

Visiting Charter and guidance for family and friends

This charter aims to provide some very **practical ways to help** people using care and support to have the opportunity to safely receive visitors and maintain relationships during the COVID-19 pandemic, and to help those visitors to care settings to visit safely, while minimising the risk of introducing COVID-19, or spreading it within, the care setting.

Visiting should be enabled and it is our default position. We recognise the importance of visits to both our family, friends and residents and we will adopt a “can do” approach to support appropriate visits for as often and for as long as possible where that helps resident wellbeing. We consider visiting as an essential, integral part of care, not an optional extra.

All our residents have a Visiting Plan which will document all the important people and visitors in their life along with what type and frequency of visits should be maintained to keep our residents well and connected with their loved one. Government guidance is continuously changing, but our Duty of Care to keep our residents safe remains paramount so this guidance aims to provide that practical guidance. We will continue to update as the statutory guidance changes.

1. My Visiting Plan

We will complete a short individual visiting care plan for the resident.

The visiting plan must be reviewed no less than monthly, and as soon as the resident’s needs change and/or the home receive mandate from the local governing bodies (local PHE, Local Authority, CCG) (which can differ per area due to the transmission rate within the locality).

The person-centred approach of each resident’s visiting plan will inform the basis of the type of visit that is appropriate for that resident. This visiting care plan must specifically reflect the type of visit and all other ways that the resident is able to maintain contact with their loved ones. From 19th July 2021 restrictions on number of visitors has been lifted but all visitors must continue to be named or nominated visitors; care homes cannot support unplanned visits within the care home from visitors not nominated within individual visiting plans. Additional visitors who are not nominated can be accommodated for outdoor or window visits only. No changes are made to the role of the nominated essential care giver, who may visit the home to attend to essential care needs where appropriate. Babies and pre school children are not counted in the maximum number of visitors.

The latest government guidance (16th August 2021) advises that residents who are admitted from hospital, their own home, or another care home do not have to self isolate on admission provided they meet specified criteria which includes being double vaccinated and evidence of a negative PCR test pre and post admission.

2. Type of Visit

Identify each resident’s visit that is reflected on their individual visiting plan:

There are a range of visits that can be facilitated in all of our homes which are listed below:-

a. In-room visits for residents:

- Each resident can nominate an unlimited number of named visitors (including, where relevant, an essential care giver) as agreed with the care home. We will ask each resident who they would like as their named visitors and liaise with family members and record these details in the residents’ “My visiting care plan”

- The resident can meet with up to 2 of their named visitors at the same time (that is, during the same visit), or they can meet with them separately if that is what they prefer. Essential care givers, babies and pre-school children do not count towards this limit. We will ask the resident how many visitors they would like to see in any one day. Limiting the number of visitors to each of our residents at any one time helps us to manage potential transmission risks within available space.
 - Where the resident lacks the capacity to make this decision, we will discuss the situation with the resident's family, friends and others who may usually have visited the resident or are identified in the care plan to ensure that visits are made wherever possible in line with the above guidance.
 - It is important that the named visitors remain the same people as far as possible. This is important in reducing the risk of transmission, by limiting the number of different people coming into the care home from the community. However, we recognise that there will be situations in which a named visitor cannot continue to visit (for example because of illness). We will take a pragmatic approach to this and would ask that family members liaise with the home if there is a change.
 - Children under pre school ages are not classified a designated visitor and may visit with family members as long as they are generally well and not displaying Covid symptoms.
 - It is not a condition of visiting that the visitors or the resident should have been vaccinated. However, it is **strongly recommended** particularly in the face of new variants that all visitors, take the opportunity to be vaccinated when they are invited to do so through the national programme.
 - Any visitor who is Covid positive may not visit until they can evidence a negative PCR test.
 - If notified that a visitor tests positive for Covid 19 following a visit, the resident does not have to self isolate provided they have received both doses of Covid vaccine.
 - Essential care givers: if an essential care giver has had close contact with a Covid positive person, they must notify the care home and provide evidence of a negative PCR test before resuming visiting. If the essential care giver has not received two doses of the Covid vaccine, they should isolate for 10 days before resuming visiting.
- b. **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. The window / external doors can be opened to facilitate improved communication and hearing but visitors must ensure they remains 2 metres from the resident and not enter the enclosed area/ resident bedroom.
- c. **Designated sanitised, safe room in the home (POD VISITS):** each home will have an identified safe visiting room which will facilitate residents and their loved ones to see each other within a safe distance and with appropriate safety measures. These areas will have direct access from the outside and will not require the visitor going through the corridors in the home. A transparent perspex screen which is considered a barrier will be put in place to maintain infection control precautions, whilst allowing residents and their loved ones to see and talk to each other. In line with the Responsible Visitor Code, families/friends are required to keep their face covering on throughout the visit. Visiting times will be strictly adhered to, POD visits will always be a minimum of 30 minutes, longer times are encouraged for both residents and family where there is capacity to accommodate this, there must be adequate timings between visits to allow the home teams to sanitise the room in between visits.

