

**COVID-19: Visiting
Guidance:
Care Homes
Supported Living
Interactive Provider Session
Friday 14th August**

Welcome and Introductions

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Background and Purpose

Thank you for taking the time to join today's session!

In light of:

- New national guidance re: visiting in care homes and new national supported living guidance *and*

- local COVID restrictions in certain areas of Lancashire

providers have asked for an interactive peer session to discuss the implications of the above and to share issues, queries and best practice

We acknowledge that the speed at which guidance has been published and had to be implemented, combined with local restrictions being implemented has been both challenging and frustrating for our providers

Background and Purpose

- First half of today's session will be led by LCC colleagues from a variety of services, including In-house Operations, Commissioning, Quality, Contracts and Adult Safeguarding and MCA teams ; *please can LCC colleagues introduce themselves*
- Second half of the session will be provider-led discussions and group work, covering issues and best practice associated with the theme of visiting settings during COVID
- Conclude by sharing feedback and agreeing next steps

Agenda

1. Care Homes

- Recap on national/local visiting in care homes guidance - Kath Barron
- LCC in-house older adults residential service response - Alison Walker
- Provider Feedback - Adam Purnell, Kepplegate Care Services
- Comms with friends and relatives of residents - Ellen Smith

Agenda

2. Supported Living and MCA

- Recap on national/local guidance for supported living - Cate Short
- MCA considerations - Cate Short
- COVID task and finish group update - Cate Short
- LCC in-house adults disability service: supported living: response and case studies - Julie Ray

Agenda

3. Provider-led discussion

- Provider-led group discussion - all
- Feedback - all
- Next Steps - Ellen Smith

Recap of main aims of the session

- To recap on national guidance impacting on visiting in care homes and supported living
- To recap on local guidance and any local restrictions
- To share LCC in-house services response and learning and feedback from other providers
- To reflect on MCA/BI considerations and their impact on visiting arrangements
- To facilitate a provider-led group discussion re: the above and share feedback to inform next steps

Care Homes: recap of national and local guidance (Kath Barron)

Lancashire Resilience Forum letter re: Visitors to Care Homes (31 July)

Background:

9 June 2020:

- The LRF initially issued a guidance note on 9 June 2020, in light of the government announcement on 1st June re: the easing of lockdown measures allowing more than one household to meet one other person.
- At the time, a maximum number of six people could meet outdoors, provided social distancing could be maintained; the LRF guidance for care homes at the time suggested that this should be restricted to no more than two individuals outdoors (and in exceptional circumstances indoors, one person with appropriate social distancing and PPE as appropriate).
- The LRF guidance note and accompanying documentation issued was to support providers to facilitate visits to care home residents and those living in supported living services from families and friends.
- The guidance included a sample risk assessment and checklist questionnaire. It was also suggested that providers communicate with residents and their families about the changes to the care setting's Visiting Policy in light of the requirements to reduce the spread of the virus.

New government guidance re: visiting care homes was then published on 22 July

[Visiting care homes during Coronavirus \(link\)](#)

- This guidance is for directors of public health, care providers and others who will be involved in planning to enable visits to care homes. It sets out:
 - the principles of a local approach to visiting arrangements and dynamic risk assessment;
 - guidance for providers establishing their visiting policy;
 - guidance for providers taking decisions on visiting for particular residents or groups of residents;
 - infection control precautions;
 - communicating with relatives and others about the visiting policy and visiting decisions.

New government guidance re: visiting care homes was published on 22 July

- **The guidance states that with effect from 1 August, the government has introduced new guidance for visits to residents living in care homes from families and friends.**
- The guidance will continue to be updated as the risk posed by coronavirus continues to change.
- The process of considering visitors should be led by the relevant local director of public health, who should give a regular professional assessment of whether visiting is likely to be appropriate within their local authority area, taking into account the wider risk environment.

The government guidance re: visiting care homes was then updated on 31 July

[Update on policies for visiting arrangements in care homes during Coronavirus](#) (link)

Two updates were made to the guidance:

- No one should be allowed to enter a care home if they are currently experiencing or first experienced coronavirus symptoms in the last 10 days.
- Visitors should be encouraged to walk or cycle to the care home if they can.

