

## Staffordshire County Council guidance on care home visiting

Date of issue: 20 July 2021

This advice replaces previous Staffordshire advice for developing care home visiting policies

### 1. Context

- 1.1. On 19 July 2021, the government published revised [guidance on care home visiting](#), which is applicable from this date. Care homes in Staffordshire must comply with this government guidance, and any subsequent update published by the government.
- 1.2. In addition to the guidance document, the [summary of guidance for visitors](#) is a useful resource.
- 1.3. Visits to care homes should be facilitated in all possible circumstances, where it is safe and practicable to do so as per the specified guidance, as it is a central part of care home life.

### 2. Role of the care home

- 2.1. Each care home is wholly unique and as such each care home is best placed to develop (and regularly review) a dynamic risk assessment. See section 1.1 of the [national guidance](#).
- 2.2. Welcoming visitors into the care home inevitably presents an enhanced risk of Covid 19 transmission; it is critical the care home and visitors adhere to the required infection prevention control (IPC) measures, including but not limited to the use of [personal protective equipment \(PPE\)](#), testing, minimising contact with staff and other care home residents, good hand hygiene and minimising physical contact. See section 2.5 of the [national guidance](#).
- 2.3. The care home should communicate and ensure all visitors participate in the specified asymptomatic testing regime as detailed in the relevant sections of the local guidance, defined by visitor 'type'.
- 2.4. Covid 19 vaccinations are not a mandatory requirement to facilitate care home visiting, however it is strongly recommended both residents and visitors receive 2 doses of the vaccination.
- 2.5. Care homes must consider the rights of residents who may lack the relevant mental capacity to make a specific decision, including who they wish their visitors to be. Care homes need to adhere to the [Mental Capacity Act 2005](#) for each resident on an individual basis and not make blanket decisions, ensuring

the involvement of the relevant persons and parties. See section 1.3 of the [national guidance](#).

### 3. Local public health considerations

- 3.1. The Director of Public Health, who is also the Director of Adult Social Services, in Staffordshire supports the visiting arrangements set out in the revised national guidance, and will only consider advising a more restrictive approach in an individual care home and/or specific area(s) within Staffordshire, if there is good evidence to do so for a defined period.
- 3.2. If necessary, the Director of Public Health may give directions to a specific care home about steps they are required to take in order to allow visiting safely. This may at times take the form of a Notice or Direction pursuant to the Public Health Act, for example the Health Protection (Coronavirus, Restrictions) (Local Authority Enforcement Powers and Amendment) Regulations 2020 or a Direction pursuant to Schedule 22 of the Coronavirus Act 2020.
- 3.3. The Director of Public Health, or nominated representative within the council, may issue advice to care homes to restrict visits if a particular district, borough, ward or other local area in the county has an exceptionally elevated infection rate, or when other local factors lead to a judgment that a return to essential visiting only in a particular area is advised.
- 3.4. If such local advice is issued, a communication will be sent from [ascincidentmanagement@staffordshire.gov.uk](mailto:ascincidentmanagement@staffordshire.gov.uk) to the care home's nominated email address. Such advice will be identified in the heading as "For Urgent Action: Change of Advice for Visiting in Care Home Settings" and should be implemented immediately (no later than the following day).

### 4. Named visitors

- 4.1. There are no restrictions on the number of 'named visitors' a care home resident can have, however it is important these visitors are named and remain unchanged, within reason. See section 2.1 of the [national guidance](#).
- 4.2. Whilst there are no limits on the number of named visitors, the care home is best placed to advise on how many visits can be facilitated each day safely.
- 4.3. Named visitors are required to wear PPE as specified in the [how to work safely in care homes guidance](#). Care homes need to ensure visitors can don and doff appropriately and ensure there are no 'breaches' for the duration of the visit.
- 4.4. Named visitors are required to [complete a lateral flow device \(LFD\) test](#) on the day of the planned visit; the care homes needs to carefully consider the associated practicalities of implementing a testing regime.

- 4.5. The LFD test may be completed on-site, which is preferable for assurance purposes. However, it is recognised visitors may have access to testing via other routes facilitated away from the care home, including:
  - 4.5.1. Asymptomatic testing site attendance
  - 4.5.2. Testing at home for the purpose of employment and/or care home visiting (noting care homes should only distribute packs of 7 LFD test kits to visitors, and not packs of 25 LFD test kits, as per MHRA approval)
- 4.6. Care homes need to assess and mitigate additional risks associated with not testing on-site, ensuring sufficient evidence is presented.
- 4.7. All LFD test results should be reported using the care homes unique organisation number (UON).
- 4.8. Any named visitor who tests positive for Covid 19, should [immediately self-isolate and complete a confirmatory PCR test](#). The planned visit should not proceed in these circumstances.
- 4.9. A named visitor who has tested positive for Covid 19 in the last 90 days is exempt from testing for the purpose of visiting for this period. The visitor should present evidence of the date of their positive test result, so the care home is aware when to recommence testing.
- 4.10. For the avoidance of doubt, in the event of an outbreak, care homes are required to cease visits from named visitors, as per section 8 of the local guidance.

