



# Open with Care

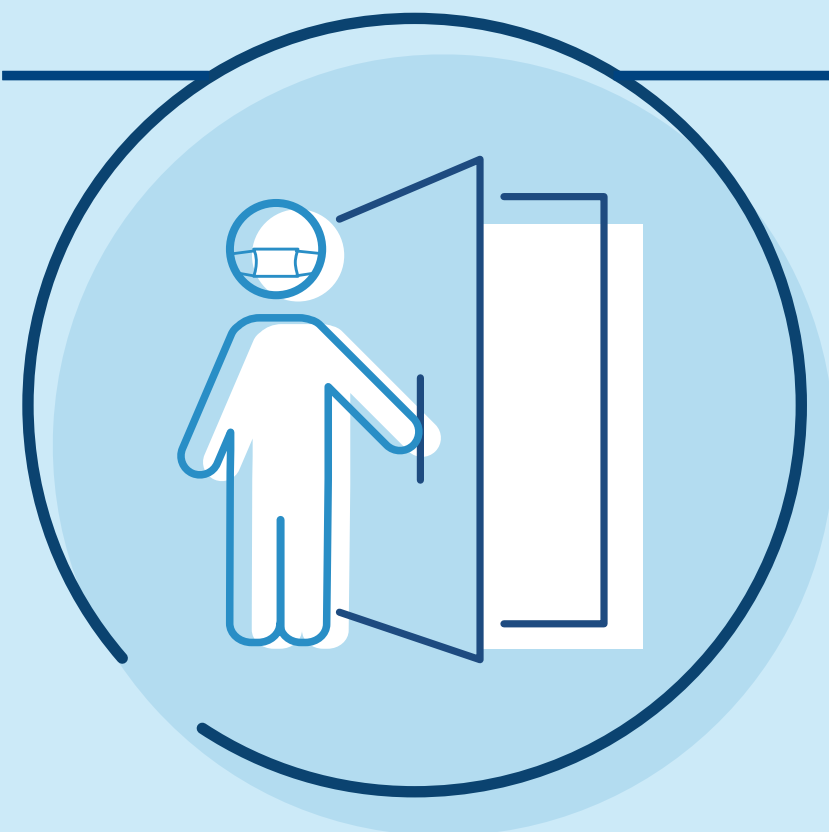
Supporting Meaningful Contact in Care Homes



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# Introduction

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# Introduction

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# 01

The COVID-19 pandemic has had a major impact on care homes for adults. The COVID-19 virus presents a significant risk to residents and so every possible step needs to continue to be taken to mitigate against that risk and to protect residents and staff. Managing this risk has necessarily brought enhanced protections in care homes – including recommended limits and restrictions around routine time together for residents, family and friends.

Care home staff have worked tirelessly throughout the pandemic to support continued contact between residents and their loved ones but these restrictions have been hugely challenging for residents and their loved ones, as well as for care home staff and colleagues. These restrictions have been hugely challenging for residents and their loved ones, as well as for care home staff and colleagues. Partners have worked together to make care homes and visiting as safe as possible, and care home staff have worked tirelessly throughout the pandemic to support continued contact between residents and their loved ones.

Protecting residents from the risk of COVID -19 has rightly been a priority for us all but we know that the consequences of the restrictions in place have been harmful for many residents, relatives and staff. Emerging and recent international evidence on COVID-19, demonstrates potential physical, emotional and cognitive harm for residents from prolonged isolation. This has also been fed back by carers and family members, for example to the Root Cause Analysis (Scottish Government, November 2020).

In view of this, the WHO ad hoc COVID-19 Infection Prevention and Control Guidance Development Group has recently unanimously agreed that visiting should be supported, as long as a range of Infection Prevention and Control (IPC) measures are in place to prevent the risk that visitors may contribute to COVID-19 transmission in care homes (see Supporting Documents for details).

As the evidence continues to evolve about how to deal with the virus, so have our safeguards and protections. Alongside risk based and proportionate infection prevention and control, recognised as a core approach that must be embedded in all our practice (Scottish Government, November 2020), multiple levels of wider protections are now in place. These include:

- adequate, available and properly used personal protective equipment (PPE) for care home staff and visitors;

- testing of residents prior to hospital discharge and admission to care homes;
- routine testing for all care home staff and visiting professionals;
- care home-based testing for all designated visitors;
- COVID-19 vaccination of care home residents and staff; and
- support from local oversight arrangements, public health and primary care.

