

Briefing for the Public Petitions Committee

Petition Number: [PE1841](#)

Main Petitioner: Natasha Hamilton on behalf of Care Home Relatives Scotland

Subject: Allow a designated visitor into care homes

Calls on the Parliament to urge the Scottish Government to allow a designated visitor into care homes to support loved ones.

Background

The petitioner is challenging the apparent inconsistency of approach to infection risk in care homes in Scotland in the context of the COVID-19 pandemic. She is asking that one designated family member of any resident is allowed to visit inside the care home on the same basis as staff and agency staff, using personal protective equipment and following the same protocols and risk assessments as staff, who are also exposed to risk when they leave the care home after a shift. She argues that these family members should be regarded as partners in care, and that the isolation of residents from family members is isolating and damaging.

As a member of Care Home Relatives Scotland, the petitioner has met with the Cabinet Secretary for Health and Sport, Chief Nursing Officer and members of the Cross Party Group (Older People, Age and Ageing). Care Home Relatives Scotland has also had a meeting with Scottish Care and Care Inspectorate.

Scottish Government Action

Infection risk and spread in care homes across the UK has been an issue since the start of the COVID-19 pandemic, with the [deaths in care homes](#) almost matching those outside during the 'first wave'.

[Guidance for care homes and care home visiting specifically](#), has been updated through the pandemic (some guidance has been archived and is available by contacting CareHomesCovidSupport@gov.scot.) What became clear was that an approach used in hospitals to infection control could not be so easily applied in care homes, which are primarily people's homes. Care homes vary greatly in layout, resident needs, staffing and other circumstances meaning that each home presents a specific case.

The response was also affected depending on how different insurance companies regarded the risk. Most care homes are privately owned and run, and owners are responsible for arranging their own insurance, unlike NHS and local authority/health and social care partnership facilities. [Homes also started to find it difficult to arrange or renew insurance](#). This varied response to the risk means that care homes will have made varied decisions on how to apply the Scottish Government guidance.

[The most recent guidance \(17 November\) for friends and family visiting](#), written for care homes, runs to 35 pages. The base line for visiting is that 28 days has passed since the last positive test or evidence of symptoms within the home. While the guidance states that decisions should be made from the point of view of the resident, and that visiting by designated family or friends should be encouraged and made possible, ultimately it is up to the care home management to decide. The guidance does not suggest any parallels between the designated person and staff, although it does recognise that some visitors will.

On 4 December, the government issued [visiting guidance for the Christmas and New Year period](#). This states that: “The UK-wide relaxation of restrictions between 23rd and 27th December does not apply to visiting people in care homes or residents.” It remains linked to the local level of restrictions, meaning that in level 4 areas, only essential visits are recommended alongside window and garden visits. Essential visiting is allowed in all levels. This guidance refers to the [12 October guidance for people wanting to visit loved ones in care homes](#).

Both this 12 October guidance, and the longer guidance issued on 17 November, provides a table of what is and isn't recommended at each 'protection level'. It also defines both 'essential' visiting and 'designated visitors'. While the guidance recognises the importance of visits by family and friends for the wellbeing of residents, it does not recognise them as 'partners in care'. It therefore does not open up the possibility of designated visitors being considered in the same way as staff who come and go. The petitioner suggests that if it is accepted that family members are partners in care, it would seem inconsistent that they are not able to visit on the same basis as permanent and temporary staff members.

“Essential visits

Essential visits are incredibly important for people's health and wellbeing, and should be facilitated by care homes throughout all stages of the visiting pathway.

These should be supported in the following circumstances:

1. to prevent or respond to residents' health and wellbeing changing for the worse,
2. to help with communication and/or distress,

3. allowing important time with loved ones, in circumstances approaching end of life.

Children and young people can go on essential visits at all stages of the pandemic, with standard safety and PPE measures in place (as for others).”