d. **Residents who leave the home for visits to family and friends**

- All care home residents will be able to participate in more out-of-home visits without having to isolate on their return. Spending time out of the care home is an important part of life, and important to health and wellbeing for many residents. Visits out of the care home may include visits to family or friends or attending medical outpatient appointments. However, spending time with others outside the care home increases risk of exposure to Covid-19 particularly in the face of new variants and for this reason safe measures must be taken to reduce risk of contracting and transmitting Covid-19.
- Since 17th June, residents have been able to leave their care homes to visit a friend or family member's garden, or go on walks in places such as parks, public gardens and beaches. Self isolation is not required when they return provided they have followed latest government guidelines on "Visits out of Care Homes" and have been fully vaccinated i.e. two vaccines (www.gov.uk). Residents are also allowed to visit indoor premises including other family members homes that may involve an overnight visit. Clearly, visits to other indoor premises are a higher risk activity than an outdoor visit out of the home. We therefore require details of the destination, other persons present and activities being engaged during the visit to help us to complete a risk assessment. We also request that other persons involved in the visit out of the care home are as far as possible limited to nominated visitors.
- The visit should be arranged with the care home to facilitate assessment of risk. Residents must be accompanied by either a care worker, or nominated visitor who can provide evidence of current negative rapid lateral flow test and follow the government guidelines of wearing face coverings, washing hands regularly, keeping social distance, avoiding crowded places, remaining outside wherever possible, avoid using public transport. Residents may meet other people but should maintain distance from anyone who is not a nominated visitor as per individual visiting care plan, and avoid close physical contact. It is advisable that any additional persons the resident may meet during the visit has evidence of current negative lateral flow test.
- Any suspected or increased risk of exposure to Covid-19 during a visit out of the care home may result in 14 day isolation on return unless the resident has been fully vaccinated. If the resident has received both doses of Covid vaccine, isolation will not be required..
- Any planned overnight admission into hospital will not necessitate 14 day isolation on return as PCR tests are carried out. Any emergency admission into hospital will necessitate 14 day isolation on return if PCR testing was not conducted during the short admission.

3. End of Life Visits

Visits in exceptional circumstances such as end of life should always be supported and enabled. Families and residents should be supported to plan end of life visiting carefully with the assumption that visiting will be enabled to happen not just toward the very end of life and that discussion with the family take place in good time. Care homes are responsible for ensuring that the right visiting arrangements are in place for each resident, facilitating visiting as much as possible and appropriate with an individual's situation, but made as safely as possible including the relevant infection prevention control measures.

- As a resident approaches the last months, weeks and days of their life it continues to be important to communicate well to enable good and timely decisions around care and especially important to allow visits to residents. Planning these visiting arrangements should proceed from the assumption that visits are enabled in the final months and weeks of life, not just the final days or hours, albeit recognising that these timelines can be difficult to determine with accuracy.
- Visits should be managed flexibly where ever possible that meet the needs of the family and friends.

Visits should not be time bound and should be for a minimum of 2 hours to allow meaningful time together, they may be longer depending on the resident and family emotional wellbeing and personal circumstances and arrangements. Family members should appoint one key family member to act as a contact with the care home and agree with the home team a suitable approach.

- Full PPE and social distancing must be observed and adhered to during the visit. End of Life visits recognise the importance for both resident and family members to be involved in supporting and caring for their loved ones at the end of life. Visits of this nature will require all visitors to undertake a lateral flow test, on the day of their visit either at the home or prior to them arriving at the care home using government testing kits and recording results on the NHS designated App (see guidance on testing, point 6).
- See section 11 “Managed Quarantine and Exemptions” for advice for visits for compassionate reasons from red and amber countries.

4. Conduct of the visit

Care homes are best placed to decide how often and for how long it is possible for visitors to come into the home. This will be determined by practical considerations such as the layout of the home, and the numbers of residents and families who wish to have visits.