With these levels of protection now in place, maintained and rigorously sustained, we can actively address the harms caused from prolonged isolation and absence of meaningful contact between residents and loved ones. So it is time to return to safe, managed 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 for the remainder of the pandemic and beyond - provided it is safe to do so.



# **Support to Open with Care, taking action and reviewing progress**

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# Support to Open with Care, taking action and reviewing progress

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02

This guidance has been developed with input from the following partners:

- Chief Nursing Officer, Chief Medical Officer, National Clinical Director, Office of the Chief Social Work Adviser
- Scottish Care
- Care home staff, managers and providers
- Clinical Professional and Advisory Group (CPAG) members
- CPAG engagement subgroup whose membership includes Age Scotland, Alzheimer Scotland, Care Home Relatives Scotland, National Dementia Carers Action Network PAMIS, Scottish Autism, Tide UK
- Care Inspectorate
- Health and Social Care Partnerships (HSCPs), including commissioners and contract managers
- Directors Public Health
- Nurse Directors
- Chief Officers.

We are grateful for their insights, input and continued support to sustaining the approach and accompanying safeguards.

## 2.1 Taking action and reviewing progress

This guidance applies to all adult care homes. Care homes are now asked to make arrangements to enable meaningful contact with residents and loved ones. Given each care home has different circumstances to take into account, this guidance allows appropriate local flexibility as we continue to fight the global pandemic. Care homes and relatives are asked to work together thoughtfully and constructively in the short period while preparations and adaptations are put in place.

Care homes should begin preparations and implementation immediately to support full adoption and embedding of the guidance across all care homes, accommodating up to two designated visitors per resident and ensuring that all of the safeguards to protect people are in place.

To note that vaccination is one of a number of safeguards that together allow meaningful contact to resume. 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. It is about ensuring that all of the safeguards are in place help to support safe contact.

To assess our shared progress with this new approach, we will review the adoption of this guidance by the end of April 2021, with ongoing local and national monitoring from day one. Local Oversight partners, collaboratively led by the NHS Director of Public Health, Executive Nurse lead, Medical Director, Chief Social Work Officer, and Health and Social Care Partnership Chief Officer, will directly support care homes who are facing challenges in delivery. The Scottish Government will actively engage where it is necessary and helpful to assist with delivery of this visiting guidance.





# Principles to Open with Care

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# Principles to Open with Care

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03

The following principles should be followed by everyone when considering approaches to visiting. This includes residents, relatives, care home managers, staff and local oversight arrangements:

- **Responsibility** – everyone, including family members, has a responsibility to follow any advice and guidance take action to help care homes stay safe homes.
- **Maintaining well-being** – decisions should focus on supporting meaningful contact to happen safely wherever possible, to protect and restore well-being of residents and their loved ones, and in line with residents’ care needs.
- **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.
- **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, so that any restrictions to meaningful contact are proportionate.
- **Equality/choice** – residents (and/or their representative decision-makers) have the right to choose their designated visitors.
- **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. Whilst it is important that any visiting policies take account of the evolving evidence about the harm posed from the virus, these need to be carefully balanced with the evidence about the positive impact on health and wellbeing from seeing family and loved ones has on residents in considering what is necessary, justified and proportionate.



# Working together to keep everyone safe

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# Working together to keep everyone safe

## Safe homes

Everyone plays an important part in opening up safely. This SAFE HOMES advice outlines how family and friends can help keep everyone safe, and how the care home staff will help people visiting to keep their loved ones safe.

This was developed with input from care home residents' relatives, and care home, clinical and professional staff.

### When visiting loved ones:

#### Family and friends visiting can help by:

- S** Staying at home if you are unwell
- A** Arranging your visit in advance (and any changes)
- F** Face coverings—wearing these and any other PPE required by the care home
- E** Engaging with the care home – you are partners in care and have a shared responsibility to follow advice to keep family and others safe and taking the test when offered it

#### The care home will help by:

- H** Helping you to feel supported when visiting (e.g. informed, a safe and welcoming space, appropriate equipment, and providing on site COVID-19 testing)
- O** (being) Open to your concerns and needs
- M** Managing time with your loved one in a safe manner
- E** Essential visits arranged in partnership with you and your family member
- S** Showing you how to visit safely



# Maximising safe and meaningful contact

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# Maximising safe and meaningful contact

Care homes should work to increase the frequency and duration of meaningful contact with residents. **In the first instance, resuming indoor visiting should involve up to two designated visitors weekly, visiting one at a time.** This should however be seen as the minimum starting point with consideration given to increasing the number of visitors and frequency of visiting, as and when the care home judges it is safe to do so, with expert advice and support from oversight arrangements where appropriate.

