

Visiting with Care The New Normal

Regional principles for visiting Nursing & Residential Care Homes in Northern Ireland



This Document details the policy guidance issued by the Department of Health and is applicable to all Care Homes in Northern Ireland. This policy document can be accessed online at:

<http://health-ni.gov.uk/Covid-19-visiting-guidance>.

1.0 Background

When the COVID-19 pandemic was declared by the World Health Organisation in March 2020, it presented the most significant global public health challenge in many decades. The absolute need to protect those most at risk in our community and in particular care home residents meant that maintaining established levels of visiting and contact was simply not feasible.

From the outset of the pandemic, it was necessary to introduce significant restrictions to normal care home visiting arrangements to reduce the risk of residents contracting coronavirus. This undoubtedly impinged on the rights of residents to receive visitors, and the rights of next of kin, partners, children, parents and others to visit their loved ones while in health and social care facilities and independent care sector facilities in Northern Ireland.

In May 2021, the Department of Health (DOH) formally launched its new approach to visiting in Care Homes, *Visiting with Care: A Pathway*, which had been developed by the Public Health Agency (PHA) and a wide range of key stakeholders using a co-production approach to introduce a risk-assessed, staged approach to easing arrangements for residents to receive visitors, as well as facilitating them to leave the home to visit other households, community facilities and excursions.

Over the intervening 13 months, the provisions of the Pathway were subject to ongoing scheduled reviews, based on the consideration and assessment of relevant data by a panel of Public Health Officials. Based on the outcome of those reviews, a submission was made to the Health Minister recommending whether further progress along the pathway, as outlined at Appendix 1 of *Visiting with Care: A Pathway*, was merited and safe.

With effect from the June 2022 review, the recommendation was that the time was right to progress to the final stage of the pathway, *“Preparing for the future”*, which to all intents and purposes removes all significant restrictions to visiting in care homes here.

While this progress is very welcome, we have to remain vigilant, and be aware that there remains a very real risk of new variants or significant increases in transmission rates that may necessitate the reintroduction of some visiting restrictions in future. Indeed, it was in part because the Visiting with Care Pathway included provision for permitting the tightening of restrictions if the data suggested that was necessary that our progress through the Pathway was more readily enabled.

It is recognised that despite the challenges presented to care home residents and their loved ones, and indeed to staff and statutory authorities, there has been significant learning gained from the experience of care home residents since the pandemic’s commencement. As we exit the worst of the pandemic, this learning cannot and should not be cast aside in the rush to return to more normalised arrangements.

This updated guidance document, once again developed by the Public Health Agency (PHA) with inputs from a wide range of key stakeholders using a co-production approach, is intended to set out an updated risk-assessed set of arrangements for residents to receive visitors, with provision in place to address challenges presented by outbreaks not only of COVID-19, but other circumstances under which the health and well-being of residents needs to be protected urgently.

2.0 The Approach

The approach to facilitating visiting for care home residents is predicated on the principle that there should be no unreasonable restrictions placed on any resident to prevent them from being able to receive visitors, or enjoy freedom to leave their care home on trips or excursions, just as they would have done prior to the pandemic. However, the high index of vulnerability of residents requires the approach to be more cautious than for some other populations in society.

Furthermore, given the nature of COVID-19 and the likelihood of other equally challenging viruses emerging over time, it remains appropriate to have a set of principles in place to assist in the management of visiting arrangements during such times.

The Visiting Grid at Appendix 1 sets out the expectation for how visiting arrangements should be managed:

- In normal circumstances;
- During a localised outbreak;
- During incidence of wider community transmission or increased severity

The expectation is that in all cases, the objective will be to maintain visiting in the “*Normal Arrangements*” phase of the grid. However, there may be circumstances, be it a localised outbreak, or a spike in either regional or national transmission, which may require the temporary implementation of some degree of visiting restrictions to protect the vulnerable. In such cases, however, the purpose of the visiting restrictions introduced should be clear as to whom the measures are protecting and what measures will be needed to allow a return to normal as swiftly as possible.