Family and Friends will be able to book visits by calling the home directly. Ad hoc or unannounced visits may not be possible as we must continue to limit the number of persons within the care home at any one time to maintain safety.

Visitors should continue to wear masks provided by the home as directed by the care home, aprons are not normally required unless advised by the home according to individual risk. Visitors and residents may wish to hold hands and hug, but should bear in mind that any contact increases the risk of transmission. It is advisable that close physical contact is kept to a minimum and hand cleansing processes are followed.

Visitors should also be careful to ensure they observe strict social distancing from other residents, visitors and staff at all times act on any guidance or instructions given from the home staff team. Visitors must keep to designated areas and are unable to freely circulate in communal areas at this time. Communal lounge areas may be utilised by arrangement provided appropriate space is available to ensure maximum safe distancing.

Visitors will be required to have their temperature checked and complete a visitors form which asks a number of health questionnaires prior to entering the home.

5. Testing arrangements for the named visitors

Testing onsite at the care home is available. Family and friends may also have access to testing through other routes and visitors may be travelling long distances to visit, care home managers can allow visitors to provide evidence of a recent negative test undertaken through other means, if the test has been taken that same day.

Alternative routes may include:

- assisted testing at another lateral flow site such as an asymptomatic testing site (ATS)
- self-testing at home through test kits provided by the care home using packs of 7 test kits (which the MHRA has authorised for self-test use)
- self-testing at home using test kits provided by the government such through a school, workplace, the universal testing offer, or collected from a pharmacy, you can order test by [clicking here](#).

We are not able to provide and distribute testing packs for visitors to self-test with, in line with MHRA rules.

When considering the most appropriate testing route we will 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 here 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, we may want 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. This will support NHS Test and Trace and public health teams to better support care homes to understand the transmission of COVID-19 and prevent outbreaks.

If the visitor tests positive they and their household must immediately self-isolate, 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 can be ordered from the [government portal](#) or by calling 119. Instructions on how to conduct the test and return it will be provided with the test kit. This can be returned either through a courier or through a Royal Mail priority post box. If the confirmatory PCR comes back positive, their contacts may also need to self-isolate. If the follow-up PCR test result is negative, and this PCR test was taken within 2 days of the positive LFD test, self-isolation is not necessary.

Visitors who have recently tested positive for COVID-19 from a PCR test should not routinely be retested within 90 days unless they develop new symptoms or unless specific infection detection and response plans are in place for individuals or in the local area already. This means that some visitors will not need to be tested regularly because they will still fall into this 90-day window. These visitors should use the result of their positive PCR result to show that they are currently exempt from testing until the 90-day period is over following their period of self-isolation. Once the 90-day period is over, visitors should then continue to be tested. They should still continue to follow all other relevant IPC measures throughout these 90 days, including social distancing, maintaining good hand hygiene and wearing PPE.

Access to the designated or relevant room/area of the home will be facilitated by the staff team from the point of entry so that there is as little, if ever, any exposure to other residents' spaces, such as corridors and communal areas. Visitors should stay in the designated location of their visit and not use facilities or other lounge areas in the home.

6. Booking System

The booking system is available in all of our homes to ensure that the visits are coordinated and regulated, minimising the risk of COVID-19 transmission. Bookings are taken by our team; the duration of the visit and the number of people that can visit each day will depend on what the individual care home can reasonably support, the number of persons in the building at any one time, staffing availability, resident choices and requests, and resident wellbeing. At the time of the booking, the staff will also provide the Responsible Visitor Code.

The staff member taking in the booking (member of the admin team, nurse-on-duty or the home management team) will discuss and offer to provide the visitor a copy of the health declaration form (with the Visitors Guidance) via email in advance of the visit.

The visitor will also be informed of the following: if there are unexpected events that are not within the control of the staff and the home, i.e. resident refusing to go to the designated visiting room, the visit needs to be re-arranged for another time. (see Ability to suspend visits section).

