Dear family member or named visitor

**Re: Out of Care Home Visits-Stichell House and Gretton Court**

Following updated government guidance published on the 17th of May, 2021, the Hospital of God has reviewed its Out of Care Home policy.

### We very much support the aim to return as normal a life as possible and echo the Governments message that;

Opportunities for the people who live in Gretton Court and Stichell House, where they are able, to make visits out of the home are an important part of care home life.

We also recognise, that caution still needs to be exercised as lockdown eases:

*“Even as vaccine coverage increases, there are still risks involved in visits out. It’s important that care homes, residents, family and friends take steps to manage and mitigate these risks.”*

We recognise how important this is for residents’ health and wellbeing, their ability to remain at the heart of family and social networks, and, in some cases, to deliver the objectives of their care plan. However, spending time with others outside the care home will increase the risk of exposure to COVID-19 for the resident and potentially to other residents and staff on their return. This is the case even as we see community infection rates dropping and vaccine coverage increasing.

The government guidance sets out the approach that we should take to planning and supporting visits out of the home as safely as possible, where residents wish to make them. It explains the measures that should be taken – by the home, the resident and others taking part in the visit – to manage the risks that residents returning from visits bring infection back into the care home with them.

It clearly recognises that in some cases, where the risks involved are high and the visit cannot be avoided (for example, involving an overnight stay in a hospital), this will mean that a resident making a visit out of the care home should self-isolate for 14 days on their return (where the day of return is day zero). This is to ensure that, in the event they have unknowingly become infected while out of the home, they minimise the chances of passing that infection on to other residents and staff.

The guidance also recognises that there are certain types of activity where the risks are inherently lower and these should ordinarily be supported without the need for self-isolation on return:

* to spend time outdoors
* to take part in outdoor exercise not involving close contact with others

We will take steps so that all care home residents should be supported to leave the home, subject to carefully considered risk assessments, for the following activities without being advised to self-isolate for 14 days on their return:

* to go to work or take part in education or training
* for medical appointments such as GP appointments, excluding overnight stays in hospital
* to take part in other activities necessary to maintain an individual’s health and wellbeing (for example, going to a day centre or to a place of worship)

It is important to note that, all precautions relating to COVID-19 (including social distancing and those set out below) should be followed while out of the care home.

**Care Home residents visiting Day Centre, education setting or workplace**

Where residents are visiting out to somewhere with an existing testing regime – for example a workplace, day care centre or education setting – they should participate in the relevant testing regime for that organisation where possible. In addition, a specific risk assessment taking into account full vaccination status, levels of infection in the community, variants of concern in the community, and/or additional measures which may be required to protect care homes from infection though visits out to higher risk settings, should be carried out for all residents before any visit out takes place.

**Self-isolation for 14-days**

We note and adhere to the Government guidance which remains that residents who make a visit out other than in the circumstances set out above and where the **risk of infection cannot be sufficiently mitigated** should self-isolate for 14 days on return.

**Planning Visits**

No visit out of a care home during a pandemic is without risk, but there are steps we can take to reduce those risks. To support safe visits out of care homes and to minimise the risk of transmission of infection to care home residents and other people they live with in the care home, the following measures should be considered for all visits out of care homes:

* residents may be (but are not required to be) accompanied by:
  + a member of care home staff
  + one or more of their named visitors, and/or
  + their essential care provider (where applicable)
* residents may meet other people but should maintain social distance from anyone who is not one of their named visitors, essential care providers, or care staff and, wherever possible, should avoid close physical contact with those who are supporting their visit to minimise the risk of infection
* care homes should discuss arrangements with residents, residents’ named visitors, or their essential care provider, in advance
* crowded places should be avoided
* visits to indoor spaces should normally be avoided (except, for example, for the use of toilet facilities), unless they are for work, education, medical appointments or where an individual assessment has determined the activity is necessary to maintaining an individual’s health and wellbeing
* visits should not involve the use of public transport

We very much hope that this is not needed but if in our communities there was a high, or rapidly rising, levels of infection, and/or where there is evidence of variants of concern or variants under investigation, we will seek additional local advice from their local authority director of public health (DPH).