Any restrictions to social interaction can, in themselves, be detrimental to the wider health of this population group and of visitors themselves, so any restrictions should be introduced judiciously, for clearly defined purposes and for the shortest possible periods. **Appendix 4** gives details of the considerations to be made when contemplating the introduction of any such additional restrictions. The extent of any restrictive measures to be applied (in respect of any infectious disease outbreak e.g. COVID, norovirus, flu, mycoplasma, Ebola etc.) should be clearly justified by the need to protect residents, visitors & staff from acquiring infectious diseases.

3.0 The Care Partner Scheme

The Care Partner Scheme stands outside the scope of this guidance and remains additional to visiting; it will continue to be available even after the COVID-19 pandemic period. However, as we progress back to more normalised visiting arrangements, it may be found that the need for formal Care Partnering arrangements will recede, so a gradual scaling back of such arrangements would be expected.

Given the identified benefits of the Care Partner arrangements, particularly during times when additional restrictions have been found necessary, it is recommended that a record of the agreed Care Partner(s) and related arrangements for each resident is maintained by the care home to allow immediate reinstatement of these arrangements should circumstances require it.

Full details of the Care Partner scheme are available online, at:

<https://www.health-ni.gov.uk/Covid-19-visiting-guidance>

4.0 Normalised Visiting Arrangements in Care Homes in NI

This Visiting Grid outlines the arrangements which should apply in each situation/status described

Visiting Inside the Home

Normal Arrangements	Care Home in Outbreak	Widespread Community Transmission / Increased Severity
<p>No restrictions on the number of visits or visitors. However anyone intending to visit should ensure they meet their responsibilities as outlined at Appendix 2 below.</p> <p>We do not expect a booking system to be required in normal circumstances.</p> <p>IPC measures must be maintained including hand washing, environmental cleaning and appropriate use of PPE.</p> <p>Visitors are allowed to move around the home, with visiting permissible in residents' rooms and in communal areas. However, in choosing where to enjoy their visit, due regard should be given to the feelings and concerns of other residents.</p>	<p>General visiting should be discouraged until a care home declared in outbreak has received initial test results (usually Day 4 to 7 testing); this will confirm the extent of the outbreak and inform decision making in relation to facilitating general visiting in line with the process exemplified in the algorithm at Appendix 3 below.</p> <p>Once recommenced, and while outbreak is ongoing, visits should be enjoyed in residents own room with window open, or other suitable space subject to risk assessment.</p> <p>IPC measures must be maintained including hand washing, environmental cleaning and appropriate use of PPE.</p> <p>The position in relation to general visiting should be reviewed on a daily basis with a focus on facilitating general visiting where possible in order to maintain access to family life for all residents.</p> <p>Potential visitors must be kept informed of the home's overarching risk assessment so that they understand their personal risks should they choose to visit.</p> <p>Care homes may choose to maintain visitor booking arrangements to allow the management of staffing for visits, by spreading the visiting footfall over the full day, including for evening and weekend visits.</p> <p>Visiting in exceptional circumstances including end of life should continue to be facilitated.</p>	<p>Advice on an appropriate response will be issued by the Department of Health and/or Public Health Agency depending on the nature of the disease presenting via community transmission, and its severity both to residents, their visitors and the staff and the wider community.</p> <p>Where agreed, visits should be enjoyed in residents own room with window open, or other suitable space subject to risk assessment.</p> <p>IPC measures must be maintained including hand washing, environmental cleaning and appropriate use of PPE.</p> <p>Care homes may choose to continue to maintain visitor booking arrangements to allow the management of staffing for visits, and the utilization of appropriate IPC controls by spreading the visiting footfall over the full day, including for evening and weekend visits</p> <p>Visiting in exceptional circumstances including end of life should continue to be facilitated.</p>

