

VISITING WITH CARE - A PATHWAY

COVID-19: Regional principles for visiting Nursing & Residential Care Homes in Northern Ireland



This Document summarises the policy guidance issued on 7th May 2021 by Department of Health. The Pathway is applicable to all Care Homes in Northern Ireland. The full policy can be accessed at <http://health-ni.gov.uk/Covid-19-visiting-guidance>.

1.0 Background

As the COVID-19 pandemic eases and following the publication of the NI Executives plan to manage a return to a more normal life, the Department of Health (DoH) commissioned the Public Health Agency (PHA) to develop guidance to support a safe approach to increased visiting in the Care Homes across Northern Ireland.

A collaborative approach was taken in the design of the guidance with input from residents, relatives, staff of Care Homes and statutory organisations. The following presents the guidance in the form of a pathway. The Pathway includes arrangements for residents to receive visitors, as well as supporting them to leave the home to visit family and friends and to connect with the wider community.

The Pathway sets out a graduated approach to ease the restrictions in all Care Homes in Northern Ireland. The application of the Pathway depends upon:

1. No active outbreak in the individual Care Home.
2. A dynamic risk assessment of the individual Care Home to make decisions on the day to day running of visiting.
3. The provision of a range of visiting options will be in line with the Pathway.

It remains crucially important that everyone involved plays their part in ensuring that the Pathway can be safely implemented. Everyone (residents, families, Care Home staff & providers and all statutory bodies) has a responsibility to ensure that safe visiting can proceed safely and the risks to residents and others in the Care Home is kept to a minimum.

2.0 Principles

The following principles are applied to the design & implementation of the Pathway:



Responsibility

Everyone, including family members, has a responsibility to follow any advice and guidance, and to take action to help our Care Homes stay safe homes.



Maintaining Wellbeing

Decisions should focus on supporting meaningful contact to happen safely wherever possible, to protect and restore well-being of residents and their loved ones, and in line with residents' care needs.



Safely Balancing Risks of Harm

Visiting (or not visiting) carries risks of harm and everyone should work together to consider and minimise these.



Equitable Access for all Residents

Fairness (or equity) means recognising that some residents will have different needs or preferences for visiting and supporting these where at all possible, within wider safety considerations for the home as a whole. Equity means giving residents the sufficient contact they need to maintain their health and well-being wherever possible.



Individualised Approach

Every resident should have an individualised visiting plan (within their care plan) which is person-centred and takes account of individual preferences and needs, and balanced against the needs of everyone in the care home, so that any restrictions to meaningful contact are proportionate.



Equality/ Choice

Residents (and/or their representative decision-makers) have the right to choose their designated visitors.



Flexibility

Local flexibility and professional judgment remain key to decision making in complex circumstances. Factors such as the characteristics of the home, its staffing availability, COVID-19 outbreak status and use of IPC measures including personal protective equipment (PPE) are all variables to take into account when setting home-specific policies.



Respect for Human Rights

Local visiting policies should take account of the European Convention on Human Rights (ECHR), and in particular Article 8, which provides a right to respect for private and family life. Whilst it is important that any visiting policies take account of the evolving evidence about the harm posed from the virus, these need to be carefully balanced with the evidence about the positive impact on health and wellbeing from seeing family and loved ones has on residents in considering what is necessary, justified and proportionate.