New Restrictions from 31 July 2020 affecting North West England

[North West of England local restrictions: what you can and cannot do \(link\)](#)

- From 31st July, new restrictions were implemented in parts of the North West
 - The restrictions mean that there are additional infection control and protections measure in place in the following areas/districts in Lancashire:
 - Blackburn with Darwen
- East Lancashire:
- Burnley
 - Pendle
 - Rossendale
 - Hyndburn
- From 31 July 2020, care homes in these affected areas **should not** facilitate visits to residents from friends or family in care homes, other than in exceptional circumstances (care homes should restrict visits to these circumstances).

Actions for Care Home Providers (in LRF letter)

In light of the updated government guidance and the announcement of local restrictions in parts of Lancashire, a letter was issued by the LRF on 31 July to all care homes in Lancashire, stating that care homes should:

- update their visiting policy, risk assessments and visiting checklist
- consider the legal, decision making framework offered by the Mental Capacity Act, individually for each of these residents when updating their visiting policy
- consider the advice from the Alzheimer's Society short briefing which sets out some key considerations for people living with dementia
- communicate the updated visiting policy/arrangements to residents/families and friends via a newsletter of similar
- remain vigilant to prevent infection spread , continue to promote hand hygiene, social distancing, correct PPE and maintain high standards of infection prevention
- have plans in place to respond quickly and effectively to restrict visitors if required to do so by the Director of Public Health

Local restrictions in Preston

- New restrictions within Preston came into force from midnight on 8 August; LCC's Contract Management Team emailed all affected care homes:
- **“With regards to visitors, now that Preston has been identified as an intervention area, the advice is that Care Homes should not facilitate visits to residents from friends or family in care homes, other than in exceptional circumstances. Care Homes should restrict visits to these circumstances.”**

Local restrictions in Preston

- [Preston City Council FAQs: what you can and can't do in Preston](#) (link); guidance
- [North West of England local restrictions: what you can and cannot do](#) (link); national guidance updated on 10 August to include Preston; this is the same guidance that applies to Hyndburn, Burnley, Pendle and Rossendale, but in Blackburn with Darwen, additional restrictions are in place

Districts/areas in Lancashire where local restrictions are in place

- Blackburn with Darwen
- East Lancs:
 - Hyndburn
 - Burnley
 - Pendle
 - Rossendale
- Preston
- In these areas, the North West guidance needs to be implemented

Districts/areas in Lancashire where there are no local restrictions in place

- Blackpool
- Ribble Valley
- Fylde
- Wyre
- Lancaster
- West Lancs
- Chorley
- South Ribble

In these areas, the national guidance published on 22 July which came into effect from 1 August can be implemented

Shielding

- [Guidance on shielding and-protecting extremely vulnerable persons from Covid-19: guidance on shielding and protecting extremely vulnerable persons from Covid-19 updated 13 August](#)
- Clinically and extremely vulnerable people should have received a letter from their GP or hospital clinician and have taken additional precautions to shield during the pandemic
- Shielding ended on 1 August
- As already discussed, there is specific guidance on what will happen [if there is a local lockdown in your area](#); currently, clinically extremely vulnerable people will no longer have to follow the shielding guidance from 1 August, unless they live in Blackburn with Darwen.
- This guidance is government advice and it is personal choice whether or not to follow it.

Shielding and visiting care homes

- The LRF is looking to produce a Lancashire and South Cumbria document to support providers; potential complexities with regards to decision making and support to both the workforce and residents when coming out of shielding
- Need to consider the interface between the **shielding guidance** and **care home visiting guidance** already discussed and [Covid 19: how to work safely in care homes](#) updated 20 July
- Recommendation is that recently shielding people discuss visiting well in advance with the care home and that this is covered in updated visiting policies

LCC In-house (Alison Walker)

LCC Visiting Protocol.

