



Llywodraeth Cymru
Welsh Government

GUIDANCE

Visits to care homes: guidance for providers

Guidance for care home providers for adults and children on how to enable safe visiting during the coronavirus pandemic.

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Contents

Introduction

Who is the guidance for

Background

Current approach to care home visits

Ethical principles

Appendix 1

Appendix 2

Appendix 3

Appendix 4

Appendix 5

Introduction

Version 3 of the guidance supersedes previous versions. It has been revised to reflect changes to the Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020 which came into force on 28 August 2020.

The guidance provides advice for care home providers on facilitating:

- outdoor visits

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- indoor visits when the level of COVID-19 at a local or national level allows
- indoor visits in exceptional circumstances including end of life
- people going out into the community and visiting family and friends

Guidance for providers of supported living services and supported housing services is being developed separately.

The guidance sets out an ethical framework to support people living and staying in care homes to reconnect safely with families, friends and professionals, consistent with the requirements of the wider coronavirus restrictions.

The ultimate decision on whether, and in what circumstances care home visits take place rests with the individual provider, and we understand that some providers will find it more challenging to facilitate visits than others. However this guidance is intended to support providers to enable visits to take place, and we expect and encourage providers to facilitate visits wherever possible.

Who is the guidance for

This guidance is for providers of care home services for adults and/or children. It is intended to support providers in developing their own policy and procedures for the re-introduction of visitors to care homes.

When we refer to a 'person' or 'resident', we mean an adult or child living or staying in a care home.

When we refer to a 'visitor' or 'visitors' we mean family members, friends and professionals visiting a person at a care home.

When we refer to a 'designated visitor', we mean the family member or friend who will be the primary indoor visitor when local COVID-19 circumstances allow. This means the same visitor visiting each time to limit the number of different people entering the care home and reducing the consequent risk of infection.

A deputy may be identified to undertake indoor visits if the designated visitor is unable to visit, for example if they are unwell or away.

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When we refer to a ‘dynamic risk assessment’, we mean a process of continually observing and analysing risks and hazards in a changing, or high-risk environment. This allows for risks to be identified quickly and action taken to reduce/remove risks.

When we refer to the ‘level of COVID-19 at a local or national level’, we mean the prevalence and incidence of infection nationally and in the local community, and any outbreaks or hot spots that may increase risk of introducing COVID-19 into care homes’.

Background

In response to the COVID-19 pandemic, the Welsh Government imposed restrictions or requirements on citizens. These were put in place to prevent, protect against, and control the spread of coronavirus in Wales.

The restrictions and requirements set out in the Welsh legislation may differ from those elsewhere in the UK, so it is important you understand the law and guidance as it applies in Wales. If you provide care and support services in more than one UK nation, you must apply the legislation and guidance of the country in which each individual care home is located.

On 23 March, Welsh Government wrote to all care home providers in relation to restricting visits to care home accommodation. This was in response to the increasing pace of the transmission of coronavirus throughout the community. It is recognised that people living in care homes are more vulnerable than the general population and there is a potential for rapid spread through a home. Therefore, the purpose of these restrictions was to protect people living at, working at and visiting care homes.

The Welsh Government wrote to all care home providers on 5 June giving updated advice on how care homes may safely facilitate outdoor visits consistent with the current regulations. The advice was updated on 16 June to reflect the Chief Medical Officer’s advice that face coverings are not required to be worn by visitors, when visits are outdoors and social distancing is maintained. Some visitors may choose to wear face coverings, and advice from the Chief

Medical Officer to those in vulnerable groups has been to wear masks. However, this is not a requirement.

Further guidance on visiting (which built on the 5 June letter) was issued to providers on 23 June and published on 25 June following the review of lockdown announced on 19 June. This reflected the change allowing people to travel beyond the five mile limit for compassionate reasons, including in order to visit care homes. The guidance gave more detail on the issues to consider when arranging outdoor visits, and recognised that there would be exceptional circumstances or compassionate reasons where indoor visits may be necessary.