Some care homes for younger adults may be able to increase opportunities for visiting more quickly than other care homes as their population has a lower COVID risk profile.

Care homes, depending on the structure of the care home, may wish initially to support meaningful contact within a designated visiting area rather than residents' own rooms. This should be considered a short term measure as meaningful contact is resumed, and care homes should continue their rigorous attention to safety precautions such as cleaning of frequently touched surfaces and airflow, recognising that there are potentially increased risks associated with multiple visitors using and accessing the same space.

## 5.1 Increasing the frequency and duration of contact

Care homes can take advice from local oversight partners when considering relaxations to indoor and outdoor contact with loved ones to ensure that conditions locally, and in the care home, are suitable and safe.

The following tables illustrate broad increments to increasing indoor and outdoor contact between residents and loved ones:

**Increasing frequency and duration of contact**

<b>Seeing loved ones inside the care home</b>	<b>Designated Visitor at all Levels</b>	<b>Increasing frequency of Designated Visitor visits</b>	<b>Increasing the number of routine visitors per visit</b>
	Up to two designated visitors weekly, once weekly each (total number of visits is two per week).	Towards daily visits	Multiple visitors per visit in line with general COVID-19 restrictions on meeting size, as well as environment and IPC considerations.

**Increasing frequency and duration of contact**

<b>Seeing loved ones outside the care home</b>	<b>Meeting outdoors e.g. garden visits</b>	<b>Overnight stays</b>
	<p>If appropriate (weather) meeting outdoors can be facilitated, to include:</p> <ul style="list-style-type: none"> <li>walks together or outings using a wheelchair (visitors and frequency in line with indoor visiting levels).</li> <li>for designated visitors and other family members, with the group size in line with wider COVID-19 restrictions.</li> </ul> <p><b>Trips out of the care home</b></p> <p>Initially, trips out with one designated visitor in the car and avoiding public indoor spaces, adopting IPC and safety measures with advice from local health protection in more complex scenarios.</p>	Progressing to overnight stays in own home or designated visitor’s home (risk assessed and discussed with oversight arrangements).



The above 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 or substitutes for, indoor visiting. Additionally, care homes' ongoing efforts to support residents who do not have regular designated visitors should be encouraged, but please note, these are not the focus of this guidance.

Care homes, opening with care, for all residents is at the heart of this new approach.

Time limits for residents' contact are not defined in this 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. The scenarios where essential visits should be supported are discussed later in this guidance.

Care homes will need to apply the guidance flexibility and sympathetically to accommodate individual resident circumstances and preferences, for example if a resident has only one designated visitor.

## 5.2 Children and young people

Children under 16 are not recommended as a designated visitor for routine indoor visiting at this stage however care homes should use their discretion. This is due to a range of factors that mean there are fewer protections in place for this age group (for example, they are not included in visitor LFD testing and will not be COVID-vaccinated at this stage), and may present additional more practical challenges for the care home with managing and sustaining visitors safety precautions.

As further relaxations to meaningful contact are appropriate, children under 16 should be considered as part of increasing the frequency of the visitors, and following infection prevention and control and personal protective equipment advice.

Young people 16 and above can be designated visitors, following all the relevant safety measures outlined earlier.

Effective immediately, children and young people can be supported to meet with residents outdoors and should be included in limits to total group numbers.

In relation to essential visits – children and young people should be considered for essential visits as and if appropriate, because of the pressing importance of these visits. In these instances, personal protective equipment and infection prevention and control measures should continue to be in place, with additional care that precautions are met as appropriate (e.g. young children).

### 5.3 Maximising high quality contact alongside infection prevention control

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. Full infection prevention and control advice is provided for care home staff by Health Protection Scotland and should continue to be used to support time between residents and their loved ones – see **Annex 2 - Supporting Documents** section for document weblink.