- Guidance to Registered Care Managers for agreed inside visits to the care home.
- Our first priority continues to be to reduce the risk of coronavirus (COVID-19) transmission in care homes and prevent future outbreaks, to ensure the health and safety of both residents and staff that work within Lancashire County Council care homes.

- **Key points to consider :**
- Individual care home : Hot V Cold
- Individual resident
- Every person's experience is unique
- Individual circumstances :
- Those living with Dementia, who may lack capacity.
- Adverse affect on their well being.

- **Visits to the home will continue in a variety of ways:**
 - Essential Visits (End of life)
 - Garden visits, Window visits
 - Drive through visits
 - Use of portal devices. An ideal way to communicate and remain in touch with loved ones regardless of where they are.

- Visiting will be pre-arranged by telephone via the RCM and in agreement with the SOM .
- Pre-arranged on an individual basis according to the wishes of the resident and in accordance with their Best Interest, physical health and mental well-being.
- Taking into consideration the balance of the benefits to the residents, against the risk of visitors introducing infection into the care home, or spreading infection from the care home to the community.

- Ask a series of questions prior to the visit and again on the day of the visit to determine that the visit is safe to go ahead.
- **What do I need to do when I am able to visit?**
- Wear a mask, PPE , temperature taken before entering the home.

- You will be asked to complete a form with your contact details, this is to assist Public Health Test and Trace and protect colleagues should there be a need to contact you. Form attached.
- Escorted to a designated room in the home

- **On entry to the home visitors have a responsibility to:**
- follow visiting requirements including, infection and prevention control measures
- Escorted to a designated room in the home
- PPE stations for use prior to entering/ exiting the designated visiting room.

- Visitors should have no contact with other residents and minimal contact with care home staff (less than 15 minutes / 2 metres).
- Visitors should be encouraged to keep personal interaction with the resident to a minimum, for example avoid skin-to-skin contact (handshake, hug) and follow the latest social-distancing advice for as much of the visit as possible.

- You are asked not to bring in food parcels or flowers, however a meaningful framed photograph of the two of you to remind them of the connection would be suitable or a box of chocolates that can be sanitised with wipes.

- **Things you may want to consider, when your first visit has been agreed.**
- When you visit your relative again it may look and feel different from before, however staff will do their up most to:
- try and prepare your loved one for the visit, by having meaningful conversations with them about the relative who is due to visit e.g. reminding them of your name

- Staff will try and prepare your loved one for the visit, by having meaningful conversations with them about the relative who is due to visit e.g. reminding them of your name
- by looking at photographs of the person who is due to visit, and talking to them about their relationship and things they will remember

- Staff will provide reassurance to visitors, being mindful that some people with dementia might struggle at first to remember or recognise relatives
- **How will my relative recognise me if have to wear a face mask?**
- It is important to the health and wellbeing of your loved one that you wear a mask correctly

- Remember that your loved one will have become used to staff wearing a mask and may not be fearful of seeing you wearing one.
- **Useful tips when wearing your mask for the inside visit.**
- Speak slightly louder and clearer.
- Use the tone of your voice to convey your message.

- Consider writing information down for your relative to read, if they can.
- Use gestures / signs to communicate.
- Keep eye contact.
- Try and wear clothing that your relative may recognise.

- **What if my relative with dementia wants to cuddle or touch me?**
- One of the hardest aspects of the COVID-19 situation is the need for physical distancing between those of different households, including family members. Not everyone will understand the need to maintain a physical distance and may want to greet you with some sort of physical contact.

- This response is understandable after not seeing each other for a long time. Because of this we will need to consider different options to reflect each individual resident, their understanding, needs and rights. It is important that a two metre distance is maintained to protect your loved one, you and staff .

- **Things to consider :**
- that you sit opposite across the room
- or sit at a table when visiting to help maintain social distancing across the table.
- Use a screen across the table
- It is a difficult and an emotional time for you, and your loved one, we would ask you not to initiate physical contact.

- **Will my relative living with dementia still remember me after all this time?**
- Re-introduce yourself and remind them of the relationship between the two of you.
- Consider taking with you an photograph to remind them of the connection the two of you have. This could be easily sanitised by staff .

