may lack the relevant capacity to decide whether or not to consent to a provider’s visiting policy. 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.

“When considering their visiting policy, staff will need to consider the legal, decision-making framework, offered by the MCA, individually for each of these residents and should not make blanket decisions for groups of people.

“Regard should be given to the [ethical framework for adult social care](#) and the wellbeing duty in [section 1 of the Care Act 2014](#). Where the individual has a social worker or other professional involved, they can support the provider in helping consider the risk assessment.

“Care homes must also take into account the significant vulnerability of residents in most care homes, as well as compliance with obligations under the [Equality Act 2010](#) and the [Human Rights Act 1998](#), as applicable.”

Ability to suspend visiting

Under current Government guidance if there is a COVID-19 outbreak in the care home, unfortunately visiting will have to stop until the outbreak is over. This is to protect vulnerable residents, staff and visitors.

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)

This should be implemented in a transparent manner with open and clear communication to residents and relevant family members.

Care providers will vary their own responses to enabling visits in person to care settings as COVID-19 risks change within their local community, using their dynamic risk-based approach.

Effective communication

Care providers should ensure that they communicate effectively with relatives and other key stakeholders in an open and transparent way about their approach to visiting, in line with the joint statement: [Keeping Connected: transparency](#).

This is a joint statement from the Relatives & Residents Association and the National Care Forum, endorsed by the Care Provider Alliance, the Care Quality Commission and Skills for Care. It sets out shared expectations and good practice relating to the

importance of clear, open, transparent and regular communications during the COVID-19 crisis between care providers and the families of their residents.

Government guidance also emphasises the importance of open, ongoing communication.

Rights and responsibilities

Everyone involved in managing care home visits during COVID have rights - in terms of what they should expect from others, and responsibilities in terms of what they should do themselves.

[Partners in Care: care home visiting in a COVID world](#), sets out rights and responsibilities of stakeholders involved in care home visits.

It covers the following key themes, which were identified in discussions about best practice between care home providers and residents and relatives' representative groups:

- Timely, regular, open communications
- The screening, testing, PPE and IPC regime
- Accepting that it is a dynamic situation and working together to keep people safe

Useful links

[Visiting arrangements in care homes – Department of Health and Social Care](#)

[Partners in Care: care home visiting in a COVID world – National Care Forum](#)

[Coronavirus information – Care Provider Alliance](#)

[How to work safely in care homes – GOV.UK](#)

[Partners in Care: The Essential Care Giver Role – video resources](#)

[The Essential Care Giver role and visiting – CPA webinar recording, 17 September 2021](#)

[The Essential Care Giver role and visiting – Presentation from CPA webinar, 17 September 2021](#)

[Essential Care Givers: information and support – Relatives & Residents Association](#)

[More than just a visitor: guide for Essential Family Carers – MHA](#)

[John's Campaign](#)

[Residents and Relatives Association](#)

[Carers UK](#)

[CPA members](#)

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