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. Hand and wrist jewellery should be removed and forearms uncovered to support good hand hygiene when spending time together indoors.

**They do not need to** use other PPE such as gloves and aprons, unless instructed by the care home. Physical touch should also be supported when a fluid resistant surgical mask is worn by the person visiting, as are brief hugs or embraces. Risk of transmission can be further reduced if a FRSM is worn by the resident where possible.

Circumstances where visitors are likely to be asked by the care home to wear additional PPE (such as aprons or gloves) mainly relate to involvement in personal or direct care with the resident. Care homes should advise and provide visitors with necessary PPE when they are keen to be involved in care, and loved ones are asked to follow care home advice on this matter.

Staff should wear aprons as single use items when working closely with residents. This protects their uniform from contamination and prevents cross contamination when they work with other residents.

Gloves are not necessary for people visiting as good hand hygiene is sufficient. Staff must wear gloves when contact with body fluids is anticipated.

Care homes should continue to support people visiting with training on robust hand hygiene as well as the correct processes and location for putting on and taking off PPE, including surgical masks.

Care homes should continue to support people visiting with training on robust hand hygiene as well as the correct processes for putting on and taking off PPE, including surgical masks.



# Conditions for resuming indoor visiting Checklist

## Open with care

### Checklist: Conditions for resuming indoor visiting

 <b>1</b> <b>No Outbreak</b>	No active outbreak in the home or outbreak declared over and Health Protection Team sign off	<input type="checkbox"/>
 <b>2</b> <b>IPC Compliance</b>	<ul style="list-style-type: none"> <li>Compliance with Infection Prevention Control measures</li> <li>Physical distancing in place</li> </ul>	<input type="checkbox"/>
 <b>3</b> <b>PPE</b>	<ul style="list-style-type: none"> <li>Adequate supplies of Personal Protective Equipment in place</li> <li>Visitors supervised for donning and doffing</li> </ul>	<input type="checkbox"/>
 <b>4</b> <b>Visitor Screening</b>	Exclusion of visitors with COVID symptoms	<input type="checkbox"/>
 <b>5</b> <b>Visitor Testing</b>	Lateral Flow Device testing of asymptomatic designated visitors	<input type="checkbox"/>
 <b>6</b> <b>Staff Testing</b>	Testing of staff as recommended	<input type="checkbox"/>
 <b>7</b> <b>Designated Visitors Agreed</b>	<ul style="list-style-type: none"> <li>Agreed between care home and resident/proxy</li> <li>Individualised visiting care plan agreed</li> </ul>	<input type="checkbox"/>
 <b>8</b> <b>Residents' Vaccination</b>	High level coverage and a robust process to ensure continued coverage of staff and residents	<input type="checkbox"/>
 <b>9</b> <b>Clinical Oversight Team</b>	No concerns about care home quality assurance indicators	<input type="checkbox"/>
 <b>10</b> <b>Directors of Public Health</b>	Local public health oversight and advice on visiting policies	<input type="checkbox"/>

**Proceed with visiting** 

The above checklist outlines the local conditions that should be in place to support safe meaningful contact.



# Compassionate essential visiting Summary and reference guide

## Essential Visit

An essential visit is one where it is imperative that a friend or relative is supported to see their loved one and not subject to the same time limits as routine indoor visits.

## Principles

- Sympathetically supported
- Anticipatory and responsive
- Enabling touch and reconnection
- Always permitted regardless of other restrictions or infection rates

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## Anticipation

Anticipate when the need for visits becomes essential for resident and loved ones to promote well-being

Anticipatory and person-centred visiting care plans in place to suit needs of resident and visitor.

Document any requests, the agreed plan and outcome

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## Distress

There is clear distress and impact on well-being (for both loved ones and/or resident) as a result of separation. Where a resident or family/friend may be reassured by a visit.

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## End of Life Care

Where a resident's well-being deteriorates and it is thought that the situation may be irreversible. Agree flexible meaningful time leading up to the resident's death with loved ones.

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## Deterioration

Where a resident declines in mood or cognition, appetite or mobility. Where interaction with loved ones might be felt to help.

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## Not...

