

## Guidance on visits *from* a Registered Care Home

### Introduction

Recent changes to the roadmap regulations in England and new government guidance for Registered Care Homes have introduced new procedures for supporting visits out from a care home.

The government's guidance has the following key message:

Opportunities for care home residents to make visits out of the home – whether for a few hours or overnight – are an important part of care home life.

Even as vaccine coverage increases, there are still risks involved in visits out. It is important therefore that care homes, residents, family and friends take steps to manage and mitigate these risks.

This includes the need for residents to isolate on their return from any visit out. As such, we recognise that taking advantage of the increasing opportunities to receive visits within the care home is likely to be the better option for many residents and their loved ones.

In line with our approach throughout the pandemic, Dimensions has made the following decisions with regard to this guidance, the wider national regulations and the Care and Human Rights Acts.

These and other guidance documents relating to people living in care homes during this pandemic identify that, in order to meet the needs of the individual, it is possible where their disability carries a reasonable exemption to deviate from the regulation or guidance.

Dimensions will be following this guidance for care homes while it is applicable and, where visits for a person we support from a care home to a family home is the only option and in the best interests of all concerned, we will if possible include the recommendation that the person self isolates for 14 days on return to their home. We identify below our approach if isolation is not possible.

For the purpose of this guidance the term 'visit' is taken to mean a visit from the care home to the home of another person in their circle of support. This does not refer to the person leaving the care home to undertake community activities, which could include meeting with people in the community in line with national restrictions.

Where the government guidance has potential ambiguity, we have tried to identify how we believe this should apply in Dimensions Group care homes. In all instances a risk assessed / best interest approach should be taken in line with our [framework for decision making around visits](#), which seek to facilitate visits in the safest and most appropriate way and when it is in the best interests of the person and does not compromise the safety of others they live with.

## **When indoor visits can be considered**

Our preferred approach to visits is that, where possible and regardless of the care setting, these should be completed outside, as this is known to decrease transmission risks.

Indoor visits should only be considered if an outside visit is not possible and a risk assessed visit by someone from a care home to another household is the last option when neither of the above are possible.

At this time the government guidance does not state whether a visit from a care home can be overnight, and in some cases the exemptions within the national regulations do not prohibit this. Therefore Dimensions believes that the duration of a visit and whether this would include an overnight stay should be identified within the risk assessment for the visit with consideration given to travel, distances and the impact on the person we support, including any behaviour risks that may arise from an overnight stay not being part of the visit or if it is the only option due to distance – for example, where routines maintenance is a key part of a behaviour support plan.

This risk assessment should consider the wider needs of people sharing the person's home, along with the control measures that can be used to reduce risks. These could include the use of both LFD and PCR coronavirus tests prior to and following visits.

## **Self-isolation on return**

The government's guidance states that people returning to care homes after a visit should self-isolate for 14 days. The care home manager, in collaboration with the family/friends of the person we support, will need to work together to identify all of the control measures that are needed to facilitate the visit and reduce risk.

If isolation on return is not possible, the risk assessment may identify the use/increase of testing for the person, their family and others in the home, where this is suitable and appropriate.

Testing may reduce the risk that not being able to self-isolate creates, or reduce the period of isolation if the person cannot isolate for the full 14 days as it would be detrimental to the person.

Isolation by the family or friends in the household being visited prior to the visit is a further measure that could also apply in addition to, or in place of, other controls that cannot be achieved.

## **Risk assessment**

The risk assessment should consider any underlying health risks in the care home particularly in relation to Covid-19 vulnerability, even with restrictions lifting. It must also take account of any future local or national changes. The vaccine status of the people being supported, their team and the household they are visiting will also be a contributing factor in assessing the risk/benefit of a visit.

The assessment should also identify the vulnerability of the household being visited and their contact and transmission risks.

Risk will be higher in a household with many people of different ages, e.g. school children and working age adults are more likely to have contact with more people than a household of one or two older people who may have been shielding themselves.

The risk assessment should identify what other control measures can be implemented to reduce risk, including limiting contact with anyone else – e.g. not using public transport or a taxi, self-isolating prior to LFD testing to increase accuracy and agreeing that the visit will only be in one location – and will consider how many people are likely to have contact with the person during that time.

Infection control and PPE may also reduce risk; the risk assessment should identify what PPE and cleaning measures can also be implemented to reduce risk both in the household to be visited and on return to the care home. This may include the provision of additional PPE to families for the duration of the visit, or the use of PPE by the person on their return if they able to consent to this.

## **Example to support decision making**

A person we support in their early 60s has an older mother who is unable to travel to the care home to visit them but who, prior to lockdown, was a regular visitor to the home. The household is made up of two adults – the person's mother and their father.

Both have been shielding for the last 12 months, have had their vaccines and do not have contact with others. The person's mother is waiting for surgery and cannot travel and the person we support has shown a reduced level of engagement and signs of depression since their mother last visited. It is not known how long she will be unable to travel for.

To support this situation, the person we support could, if it is in their best interests, undertake a visit to the family home, with the parents' agreement that they will be the only people at the house for the visit, and agreeing any additional risk control measures they can take in advance – e.g. if they are able to take an LFD or PCR test prior to the visit, what levels of PPE will be needed and general advice about ventilation during the visit.

The person we support can be driven by a colleague and both, or only the colleague, can wear a mask in the vehicle. The colleague will support the person to the family home and wait for an agreed time to drive them back.

The person on return to the home will, if possible, take an LFD test before they go back in and, if possible, a PCR test as part of regular testing programmes or an unscheduled test. If possible the person should isolate from other people we support until the result of the PCR is known; if this is not possible, a negative LFD result and additional monitoring (e.g. temperature), infection control measures such as PPE and cleaning can be planned until a PCR result has been obtained.

If the person cannot tolerate a test, all efforts to reduce and prevent contact with others on return to the home should be made, including increased cleaning in shared spaces. These should be identified in the risk assessment.

Where the risk assessment identifies a concern for anyone else living in the home, this decision making will be supported through consultation with other stakeholders, including wider families and care management, as part of any risk based, best interest decisions.

If the above situation involves a sibling relationship, where the family member is of working age and has a frontline keyworker role, the risk of infection would increase and any assessment would take account of this alongside their vaccine status, the use of testing and PPE, and where possible using outdoor environments at the family home as a potential alternative.

Every situation and the reason for the visit will be different, which is why Dimensions will continue to follow relevant guidance and regulations ensuring that the wellbeing of the people we support will be at the centre of all decision making.