7. Responsible Visitor Code

As we aim to continue promoting the safety of our residents and staff, visitors are required to abide to the following, prior to and during their visits to our homes, which will also be given out to our residents' next of kin:

- a. All visits (window or use of safe visiting room, indoor visits or end-of-life care visits, and visits under lateral flow testing) must be booked in advanced, which will include a specific day, time and follow the minimum duration specified by the home (varies per home).
 - b. Visitor will check-in with the home on the day prior to the visit, to confirm the situation in the home has not changed.
 - c. Visitor will arrive for their booked appointment on time
 - d. Visitor is free of any COVID-19 symptoms and not feeling unwell on the day of the visit and in the last 10days
 - e. Visitor is not a contact of a case (last 14 days) who has been advised to self-isolate by the NHS Test and Trace team.
 - f. Provide the necessary information required by the home for every visit, i.e. HEALTH DECLARATION FORM FOR VISITORS have been filled in (in advance or on the day of the visit) and handed back to the staff who will review, verify and sign, at the start of every visit. For those visiting via the Lateral Flow Testing route, consent form within the health declaration form must also be filled and signed.
 - g. Comply with the infection prevention and control measures, including: temperature test, mandatory hand hygiene, the use of PPE as required, social distancing requirements, and remaining in the designated visiting area.
 - h. Ensure that any gifts brought to give to the resident can be sanitised and handed directly to the welcoming member of staff. Any communications with the staff must be kept to a minimum (less than 15 minutes and at a 2 metres distance). If need be, further discussions can be arranged over the phone following the visit.
 - i. We are unable to provide refreshments but there will be a designated visitor W.C. facility – please notify staff when used to enable cleaning to be undertaken.
 - j. . All visitors must be named within the resident's visiting care plan
 - k. Follow any guidance given by the care home when inside the home
- Our staff have the right to work in a calm environment free from harassment

8. Infection Control Practices

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/ resident's bedroom and the use of social distancing practices, good hand hygiene, use of PPE for visitors and residents (for residents who are able to do so).

9. In-home visit via lateral flow test route:

This will only be facilitated following receipt of negative test results. The staff member will take you to the resident's bedroom and will allow you privacy to spend time with each other. Once the visit is over, please use the call bell in the room to alert the staff. We ask that you stay in the room and wait for the staff member to escort you back exit the room. Please note that you will be asked to doff your apron and gloves before leaving the room of the resident. You will keep the mask on until you reach the exit door where the clinical bin is available to discard your mask and complete hand hygiene.

Detailed information about the Lateral Flow Testing has been shared with the families and friends of our residents to best inform them of how the test is conducted and associated guidance surrounding this test and associated visit.

10. Ability to suspend visiting

In the event of any suspected or actual outbreak of COVID-19, or a suspected or known case of COVID-19 within a home, visitor restrictions may need to be immediately implemented which suspend some of these enabling approaches and will include exclusion of any non-essential visitors. This will be implemented in a transparent manner with open and clear communication to residents and relevant family members. We will continue to support visits for End of Life Care during this time. The nominated essential caregiver may, provided they do not have Covid-19 symptoms, continue to visit during an outbreak or if the person they are visiting has or suspected to have Covid-19. However these arrangements are subject to individual resident needs and risk assessment, adherence to weekly PCR testing conducted by the care home and additionally maintaining rapid lateral flow testing, and adherence to same PPE standards as care home employees. We can continue to support window and POD visits during an outbreak only if the individual home has the resources to support this. Decisions will be based on robust risk assessment.

We will continue to provide up to date news via our social media channels and website. We will also provide direct communication to those who have signed up via www.morriscare.co.uk/contact-details.

The protocol must be reviewed by the home management on a regular basis and adjusted accordingly: i.e. updates received nationally and locally via professional bodies such as Shropshire, T&W, and Cheshire Local Authority Bodies); COVID-19 status of the home & the wider local community, and the individual needs and capabilities of our residents.

Local Authority Contacts: Shropshire-based homes (Isle Court, Radbrook, Stretton Hall, and Oldbury) must provide comprehensive update to the Shropshire Council Welfare Officer who contacts the homes on a weekly basis. The Morris Care Centre in Telford liaises with the local Hub, local PHE Officer, whilst Corbrook Park updates the nominated local CCG commissioner.

11. Managed quarantine and Exemptions

Visitors who are arriving or returning from red and amber list countries should follow quarantine guidelines and not visit until the period of quarantine has been completed, subject to negative LFD test on the day of visiting once quarantine is complete.

Exemptions from managed quarantine for medical and compassionate reasons can be arranged by the individual – see guidance accessed at below link. If the quarantine standards cannot be achieved due to urgency of visit for compassionate reasons, the General Manager should contact local PHE for advice and to discuss risk assessment.

https://www.gov.uk/guidance/exemptions-from-managed-quarantine-for-medical-and-compassionate-reasons?utm_medium=email&utm_campaign=govuk-notifications&utm_source=4bfb7c00-80b4-4322-8780-4a206de7c067&utm_content=daily