3.0 The Approach

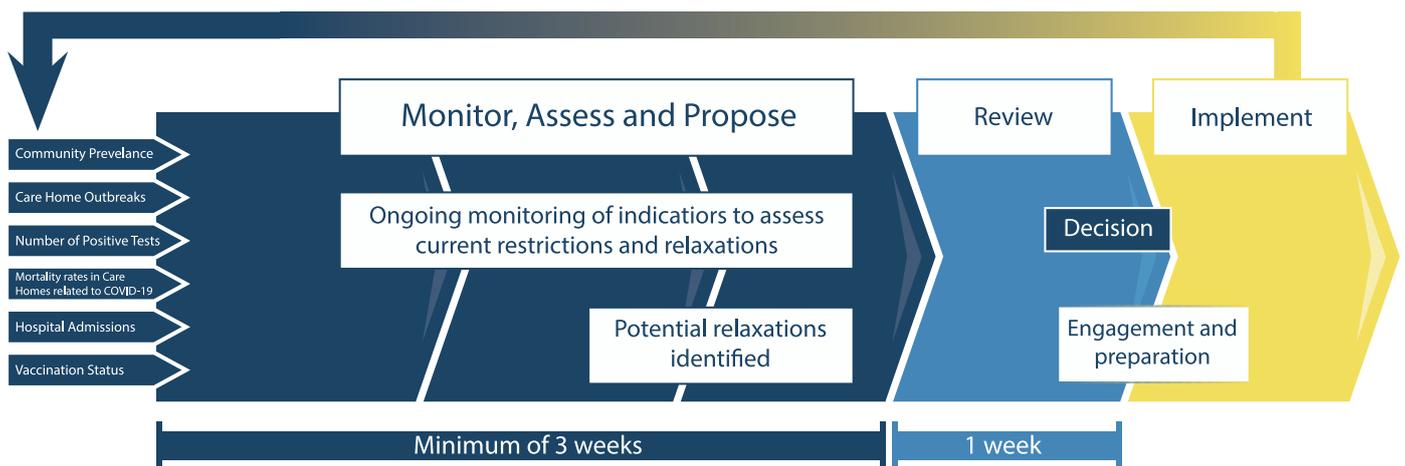
The Pathway presents a measured staged approach to visiting in and out of the Care Homes.

There are 4 stages in the Pathway:



Guidance takes effect from 7th May 2021 starting at stage 1 “Cautious First Steps”. It is anticipated there will be 4 weekly cycles of review by Public Health Officials to study a range of data and to inform the recommendation to move to stage 2 “Gradual Easing” on Friday 4th June 2021. The data considered includes evidence on transmission, outbreaks, mortality & vaccination as illustrated below.

Moving Towards Normalised Visiting in Care homes, Northern Ireland



While it is everyone’s hope & intention to progress through each stage in a timely manner, there remains the possibility to accelerate the easing of restrictions as guided by the data. There is also the possibility that at any stage progress may be stalled or reversed; this would be in response to the identification of increased risks to the residents in a Care Home for example if there is an increase in transmission.

4.0 The Pathway



4.1 Visiting Inside the Home

The following tables outline the arrangements to enable Care Homes to support visiting into and out of the Home in 4 weekly stages.

Cautious first steps	Review	Gradual Easing	Review	Further easing	Review	Preparing for the future
Following completion of a scheduled review on 24 May 2021, the number of visits per week has been increased to 3, with visits limited to two people at one time and lasting up to 1 hour. Visits to be accessible over a 7 day period as well as after 5pm.		Increased number of people able to visit at one time to maximum of 4 from no more than 2 households at any one visit and a maximum of 4 visits per week.		No restriction on number of people who may visit but visits limited to visitors from two household per day.		No restrictions on the number of visits or visitors.
Children can visit and the responsibility will rest with the adult for supervision to ensure they adhere to all IPC measures. Any child visiting will be included in total number of visitors for the arranged visit.		Children will be encouraged to visit and the responsibility will rest with the adult for supervision to ensure they adhere to all IPC measures as appropriate. Any child visiting will be included in total number of visitors for the arranged visit.		Children will be encouraged to visit and the responsibility will rest with the adult for supervision to ensure they adhere to all IPC measures. Restriction on numbers lifted.		No restrictions on the number of visits or visitors.
Handwashing to replace use of gloves to enable handholding. Aprons and masks to remain.		Close physical contact enabled to include 'brief' hugging. Aprons and masks to remain.		Close physical contact enabled to include 'brief' hugging. Aprons and masks to remain.		Standard IPC measure including hand washing.
Booking system for all visitors including evenings and weekends.		Booking system for all visitors including evenings and weekends.		Booking system for all visitors including evenings and weekends.		No booking system required.
Visiting in residents own room with window open.		Visiting in residents own room with window open.		Visiting in residents own room with window open.		Visitors able to move around home.
Visitors and residents meet within the grounds of the home with access to gardens. Children will be encouraged to visit and the responsibility will rest with the adult to ensure IPC standards are maintained						



