**Visiting Policy for Care Settings**

Version 2 – 4th November 2020 (update from 6th October 2020)

**Protection of Vulnerable Adults**

Protecting the vulnerable is a key priority for the Lancashire Resilience Forum (LRF).

The Social Care Cell is leading the response for the LRF on adults with care and/or health needs paying specific attention to those adults living in care settings such as residential or nursing homes. It has done this in recognition of the fact that there is an increased risk of susceptibility to the COVID-19 virus amongst this section of the population. This is primarily due to factors such as age and health issues/conditions, for example respiratory problems, There continues to be a strong push to protect and support the care sector, and care homes in particular, by the Social Care Cell as we approach the onset of the winter period. This has the potential to exacerbate an already challenging COVID-19 position in Lancashire.

The Cell however is mindful of the fact that:

1. Care settings have worked responsibly and effectively to limit the spread of the virus. Whilst there is no place for complacency, there is evidence of strong infection and prevention control measures. These are understood and in place supported by the introduction of a national PPE supply chain and portal for care home providers to access.
2. Full care home testing, whilst not without some ongoing challenge, is available and in use with the option to mobilise further supplementary support via for example ReAct.
3. This next phase could be prolonged and will coincide with the autumn and winter period which means it just is not feasible as it was in the earlier stage of the virus for families to visit their loved ones in gardens or outside venues at care settings without increasing the risk to those they are visiting e.g. exposure to the cold.
4. The ongoing deprivation of face to face contact with family is likely to have a detrimental impact on those in care. It is also tremendously distressing for family members who are acutely aware how separation can contribute to an accelerated demise in cognitive functioning. This contributes to an overall decline in physical and mental wellbeing for many residents. It is a harsh reality but the vast majority of those who move to care settings do so in their later years and on a permanent basis. It is vital we do all we can to maximise their personal contact with family.
5. Creative measures have been put in place across care settings in Lancashire as in other parts of the country to maintain family contact e.g. introduction of skype, telephone or other digital contact. Whilst this has to be commended and indeed recommended where visits are for a period not a safe or suitable option, they are not a sustainable remedy or ideal for those for example living with dementia, visual impairment or at end of life. Increased restrictions due to the exponential rise in COVID-19 cases coupled with winter, increases the likelihood of limited to no face to face contact and the harm from this could be irreparable and does not feel humane.
6. There is a significant concern that deprivation of face to face contact is not only impactful on health and well-being but contravenes the rights of the individual and is as a consequence being challenged by Amnesty International. It has been recognised that there is an inherent risk that by imposing a blanket restriction for ‘non-essential visits’ on a group of individuals may be an infringement of some of their human rights. It is essential to consider cases on an individual basis and clarify what is in their best interests if they are not able to make a decision with capacity.

**Proposition**

The Social Care Cell is mindful of the need to protect our most vulnerable adult citizens from the COVID-19 virus and is why it has taken decisive action to develop and support a range of measures to mitigate this risk since the onset of this pandemic. It understands how vital it is for those in receipt of care and especially in care settings such as nursing or residential homes to have contact with their family and ideally for this to be face to face not just virtual.

It is therefore seeking permission to continue to work with the care sector and organisations such as Alzheimer's UK and Age UK, as well as other key voluntary sector groups to establish an agreed system of measures which support and enable safe and suitable visiting arrangements that can be facilitated to ensure contact is retained and continues during this winter period and irrespective of how rates may vary across this period between districts and across county.

Considerations include:

* Designated visiting room(s) equipped solely for the purposes of visits which can be cleaned before and after each visit and/or;
* Installation of Perspex screens which separate the visitor from the resident but at least enable both to be in the same room for the duration of the visit and/or;
* Scheduled, time limited appointment slots rather than unannounced visits and/or;
* Clinical grade PPE for those visiting and those supervising visits (where supervision is deemed necessary) and/or;
* Other appropriate measures taking into account the individual situation of the setting.
* Effective arrangement in place for record keeping of visitors to support NHS Test and Trace
* Consideration to be given to other visiting professionals and workers (e.g. district nurses) to be included in the testing regime as appropriate and agreed
* Provide nominated visitors with essential visitor/ key worker status

This is not an exhaustive list and to some degree a number of these measures will be operational already in some or all homes across Lancashire.

They must be accompanied by a risk assessment of the venue, the visit and the individual in accordance with normal health and safety working practices and held on site to share. This is the responsibility of the care provider, however, support and advice is always available from NHS or local government partners should this be required.