**Before a Visit is made**

There are certain, sensible, criteria which need to be met before a visit can take place.

Where visits out are accompanied by a named visitor, visitors should follow their relevant testing regime and receive negative test results. For essential care givers, this is the same testing requirements as staff. For all other named visitors, this is a rapid lateral flow test taken on the day of the visit.

Visitors within 90 days of a previous positive PCR test do not need to test after they have completed the necessary self-isolation period, unless they become symptomatic again.

If any visitor or any member of the visitor’s household has [symptoms of COVID-19](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection#symptoms) or has tested positive, they should not proceed with the visit.

Where residents are visiting out to somewhere with an existing testing regime, for example a workplace, day care centre or education setting, they should participate in the relevant testing regime for that organisation where possible. Testing arrangements are outlined in more detail in the [guidance on care home visiting](https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus).

Others involved in the visit should take steps leading up to the visit to minimise the risk to the care home resident and others in the care home, recognising that introducing COVID-19 to a care home puts all those who live and work there at risk. This includes following good infection control practice including social distancing, hand hygiene, wearing face coverings and avoiding crowded places.

**Planning and working together**

Ahead of each person’s visit, we will seek to agree arrangements and risk mitigation with the resident (or a best interests decision if the person lacks capacity). This should be linked with the care plan. Things to be considered before a visit out should include:

* the support needs that the resident may have during the visit, and whether the resident will need to be accompanied by a staff member, carer, family member or friend
* the vaccination status of the residents and the likely vaccination status of those in the setting they are visiting
* how the resident will be supported to follow good infection control practice including social distancing, hand hygiene and face coverings – and whether the resident’s needs are likely to impact their ability to do so
* transport for the visit, which should avoid exposing the resident to those outside the household they are visiting, for instance by [travelling in a family car or private taxi](https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers). Public transport should be avoided

We recognise that it is important that the resident and their family are involved in discussions throughout this process. If undertaking a visit out is not possible because of the risk to the individual and other residents and staff, we will communicate the reasons for this decision clearly to the resident and their family.

Where a resident intends to leave a care home to take part in activities described in an individual’s care plan, they should be subject to an assessment of risk, covering both:

1. infection risk
2. the capability of the individual to return to activities in the care plan, particularly where the plan has not been updated recently

It is important that the family or others who will be accompanying or hosting the resident have given careful thought to the inherent risks in taking their loved one out of the care home environment – in terms of infection risk for the resident, the family and potentially other residents in the care home. They will also need to think through how they will support the needs of that person during the visit.

Where necessary, social workers can be approached by the care home, resident or family to support this conversation – in particular to help resolve any issues or concerns, and to ensure professional support and or oversight where required.

Throughout the decision-making process, we will aim to share information with our staff teams so that responses to residents and families are consistent and transparent. Alongside internal communication we will aim ton have clear public-facing communications of the our approach to avoid any potential confusion, and helping to support relationships with families and avoid distress to residents or their relatives and friends.

## **In the event of an outbreak in the care home**

In the event of an outbreak in a care home, the home should immediately stop outward visiting. There may be local policy and outbreak management arrangements, which will be important to follow.

These restrictions should continue until the outbreak is confirmed as over, which will be at least 14 days after the last laboratory confirmed or clinically suspected cases were identified in a resident or member of staff in the home.

Recovery testing on all those who had previously tested negative should be carried out 14 days after the last positive test result. If all recovery testing shows negative results, outward visiting may be restarted but with the usual infection prevention and control measures and any enhancements required due to any risks identified following the recent outbreak.

Where there is an outbreak of a variant of concern, outward visiting will need to stop for at least 28 days after the last positive test in resident or care staff.

In the event of an outbreak, all movements in and out of a setting should be minimised as far as possible and limited to exceptional circumstances only, such as to visit a friend or a relative at the end of their life.

Thank you for your continued support and understanding.

Yours sincerely

Lawrence Mcanelly

Director