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# Open with Care: Supporting Meaningful Contact in Care Homes

Frequently asked Questions (FAQ)

24 February 2021

These Frequently Asked Questions (FAQs) are for everyone involved in resuming meaningful contact in care homes, whether you are a resident, family member, a visiting professional, care home provider or other partner.

The FAQ includes questions you might want to understand the answers to in a bit more detail than the guidance provides.

### **Why is the change to guidance happening now?**

Balancing risks and harms of during the pandemic has been exceptionally difficult.

COVID-19 protections have developed considerably in recent months alongside increasing evidence highlighting the risks of harm from ongoing separation from loved ones.

With a range of safety measures now in place, maintained and rigorously sustained, combined with evidence that community COVID-19 transmission is controlled we can now recommend a return to safe, indoor visiting so that everyone living in adult care homes, no matter their age, health, or otherwise, can have meaningful contact with their families and loved ones.

### **What protections are in place?**

The multiple levels of protection in place include: testing policy prior to hospital discharge; testing policy for community admission; community transmission levels; effective IPC and ; PPE (adequate, available and proper used) testing (all staff, others, designated visitors) and the vaccine. It is because of these levels of protection that we can contemplate the return of safe indoor visiting.

It is important that all of these protections remain in place. Everyone going into a care home can help protect the residents from COVID-19. We all have a role to continue to protect our loved ones and care home staff.

### **When will care homes be able to resume meaningful contact?**

We are asking all parties involved to support each other constructively as we work over the next few weeks to open with care across all care homes in Scotland by mid-March.

This guidance is a step change. All care homes should be preparing to open to up to two designated visitors per week per resident quickly – if all the safety measures are in place.

There will be some care homes that need to put in additional work to satisfy themselves they meet all the safety measures - in these cases support will be provided by the local oversight teams.

## **How are you continuing to protect residents against Covid?**

Safeguards and protections have developed considerably in recent months alongside the evidence about how to protect against the Covid-19 virus.

We now have multiple layers of protection in place: testing policy prior to hospital discharge; testing policy for community admission; community transmission levels; effective IPC; PPE (adequate, available and properly used) testing (all staff, others, designated visitors) and the vaccine. It is because of these levels of protection that we can contemplate the return of safe indoor visiting.

In addition to these protections, certain conditions should be in place to support indoor visiting and these are provided as a checklist to supporting safe meaningful contact.

Care homes will update their existing risk assessment in line with the new guidance. Advice and support from local Health Protection teams and Oversight arrangements should be sought if care homes identify risks that might prevent the introduction of indoor visiting but **there is no requirement for all care homes to resubmit all revised risk assessments** to local HPTs for sign off.

Proactive monitoring of care homes' implementation of the guidance will be in place from its publication with direct local support to care homes that need it.

A national review will take place by the end of April to check progress with implementation and any additional support that might be required.

## **How long will visitors be able to visit their loved one for?**

Time limits for residents' contact are not defined in the guidance.

This is to enable residents, relatives and care homes to work together to agree contact that accommodates individuals' needs and circumstances as well as practical issues to safely receiving visitors to all residents in the care home. Care homes may wish to use booking systems when resuming meaningful contact.

Support for essential visits is unaffected, which should always be compassionately and generously enabled by care homes when needed. A ready guide to support and enable essential visits has been developed and is published in the guidance.

## **When will care homes have to offer daily visits?**

We have not set arbitrary target dates. Individual care homes need to move from two designated visitors at a pace that reflects their confidence and capacity. Some care homes for younger adults may be able to increase opportunities for visiting more quickly than other homes as their population has a lower COVID risk profile.

### **Will visitors be able to visit their relative or friend in their room?**

Residents should be supported to be with loved ones in their own room, if they wish. This is the preferred location but other person centred alternatives, for example a designated room for visiting, can be considered in the short term as opening up is embedded.

Continued attention to safety measures in relation to the pandemic are essential for everyone. This includes hand hygiene, PPE as appropriate, ensuring good airflow (as far as reasonably comfortable), and rigorous cleaning of surfaces before and after visits.

