

VISITOR POLICY

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Version Number	01
Purpose	This policy: <ul style="list-style-type: none"> • Sets out the Active Care Group visiting arrangements. • Ensures visits are managed safely with appropriate regard to safeguarding.
Scope	<ul style="list-style-type: none"> • All colleagues across the Group • Sites and services in England, Scotland and Wales
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1 INTRODUCTION

- 1.1 All persons in our care have a right to maintain contact with family and friends and to receive visits.
- 1.2 This policy applies in the main to inpatient and residential settings. Separate information is provided below for other settings.
- 1.3 Active Care Group (ACG) cannot limit or manage visitors to people receiving care in their own homes, or in supported living settings. However, ACG has a responsibility for colleague safety, and there may be circumstances where it is necessary to seek advice from line managers, senior management or the central Quality Team. Further guidance is provided below.
- 1.4 ACG endeavours to facilitate visiting at a time convenient for the person in our care, their family and friends and to offer reasonable and flexible visiting times.
- 1.5 Visitors are welcome except in special circumstances which are deemed contrary to the health and well-being of persons in our care. Where such circumstances arise, any restrictions on visiting will be discussed with and made clear to person in receipt of care and the visitor (where it is safe to do so).
- 1.6 Where a person needs help to arrange for a visitor to visit, they must be assisted as far as possible to put the arrangements in place.

2 DEFINITIONS

- 2.1 **The term 'Person'** is used throughout this policy to refer to any individual in receipt of care and treatment within an ACG service including all companies operating under the ACG umbrella. This will include but is not limited to:
 - Residents - in registered homes and supported living
 - Patients - in hospital services
 - Children and Young People - in child and adolescent mental health services and children's homes
 - Clients - receiving care in the home or care at home.

3 GROUPWIDE VISITING ARRANGEMENTS

- 3.1 Services should accommodate visiting at any reasonable time during the day and evening wherever possible. Where services restrict visiting to set times for clinical or other purposes (e.g. outside of school hours in services for children), those in receipt of care and visitors will be informed. Where visits are requested outside of usual visiting times, consideration must be given to the facilitation of these visits if the request is reasonable. Colleagues should be mindful that visitors may be travelling some distance to visit and may need to fit visiting around other commitments such as work or childcare.
- 3.2 Guidelines for visiting should be provided to family on admission where possible. This is particularly important where the service operates a booking system for visits, or where there are restricted visiting hours.
- 3.3 Where the service has a list of prohibited items, this should be explained to visitors on arrival - ideally, this information will be provided at the time the visit is arranged. Lockable spaces for visitors to store any prohibited items must be provided. In hospital settings where a risk indicates as such, colleagues may check the contents of any bag or item given to the person by a visitor.

- 3.4 On arrival, all visitors must make an ACG colleague aware of their presence and of who they are visiting. Sites will have their own local arrangements for 'signing in', issuing visitor badges etc. which must be made known to visitors. In residential settings, it will be imperative that visitors' attendance on site is registered for fire safety procedures.
- 3.5 **Zero Tolerance to Verbal or Physical Abuse** - ACG operates a zero tolerance approach to any kind of verbal or physical abuse and visitors may be asked to leave if their behaviour causes disturbance or distress to persons in our care or ACG colleagues.
- 3.6 **Cameras and Recording Devices** - These can only be used in clinical / care areas with the agreement of the person being photographed, filmed or recorded. No other person or ACG colleague should be filmed or recorded.
- 3.7 **Safeguarding of Vulnerable Adults** - Colleagues have a duty to report harm, exploitation, abuse or neglect that they have witnessed or that they suspect. This will include any concerns posed by a visitor. Colleagues must follow local safeguarding escalation protocols should such concerns arise.