Since 16 August, shielding has been paused for everyone on the shielding list (children and adults) unless the number of COVID-19 cases in the community starts to rise significantly. The [latest shielding guidance is available](#).

Current approach to care home visits

Due to the hard work of care home providers in ensuring effective infection prevention and control and the efforts of the wider population in Wales the spread of COVID-19 has been controlled and the Welsh Government has been able to relax the restrictions in relation to indoor visits to other households, including care homes. We can only continue to do this if everyone carries on this hard work. If not, there is a real risk we will see new outbreaks of coronavirus which may lead to further restrictions to control the spread of infection.

Preventing the introduction and re-introduction of COVID-19 infection in care homes remains a priority. However, as the rate of community transmission has reduced locally and nationally, care homes can now develop an approach to enable limited indoor visits. Indoor visits are not without risk and providers should take account of the advice to minimise risk as set out in this guidance.

To reduce the risk of transmission outdoor visits should continue wherever possible and safe to do so.

Visiting policies and all visits should be based on a dynamic risk assessment,

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which takes into account the vulnerability of people living and staying in the care home and risks to people living, staying, working in and visiting the care home. This approach is based on the circumstances and needs of the individual care home including people living, staying and working in the care home and the level of COVID-19 at a local or national level.

Visitors should be advised that their ability to visit care homes is still being restricted, and is subject to the specific circumstances of the care home and those living, staying and working in it. This is likely to mean that the frequency and duration of visits is limited and/or restricted.

The level of COVID-19 at a local or national level includes the prevalence and incidence of infection nationally and in the local community as well as outbreaks or hot spots that may increase risk of infection for care homes and the people who live and work in them. The local authority will inform you if transmission of COVID-19 increases in your area and if you need to take further steps to keep your home COVID-secure. The arrangements have been put in place through the Local COVID-19 Prevention and Implementation Plan. Should there be concerns regarding increased transmission in the community, the Local Authority will contact care homes directly, describing the risk and setting out actions required.

Visits to care homes may cease if local rates of transmission in the community exceed 5%. Visits to care homes may cease if rates of COVID-19 transmission rise at a national level. Restrictions on visits to care homes may be placed on homes within a certain area of the local authority, the entire local authority area or nationally depending on the rate of transmission.

If there is an active incident or outbreak of COVID-19 at the care home both indoor and outdoor visits must be restricted to exceptional circumstances such as end of life.

Visitors should only visit a care home that has been clear of COVID-19 for 28 days, unless visiting for end of life or exceptional circumstances.

The provider should inform all visitors not to visit if they have any symptoms consistent with COVID-19 or if they have been in contact with anyone with such

symptoms.

The provider should inform all visitors not to visit if they live in an area of the UK where enhanced restrictions to activities or movements are in place.

Requirements for self-isolation and household isolation must be adhered to. People who are required to self-isolate, including those identified as a contact of a positive case under the Test, Trace and Protect Strategy, those who are self-isolating outside of the test, trace and protect requirements e.g. quarantine following foreign travel or those with other infections must stay at home. The provider should inform all visitors not to visit if they have tested positive for COVID-19 in the last 14 days or if they still have symptoms.

The provider should inform all visitors not to visit if they have returned from overseas travel in the last 14 days.

Records should be kept of visitors to the home, when they visited and whom they had contact with.

Designated visitors for indoor visits

The purpose of designated visitors for indoor visits is to reduce the footfall into the care home and to minimise the risk of infection from COVID-19. The intention is everyone should nominate one designated visitor (family member, loved one, friend) for indoor visits along with a nominated deputy if the designated visitor is unavailable due to illness or absence. The two roles are not intended to be routinely interchangeable.

It is important people are supported to nominate a designated visitor. Where people lack capacity this may include support from an advocate. We recognise that in some situations having one designated visitor may cause friction between the family members and friends of the care home resident. Care homes should be aware of these potential situations and handle sensitively, making loved ones aware that purpose of a single designated visitor is to minimise the risk of infection, safeguarding residents.