### **Can visitors use the toilet in care homes?**

Yes. Visitors should access dedicated toilet facilities for visitor use only, ensuring frequent enhanced cleaning is in place (at least hourly) for all surfaces and using a chlorine releasing agent 1000 ppm (bleach). This should include the toilet, sink and frequently touched surfaces like door handles and light switches, but not including floors.

### **Does this guidance allow children to visit?**

Initially, children under 16 would not normally be a [designated visitor](#) for indoor visits and the guidance explains the reasons for this.

When restrictions ease and care home residents can have more visitors, children under 16 should be considered. Children should remember to follow [safety advice](#). Young people 16 and above can be designated visitors.

Children and young people can be part of outdoor meetings with care home residents. They should be included in group size limits.

Children and young people should be supported to attend [essential visits](#), where desired.

During essential visits, children and young people should follow advice from the care home on [infection prevention and control](#) and personal protective equipment.

### **Will contact stop again?**

Meaningful contact between care home residents and their loved ones should return to being the usual practice in care homes in all but exceptional circumstances.

These circumstances are outlined in the guidance and will include, for example, when there is a COVID-19 outbreak in the care home.

## **How will visiting advice change when we're in different Levels?**

Under the [Strategic Framework](#), each local council has a protection level. There are different restrictions for each level. From February 2021, contact between care home residents and loved ones will not usually be tied to the local level.

Travel into and out of levels 3 and 4 to see a loved one living in a care home is classed as essential travel. This travel is exempt from coronavirus travel restrictions.

Essential visits should always continue.

Garden and window visits are also likely to always be supported.

[Read more about coronavirus protection levels.](#)

## **Why are care homes offering different levels of contact?**

We recommend that all care homes begin preparations and implementation immediately to support full adoption and embedding of the guidance, accommodating up to two designated visitors per resident each week in the first instance.

There may be a brief period while care homes need to make arrangements to resume indoor visiting safely.

Some visiting arrangements may differ based on the needs, circumstances and preferences of individual residents. The principles of the new approach emphasises an individualised risk assessment to take account of these factors in planning visits for people.

Part of the new approach involves strengthened support and oversight from a range of partners to help resume meaningful contact for everyone in adult care homes.

In addition some care homes may have to pause indoor visiting on a very temporary basis – for example if there is an outbreak, or concerns have been raised about compliance with infection prevention and control measures.

## **How does the vaccination programme affect visiting?**

The Scottish Government does not recommend that care homes make it compulsory for people to have had the COVID-19 vaccine before going in the care home. Vaccination is one of a number of safeguards that together allow meaningful contact to resume.

There is no clear evidence on what the correct level of coverage should be for safe visiting to happen. Vaccination rates should not be seen as the sole reason for deciding whether visiting can take place, or whether residents can go out of the care home. We want to avoid the scenario that a figure unhelpfully creates a barrier to visiting to happen. It is one of a number of protections that **together** help to support safe contact.

In December 2020, WHO provided evidence that the percentage of people who need to be immune in order to achieve herd immunity varies with each disease. Herd immunity is a term means the resistance to an infectious disease spreading in a population. It is based on immunity of a high proportion of individuals when they have had the infection or a vaccination. For example, herd immunity against measles requires about 95% of a population to be vaccinated. The remaining 5% will be protected by the fact that measles will not spread among those who are vaccinated. For polio, the threshold is about 80%. The proportion of the population that must be vaccinated against COVID-19 to begin inducing herd immunity is not known. This is an important area of research and will likely vary according to the community, the vaccine, the populations prioritized for vaccination, and other factors.

We will continue to review the evidence including from the Joint Committee on Vaccination and Immunisation (JCVI), SAGE and World Health Organisation (WHO).