4 GENERAL VISITING RULES

- 4.1 Every service will have its own protocol in place for the facilitation of visits, including any restrictions to visiting hours, booking arrangement, prohibited items etc., however, the general guidelines laid out in this policy should be followed.
- 4.2 To ensure that visits are facilitated fairly, it will sometimes be necessary to request that visitors inform the service in advance of their intention to visit. This enables the person to prepare for the visit, and for ACG colleagues to make any allowances and arrangements that might be needed to accommodate the visitors, such as booking a visitor room, facilitating child visitors etc.
- 4.3 If a visitor arrives unannounced this should, wherever possible, be accommodated and the visit allowed to go ahead. If a visit is declined for any reason, this must be noted in the person's records. Any refusal of a visit must stand up to scrutiny - that is it must be founded on good reason, e.g. the person is particularly distressed, or refused the visit, or the service could not facilitate the visitor if attending at an unreasonable time.
- 4.4 If for any reason a visit has to be cancelled or postponed, visitors should be informed if at all possible before they make the journey to visit.
- 4.5 Colleagues should remember that the person in receipt of care is entitled to refuse any visit, and this should be explained diplomatically to a visitor. It is never acceptable to coerce a person to receive a visitor if they do not wish to.

5 WHEN A VISITOR ARRIVES

- 5.1 Visitors' attention must be drawn to the rules of visiting. This includes what items they may not bring into the service, any restrictions on the use of mobile phones and other media devices, and any restrictions to areas they can access within the service. They should also be informed of any IPC issues or requirements during their visit, for example in the event of the outcome of a communicable disease.
- 5.2 Visitors will be informed of any items that are generally not permitted within the service. Prohibited items will vary depending on the setting but may include:
 - (a) Mobile phones.
 - (b) Knives / scissors or sharp objects of any kind.
 - (c) Medication / alcohol / drugs.
 - (d) Lighters / matches / lighter fuel.

- (e) Aerosol items.
 - (f) Metal tin cans / drink cans.
 - (g) Plastic bags / carriers.
 - (h) Rope / cord / flex.
 - (i) Razors.
 - (j) Glass or ceramic bottles or ornaments.
 - (k) Cameras, photographic equipment, Dictaphones and tape recorders whether analogue or digital.
 - (l) Batteries.
 - (m) Key alarm fobs.
 - (n) Chewing gum / Blu tack.
 - (o) Glue / superglue.
 - (p) Any other item deemed by the person in charge as likely to cause harm or injury.
- 5.3 If the visitor is bringing any of these items to the service or the person they are visiting for genuine reasons, then a risk assessment must be undertaken by the person in charge as to whether the item can be allowed. Any item that the visitor is asked to leave behind should be stored securely for them to collect when they leave.
- 5.4 If there are particular concerns for the security of the visitor, they should be discussed with the visitor with a view to agreeing suitable security arrangements.

6 VISITORS WITH THE RIGHT TO VISIT IN PRIVACY

- 6.1 In England the Mental Health Act gives certain people the right to visit patients in private if they wish. This includes second opinion appointed doctors (SOADs), independent doctors or approved clinicians appointed to examine the patient in relation to an application or reference to the Tribunal, people visiting on behalf of the Care Quality Commission (CQC), and independent mental health advocates (IMHAs).
- 6.2 Hospital Directors must ensure that such visits can take place in private, if that is what the person concerned wants and the patient agrees.
- 6.3 People also have the right to communicate with other professionals in confidence, including legal representatives, medical appointments etc. These visits should always be facilitated in accordance with the wishes of those involved, provided that it is safe for both the visitor and the person they are visiting to do so.

7 RESTRICTION OR PREVENTION OF VISITS

- 7.1 There may, in limited circumstances, be grounds to stop or restrict visits by certain people. This may be for clinical or for security reasons.
- 7.2 **Clinical reasons** - From time to time it may be determined that visits could be detrimental to the safety or wellbeing of the person, the visitor, other persons in our care or ACG colleagues on the ward. Any such decisions must be taken only following risk assessment and review by the MDT.
- 7.3 In these circumstances, it may be necessary to make special arrangements for the visit, impose reasonable conditions or if necessary, exclude the visitor. In any of these cases, the reasons for the restriction should be recorded and explained to the person and the visitor, both orally and in writing (subject to the normal considerations of patient confidentiality). Wherever possible, notice should be given to any person wishing to visit, particularly regular visitors.

