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14 April 2021

Dear Colleague

Open for Care - Visiting health, social care and other services in care homes and communal activity

We are writing to you to provide updated advice on the return of health, social care and other services who contribute to the health and wellbeing of people living in care homes. The aim of this letter is to set out principles which support the staged return of visiting professionals to care homes, recognising the importance of the provision of equitable, person-centred and holistic healthcare alongside wider services to improve the wellbeing and overall health of people living in care homes.

The importance of involving a wide range of professionals and people in the life of the care home and the impact this has on the wellbeing of residents is well known. Many clinical health and care professionals such as GPs, community nursing, pharmacy and other primary care professionals have provided support and care to residents in different ways during the pandemic using video appointments (www.NearMe.scot) in the first instance and where necessary visiting care homes to undertake clinical assessments and to deliver care. Due to the risks posed to care home residents from the virus and the need to prevent associated outbreaks, the provision of wider routine non health and care services was temporarily stopped. Similarly maintenance services have been restricted to essential provision only.

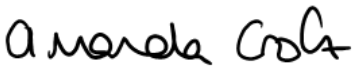
We recognise the significant steps to safeguard care homes, against a backdrop of recent decreases in community prevalence and care home COVID-19 outbreaks, which now support a staged return of visiting services. Thanks to the efforts of all partners, good progress has been made in our vaccination and enhanced testing programmes. These programmes sit alongside multiple other protections, including infection prevention and control measures; use of personal protective equipment (PPE); testing of residents, staff, visiting professionals and family/friend visitors; and support from local oversight arrangements, public health and primary care.

The staged return of services to care homes will need to be tailored to local circumstances, taking account of the prevalence of COVID-19 in the community. To guide decisions, we have suggested an approach to increasing direct visits which reflects the gradual easing of restrictions as set out in: Coronavirus (COVID-19): timetable for easing restrictions - gov.scot (www.gov.scot). As restrictions ease there will be an increased risk of outbreaks within the community so we must remain cautious, rigorously sustain and maintain the protections we have put in place, and recognise that it may become necessary to restrict services again in the future.

It is essential that services and visits are planned and coordinated with each care home to manage footfall and minimise burden and risks on the care home. Health and Social Care Partnerships will play an important role in supporting a coordinated return of health and social care services. It is important to note that health and social care professionals may be working at reduced capacity due to the need to staff COVID-19 assessment centres and to lead the national vaccination programme. This means that not everything may be able to return to normal immediately.

The approach set out in the annexes below aligns with the recent publication of *Open with Care: Supporting Meaningful Contact in Care Homes* which recommends the return to indoor visiting for families and friends of residents.

Annexes included are:
Annex A: Principles for the return of visiting services to care homes
Annex B: Tables on staged approach to increasing direct visits from health, social care and other professionals
Annex C: Information on the range of professionals and services which may visit a care home



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Annex A: Principles for the return of visiting services to care homes

Equitable access for all residents – where possible, people living in care homes should be able to access healthcare and other services which best meets their needs and improves their wellbeing, recognising that some people will have greater and/or different needs to others.

Individualised approach – decisions on the type of contact and service required should be person-centred and take into account the assessed needs and expressed preferences of the individual, balanced against any risks from visits on the care home, its residents and staff.

Support should be tailored to local circumstances to take account of the prevalence of COVID in the community; currently some areas have very low COVID-19 levels, while others have moderate levels.

Telephone and video consultations remain the normal first part of a clinical assessment, unless otherwise indicated by e.g. individual needs / preferences. All care homes in Scotland have been offered the opportunity to apply for digital tablets and other technology to support 'Near Me' consultations with GPs and primary care teams. Over 1200 iPads have been dispatched to 760 care homes through this programme.

GPs and other health professionals can and should still visit and enter care homes to undertake clinical assessments and to deliver care, when it is deemed necessary and clinically appropriate to do so. There may be an increased need for face to face assessments after a long period of reliance on virtual forms of support during the pandemic.

Preventative and rehabilitation visits are vital and should take place to prevent decline in mobility and function and promote overall health and wellbeing. Initially those with greatest need will need to be prioritised.

A planned and coordinated approach to the provision of services in care homes should be taken to manage footfall in and minimise any burden and wider risks from visits on the care home, its residents and staff. This should operate at regional (HSCP) and at care home levels. Care home managers are best placed to decide how their care home can safely support visiting professionals in line with this guidance and in a way that meets the needs of their residents, both individually and collectively.

A staged approach is proposed (see Annex B). Priority for face to face care should always be given to health and social care professionals where needed. However many other services are important for the wellbeing of individuals and decisions will need to be taken on an individual basis. For example someone who does not have visitors may benefit from a volunteer visitor/ befriender.

