



Visiting Protocol

Visits between people living in a Rochcare home 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 and the use of social distancing practices, good hand hygiene, use of PPE for visitors and peoples.

Pod Visits & Individual Face to Face Visits from 8th March

From 17th July 2021 the government are allowing people to have an unlimited number of nominated visitors.

We have developed individual visiting plans for each person to assist with the assessment of risk and the details around which types of visits are most beneficial for people.

Designated Indoor visitors;

- There can be an unlimited number of nominated people who can visit.
- Must complete a health declaration form providing dates of last full covid-19 test (PCR), and the results of this test
- Have an LFD Test at the home prior to indoor visiting taking place. You will need to leave an extra ½ hour for this process.
- Your temperature will be taken before the visit. If your temperature is above 37 degrees Celsius the visit will not be able to go ahead.
- Wear full PPE in accordance with the homes policy, this may mean gloves, aprons, masks.
- Comply with infection control procedures once in the home and only use the designated facilities as explained by the home on arrival.

Visits will need to be booked in advance for a specific day, time and length of visit, to enable visiting to be re-established within the setting.

Booking Visits

Visits can be booked here with the Administrator of the home. In their absence they should be booked with the senior on duty.

Currently all Rochcare homes have a 3 x a day, 7 days a week system in place for face-to-face visits to take place.

Each home will assess each day if more than one visit per household can take place. This is to ensure that everyone in the home can have a visit from the relatives/friends.

Visitors must check in with the care provider on the day prior to their visit, just in case the situation in the care setting has changed.

Pod Visiting (where applicable)

Pod visiting requirements for visitors:

- Maximum of 2 visitors at a time
- When you arrive for your visit, please report to the main care home entrance.
- All visitors must complete a health declaration form immediately prior to the visit.
- Have an LFD Test at the home prior to indoor visiting taking place. You will need to leave an extra ½ hour for this process. This is to further protect our staff who clean the pod after each visit.
- Visitors do not exhibit any symptoms of Covid-19 and have not been in contact with anybody with the virus.
- Visitors will enter the pod before our people and will leave after them. No meeting outside the lodge/lingering for visitor safety.



Our 'Responsible Visitor Code' sets out a range of responsibilities that visitors must abide by prior to and during any visit.

Responsible Visitor Code:

The code states that visitors must:

Book visits in advance for a specific day, time and length of visit

Check in with the home on the day prior to their visit, to ensure the situation in the service has not changed

Be free of any COVID-19 symptoms for at least 10 days prior to the visit, as per Government guidance

Not be unwell on the day of their visits

Not be self-isolating as a result of advice from NHS Test and trace

Provide the necessary information required by the provider at the visits (e.g. honest response to screening requirements about COVID-19 risk factors, compliance with NHS Test and Trace arrangements)

Comply with the infection prevention and control measures, including a temperature test, mandatory hand hygiene, the use of PPE as required and social distancing requirements, remaining in the designated visiting area

Ensure that any gifts brought to give to the individual they are visiting can be sanitised, in line with relevant infection prevention and control (IPC) guidance.

When you contact us, we will discuss with you the best way to get to and from our home.

Wherever possible, visitors should try to walk or travel by car and avoid public transport when visiting the home.

Supported visits

Some visitors themselves will need support – such as a sighted guide - in order to visit people in the home. Please mention this when making your booking.

As previously stated, the approach to enabling visitors has to be based on the circumstances of the individual home (including both peoples and staff), the individual needs of the peoples within that setting, and the external COVID-19 environment around that care setting.

Personalised risk assessment is key, and Rochcare managers are committed to ensuring that visits occur in a safe, welcoming way.

These assessments indicate who would need staff support due to their health and well-being or may want a closer contact visit.

We have implemented individual visiting plans that contain the relevant visiting options and the associated risks in relation to visiting.

Essential Family Carers (EFC)

Many family members and friends of people have previously provided essential day-to-day support to help maintain their physical and mental wellbeing. That may include help with eating, drinking, cleaning, or keeping in touch with others.

Where it is safe to do so, (following risk assessment) we have introduced an Essential Family Carers visiting scheme which, when in line with Government and the local Director of Public Health guidance, can enable EFC support to be reintroduced.

The definition of an Essential Family Carer is as follows;

“A resident family member or friend whose care for a person is an essential element of maintaining their mental or physical health. Without this input a people is likely to experience significant distress or continued distress. Although we have used the word 'Family,' we recognise that you may be a person friend and not a family member. Also, we acknowledge that you may not see yourself as a 'carer' but as a partner or a supporter of your relative.”