4.2 Trips Out of the Home

Cautious first steps	Review	Gradual Easing	Review	Further easing	Review	Preparing for the future
<p>Residents may resume trips out of the home following the restrictions applicable to the general public – see Appendix 1b.</p> <p>Where the resident complies with IPC advice and with the restrictions applicable to general public there will be no requirement to isolate on return to the home.</p>		<p>Residents may resume trips out of the home following the restrictions applicable to the general public – see Appendix 1b.</p> <p>Where the resident complies with IPC advice and with restrictions applicable to general public there will be no requirement to isolate on return to the home.</p>		<p>Overnight stays may be facilitated in accordance with appropriate risk assessments following the restrictions applicable to the general public – see Appendix 1b.</p> <p>Where the resident complies with IPC advice and with restrictions applicable to the general public there will be no requirement to isolate on return to the home.</p>		
<p>Shared Care arrangements to resume as previously defined following risk assessment.</p>		<p>Shared Care arrangements to resume as previously defined following risk assessment</p>		<p>Shared Care arrangements to resume as previously defined following risk assessment.</p>		<p>Shared care arrangements established to meet individual need.</p>



4.3 Services into the Home

Cautious first steps	Review	Gradual Easing	Review	Further easing	Review	Preparing for the future
Church Ministers and Faith Groups may book a visit; this in addition to the 2 visits noted above.		Church Ministers and Faith Groups may book a visit; this in addition to the 2 visits noted above.		Individuals from community & voluntary sector groups.		Linking Generations work with schools etc. may commence.
Hairdressers may attend as per Executive easing.		Healthcare Students from FE colleges may resume placement.				
Visiting professionals to resume if not already.						
Care partner arrangements to continue.		Care partner arrangements to continue.		Care partner arrangements to continue, but by agreement these may be scaled back to reflect easing of access restrictions.		Formal Care Partner arrangements to be stood down. Normal access conditions to apply.



4.4 Enabling Factors

Cautious first steps	Review	Gradual Easing	Review	Further easing	Review	Preparing for the future
Enhanced cleaning of individual and communal spaces.		Enhanced cleaning of individual and communal spaces.		Enhanced cleaning of individual and communal spaces.		Enhanced cleaning of individual and communal spaces.
Maintain adherence to current IPC measures.		Maintain adherence to current IPC measures.		Maintain adherence to current IPC measures.		Maintain adherence to current IPC measures.
Appropriate mechanisms available to manage easing of visiting restrictions.		Appropriate mechanisms available to manage easing of visiting restrictions.		Appropriate mechanisms available to manage easing of visiting restrictions.		
Screening of all visitors for signs and symptoms of COVID-19.		Screening of all visitors for signs and symptoms of COVID-19.		Screening of all visitors for signs and symptoms of COVID-19.		Screening of all visitors for signs and symptoms of COVID-19.
Isolation arrangements to respond to individual circumstances and as per policy.		Isolation arrangements to respond to individual circumstances and as per policy.		Isolation arrangements to respond to individual circumstances and as per policy.		Isolation arrangements to respond to individual circumstances and as per policy.

5.0 Implementation

HSC Trusts and their Care managers should work alongside Care Homes and residents/families throughout this process, working together to agree individual arrangements for each resident. There is an expectation that any local issues relating to individual residents and/or Care Homes should be resolved at this local level. Where unresolved challenges remain in respect of the implementation of this guidance, the Department or other appropriate statutory agency will consider the issues and provide direction. This may include drawing on professional advice as appropriate, for example around Public Health issues and Infection Prevention and Control matters.

As part of the process to design and publish this Pathway the working group led by PHA adopted an ethos of co-design and consulted with residents, relatives and staff of Care Homes across Northern Ireland. It is important the voices of residents and relatives continue to be supported in the implementation of the Pathway. To this end residents and relatives should be involved in the decision making process regarding risks and benefits in facilitating visiting and the development of individualised visiting care plans. This process will facilitate an understanding that the arrangements required to safely manage visits to Care Homes must be aligned to each residents individual needs and reflect the guidelines at each stage of the pathway.