### **Can residents who are new admissions to a care home and need to self-isolate for 14 days receive visitors?**

The period of self-isolation should be observed so designated visitors would not normally be considered in this period. However, essential visits should be supported, generously and sympathetically as the resident and family will be in an unfamiliar setting and contact may be needed to alleviate distress.

### **Will care home residents be able to leave the care home or go out in groups?**

The guidance is focused on reintroducing indoor visiting, which is the preferred and recommended approach to good quality contact with residents and loved ones. Whilst it is recognised that other forms of visiting are used (such as outdoors - at windows, in garden pods or marquees - or indoor, fully screened off adapted rooms), these should not be viewed as replacements to indoor visiting.

The guidance sets out an incremental, risk assessed approach to resuming meaningful contact and social connections. As conditions improve care homes should begin to assess the opportunities for residents to safely leave the care home.

Additionally, care homes' ongoing efforts to support residents who do not have regular designated visitors should be encouraged, but are not the focus of this guidance.

### **What does this mean for communal areas and activities?**

Whilst we encourage residents to use communal facilities such as dining rooms and lounges in reduced numbers with physical distancing, we are not at this stage encouraging visitors to use communal areas where there is more than one resident present.

### **What PPE will visitors be required to wear when visiting my relative?**

People coming into the care home to see loved ones will be asked to wear a fluid resistant surgical mask (FRSM) and these will be provided by the care home to the person visiting. Gloves are not required as hand hygiene is sufficient to remove the COVID-19 virus.

Physical touch should also be supported when a fluid resistant surgical mask is worn by the person visiting, as are brief hugs or embraces.

### **Are visitors required to take a COVID test?**

We recommend that designated visitors are tested in a designated area in the care home before going to be with a resident.

All guidance and requirements for PPE and social distancing should be observed by care home staff supporting visitor testing.

### **What happens if a visitor tests positive for COVID-19 - does this mean an outbreak investigation needs to start in a care home?**

If a visitor tests positive, they will be asked not to go ahead with the visit and instead to go home and self-isolate and seek a confirmatory PCR test. The care home will wish to notify their Public Health team. **If guidance has been followed as above then this should not trigger an outbreak investigation.**

### **What about the extra costs/burden imposed on care homes?**

The Scottish Government provides funding and support for the provision of PPE and care home testing.

Where it is possible, Scottish Government will also continue to provide funding for reasonable additional costs incurred as a result of the pandemic including staffing and non-staffing costs associated with facilitating safe visiting. This is in line with the financial support for social care providers guidance, published in December 2020; [Coronavirus \(COVID-19\): financial support arrangements for social care providers - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/financial-support-arrangements-for-social-care-providers-2020/pages/11.aspx).

### **How can care home staff raise concerns?**

Where care home staff have any concerns around how Open with Care is being put into practice, they can raise any concerns they have in a number of ways.

Ways to do this are:

1. By raising their concerns with their unit manager or if necessary through the provider's whistleblowing policy (if one exists)
2. By contacting the Care Inspectorate (see their dedicated guidance on 'Raising Concerns in the Workplace' [here](#) which also provides a helpful summary of the responsibilities of Social Care Workers under the SSSC Code of Practice)

3. By writing to the Local Authority within which the care home is located for the contract monitoring team or Adult Support and Protection team to investigate (through the HSCP).

### **What support is Scottish Government putting in place for family and friends of care home residents?**

We recognise that it will be an emotional time for many residents and loved ones who have been apart for some time. For some it may be a worry that there are additional safety risks to their loved ones.

Information and advice around the new visiting guidelines and how to work with care homes to keep everyone safe when visiting will be available on NHS Inform information and advice from 24<sup>th</sup> February 2021. This information can be accessed at [www.nhsinform.scot/openwithcare](http://www.nhsinform.scot/openwithcare).

### **Will the Scottish Government bring in legislation for care home visiting?**

Making visiting a legal right was raised by relatives of those in care homes in recent meetings.

We believe that the plans we are about to publish offer the both the best and fastest route to making this change, and we continue to explore all options through engaging with partners, including relatives of care home residents and care home providers.