Designated visitors and deputies should consider the level of risk they are exposed to through their social or occupational contacts before taking on this role. For example, key workers like healthcare or emergency workers may be considered high risk. Similarly they should be willing to accept responsibility for ensuring that their behaviours do not lead to an increased risk of COVID-19 infection.

We suggest that providers emphasise the important role and responsibility that designated visitors and nominated deputies have in minimising the risk of transmission of COVID-19 infection into the care home.

The arrangement for designated visitors does not apply to visits arranged in exceptional circumstances such as end of life visits.

The arrangement for designated visitors does not apply to outdoor visits.

Visiting professionals and other supportive services

Indoor visits by professionals (chiropractors, dentists, dieticians, community nurses etc.), and other services supporting people's well-being such as hairdressers and entertainers may be facilitated in line with the advice set out in this guidance. Visits should be agreed in advance with the service provider. Visiting professionals should take suitable measures to keep themselves and others safe including observing appropriate infection prevention and control measures and using appropriate personal protective equipment (PPE). They should also follow advice issued in relation to their profession. Other supportive services will need to be supervised during their visit by care home staff, to ensure appropriate infection prevention and control and PPE procedures are being followed.

Going out

People will naturally wish to go out into the community and to visit families and friends, as well as to attend places of worship. The advice from Public Health Wales is that they should not do so if there is an active incident or outbreak of

COVID-19 at the home. Decision-making should also be informed by the level of COVID-19 at a local or national level. Visits should be restricted to outdoor spaces, wherever possible.

Transport will require careful consideration and public transport rules will apply on minibuses and similar vehicles. If the care home is using its own vehicle then cleaning protocols will need to be in place. Likewise, respiratory hygiene, social distancing and hand hygiene should be maintained when away from the care home. Consideration could be given to 'social bubbles' so that a consistent group which has closer social interaction such as eating and socialising together within the care home is able to go out on a trip together. Trips out of the care home should be restricted to outdoor spaces. Expectations should be managed as access to outdoor spaces will likely be limited as seasons change.

The advice from Public Health Wales is that visits to the homes of relatives and friends, including overnight stays, present a risk. The risk is easier to control and manage if visits are made to the care home. Therefore care home residents should not visit the inside areas of people's homes, or stay overnight.

In all cases where people are being restricted from going out, care homes should be mindful of guidance around the deprivation of liberty, in particular the need for the **Deprivation of Liberty Safeguards (DoLS)** process to continue be followed. As is the case under normal circumstances, deprivation of liberty should always be seen as the last resort and authorisation should never be given for the convenience of staff.

Maintaining contact

Throughout this period, it is especially important that people are supported to maintain their relationships with families and friends and have access to professionals when needed. Providers have been supporting people to maintain contact in a variety of ways via telephone calls, video calls, newsletters, cards, photographs and e-mails.

Public Health Wales

This guidance is intended to support you in enabling visits to your care home. However, we recognise that all homes are different and that rates of COVID-19 infections will vary by area and over time. Public Health Wales is always willing to support care home providers considering individual risk assessments and provide advice. Please contact them on 0300 00300 32 and they will be happy to discuss your questions.

Ethical principles

Responding to the COVID-19 pandemic has meant difficult decisions have been made under new and exceptional pressures. These decisions have had a personal impact on our families, carers and communities, and have a wider impact on the organisation and delivery of our health and social care services.

We recommend that care home providers use an ethical principle based framework to support their ongoing response planning and decision-making in relation to COVID-19. The ethical framework needs to be considered alongside professional codes of conduct and the most recent applicable official guidance and legislation, including in respect of human rights. An ethical framework helps to ensure that consideration is given to a series of values and principles when organising and delivering social care.