Trips Out of the Home

Normal Arrangements	Care Home in Outbreak	Widespread Community Transmission / Increased Severity
<p>No restrictions on the number or duration of visits or trips out of the home</p> <p>Shared care arrangements can be established and maintained to meet individual needs.</p> <p>No requirement for isolation on return.</p>	<p>People who are able to do so may still wish to leave the care home, to visit family and friends, as well as attend places of worship etc. If a resident with capacity wishes to leave the home they cannot be prevented from doing so.</p> <p>However, residents and visitors may be advised that to do so may increase the risk of the person falling ill whilst out of the home or spreading an illness to other with whom they are in direct or indirect contact. There would be the same expectation of the general public who would similar judgements about putting others at risk.</p> <p>Arrangements for such trips must be supported by dynamic individualised risk assessments. While any such dynamic risk assessment could highlight a risk of falling ill whilst out of the home, it may require input from PHA duty room to quantify the potential risk to the wider external population who may be exposed.</p>	<p>Unless there were to be general population restrictive measures in place, residents who are able to do so may still wish to leave the care home, to visit family and friends, as well as attend places of worship, etc. If a resident with capacity wishes to leave the home they cannot be prevented from doing so.</p> <p>Decisions on facilitating individual resident's visits outside of a care home should be taken in partnership on an individual basis with the resident's personal needs and care home circumstances considered.</p> <p>Such decisions must be supported by dynamic individualised risk assessments. While any such dynamic risk assessment could highlight a risk of falling ill whilst out of the home, it may require input from PHA duty room to quantify the potential risk to the wider external population who may be exposed.</p>

Isolation Arrangements

Normal Arrangements	Care Home in Outbreak	Widespread Community Transmission / Increased Severity
<p>No isolation required on joining the care home from the community.</p>	<p>Isolation may be required in some circumstances and would depend on the illness, severity, vaccine protections and nature of the person's and home living conditions</p> <p>Applicable PHA guidance should be followed at that time.</p>	<p>Isolation may be required in some circumstances and would depend on the illness, severity, vaccine protections and nature of the person's and home living conditions.</p> <p>Applicable PHA guidance should be followed at that time.</p>

Care Partner Arrangements

Normal Arrangements	Care Home in Outbreak	Widespread Community Transmission / Increased Severity
Formal Care Partner arrangements can be stood down. Normal access arrangements to apply. Details of agreed arrangements to be maintained to provide resilience in the event that they need to be reactivated.	Care partner arrangements to continue	Care partner arrangements to continue

Appendix 2: Roles, Responsibilities & Dealing with Challenges

There are key roles for all in facilitating normalised safe visiting and the role of each stakeholder is outlined below:

THE ROLE OF RESIDENTS' RELATIVES/VISITORS

Family and friends of residents should be aware of the benefits of visiting their loved ones, but also be aware of the challenges which care homes, as distinct from other health and care settings, face in safeguarding all residents from infection. The restriction of visitors to care homes during the pandemic period has been a key strategic component of managing our response and it was introduced to protect residents, their families and staff by reducing the risk of infection.

While the restrictions on visiting have now largely been removed, it is essential that families/friends intending to visit should continue to help ensure their loved ones remain safe, by:

- Staying at Home, if symptomatic
- Adhering to good Infection Prevention and Control practice
- Face coverings - and any other necessary PPE, should be worn as appropriate
- Engaging with the care home - you are partners in care and should work together for the good of your loved one
- Respect for other residents and staff in the care home and protecting their health.

It is crucially important, therefore, that visitors make themselves aware of the risks involved in the visiting of their loved one, and work together with the care home and the statutory agencies to ensure that they can safely engage in meaningful visiting while ensuring that the risk to their loved one and others in the care home is minimised as far as possible.

THE ROLE OF CARE HOMES

As we end the restrictions applicable to visiting in most normal circumstances, care homes and their staff should ensure that they facilitate this increased level of visiting by putting in place management measures to ensure that this is done as safely as possible.

THE ROLE OF PHA

The PHA will continue to provide infection and prevention control (IPC) advice, support care homes through the PHA Health Protection Duty room with regard to public health advice on enquiries and managing outbreaks, and also carry out surveillance including outbreaks of COVID-19 in care homes. They will also work to gather the voice and experience of those living in care homes in order to inform improvements in the safety, quality and delivery of services.