All visiting health and social care **workers are recommended to participate in twice weekly Lateral Flow Device** testing, organised through their employer**.** Verbal confirmation of a negative LFD test within the last 72 hours from health and social care professionals who participate in testing through their employer should be accepted by the care home. The absence of testing is not a barrier to providing necessary clinical care in person - as long as PPE and appropriate Infection Prevention and Control procedures are observed.

Other visiting professionals, such as maintenance staff, private podiatrists, hairdressers etc. who are not offered testing through their employers are encouraged **to undertake an LFD test at the care home**. Some visit several care homes - it is recommended that they test twice weekly; they do not need to be tested in each care home. Where visiting professionals, e.g. maintenance staff, are working over several days in the home, they should be tested on arrival on their first day and then later in the week.

Safely balancing risks of harm – the increased number of professionals and volunteers entering care homes does carry some risks; these should be balanced against the risks of harm from their not visiting, for example to undertake a clinical assessment. Everyone should work together to consider and minimise these risks and ensure that any restrictions to visiting services are proportionate and justified.

All visiting people, organisations and professionals should wear a Fluid Resistant (Type IIR) Surgical Mask (FRSM) and **maintain 2 metre distancing where possible.** If the nature of the visit requires direct contact, short sleeved aprons should be worn. If there is a risk of contact with body fluids, splashing or coughing then gloves and eye protection should also be worn in accordance with section 6.5.3 Scottish COVID-19 Care Home Infection Prevention and Control Addendum: http://www.nipcm.scot.nhs.uk/scottish-covid-19-care-home-infection-prevention-and-control-addendum/#a2766

Residents should be encouraged to wear a Fluid Resistant (Type IIR) Surgical Mask (FRSM), if these can be tolerated and do not compromise care, when moving around the care home, when individuals enter the room and when receiving direct care.

All visiting professionals should leave their name and professional contact details in the event of requiring contact tracing.

Conditions for supporting return to visiting professionals

- No active outbreak (14 days after the last positive case). In an outbreak essential and emergency care should be provided.
- Clinical oversight teams – no concerns about allowing visiting professionals expressed
- Screening and testing of visiting professionals (employer or at home)
- Care home staff testing
- Adequate PPE.

Annex B: Tables on staged approach to increasing direct visits from health, social care and other professionals and volunteers

The following tables illustrate broad increments to increasing opportunities for direct visits from health, social care and other professionals. It also includes visits out for residents to healthcare and other appointments:

The first table covers recommended remote and essential visits in a care home with a confirmed outbreak:

Care Home Outbreak Status: Confirmed Outbreak	
Health and Social Care Professionals	**Remote and essential visits only**
	Telephone / Near Me video consultations wherever possible Essential visits by health and social care professionals Residents attending essential healthcare appointments out with the home (e.g. hospital appointments) Inspection - On site scrutiny where necessary following a risk assessment. Use of virtual technology for interviewing staff, relatives, and other professionals.
Other services	Spiritual care (routine and essential)
Site related services: • **Contractors** • **Maintenance** • **Care equipment suppliers**	Emergency/essential repairs and maintenance Emergency/ urgent supplies
Communal / group activities	No activities in communal areas indoors and outdoors except in exceptional circumstances

The following table covers recommended stages of return of professional/volunteer visits when care homes do not have a confirmed outbreak:

	Increasing contact from professionals and other services				
	Level 4	Level 3	Level 2	Level 1	Level 0
Health and Social Care Professionals	**Remote, essential and increased contact and consultations**		**Towards routine contact and consultations**		
	Telephone / Near Me video consultations wherever possible. Visits for urgent and essential clinical care. Visits for clinical assessment and direct care following an assessment of need and residents preferences and/or clinically effective. Anticipatory Care Planning conversations and reviews involving the resident, staff and families using digital options to involve family. Preventative and rehabilitation visits for those at risk of decline Some clinical and social work care reviews commence, prioritised according to need. Inspection - On site scrutiny where necessary following a risk assessment using an intelligence-led, risk-based approach. Virtual technology for interviewing staff, relatives, and other professionals. Residents attending essential healthcare appointments out with the home (eg dentist) All services following Infection Prevention Control (IPC) guidance.		Telephone /Near Me video consultations where appropriate or requested. Full range of health and social care services routinely provided. Preventative and rehabilitation visits. Residents routinely attending healthcare and non-healthcare appointments out with the home. Annual clinical and social work care reviews for all residents. Anticipatory Care Planning conversations and reviews involving the resident, staff and families. Inspection - On site scrutiny using an intelligence-led, risk based approach. All services following IPC guidance.		