A judgement will need to be made on the extent that a particular principle can be applied in the context of each decision. In all instances, respect and reasonableness should be used as the fundamental, underpinning principles that guide planning and support judgements. Resident's views on visits should be sought as part of this process wherever possible.

The principles detailed and defined below are not an exhaustive list and are not ranked in order of significance.

Ethical framework - principles

Respect

Recognising that every individual and their human rights, personal choices, safety and dignity matters.

Reasonableness

Ensuring that decisions are rational, fair, practical, and grounded in appropriate processes, available evidence and a clear justification.

Inclusiveness

Ensuring that individuals are given a fair opportunity to understand situations, are included in decisions that affect them, and can offer their views and challenge. In turn, decisions and actions should aim to minimise inequalities as much as possible.

Minimising harm

Striving to reduce the amount of physical, psychological, social and economic harm that the outbreak might cause to individuals and communities.

Human rights

Recognising people's human rights when making decisions that will affect individuals in your home, for example their right to liberty, right to respect for private and family life) and the right to freedom of religion. The last point is particularly relevant following the amendments to the Health Protection (Coronavirus Restrictions) (No. 2) (Wales) Regulations 2020 enabling places of worship to reopen for public services.

Flexibility

Being responsive, able, and willing to adapt when faced with changed or new circumstances. It is vital that this principle is applied to the social care workforce and wider sector, to facilitate agile and collaborative working.

Accountability

Holding individuals, and ourselves, to account for how and which decisions are made. In turn, this requires being transparent about why decisions are made and who is responsible for making and communicating them.

Proportionality

Providing support that is proportionate to needs and abilities of individuals, communities and staff, and benefits and risks are identified through decision-making processes.

Community

A commitment to get through the outbreak together by supporting one another and strengthening our communities to the best of our ability.

Actions that care home providers can take to support people to reconnect with families, friends and professionals

Balancing the rights and responsibilities in relation to people, visitors and staff is not easy or straightforward. To assist care home providers to think about how they can support people to reconnect safely with their families, friends and professionals we have set out in the appendices below some points for consideration. This list is not exhaustive. One size does not fit all. Therefore, consideration must be given to the individual needs of people receiving care and

support and individual characteristics of services.

Next steps

We will keep this guidance under review to ensure it remains consistent with wider regulations and guidance.

Appendix 1

Points for consideration when supporting people to reconnect with families, friends and professionals:

- have a clear and accessible visiting policy in place that is communicated with relevant individuals, regarding visiting during COVID-19 restrictions. Include the procedures for infection prevention and control, including PPE
- consider enabling visits by appointment only, and the duration of these. If the care home has previously operated an 'open door' visiting policy, inform people and visitors of the change of arrangements and why this is necessary
- ensure people and visitors are aware that visiting may have to be suspended if an outbreak or increased numbers of residents with symptoms of COVID-19 (or other infection) occurs in the home
- have risk assessments in place for all types of visits. Ensure people, and where required their representatives, are involved in developing and reviewing personal plans and risk assessments
- personal plans and risk assessments should reflect the arrangements for supporting well-being and social connections
- individual risk assessments should assess people for COVID-19 risk factors e.g. underlying conditions
- if people living or staying in the care home go out, consideration should be given to method of transport used. Public transport rules would apply to any minibus type transport
- if there is a restriction to visitors in place, alternative ways of communicating between people and their families and friends should be discussed and offered. Where appropriate the service should provide regular updates to

families and friends on their loved ones' mental and physical health, how they are coping and identify any additional ways they might be better supported, including any cultural or religious needs