- **Not** just at imminent end of life
- **Not** the same as routine indoor, garden or window visits
- **Not** socially distant
- **Not** supervised or observed
- **Not** generally limited by wider COVID-19 restrictions
- **Not** time limited
- **Not** limited to one visitor



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Care homes are asked to continue to compassionately support essential visits. The guides above and on the next page summarise the principles and scenarios to supporting these.

## Essential Visits



### Distress

There is clear distress and impact on well-being (for both resident and/or loved ones) as a result of separation.

Where a resident or loved one may be reassured by a visit.



### Deterioration

Where a resident's well-being declines in mood or cognition, appetite or mobility.

Where interaction with loved ones might be felt to help.



### End of Life Care

Where a resident's condition deteriorates and it is thought that the situation may be irreversible.

Agree compassionate, flexible and meaningful time together in the lead up to the resident's death.

\*Not exclusive – may be a combination of some or all of these factors

## Key Principle: Prevention

Anticipate when the need for visits becomes essential for resident and family wellbeing.



### Care Plans

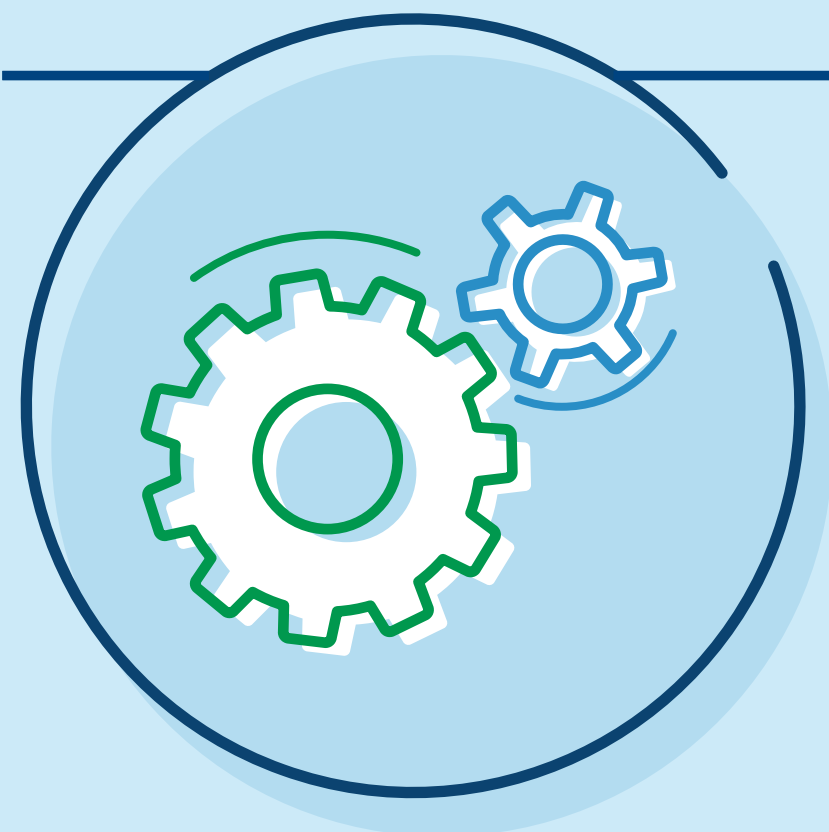
Anticipatory and visiting care plans in place to suit needs of resident and visitor.



### Documentation

Document any requests, the agreed plan and outcome.





# How this guidance was developed

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# How this guidance was developed

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This guidance seeks to provide clear recommendations but it is ultimately for local areas and care homes, where appropriate, to take account of any individual facts and circumstances of residents in considering application of any of these recommendations and consider these against the wider risks posed to the other care home residents from the virus.

In doing so, care homes should continue their ongoing review and maintenance of risk assessments and alert the local health protection teams if the risk assessment identifies issues of concern. It is important this guidance is read in conjunction with laws which impose lockdown restrictions (and any guidance made under or about those matters), as these laws will regularly change and be updated. Independent advice should be sought by parties where they feel it necessary.

It is important that individual care home providers continue to check and comply with all legal obligations on them to be sure the care home is a safe place to visit and with any health and safety or other obligations in respect of it being a safe workplace. This guidance does not supersede or provide any advice on those matters. Independent advice should be sought on compliance with any of these matters if needed.