As part of rolling out this scheme out we will consider:

Can the task be carried out by a care worker, rather than an EFC?

What are the peoples' preferences?

Does the people have specific needs/characteristics that mean they rely heavily on an EFC to provide support or advocacy (e.g. cultural, religious, gender or sexuality issues)?

Is the person unable to maintain relationships through other arrangements, such as outdoor visits or through technology?

What is the impact on the person?

If an EFC is identified, we require that EFCs must:

- Have a negative COVID-19 test within the last week prior to a visit (with appropriate paperwork to confirm this)
- Confirm that they are willing to comply with the homes infection control policy
- allow the care home to retain contact details, in case they need to share these with the NHS Test and Trace scheme
- Agree any limits to length and frequency of visits with the care home.

Mental Capacity

Government guidance states that:

“Providers must consider the rights of peoples who may lack the relevant mental capacity needed to make particular decisions and, where appropriate, their advocates or those with power of attorney should be consulted.” For example, some people with dementia and learning disabilities may lack the relevant capacity to decide whether or not to consent to a provider’s visiting policy. These people will fall under the empowering framework of the Mental Capacity Act 2005 (MCA) and are protected by its safeguards.

When considering their visiting policy, staff will need to consider the legal, decision-making framework offered by the MCA, individually for each of these peoples. The government has published advice on caring for peoples without relevant mental capacity, and on the MCA and Deprivation of Liberty Safeguards (DoLS), during the pandemic.

Regard should be given to the ethical framework for adult social care, and the wellbeing duty in section 1 of the Care Act 2014. Where the individual has a social worker or other professional involved, they can support the provider in helping consider the risk assessment.”

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 will 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 peoples and relevant family members.

Effective communication

We will ensure that each home communicates effectively with relatives and other key stakeholders in an open and transparent way about their approach to visiting.

Keeping Connected

Learning as the situation develops

We will be able to review their visiting policies as they learn from their implementation of opening up to visitors and as the wider COVID-19 situation and guidance/ advice evolves.

Suggestions for future consideration from consultees of family representatives on this protocol include: exploring ways in which children may be enabled to visit safely and how a potential ‘staff support volunteer role’ may be possible to enable those relatives who used to visit regularly and



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spend a lot of time at the care activities to return in the

setting and assist with meals/ other longer term.

Rights and responsibilities

This protocol includes a set of rights and responsibilities for both care providers and visitors which put the welfare and wellbeing of peoples/ people receiving care at the heart of the approach to developing our visiting policies.

RIGHTS

Care providers have the right to: Visitors have the right to:

Mitigate risk of infection by refusing entry to their home to anyone, or requesting that a person leave the premises, for any justifiable reason consistent with this protocol. Access care homes in accordance with the entry requirements set out in the visiting policy of the care setting. Consider increased visitor restrictions when an outbreak (including non-COVID-19) occurs within the home, or declared outbreak / clusters have occurred within the home's local area or if there are other extraordinary circumstances that require it, and usage of such circumstances will be closely monitored.

Be notified by timely and regular updates and information about what is happening in the home, in relation to visiting and local COVID-19 prevalence and transmission risk.

Be provided and supported with additional ways to connect such as video conference or telephone calls in addition to a limited number of in-person visit

RESPONSIBILITIES

Care providers have a responsibility to:

Follow Government and local Director of Public Health guidance, including guidance on visitors.

Provide a clear policy and information on how they will facilitate visitors, using a dynamic risk-based approach, and make this publicly available as needed.

Visiting areas/pod will be fully cleaned and sanitised in between each visit.

Visitors have a responsibility to:

Follow the home's visiting policy and Visitor Code, including booking in advance.

Report any infection control risks if they identify any.

Provide clear information about how the visit will work and the infection control measures that must be followed.

Not to visit when unwell or displaying any signs of a cold/flu, respiratory or COVID-19 symptoms.

Appropriately support staff in order to facilitate visits including written processes and procedures.

Respond truthfully to COVID-19 screening questions asked by staff and to sign the checklist / visitor.

Treat all visitors with respect and courtesy, and to provide clear instructions about the visiting policy. Treat all staff with respect and courtesy, and to follow their instructions on the visitor policy.

Proactive communication with peoples and families where an outbreak occurs, and the impact on the visiting policy.

Follow visiting requirements including, infection and prevention control measures such as washing hands, use of visiting windows, remaining in designated areas and social distancing requirements – as directed by the care home staff, and provision of contact details to support NHS Test and Trace – and that failure to do so may affect the future ability to visit.