THE ROLE OF HEALTH AND SOCIAL CARE TRUSTS (HSCTs)

HSCTs should work with care homes to support them with implementation of guidance. In addition, they must assure themselves that care homes that accommodate their clients are operating in accordance with the most up to date guidance for visiting care homes, and that they are implementing an appropriate dynamic risk assessed approach to visiting at their premises. This may include:

- providing support and advice to care home providers in the implementation of this and other related guidance
- providing support and advice where there are difficult to navigate situations relevant to particular HSCT clients;
- considering if the arrangements in place for individual clients recognise the balance in managing infection transmission with protecting the mental health and emotional well-being of residents and family relationships;
- considering if the arrangements in place for individual clients take account of each client's personal health and care needs (e.g. those who may be hearing impaired, visually impaired, cognitively impaired etc.);
- considering if the arrangements in place recognise and facilitate the role of care partners, support may be required in identifying the care partner or managing the process;
- ensuring that individual clients and their relatives have been involved in agreeing visiting arrangements, recognising that residents and/or their representatives should be involved in the individual discussions and decision-making about their own tolerance of risk and their own judgements about the balance of risks; and,
- ensuring that there are mechanisms for ongoing review of clients' individual visiting arrangements.

ROLE OF COPNI

The Commissioner for Older People in Northern Ireland will continue to assist by putting older people and families in touch with organisations best placed to resolve their concerns. The Commissioner can also provide assistance to any older person or their representatives in making a complaint where the older person's interests have been adversely affected by any actions.

ROLE OF THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)

In respect of "Visiting with Care", the role of RQIA is to ensure that the guidance is being implemented in a meaningful way across all registered care homes. RQIA will ensure the guidance is shared with care homes and continue to offer support and advice so visiting can be delivered safely taking into account the individual needs of the residents.

RQIA will liaise with the local Health and Social Care Trusts where homes are challenged in respect of individuals or express concerns in respect of implementation of the guidance.

During inspections RQIA will review visiting arrangements in the care home to ensure they are in line with the guidance that is current, at the time, and meet the relevant regulations and care standards for homes.

Inspectors will ensure the home has an up to date visiting policy and that residents care plans are updated to reflect this and individual visiting arrangements in place.

RQIA will continue to gather information from homes and report on this through inspection reports.

ROLE OF THE DEPARTMENT OF HEALTH (DOH)

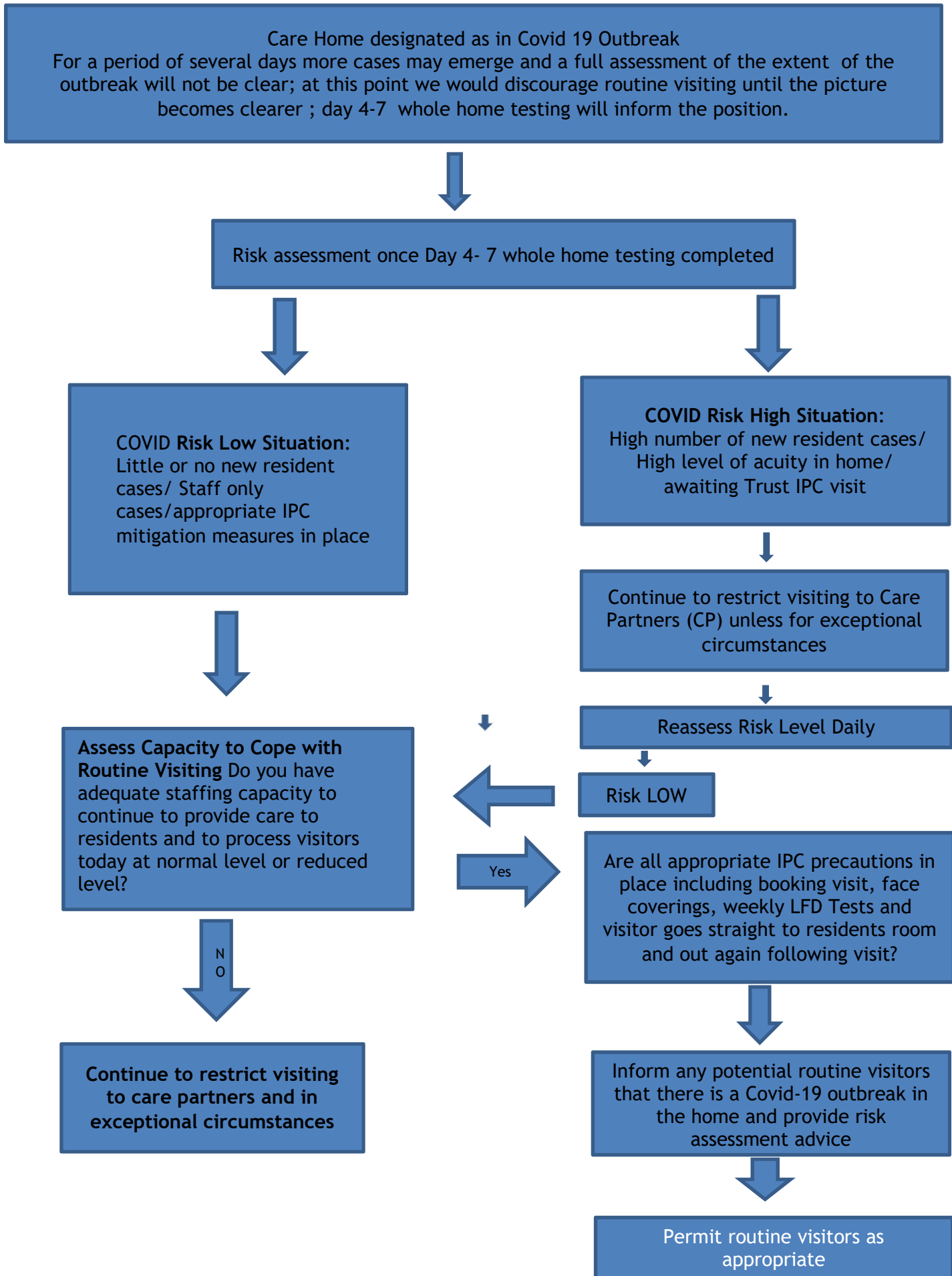
The Department (DoH) has overarching responsibility for developing the policy around visiting arrangements in care homes as well as other health care settings in Northern Ireland.