- Talk about the past as they may find it easier to recall long term memories.
- If, despite all of your attempts your relative doesn't recognise you, remember that their emotions still remain. They will still benefit from seeing you, hearing your voice and enjoying your company even if they are not sure who you are.

- If they can't remember you, try not to convince them or correct them about your relationship. E.g. if you are the daughter but they call you mum try not to contradict this.
- Remember despite the difference in the words they still often have the same feelings connected to them i.e. love, trust and friendship. **Which is all that matters.**

- **What about if my relative wants to walk around with me?**
- This will be difficult as you can't walk around the home but you can go for a walk with your loved one in the outdoor areas of the home, providing social distancing is maintained.

- **What if my family member's health has deteriorated since I last saw them?**
- It is possible that your relative's health may have changed. All of us have been affected by the lockdown and this is equally true of residents living in a care home.
- maintaining that relationship is just as important now as it was before the pandemic

- For some people, there will have been a cognitive decline. Try and not feel guilty about this. These changes in a person's brain, are part of their health journey which continue despite the change and extraordinary times we are all going through.
- Maintaining that relationship is just as important now as it was before the pandemic

- **Will my visit be too upsetting for my relative?**
- When you see your relative again it will most likely be a very emotional time for both of you. Try not to be too upset if your relative doesn't seem really happy to see you. Your relative may not be aware that they have not seen you for such a long time.

- Dementia affects a person's perception of time, so in their reality they might have only seen you this morning.
- Try and ensure that you have someone you can talk to after your visit.
- Don't be surprised if you feel down afterwards. This is an understandable response to the situation.

- **What if I don't feel able to visit my relative?**
- Feeling nervous or anxious about seeing your relative face to face again is a normal response to recent events.
- Only visit your relative when you feel able to do so and when they agree, as they may also be worried about you coming into the home for your own health.

- **Consider if it is the thought of going back into the care home which is the cause for your anxieties?**
- It is perfectly normal to feel anxious about returning to a place that has been through such difficult times. The home itself may have changed significantly since your last visit.
- Residents have passed away which may have an emotional impact on you.

- **What happens when I leave?**
- This will be a difficult moment for you both
Start preparing 10 minutes before leaving
Inform your relative of any further visits that have been agreed and ask staff to write the date down in their bedroom as a reminder of the next visit. This will also help to prepare you for ending the visit by preparing for the next one.

- We realise how emotional and tearful leaving your loved one may be but do ask that you do not hug
- Staff are here to help you and your loved one;
- Don't be afraid to speak to staff about your loved, they will continue to support your relative after the visit ends.

- Remember,
- technology has never been so important to providing one of life's most essential things – the ability to communicate with the people we love.
- Maintaining that relationship is just as important now as it was before the pandemic.

Provider response and best practice

- Adam Purnell – Keppelgate Care Services

LCC Comms - guidance for families and friends (Ellen Smith)

- LCC Comms have drafted some comms and a poster that providers may wish to use to share with friends and relatives of residents
- Would welcome feedback and for providers to share any comms that they have developed

Suggested visitor information for care home providers

- It is important to stay in touch with friends and family members who live in a care home and visit whenever possible. However, there are a number of guidelines we want you to follow to keep your friend or family member and other residents safe from Covid-19.
- Check for Covid-19 local restrictions
- Local restrictions have been introduced to some areas to help prevent the spread of coronavirus. To find out where these restrictions are, visit the [gov.uk website](https://www.gov.uk).
- The Government advice is that: If you live in one of the affected areas, you should not meet people you do not live with inside a private home or garden, or visit someone else's home or garden, even if they live outside of the affected areas.
- This means that you should not meet someone in a care home if your home, or the care home are in an area with local restrictions in place.