- consider what needs to be done to adhere to latest official guidance, statutory duties, and relevant regulations, including **Public Health Wales Guidance to Prevent COVID-19 Among Care Home Residents and Manage Cases, Incidents & Outbreaks in Residential Care Settings in Wales**
- consider how you can ensure people are supported to understand situations, contribute to decisions that affect them, and offer their views and challenge i.e. use of advocates, clear appeal and complaints processes
- ensure people's individual personal choices are respected, whilst considering and communicating implications for the present and future
- where a person may lack the relevant decision-making capacity (as defined in the Mental Capacity Act 2005), the decision maker making a best interest decision under the 2005 Act, should consider all the relevant circumstances, including the person's wishes, beliefs and values, the views of their family and what the person would have wanted (where known) if they had the capacity to make the decision themselves
- ensure there are adequate processes in place to maintain infection prevention and control before, during and after visits including supporting people to maintain social distancing
- consider what the provider can do to prepare residents and visitors for visits. For example, support visitors on how to prepare for a visit and give tips on how to communicate if face coverings are required, such as:
 - speaking loudly and clearly
 - keeping eye contact
 - not wearing hats or anything else that might conceal their face further
 - wearing clothing or their hair in a way that a person would more likely recognise
 - the use of message or symbol boards or electronic device
- provide reassurance to visitors, including that some people, for example people living with dementia, may struggle at first to remember or recognise them. The provider should try to prepare people for a visit and consider individual approaches to support this, for example looking at photographs of the person who is due to visit, and talking to them about their relationship.

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- consider how feedback from visitors might be sought, to inform arrangements for future visits
- consider staffing levels to support safe visiting arrangements
- keep people and visitors as informed as possible of what is happening or what is expected to happen in any given circumstance
- base decisions on the evidence and information that is available at the time, conscious of the known risks and benefits
- consider how the service will respond and adapt to changes as and when they occur e.g. in the event of new information arising or changed levels of demand

Appendix 2

Points for consideration (in addition to the points detailed in the other appendices) when supporting indoor visits:

Care home providers, staff, residents and visitors all have a responsibility to make visits as safe as possible. It is not possible to eliminate all risks.

It is particularly important that visitors follow the home's visiting policy and procedures and any requirements relating to infection prevention and control and social distancing.

Visitors have a responsibility to ensure that their behaviours prior to the visit do not increase their risk of acquiring and transmitting COVID-19. Visitors should be encouraged to discuss any potential risk and concerns with the home.

Residents and visitors must be involved in the risk assessment and made aware of any risks and action that will need to be taken to reduce risks.

What providers will need to consider when undertaking risk assessments for indoor visits to care homes:

- prior to indoor visits being allowed in care homes, the provider should

- consider the suitability of indoor visits in the care home, taking into account infection rates, community prevalence, relevant legislation and guidance
- any testing that takes place outside of the care home, for example community or home testing. Staff and visitors must inform the care home so that the result is factored into the decision-making process and risk assessment. Visitors who have had a test should not visit the home regardless of that test result, until 14 days from exposure have passed. We will give further consideration to the need for testing for visitors as the situation evolves.
 - results from any routine testing of staff and residents. This data will enable the risk assessment to be well informed. Evidence of outbreaks and recovery from outbreaks should also be considered (a recovered outbreak is defined as 28 days or more since the last suspected or confirmed case reported)
 - readiness of the care home to respond quickly when there is a confirmed or suspected COVID-19 case within the care home, to immediately return to essential/exceptional visits only e.g. end of life/compassionate visits
 - appropriate level of staff to enable safer indoor visiting practices
 - the resident's health and well-being needs, risks e.g. whether their needs make indoor visits particularly important, and whether restricting indoor visitors would have a detrimental impact on their health and well-being
 - a balance of the benefits of receiving visits to the residents living and staying in the care home, against the risk of visitors introducing infection into the care home, or spreading infection from the care home to the community.
 - the ability of the provider to put in place practical measures to mitigate any risks arising from indoor visits
 - the practical effectiveness of social distancing measures between the visitor and the resident (s), having regard to the cognitive status of the resident(s) and their communication needs
 - 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
 - visitors should be encouraged to wear their own face covering for all indoor visits, unless social distancing can be assured
 - visitors in the shielded category are advised to wear a medical mask
 - prior to and on arrival, visitors in the shielded category are made aware of