Content has been developed by members of the Chief Medical Officer (CMO) and Chief Nursing Officer Care Homes Clinical and Professional Advisory Group (CPAG), a multidisciplinary group providing clinical and professional advice throughout. As with all guidance in this series, content aligns with Health Protection Scotland's [COVID-19 Information and Guidance for Care Homes](#) and draws on expert advice developed by SAGE, the Chief Medical Officer Advisory Group and others.

Where there are different approaches recommended for different people, for example, younger and older people living in care homes, these are based on the best clinical and professional advice available at the time the guidance was published.



# **Annex 1**

# **Partner**

# **contributions**

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# Annex 1

## Partner contributions

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# A1

In order to open up safely everyone has a part to play.

Key partner roles in supporting safe visiting include the following recommendations and reflect their input. As each area's arrangements are different, these recommendations are illustrative and do not aim to be prescriptive or comprehensive. Content below aligns to and builds on the Framework for Multi-agency, Multi-professional Oversight - Guidance for scrutiny and assurance partners.

### Loved ones (relatives and friends)

- Stay away if they have symptoms or have been in contact with someone infected and have been instructed to isolate, with expert advice and support if an essential visit is necessary for circumstances approaching end of life.
- Where they need to travel within Scotland to visit a person in a care home, they check that any travel complies with the law in Scotland (and any applicable guidance) and independent advice should be taken where needed.
- Where they need to travel in and out of Scotland to visit a person in a care home, they should check that any travel complies with any law in Scotland, or the law in England, or where relevant, other parts of the United Kingdom or other country of origin (and any relevant guidance) and independent advice should be taken where needed.
- Adhere to IPC and PPE measures on entering the home.
- Please take an LFD test. Whilst testing of designated visitors without COVID-19 symptoms is not obligatory, it is a critical safety measure to protect your loved one. It is important to be aware that care homes may be asked or required by third parties to refuse entry, if a test is not taken.
- Discuss any concerns they have about visiting with the care home staff.
- Follow the care home's instructions and aim to work with staff in a collaborative and constructive way.

## Care Home Providers

- Where possible, separate larger care homes into discrete and independent sections ('bubbles'), with independent staffing rotas and no crossover of staff. This can limit the risks of infection's spread.
- Continue to stay up to date with relevant changes to the law and advice.
- Should take into account the Scottish Care Home visiting guidance, in relation to any care homes in Scotland and based on the characteristics of each individual care home (such as staffing availability, COVID-19 outbreak status and use of IPC measures including personal protective equipment (PPE)), especially where a provider also has care homes in other parts of the UK.
- Provide testing facilities for indoor visiting.
- Offer all staff regular testing in line with guidance.
- Support and endorse local homes to facilitate and maximise opportunities for residents to meet with families and loved ones.
- Where there is a duty to do so, take account of equality needs and the ECHR in developing visiting policies, and in particular Article 8, which provides a right to respect for private and family life.
- Take account of relevant guidance in developing their visiting policies and ensure they are weighing up the interests of all residents on a care home by care home basis (safety of all residents and positive impact from well-being from family visits on individual residents), and putting in place the least restrictive measures possible within their care home.
- Where a care home has an outbreak, continue to generously and sympathetically support essential visits.
- Notify all residents and designated visitors where changes to visiting are agreed on a care home by care home basis.
- Continue to ensure awareness and support to essential visiting at all times.

## Care Homes

- Keep visiting policy and risk assessments up to date, reflecting the specific characteristics of the care home and changing situation (such as outbreaks of infection).
- Undertake individual risk assessments to assess the rights and needs of individual residents, as well as any specific vulnerabilities outlined in the resident's care plan, and consider the role that visiting can play.
- Identify the need for tailored / bespoke arrangements that address the complexity of someone's individual needs and preferences, and where appropriate, taking into consideration any equality issues. For example, using Zoom or Skype calls as an alternative to face to face meetings might not work for all.
- Continue to align to existing advice and guidance around protections to maximise the safety of loved ones visiting the home, including on infection prevention and control and personal protective equipment, offering testing to asymptomatic visitors, safe staffing levels, visitor screening/booking.
- Put in place a monitoring system to check visitors' compliance with IPC precautions.
- Educate, assist and monitor visitors adherence to IPC and PPE precautions.
- Where there is uncertainty, seek support and advice with local oversight arrangements and health protection teams as appropriate.
- Encourage and monitor staff uptake of both testing and vaccination.
- Provide clear and regular communication with residents and families.
- Check that staff, residents and their loved ones are aware of the care home's complaints process where residents or loved ones may wish to raise over visiting decisions, also ensuring awareness of recourse to relevant regulatory oversight bodies such as the Care Inspectorate, where appropriate.