Suggested visitor information for care home providers

- You will not be able to visit anyone in a care home if:
 - You have tested positive for COVID-19, whether or not you are displaying symptoms and are completing your 10 day isolation period
 - You live in the same household as someone who has tested positive and you are completing your 14 day isolation period
 - You have any coronavirus [symptoms](#) such as a high temperature, a new dry and persistent cough, a loss of taste or smell or you are generally feeling unwell
 - You have been identified through the Test and Trace programme as a 'contact' of someone who has tested positive for Covid-19 and are within the 14 day isolation period

Suggested visitor information for care home providers

- If you are able to visit a care home you should:
 - Book your visit in advance
 - Call the care home to complete the screening checklist by phone on the day you want to visit
 - Only have contact with the family member or friend you are visiting
 - Ensure you and any children with you follow social distancing guidelines at all times at the home
 - Use hand sanitiser before and after your visit
 - If possible, meet in an outdoor area which can be accessed without entering a shared building
 - You should not bring too many items, such as gifts, into the care home and check they are clean first.

Suggested visitor information for care home providers

- For more information or to find out about a care home's current visiting policy, contact the care provider.
- If you are unable to visit, ask about using video calling, social media etc or any other options to help you to keep in contact with your friends and relatives.

Supported Living (Cate Short)

NEW Guidance for Supported Living

COVID-19: guidance for supported living

This guidance sets out:

- key messages to assist with planning and preparation in the context of the COVID-19 pandemic so that local procedures can be put in place to minimise risk and provide the best possible support to people in supported living settings;
- safe systems of working including, social distancing, respiratory and hand hygiene and enhanced cleaning;
- how infection prevention and control (IPC) and personal protective equipment (PPE) applies to supported living settings

Supported Living Guidance

Who is it for?

- **Supported living ..**
 - Covers a wide **variety of settings**, including group living
 - Enables adults to live **in their own home** with support to be independent
 - Involves people having **occupancy rights** (tenants or owners)
- Principles may also apply to **extra care, sheltered housing**, etc.
- Provides **framework for local procedures**, not specific locations
- Promotes **joint working** with people , their families, GPs, housing, and care/support providers

Supported Living Guidance

Key areas covered

- Steps that supported living providers and local authorities can take to **maintain service delivery**
- **Risk assessment, risk reduction** and local implementation
- **Staff** within **clinically vulnerable groups**
- **General infection prevention and control**
- **Visitors** and **support bubbles**
- If a supported living **worker** has **COVID-19** symptoms
- If **someone** in supported living has **COVID-19** symptoms
- Annex A: **taking swabs**
- Annex B: **additional resources**

Supported Living Guidance

Visitors and support bubbles

- **Visits in person should be limited** to protect the health & wellbeing of people being supported, their carers & visitors.
- The accommodation is the **person's own home**, however it may also be a **staff workplace**.
- As the **easement of lockdown** measures continues, providers should refer to the guidance on [staying alert and safe social distancing](#), which describes current options for meeting family members, friends and support bubbles
- Conversely, if there is any **local tightening of lockdown** measures, supported living accommodation in those locations would be required to follow the [guidelines](#)

Supported Living Guidance

Mental Capacity Act

- Some people **may lack capacity** to understand and make decisions based on advice about the COVID-19 pandemic
- It is important that **all steps are taken to communicate** information with people in a way they can best understand
- The [Mental Capacity Act](#) 2005 (**MCA**) **must be followed** when it is felt a person being supported may lack capacity. [Guidance](#) and [additional advice](#) is available about the application of the MCA during the pandemic

Supported Living Guidance

Mental Capacity & visits

- If the **person has capacity** and wants a visit, the provider should:
 - **advise** them about the **safest ways** to have visitors
 - **risk assess** individual settings and individual vulnerabilities consider risks to other people (if in shared settings)
 - **encourage, agree and support** decision-making regarding visitors
- **Build on relationships** to advise people on **infection prevention and control** – see **Guidance for full details**

Supported Living Guidance

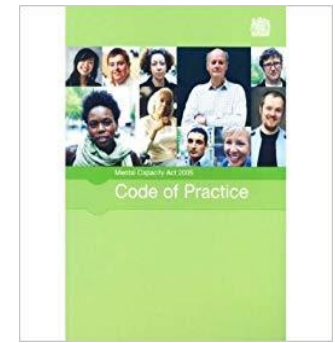
Mental Capacity & visits

- For some people, there are **important reasons for having in-person visits**, as not having these may be difficult to understand and **lead to distress**
- If the **person is assessed as not having capacity** in relation to the decision about a visit, the provider should work within the appropriate **MCA framework** to establish that a visit is **in someone's best interests**



Reminder :

Back to MCA basics!