- advice to wear a medical mask in a social care setting. If the visitor is in the shielded category the resident should also wear a medical mask, if tolerated
- visitors should be advised to wash hands thoroughly (or use hand sanitiser) before and after putting a face covering on and taking it off (a face covering is not a medical/surgical mask)
 - any behaviours of the resident or visitor that may place the resident, visitor or staff of increased risk of infection. The action required to reduce the risks
 - Where the visit will take place, we advise that visits take place in the resident's own room or a designated visitor's area, which will only be used, by one resident and their visitor at a time. Visiting areas should be cleaned after each visit. Visitors should be accompanied when in the building and should limit contact with others. Visitors do not need to be accompanied while visiting a resident's room.

Appendix 3

Points for consideration (in addition to the points detailed in the other appendices) to support outdoor visits:

- ensure staff are aware of the restrictions and requirements in relation to outdoor visits
- for outdoor visits, the number of households from which visitors are drawn should be minimised. As a guide, it is suggested that visits be limited to visitors from one or two households per week. If multiple visits from the same household occur within a week, it should be the same two visitors, not different people from the same household. However, this should take into account the individual's circumstances – individuals may have multiple adult children each living in separate households
- visits from young children and toddlers are generally discouraged due to the difficulty of maintaining social distancing and the risk that presents. There may be exceptional and or compassionate circumstances where a visit from a child is permitted, for example if children are siblings of residents of children's homes. Visits from children are carefully managed and are at the Care Home Manager's discretion

- visitors should be discouraged from bringing gifts and flowers to the service. If visitors bring gifts including food, this is restricted to gifts in sealed unopened packages that can be wiped down and are not placed in refrigerators or communal areas
- food, drink and other items not shared between people and their visitors
- prior to and on arrival, visitors in the shielded category are made aware of advice to wear a medical mask in a social care setting. If the visitor is in the shielded category the resident should also wear a medical mask, if tolerated
- prior to and on arrival, visitors are asked:
 - to confirm they do not have any COVID-19 symptoms. The primary symptoms of COVID-19 are a high fever, continuous cough of recent onset, loss of taste / smell
 - to confirm they are not self-isolating or living in a household with someone who is self-isolating
 - to adhere to the service's policy and procedures including infection prevention and control
 - to adhere to social distancing requirements and other restrictions
 - to use a tissue or their sleeve for any sneeze or cough, not their hand
- prior to and during visits, inform visitors of any requirements in relation to infection prevention and control, including where required the supply, wearing and disposal of PPE and social distancing requirements. Personal interaction should be avoided, where possible, for example avoid skin-to-skin contact (handshake, hug)
- record all breaches in relation to requirements / procedures, including the type of breach, date and time
- make visitors aware of the arrangements for cancelling their visit and what will happen if they arrive late for their pre-booked visit
- let people and visitors know of the exceptional circumstances that may warrant consideration of a change of arrangements for visits
- provide timely updates about any changes to arrangements, restrictions, requirements, or a confirmed or suspected case of COVID-19 at the service
- are people, and where applicable their advocates, consulted regarding identifying priority of visitors i.e. who should visit (priority visits are those that support people's health and well-being)?
- consider how the external area of the home is organised to assist in facilitating safe outdoor visits e.g. zoned areas with clear two-metre social