DEALING WITH CHALLENGES

We expect that all care homes here will work to ensure compliance with this guidance. HSC Trusts and their Care managers should work alongside care homes and residents/families 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, families can contact the appropriate statutory agencies (RQIA, the Department of Health, Public Health Agency), who 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.

Appendix 3: Visiting In COVID-19 Outbreak: Guidance Algorithm



Implementation

General visiting should be discouraged until a care home declared in outbreak has received results from Day 4 to 7 testing; this will confirm the extent of the outbreak and inform decision making in relation to facilitating general visiting using the algorithm. To note during this time Care Partners can continue to visit and visiting in exceptional circumstances including end of life should be facilitated.

On receipt of the above results the Acute Response team in the PHA's Duty Room will, if required, work through the algorithm with the care home to inform a risk assessed decision in relation to facilitating general visiting within the care home. To note this may be full visiting or some level of restriction depending on the risk assessment.

In the event that the assessment identifies a Low Risk situation the care home should advise residents and families of the level of general visiting that can be facilitated while ensuring all those who visit are aware of the risk to themselves of contracting COVID -19 and the need to adhere to all IPC measures.

Where the outbreak is identified as a High Risk situation visiting will remain restricted to Care Partners and in exceptional circumstances including end of life.

The position in relation to general visiting should be reviewed on a daily basis with a focus on facilitating general visiting where possible in order to maintain access to family life for all residents.

Appendix 4: General Principles for Managing Visiting Restrictions

While we have now progressed to a point where restrictions around visiting in care homes have been removed, the grid at Appendix 1 makes provision for temporary reintroduction of some restrictions in certain, prescribed circumstances. The following principles should always apply when considering how best to deal with such issues around visiting restrictions in our care homes:

Responsibility

- Everyone, including staff, residents and family members, has a responsibility to follow all relevant advice and guidance, and to take those actions which will help our Care Homes stay safe homes.

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.

Maintaining Wellbeing

- When it is found to be necessary to introduce short-term restrictions to visiting, all such decisions should focus on supporting ongoing meaningful contact safely wherever possible, to protect the well-being of residents and their loved ones, in line with residents' care needs.

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. Any restrictions to meaningful contact must be time-bound and proportionate.

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. It is important that any visiting policies take account of the positive impact on health and wellbeing from seeing family and loved ones has on residents, when considering what short term restrictions are necessary, justified and proportionate.

Public Health
Agency