

## NCF analysis of visiting guidance

The DHSC has issued its [Update on policies for visiting arrangements in care homes](#)

The guidance is structured as follows:

1. the principles of a local approach and dynamic risk assessment
2. advice for providers when establishing their visiting policy
3. advice for providers when taking visiting decisions for particular residents or groups of residents
4. infection-control precautions
5. communicating with family and others about the visiting policy and visiting decisions

The guidance sets out very clearly that the first priority continues to be to reduce the risk of COVID-19 transmission in care homes and to prevent future outbreaks. This means that any visiting policy should still be restricted with alternatives sought wherever possible.

However, as the rate of community transmission has reduced, it sets out a framework for how care homes can now develop a policy for limited visits on the basis of a dynamic risk assessment which takes into account the significant vulnerability of residents in most care homes, the specific circumstances of the individual care homes and its local circumstances.

Key points to note:

- **This guidance only applies to care homes** - guidance for supported living settings is in development and will be published shortly.
- There is a key role for the **relevant local director of public health, who should give a regular professional assessment of whether visiting is likely to be appropriate within their local authority**, taking into account the wider risk environment. Prior to visits being allowed in care homes in a local authority area, **the director of public health will assess the suitability of a specified level of visiting guidance for that area taking into account relevant infection and growth rates** (see section 1 for more detail on this)
- To limit risk, **where visits do go ahead, this should be limited to a single constant visitor, per resident, wherever possible**. This is in order to limit the overall numbers of visitors to the care home and the consequent risk of infection. (See section 2)
- **The care home's visiting policy should be made available and/or communicated to residents and families**, together with any necessary variations to arrangements due to external events.
- Care homes should **support NHS Test and Trace by keeping a temporary record (including address and phone number) of current and previous residents, staff and visitors**, as well as keeping track of visitor numbers and staff.
- In the event of **an outbreak in a care home and/or evidence of community hotspots or outbreaks, care homes may rapidly impose visiting restrictions** to protect vulnerable residents, staff and visitors.

**Section 2 (Advice for providers when establishing their visiting policy)** covers specific advice for providers, with more detail on the risk assessment required for decisions on visiting policies, recommendations about limiting visitors to a single constant visitor per resident, wherever possible (ie having the same family member visiting each time to limit the number of different individuals coming into contact) balancing the risks and benefits to individuals and the overall group of residents in the care home, having regard to the specific needs of the care home residents (eg dementia, learning disability or autism)

**Section 3 (Advice for providers when taking visiting decisions for particular residents or groups of residents)** provides guidance on visiting policies which allows for different rules to be applied to different residents or categories of resident and references the importance of being clear about an individual's needs and circumstances and levels of vulnerability, the benefits of visits to them, the harm caused by lack of visits, the extent to which remote contact by phone or video address this and the level and type of care provided by external visitors and the ability of care home staff to replicate this care. It notes the importance of involving the resident, their relatives or friends, any advocates, commissioners and appropriate members of the multi-disciplinary team and, where appropriate, volunteers in the decision on visiting policies and states that 'Where volunteers usually support residents the provider or manager should carefully consider whether their support is more aligned to that of a staff member or a regular visitor and apply the appropriate oversight and infection-control procedures.' It provides useful links to MCA advice,

**Section 4 (Infection Control precautions)** sets out what needs to be included in terms of IPC within the visiting policy, with clear responsibilities for visitors as well as care providers, the importance of PPE and good IPC, screening of visitors and, in line with test and trace guidance, the need for providers to maintain a record of any visitors to a care home as well as the person and/or people they interact with, for example if a person visits their loved one who is also visited by a chaplain in the course of the visit. **Note: this guidance only recommends face coverings for visitors – providers may wish to require additional levels of PPE protection here, in terms of facemasks.**

**Section 5 (Communicating with families and others about the visiting policy and visiting decisions)** covers advice for visitors on how to support them with their visits, reassurance and preparation especially if it has been some time since they have seen their loved one, clear systems for booking visits, what happens in the event of an outbreak and the importance of regular updates from the care home with families and loved ones.