- distancing, coverings such as gazebos and garden umbrellas (these should not be enclosed) to protect people from weather conditions
- consider the types of outdoor visit that could be offered where safe to do so, which could include:
 - a window visit in which the visitor can talk to their relative/friend through an open window on the ground floor of the home/service. A two-metre distance from the window is maintained
 - a garden visit in which a two-metre social distancing is maintained
 - a drive-through visit in which the person living at the home sits two metres away from the visitor's car and is able to see and talk to their visitor through an open car window
 - any signage for navigating a visit should be visible, so visitors know where to park
 - do visitors have a clear and signposted route to the outdoor visiting / meeting area, ideally directly into the visiting / meeting area? Where visitors may need to walk through the home to access the outdoor meeting area, are they guided through, and do not touch anything and do not visit any internal areas?
 - visitors should ideally not access toilet facilities at the home, but if the need arises, the home should have a designated toilet for the use of visitors only during visits. Staff or people living at the home should not use the visitor toilet. If possible, the visitor toilet is located close to an entrance so that unnecessary travel through the home is avoided. Toilets used by visitors are cleaned between every use
 - all chairs and equipment used during visits should be easy to clean and impervious to fluids and cleaned after each visit in preparation for the next
 - advise and support visitors to perform hand hygiene on arrival at the home, at appropriate times during their stay and before leaving. Washing hands with soap and water is preferred, but alcohol hand gel should be provided if hand-washing facilities are not accessible e.g. in the garden / outdoor meeting area
 - consider if there are sufficient waste points provided and strategically placed to avoid litter

Appendix 4

Points for consideration (in addition to the points detailed in the other appendices) to support children and young people living in care homes to reconnect with families, friends and professionals:

- on 28 July, Welsh Government published operational guidance for providers of children's social care services during COVID-19. The guidance includes how local authorities should maintain contact with **children and young people living / staying in care homes**
- it may not always be practicable or appropriate to facilitate meetings with children and their families, friends and professionals in the internal or external areas of the home. Meetings within the home's internal and external areas should be based on a dynamic risk assessment that includes consideration of the restrictions in place. Relevant professionals should be involved in the risk management process. As with adult care home services, indoor visits to children's homes should have a designated and deputy visitor. Where parents are separated the designated and deputy visitor roles may be allocated to each parent.
- any decisions made should be in the child's best interests. Decisions on whom should visit and prioritising of visits should be based on individual circumstances and children should be included in these decisions, including the designated and deputy visitor roles. This should include their right to access advocacy
- in addition to considering how to facilitate indoor and outdoor meetings in the home, providers should also consider how they could facilitate outdoor meetings elsewhere, between children and their families, friends and professionals. Which are in accordance with current requirements and where social distancing and personal hygiene is maintained

Appendix 5

Points for consideration (in addition to the points detailed in the other appendices) to support people receiving end of life care or compassionate circumstances, to receive indoor visits in the event that indoor visits are restricted to essential visits only:

- request for a visit that will need to take place within the home for a specific purpose felt to be essential should be made to the care home manager for a decision. The visit, if agreed, has restrictions in place regarding the number of visitors, the duration and location of the visit
- have clear notices in place at all entry points into the premises for any visitors setting out the expectations to gain admission
- ask visitors to wash their hands with soap and water for a 20-second duration on arrival into the home, often during their stay, and upon leaving
- infection prevention and control guidance on the use of PPE should be followed for the visitors
- if the resident's COVID-19 status is probable or confirmed, a Fluid Resistant Surgical mask, gloves and apron should be provided for the visitors and eye protection e.g. visor, in addition if there is a high risk of splash / respiratory secretions being coughed uncontrollably from the resident
- if the visitor is in a "shielded category", they should be advised of their increased risk – PPE would be the same, if they still choose to visit
- visitors should not be allowed to visit during the undertaking of an aerosol generating procedure (AGP) or for an hour after an AGP is performed on their relative
- the visit takes place in the individual's room and social distancing is maintained
- staff facilitate safe access to the individual being visited. Wherever possible visitors are discouraged from touching surfaces i.e. handles, switches etc. Any surfaces touched are cleaned thoroughly afterwards
- during the visit, room doors are kept closed where possible and safe to do

so. Entry and exit from the room is minimised. Visitors should remain in the room of the individual they are visiting

- visitors do not have access to other people living in the home and contact with staff is limited (any contact with staff occurs at a two metre distance)
- provide additional waste points, strategically placed for disposable face coverings and additional items to avoid litter
- ensure the room is cleaned immediately following the visit and there are robust infection prevention and control procedures in place

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