“Designated visitor

A Designated Visitor is someone chosen by the resident who they would like to be their named visitor. This might be a spouse or next of kin or a friend. That person will be the first to visit in the early stages of allowing visiting and the main link to the home for a resident.”

Scottish Parliament Action

Earlier in 2020 (summer) the Health and Sport Committee carried out a [series of short inquiries](#) into aspects of the pandemic: testing, PPE, [care homes](#) and resilience and emergency planning. During the [care home session](#), visiting was raised as an issue, particularly for those with dementia. Professor McQueen, Scotland’s Chief Nursing Officer at the time, responded:

“Many residents in care homes have dementia, and our care home staff are very experienced in caring for older people with the condition. The advice and guidance say that people should isolate, but a healthcare worker’s individual judgment would also apply.

Although we have said that there should be no visiting, we would, when a resident is experiencing real distress, expect the family to be able to come in and support them. We would also expect the care home to be able to respond to the situation— for example, by providing a specific room” ([OR column 12-13, 4 June](#))

Following the 4 June session, the convener wrote to the Cabinet Secretary:

The Convener issued a letter to the Cabinet Secretary for Health and Sport seeking further information following the evidence session on 4 June on care homes.

[Letter from Lewis Macdonald MSP, Convener of the Health and Sport Committee to Jeane Freeman MSP, Cabinet Secretary for Health and Sport - 10 June 2020 \(101KB pdf\)](#)

The Convener received a response to the above letter on 29 June.

[Letter from Jeane Freeman MSP, Cabinet Secretary for Health and Sport to Lewis Macdonald MSP, Convener of the Health and Sport Committee - 29 June 2020 \(139KB pdf\)](#)

James Kelly MSP [lodged a motion on 13 November](#) to raise awareness of a report of a survey carried out by the petitioning group.

“Care Home Relatives Scotland Survey

That the Parliament recognises the recent report published by the Care Home Relatives Scotland Group on the impact of care home visiting restrictions; understands that 347 relatives of people in care homes were surveyed regarding the updated guidelines that were published on 12 October 2020; acknowledges that over 90% of those surveyed said that they had not been allowed a visit that included touch; notes the view that that further efforts should be made to engage with care homes residents and their relatives in Glasgow and across the country on what more can be done to support them, and further notes the calls on the Scottish Government to give due consideration to these matters when carrying out any further review of guidelines.

Supported by: Johann Lamont, Jackie Baillie, Colin Smyth, Neil Bibby, Pauline McNeill, Neil Findlay, Alison Johnstone, Patrick Harvie, Alex Rowley

Current Status: Eligible for Members’ Business, Pending Cross Party Support”

A search of [Parliamentary Motions, Questions and Answers brought up a high number of results for the past six months](#) using the search term ‘care home visiting’.

UK Government Action

The [UK government has issued guidance on care home visiting](#). This is not the same as in Scotland. While the guidance also states that the care home manager is responsible for decisions taken in their homes, there is a greater assumption that visiting should be enabled, and the 28 day rule, ie since a positive test or symptoms, does not apply. Instead the onus is on the infection/symptom status of the visitor and it recognises that family members are often ‘essential carers’:

“Key message

Each care home (the registered manager) is responsible for setting the visiting policy in that home. They should do so on the basis of a dynamic risk assessment taking into consideration the needs of individuals within their home and with regard to the advice of the local Director of Public Health (DPH).

All care homes – regardless of Tier – and except in the event of an active outbreak – should seek to enable:

- indoor visits where the visitor has been tested and returned a negative result – see [section 2.1](#) below
- outdoor visiting and ‘screened’ visits – see [section 2.3](#) below

Visits in exceptional circumstances including end of life should always be enabled – see [section 2.4](#) below

In all cases it is essential that visiting happens within a wider care home environment of robust Infection Prevention and Control (IPC) measures, including ensuring that visitors follow (and are supported to follow) good practice with social distancing, hand hygiene and Personal Protective Equipment (PPE) use.”

Anne Jepson
Senior Researcher – Health and Social Care
7 December 2020

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