It is recognised there are additional costs associated with some or all of the above and it is thus envisaged that the Government's Infection Control Fund allocated to upper tier authorities will be part of the financial solution.

**Risk**

We are not in a position to eliminate the risk from COVID-19. In the absence of a vaccine the risk remains but it is possible and feasible to reduce the risk even to those who have an increased susceptibility, by taking proportionate and defensible steps to protect their welfare which simultaneously safeguards their interests and rights which cannot be set aside or disregarded.

**The Ask**

The Local Authorities and CCG’s under the auspices of the Social Care Cell is calling for the Government and as part of the adult social care winter plan, to make limited visiting possible within care settings where it is safe to do so by following a person-centred risk based approach and giving providers permission to make best interests decisions for their residents and families, with the support of system leaders. We will continue to work towards promoting and engaging with our providers with regards to safe guidance on visiting to promote the mental health and wellbeing of all our residents and their families.

**Recommendation for a decision**

We are calling for designated family members or identified significant person to be allowed to continue visits, and would welcome the inclusion of them in weekly staff testing and supplying them with PPE to further mitigate potential risks of infection transmission. It is essential that we as health and social care leaders recognise the individual needs of people who reside in our care homes and support providers in implementing safe measures to allow visiting to continue.

Furthermore, recent IPC funding allocation can be utilised to support safe visiting in care homes, such as dedicated staff to support and facilitate visits, additional IPC cleaning in between visits, and capital-based alterations to allow safe visiting such as altering a dedicated space.

We believe this to be a balanced approach to safeguard our most vulnerable in society who have already lost so much valuable time with loved ones, and may be in place for some time to come.

In view of this, Lancashire & South Cumbria continues to take a national approach while community transmission rates remain changeable and unpredictable. This guidance seeks to provide clear recommendations but it is ultimately for local areas and care homes, where appropriate, to take account of any individual facts and circumstances of residents in considering application of any of these recommendations in all cases. In doing so, a full and robust person –centred risk assessment should be carried out.

**Update in light of the national lockdown which will be in effect from 5th November 2020 to 2nd December 2020 (including any further extensions to the lockdown or further restrictions)**

The Adult Social Care Cell acknowledges the importance and necessity of measures introduced by the government in its attempt to reduce the acceleration of transmission of the virus across the country and the inevitable increase in pressure on our hospitals and care and support services, and sadly, deaths as a consequential result.

Whilst acknowledging and understanding the need for Lancashire citizens to reduce their movements and close contacts during this second lockdown period the Cell wishes to re state and confirm its position and proposal outlined above.

There is growing evidence and support for the view that residents in care settings, in particular those with cognitive impairment and/or at end of life must be supported wherever practicably possible to see a nominated friend or relative in a covid secure environment, with all practicable measures in place, and following a person-centred risk assessment that all relevant parties including advocates understand and give consent to.

The Cell understands that not all care settings will feel able or willing to do this, and similarly some residents and their families may also have apprehensions. We acknowledge that there cannot be a blanket ban on visits or a blanket policy enforcing visits, however if a resident needs or wants a visit then efforts should be made on an individual basis to support this, in line with Article 8 ECHR.

Where there is a desire for safe visiting to take place the Cell is actively supporting this and is seeking to implement measures such as rapid testing for care settings (staff, residents and nominated visitors), equipment such as screens and 'pods', and also ensuring availability of appropriate PPE. Care settings also have access to a second round of IPC grant funding which they may use in support of such arrangements eg additional staffing.

The Cell is of the view that this position is aligned to the government's recognition as part of its provisions for this second lockdown period that it is important for people, especially those who are isolated and/or vulnerable, to be able to have safe visiting as part of maintaining overall health and wellbeing. We would ask that any family member or friend who opts to become a 'nominated visitor'/has 'key worker status' as part of these arrangements takes extra precautions to limit their non-essential contact with others in order to protect as far as possible our valuable residents during this time.

To assist providers, residents and families and friends we have produced a sample risk matrix [attached – in draft] which can be used to support safe visiting during this lockdown and any further extended periods of restrictions. Best practice and examples of risk assessments can be accessed from the Lancashire Providers Facebook Group  https://www.facebook.com/groups/806547913503568.

For clarity, this Visiting Policy does not apply to COVID Positive Designated settings where visiting will only be permitted in limited and exceptional circumstances such as end of life.

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