- **MCA & DoLS** continue to apply
- Statutory regard for [MCA Code of Practice](#) **MCA Code**
- **What is the decision** being proposed?
- What are the **choices /options** ? Salient **information**?
- Seek **consent!** Presumption of capacity
- **Support people** to make decisions
- **Assess capacity** if there is doubt
- Apply **best interests** if lacking capacity
- **Aim to achieve outcome in least restrictive way**

Local Guidance

- **Task & Finish group:** To inform guidance for managing COVID restrictions
- **6 Work streams:** including **Supported Living**
- **Issues & themes** from today's discussions re visiting will **feed into the development of local guidance**
- **If you want to be involved** please contact cate.short@lancashire.gov.uk

Supported Living LCC Adult Disability (Julie Ray)

Enabling people to keep safe and live a meaningful live during the Covid19 pandemic

Principles

- National Guidance on care settings, supported living , infection prevention , social distancing households and contacts , bubbles
- LRF agreed guidance that supports and is built on national guidance
- Ensure managers and support staff are all well informed and understand the current guidance to then implement the guidance
- Risk assessments, individual support plans,
- Involve families and close contacts as before regarding risks, advise on infection prevention measures in place, risks specific to visitor and person, eg vulnerabilities due to age or health conditions
- Involve the person

Supported Living LCC Adult Disability

- Follow the MCA and best interest decision making processes
- Enable communication - support the individual with a disability to understand the information as best can, use all the resources that are available for person with disability, easy read, you tube, pictorial, new routines eg hand washing, going out, around the home.
- Consider both the individual and whole household where sharing. Do household plan and risk assessment. Work together.
- Consider how bubbles work for each person and their family and the tenancy whole house

Supported Living LCC Adult Disability

- General guidance shared with families – the visitor guidance and checklist from LRF on care homes and supported living. Used as a basis to plan visits.
- Agree use of mask, hand hygiene, places to visit, home or place in community. Consider travel and agree who other contacts would be if extend family may be present.
- Discuss items that family may want to bring for relative or type of contact
- Use of digital eg face time, zoom , when local restrictions on households and visiting is in place
- One page activity plans of places I go to now for my social and leisure time – reduces individual staff making decisions on the day and plan is agreed with person or in best interest. Lots of questions came in about where people could go and who with.
- Facilitated visits initially in the garden and then using conservatories where exist, which can be accessed directly from outside.

Supported Living LCC Adult Disability

- Meetings in parks and walks and picnics to facilitate families getting together.
- person has started going to her mum's again for tea, she lives on her own as does mum and both developed the risk assessment with provider.
- one person who pre-Covid went to stay with his mum every month and we have agreed a really robust risk assessment with his mum to enable him to go and stay over again, even down to mum agreeing that if either of them shows any Covid symptoms or is in contact with someone who has symptoms he would stay with her for the period of self-isolation or until he had a negative test result.
- Families have been very understanding and helpful when we're completing risk assessments and have been happy to follow the guidance we've been given.
- It's been great to enable families to reconnect and it's really helped people we support, improving their moods and giving them something to look forward to.
- Person who goes out independently and lives in shared house, supported to understand social distancing , discussion on places to go, use of masks and current rules, personal hand hygiene and on return.

Supported Living LCC Adult Disability

Case studies

Resources/Updates

- [Visitors' protocol - CPA briefing for care providers](#)

Interactive Session (Ellen Smith)

- Provider-led discussion – breakout groups (recording!)
- Reflection on today's content
- Share best practice/case studies
- Issues/challenges
- Areas for clarification
- Feed back

Feedback and next steps (Ellen Smith)

Thank you for taking the time to join today's session and for your input!