## 5. Essential care givers

- 5.1. The essential care giver role is intended as a way of positively supporting residents to benefit from companionship and additional care and support being provided by someone with a unique personal relationship with the resident, See section 2.2 in the [national guidance](#).
- 5.2. The essential care giver will typically have closer physical contact with the resident, spend greater periods of time in the care home and access other areas of the care home named visitors do not. As such, essential care givers should:
  - 5.2.1. Adhere to the [specified testing regime for care home staff](#), including in the event of a Covid 19 incident and the enhanced testing requirements
  - 5.2.2. Adhere to the [how to work safely in care homes guidance](#) in respect of PPE use; the care home should ensure essential care givers are competent and confident in donning and doffing
  - 5.2.3. Adhere to the IPC measures implemented by the care home
- 5.3. Any essential care giver who tests positive for Covid 19 [should immediately self isolate and complete a confirmatory PCR test](#), if they have tested positive for Covid 19 using a LFD test kit.

- 5.4. An essential care giver who has tested positive for Covid 19 in the last 90 days is exempt from testing for the purpose of visiting for this period. The essential care giver should present evidence of the date of their positive test result, so the care home is aware when to recommence testing.
- 5.5. For the avoidance of doubt, care homes are not required to cease visits from essential care givers in the event of an outbreak, unless the risk assessment demonstrates a need.

## 6. Other visiting arrangements

- 6.1. In addition to named visitors and essential care givers, care homes should also consider how they will enable other types of visits, including:
  - 6.1.1. Designated visiting pods
  - 6.1.2. Use of substantial screens
  - 6.1.3. Outdoors
  - 6.1.4. Window visiting
- 6.2. Care homes need to consider the Covid secure nature of these visiting arrangements, including space / size, access, ventilation, if there is a substantial screen and enhanced cleaning requirements as a minimum. See section 2.3 of the [national guidance](#).
- 6.3. Locally, the Director of Public Health advises all care homes to test all visitors, including when facilitating 'other' visiting arrangements, as detailed above.

## 7. Exceptional circumstances

- 7.1. Visits in exceptional circumstances, such as end of life, should always be facilitated and enabled. Such visits should be carefully planned in a timely manner. See section 2.4 of the national guidance.
- 7.2. The care home should ensure all relevant IPC measures are implemented, including testing of visitors via LFD when facilitating visiting in exceptional circumstances, as detailed in section 4 of the local guidance.

## 8. Outbreak management and local advice

- 8.1. In the event of an outbreak the care home should suspend all non-essential visiting with immediate effect. Please see section 1.4 of the [national guidance](#). Locally, an outbreak is defined as:

“two or more test-confirmed cases of Covid-19 or clinically suspected cases of Covid -19 among individuals associated with a specific setting with illness onset or test (if asymptomatic) dates within 14 days. Note that association with a specific setting implies that there are reasonable grounds to believe that transmission has occurred within the setting: two or more cases in staff that have been contracted independently in the community would not normally constitute an outbreak”

- 8.2. For the avoidance of doubt, visits from essential care givers, as per section 5 of the local guidance, and visits in exceptional circumstances (as per section 7 of the local guidance) should continue to be facilitated. In addition, subject to a risk assessment, window and secure pod visits may continue.
- 8.3. The restrictions will continue until the outbreak is confirmed as over, which will be at least 14 days after the last confirmed case (staff or resident). Care homes need to ensure [recovery testing](#) is implemented and negative results are received for all eligible persons prior to returning to non-essential visiting.
- 8.4. Where there is an outbreak of a variant of concern (VOC) other than VOC-20DEC-01 [Alpha] and/or VOC-21APR-02 [Delta], all non-essential visiting will be suspended for 28 days.
- 8.5. In addition, care homes may be instructed, as per the [local incident management process](#) (which includes care homes), for example as part of an Incident Management Team (IMT) meeting, to suspend visiting for a defined period of time.

## 9. Communications and review

- 9.1. It is critical care homes maintain good communications with residents and their families / visitors at all times. Care homes should make available a copy of their visiting policy and be explicitly clear in their expectations of visitors, in order to facilitate safe visiting. See section 2.6 of the [national guidance](#).
- 9.2. This advice was issued by Staffordshire County Council on 20 July 2021. This guidance will be reviewed once per month or in case of a change to national guidance, noting any such changes supersede this iteration.
- 9.3. A copy of this document, alongside other useful information can be found on our public facing [Covid 19 care provider information webpages](#).
- 9.4. Care homes should [contact the council](#) if they have any questions about care home visiting practices and this guidance. Please note, the council does not require care home risk assessment to be submitted for consideration or agreement.