- 7.4 **Security reasons** - The behaviour of a particular visitor may be disruptive, or may have been disruptive in the past, to the degree that exclusion from the service is necessary as a last resort. Examples of such behaviour include:
- (a) Incitement to abscond.
 - (b) Smuggling of prohibited items into the hospital or unit.
 - (c) Transfer of potential weapons.
 - (d) Unacceptable aggression.
 - (e) Attempts by members of the media to gain unauthorised access.
- 7.5 A decision to exclude a visitor on the grounds of their behaviour should be fully documented and explained to the person they were attempting to visit orally and in writing. Where possible and appropriate, the reason for the decision should be communicated to the person being excluded (subject to the normal considerations of patient confidentiality and any overriding security concerns).

8 TERMINATION OF A VISIT

- 8.1 If it becomes apparent that the presence of a visitor is presenting a risk to individuals or to the safety of the service due to their behaviour, or their presence is causing undue distress to the person they are visiting, ACG colleagues have a duty to intervene.
- 8.2 If it becomes apparent that the presence of a visitor is causing distress to the person they are visiting, ACG colleagues should seek the advice of the person in charge. Colleagues are expected to intervene where necessary and the visitor may be asked to adjust their behaviour, give the person they are visiting a break from the visit or leave.
- 8.3 Where following a request to leave the site, an explanation for which must be given in full to the visitor, the visitor refuses to leave, ACG colleagues are entitled to contact the Police for support. This should be a last resort after all other attempts to resolve the matter have failed.
- 8.4 Colleagues should be mindful of the effect the removal of their visitor will have on the person and should ensure appropriate support is provided both during and after the incident.
- 8.5 Following such incidents, the service manager will determine the appropriate course of action which may include notifying the regulator, Safeguarding notification and logging onto DATIX as an incident. As appropriate and with the consent of the patient, family members may also be informed. A post-incident debrief should also be undertaken.
- 8.6 The lead clinician/service manager or other appropriate person (as determined by the service) should contact the visitor after the event to discuss the event and set out a plan for future visits (if this is appropriate). Colleagues should be sensitive to situations where this may be difficult for the visitor or where they are likely to experience hostility or challenge from the visitor.

9 CELEBRITY AND VIP VISITORS

- 9.1 ACG welcomes visit by VIPs as appropriate to the service but takes seriously the welfare of all of those we support within our services.
- 9.2 No VIP should have unescorted access to patient areas or unsupervised time with individuals receiving treatment in the service. All visitors must be signed in and out of the service and any complaints relating to visitors must be reported under the complaints procedures (see Managing Complaints and Compliments Policy (C&L04)).

- 9.3 The following safeguarding arrangements for sites with children must be in place in line with recommendations from the Lampard Report (2015)
- (a) Visits are to be agreed and arranged in advance, with the purpose for the visit clearly understood by all involved parties.
 - (b) Contact with persons receiving care will be agreed with the persons and their representatives in advance.
 - (c) During their visit the VIP or celebrity will at all times be accompanied by a suitably senior ACG colleague.
 - (d) Confidential information will not be disclosed to the VIP or celebrity.
 - (e) Informal follow-up arrangements will not be made with the VIP or celebrity.
- 9.4 Where an issue has arisen in relation to a visit by a VIP, the service manager must inform their Line Manager who may deem it necessary to inform others within the organisation and pursue an investigation as appropriate.