People and organisations (holistic and spiritual) **eg hairdressers, pastoral and religious support**	Spiritual care. Volunteer / befrienders visitors for specific individual circumstances (bespoke). Reintroduction of hairdressing/beautician complementary therapies. All services following IPC guidance.	Spiritual care. Volunteer visitors - for example drivers, pet therapist, social activity coordinators, in time schools, church, volunteer organisations, musicians, artists. Hairdressing/beautician complementary therapies. All services following IPC guidance.
Site-related services eg: • **Contractors** • **Maintenance** • **Care equipment suppliers**	Emergency/essential repairs and maintenance. Reintroduction of maintenance checks and repairs. Care equipment - emergency/ urgent supplies Routine fire safety audits (SFRS) – conducted remotely within Level 4 or on-site where necessary following assessment of risk. On-site audits within Level 3 as appropriate. All services following IPC guidance.	Routine servicing maintenance checks and repairs. Care equipment - routine assessment, supply and delivery. Routine fire safety audits (SFRS). All services following IPC guidance.
Communal / group activities* (further advice below)	Group activities in outdoor and indoor communal areas in limited numbers, to be determined by the ability to physically distance and should be risk assessed by each care home. Maximum ventilation and IPC measures.	Residents' use of indoor and outdoor communal areas in limited numbers with physical distancing, ventilation and IPC measures. Outdoor group activities with families/external staff/volunteers. Indoor group activities in limited numbers including activities coordinated by external visitors.

*** Further advice on communal activities**

In addition to complying with any health and safety obligations (which are a matter for care home providers to seek independent advice on), in relation to the pandemic there are a range of steps that care home should take to ensure safe use of communal areas and activities:

- limiting the number of residents and staff using the communal space at any one time to adhere to physical distancing
- assessing dining capacity and staggering meal times
- wherever possible, limiting the flow of people to the communal area
- reorganising communal spaces so that chairs are placed 2 metres apart
- having maximum ventilation to the outside within reason
- supervised use of the communal space at all times
- staff wearing PPE at all times
- having a strict cleaning and disinfection regime of furniture, including garden furniture, and frequently touched surfaces or objects such as handles, handrails, remote controls and table tops
- careful choice of games or other activities that do not involve close physical contact
- asking residents to wash their hands or use alcohol gel to clean their hands before entering and exiting communal areas and before joining in communal activities/using communal equipment e.g. craft activities.

Annex C: Information on the range of professionals and services which may visit a care home

Health and Social Care Professionals (alphabetical order)

- Allied Health Professionals (AHPs) including Physiotherapy, Occupational Therapy, Speech and Language, Dietetics, Podiatry. Orthotics.
- Care Inspectorate regulatory visits, with or without Healthcare Improvement Scotland support, local assurance visits, and other assurance roles.
- Community Mental Health and Learning Disability Team members.
- Geriatricians and Old Age Psychiatry Consultants.
- Optometrists and community eye care.
- Oral Health and Wellbeing – Public Dental Service, General Dental Service, Enhanced Skills General Dental Practitioners, Caring for Smiles teams.
- Palliative care.
- Primary Care Teams, includes District Nurses, Advance Nurse Practitioners, GPs, General Practice Nurses, Community mental health/learning disability nurses, Community pharmacists and Specialist community teams including care home liaison teams, Out of Hours services.
- Safeguarding teams.
- Scottish Ambulance Service.
- Social workers, mental health officers and other social work and social care professionals.
- Specialists/practitioners to support those living with Dementia, Artificial Nutrition Support, Spinal Injury, Continence specialists, Sensory impairment etc.

People and organisations (holistic and spiritual) (alphabetical order)

- Advocacy services.
- Community in-reach/outreach events.
- Hairdressing and beauticians.
- Entertainment – musical, theatre.
- Meaningful activities (as outlined in [hyperlink]: NICE quality standards for mental wellbeing of older people in care homes) for example, organisations which support cooking, exercise, reading, gardening, arts and crafts, conversation, and music.
- Pet therapy.
- Social outings from care homes.
- Spiritual & faith representatives.
- Volunteer visiting – including schools (in time).
- **Note**: spiritual care visits should be supported at all stages of the pandemic, ensuring physical distancing is in place wherever possible and PPE is worn at all times. For clarity, spiritual visits are not limited to

essential visits and people meeting with residents for this reason should not be counted as designated visitors. Spiritual care visits should be supported both indoors and outdoors.

- **Note:** We recognise that singing can be valuable and reassuring for some, particularly in relieving distress. To support singing to take place safely, it is recommended that singing is done outdoors or on a one-to-one basis and when the carer (or visitor) is wearing PPE.

Site-related/contractors and maintenance professionals

- Equipment maintenance teams.
- Maintenance and upkeep of estates (in-house and external contractors) Over and above emergency / essential repairs, including routine visits that were likely suspended during lockdown (for example, maintenance / service contracts).
- Care equipment suppliers (the provision of environmental and mobility adaptations).
- Scottish Fire and Rescue Service.