## Provider representative/membership organisations

- Support the sector to implement the resumption of visiting
- Provide opportunities for awareness raising of guidelines
- Provide timely feedback on the experience of implementation and evidence any sector concerns to Scottish Government and other partners to support resolution of issues.

## Local Oversight Arrangements

(Local oversight arrangements are collaboratively led by the NHS Director of Public Health, Executive Nurse lead, Medical Director, Chief Social Work Officer, HSCP Chief Officer.)

- Continue to provide clinical and professional oversight for care homes, providing expert input and support on issues to support this guidance compassionately and flexibly.
- Support care homes so that, where possible, the needs, preferences and rights of residents and their loved ones are being met, taking into account the ECHR and, where appropriate, the health and social care standards.
- Monitor care homes' adoption of Open with Care, TURAS safety huddle tool and other intelligence, acting to support and remedy care home practices.
- Put in place communication arrangements to notify all stakeholders of changes to local circumstances. Stakeholders include care homes, residents, relatives and friends, professionals and third / independent sector visitors.

## Directors of Public Health (DPHs)

- Maintain oversight of the overall local position and provide professional assessment of where visiting cannot safely be supported and risk mitigation.
- Where there is an actual or suspected local outbreak, work with local partners and Incident Management Teams to support decision making around visiting and associated communications to the care home sector and the public.

## Chief Social Work Officers

- Promote the health and wellbeing of people living in adult care homes by basing the provision of care and support for people, including arrangements for meaningful contact, on the person's assessed needs and current circumstances. This should be undertaken through the processes of reviewing and monitoring care, and through engagement with the person and their family.
- As part of oversight arrangements, monitor the adoption of visiting policies in care homes to check that the needs and rights of residents are being met.
- Promote the involvement of families and carers/a person who can speak on their behalf, or advocacy services where required, so that the views of people receiving services are being heard.
- Engage with colleagues across the Health and Social Care Partnership to ensure that there is support for families, loved ones and care home residents who are keen to have meaningful contact
- In line with existing responsibilities for adult support and protection, consider the risk of harm to residents from lack of continuing meaningful contact with loved ones.

## Care Inspectorate

- Support care homes to adopt visiting plans safely (within care plans), compassionately and flexibly, and taking account of individual needs of residents. Webinars will be run with services to support visiting and a section created on the Care Inspectorate HUB with information to support the reintroduction of visiting for services and share good practice from within the sector to build confidence.
- Continue to include questions about visiting when inspecting, using the health and social care standards
- Gather information from care homes and reporting in all inspection reports, under the most recent Quality Frameworks applicable to care homes, for example Section 7.1 (Wellbeing) - see **Annex 2 - Supporting Documents** section for document web link
- Continue to provide advice and support to homes so visiting can be resumed safely, compassionately and flexibly. Where the home is not confident to resume visiting, providers may seek further support and input from local oversight arrangements e.g. building confidence to resume visiting.



- Continue to risk assess complaints through the Care Inspectorate's established complaints process.
- Continue to monitor that people have in place person centred care plans that include meaningful contact with loved ones and how this can reasonably be supported by staff.

## Scottish Government

- Continue to review and, if needed, update legislation and national advice, e.g. on lockdown restrictions, as the pandemic progresses.
- Provide national advice and guidance around supporting meaningful contact as safely as possible, taking into account emerging scientific evidence from the pandemic, issues of equality and human rights.
- Monitor the adoption of visiting guidance using Safety Huddle Tool returns and other data (e.g. sector feedback).
- Engage with care homes and partners around the implementation of the guidance by way of a series of online webinars to raise awareness and address questions and any concerns in February and March 2021.
- Where it is possible, 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/Topics/healthandcare/coronavirus/financialsupport)
- Provide funding and support for the provision of personal protective equipment (PPE) (extended to June 2021 and under ongoing review) and care home testing.
- Where possible, providing training and support on infection prevention and control as well as the appropriate use of PPE and of testing.



# Annex 2

## Supporting documents

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# Supporting documents

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# A2

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