10 VISITS BY CHILDREN

- 10.1 In some cases there will be some concern about a child visiting a service and decision-making on these cases needs to be clear and consistent. Concerns may arise due to risk to the child or young person, the impact of their visit on the person they are visiting, the impact on the child of seeing their loved one in a distressed state, or the environment of the service, safeguarding concerns etc.
- 10.2 When a decision is made not to allow contact clear reasons should be given to the person in receipt of the visit and the parties facilitating the visit, with the rationale and the discussions documented. If the person or the other party are unhappy with this decision, informal resolution should be attempted, and they should be informed of the formal complaints procedure (see Managing Complaints and Compliments Policy (C&L04)).
- 10.3 If there are concerns that the mental state or behaviour of the individual would likely have a significant impact on the well-being of the child, then the visit should not be supported. In such circumstances, other forms of contact such as telephone, letter or email, could be considered.
- 10.4 Where a visit is facilitated, the following should be taken into consideration:
- (a) When a child or young person will be visiting a service, the service must be made aware of this in advance.
 - (b) Environment - the area must be safe, suitable for children and inaccessible by others living in the service.
 - (c) Any visitor under 18 years of age should ordinarily be accompanied by a responsible adult throughout the visit. This must be the person who is accompanying the child or young person on the visit, this is not the responsibility of ACG colleagues.
 - (d) ACG colleagues may need to be present, or immediately available at all times throughout the visit (risk dependent).
 - (e) Ending the visit - there may be a need to bring the visit to an early end if the child or the person they are visiting become distressed. Colleagues should be acutely aware of the impact on ending a visit on both parties and should provide support as appropriate.
- 10.5 Colleagues should be aware of their safeguarding responsibilities at all times.

11 VISITING DURING IPC INCIDENTS

- 11.1 Colleagues should refer to the IPC policy for guidance on the management of infectious disease. However in relation to visitors, this will need to be individually risk assessed - both in terms of individual risk to and from the person, and in terms of the spread of infection .

- 11.2 In the majority of cases, including outbreaks of infectious disease such as covid, there should be no reason to stop all visits to the service. Even when the site is in outbreak, many personal visitors should still be allowed unless advised otherwise by the local health protection team. A decision to universally stop visiting should not be made by the service alone, this must only be made following discussion with the Registered Manager.
- 11.3 Guidance previously issued by the Government during the covid-19 pandemic evolved to ensure that the human rights of those in receipt of care were not impeded by restrictions to visiting. Indeed visiting to a person confirmed as having an infectious disease may continue, provided additional measures are taken to protect them and those wishing to visit.
- 11.4 Where sites required support or guidance, they should contact their Head of Quality or Operational Management. A clinical cabinet may be arranged to further support decision making.

12 CARE IN THE HOME AND SUPPORTED LIVING SERVICES

- 12.1 People living in their own homes have the right to receive visitors as and when they wish. In ordinary circumstances, colleagues working in these settings will not have the right to manage or restrict visiting.
- 12.2 Colleagues retain responsibilities around safeguarding at all times and should there be concerns as to the risk presented by or to a person in receipt of care or support, ACG colleagues should escalate accordingly. All colleagues have a duty to report safeguarding concerns.
- 12.3 Where a visitor is presenting a risk or causing distress to others living in a shared service, the service manager should seek to resolve the issue informally with the visitor and the person in care. Additional support may be needed from others involved in the persons care, either family or professionally. Where formal steps need to be taken to exclude the visitor, this may require Police involvement and support should be sought from Operational Management or the Central Quality Team.
- 12.4 Colleagues also have the right to work in a safe environment and should raise any concerns to their line managers.

13 TRAINING

- 13.1 All colleagues have a duty to report safeguarding concerns, and relevant safeguarding training is allocated according to job role.
- 13.2 Where training needs are identified, support is available from L&D via LDmanagers@activecaregroup.co.uk

14 EQUALITY IMPACT STATEMENT

- 14.1 This policy has been equality impact assessed and we believe that it is in line with the Equality Act 2010 as it is fair, it does not prioritise or disadvantage any employee or applicant and it helps to promote equality in our services.

15 REFERENCES

- 15.1 **Legislation**
Health and Social Care Act 2008
Human Rights Act 1998

15.2 **Guidance**

CQC (2019) Information on Visiting Rights in Care Homes

Scottish Government (2018) Health and Social Care Standards: My support, my life

16 ASSOCIATED DOCUMENTS

16.1 **Policies**

Safeguarding Policies

Managing Complaints and Compliments (ACG/Group/C&L04)

17 DOCUMENT VERSION HISTORY

Version	Description of revision	Date of Revision
01	New Groupwide policy	22/05/2023