



1. Home (<https://www.gov.uk/>)
 2. Health and social care (<https://www.gov.uk/health-and-social-care>)
 3. Arrangements for visiting out of the care home
(<https://www.gov.uk/government/publications/arrangements-for-visiting-out-of-the-care-home>)
- Department of Health & Social Care (<https://www.gov.uk/government/organisations/department-of-health-and-social-care>)

Guidance

Visits out of care homes

Updated 1 May 2021

Contents

Summary

Following national coronavirus restrictions

Other steps to mitigate the risks around a visit out

The role of the provider in supporting outward visiting

Individual risk assessments

In the event of an outbreak in the care home

[Print this page](#)



© Crown copyright 2021

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit [nationalarchives.gov.uk/doc/open-government-licence/version/3](https://www.nationalarchives.gov.uk/doc/open-government-licence/version/3) (<https://www.nationalarchives.gov.uk/doc/open-government-licence/version/3>) or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at <https://www.gov.uk/government/publications/arrangements-for-visiting-out-of-the-care-home/visits-out-of-care-homes>

Applies to: England

This guidance applies to residential care homes, and care homes residents of all ages. There is separate guidance for supported living and extra care settings (<https://www.gov.uk/government/publications/supported-living-services-during-coronavirus-covid-19/covid-19-guidance-for-supported-living>).

The measures described in this guidance relate to visits where the resident leaves the care home premises. Visits with friends and family that take place in the care home garden or other outdoor spaces on the premises are described in our care homes visiting guidance (<https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus>).

Summary

Key message

Opportunities for care home residents to make visits out of the home – whether for a few hours or overnight – are an important part of care home life.

Even as vaccine coverage increases, there are still risks involved in visits out. It is important therefore that care homes, residents, family and friends take steps to manage and mitigate these risks.

This includes the need for residents to isolate on their return from any visit out. As such, we recognise that taking advantage of the increasing opportunities to receive visits within the care home (<https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus>) is likely to be the better option for many residents and their loved ones.

This guidance applies from 12 April 2021. It accompanies the government roadmap to ease restrictions across England (<https://www.gov.uk/government/publications/covid-19-response-spring-2021>) and replaces previous guidance on visits outside of the care home.

Spending time out of the care home has always been an important part of life for many people living in residential care. This might include visits with friends and family to outdoor spaces and leisure venues, or to celebrate special occasions.

For some residents, regular visits may be part of their care plan – accessing care and support in day services, participating in community groups and volunteering. For many residents of working age, this might include regular overnight visits to the family home.

The COVID-19 pandemic has meant that much of this visiting out of the care home has had to stop.

As part of the roadmap out of lockdown (<https://www.gov.uk/government/publications/covid-19-response-spring-2021>) – guided by the data – we want to enable care home residents to enjoy a range of trips out of the care home, wherever it is safe and proportionate to do so.

We recognise how important this is for residents' health and wellbeing, their ability to remain at the heart of family and social networks; and in some cases to deliver the objectives of their care plan.

However, spending time with others outside the care home will increase the risk of exposure to COVID-19 for the resident and potentially to other vulnerable residents on their return. This is the case even as we see community infection rates dropping and vaccine coverage increasing.

Whereas it is possible to mitigate and manage infection risks within the controlled environment of the care home – including by testing anyone coming into the home – it is simply not possible to control the environment outside of the care home in the same way.

This means that there is still the need for some measures to manage the risk of residents returning from visits bringing infection into the care home environment.

This guidance sets out the approach that care homes should take to planning and supporting visits out of the home where residents wish to make them. It explains the measures that should be taken – by the home, the resident and others taking part in the visit – to manage the risks.

The most significant of these is the requirement that a resident making a visit out of the care home should isolate for 14 days on their return (the day of return is day zero). This is to ensure that – in the event they have unknowingly become infected while out of the home – they minimise the chances of passing that infection on to other residents and staff.

We recognise that in practice, this is likely to mean that many residents will not wish to make a visit out of the home.

In many cases, holding visits in the care home will be the safer, more convenient and preferable way of residents spending time with family and friends. We would encourage residents to take this approach, particularly given the increasing range of opportunities to do so – see the advice in our care homes visiting guidance (<https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus>).

Separate guidance is available on planning visits that residents may need to make to a hospital or other healthcare setting (<https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes/coronavirus-covid-19-admission-and-care-of-people-in-care-homes#section-2>).

Providers are best placed to define their overall policy for how outward visits are supported safely and in a way that takes into account the needs of their residents and what is possible within the facilities and resources of the care home. Where outward visits are taking place, this should happen in agreement with the home and subject to individual and whole-home risk assessments.

Care homes should always support visits out in exceptional circumstances, such as to visit a friend or relative at the end of their life.

When the data shows it is safe, the government wants to go further and allow more visits to take place outside of the care home. Visits out will be kept under review over the coming months as the government looks carefully at the effectiveness of the vaccines for people living in care homes as well as levels of infection in the local community, and the impact of new variants.

In particular, we will keep under review the requirement that residents isolate on their return from a visit.

Following national coronavirus restrictions

While on the visit out of the home, residents must also follow all national coronavirus restrictions (<https://www.gov.uk/guidance/national-lockdown-stay-at-home>) that apply at the time, relating to gathering and household mixing. In practice, this will define the degree to which certain types of visits are possible.

For the purposes of following national coronavirus restrictions, the care home in which the resident lives is considered to be one household. While the regulations do create some situations in which a care home resident could technically form a support bubble with another household^[footnote 1], this is not recommended.

Other steps to mitigate the risks around a visit out

The number of people the resident has contact with should be kept to a minimum (and in any event to those who have taken an **LFD** test as described below).

If a visit out does take place, all members of the household involved in the visit should have had a negative result from a COVID test taken immediately preceding the visit out. (They should also be free of any COVID symptoms, and if they have previously tested positive, have completed the necessary isolation period.) For instance, the test could be taken when the family go to the care home to collect the resident for the visit. Care homes should make use of the lateral flow devices they have been supplied with for this purpose.

If a member of the household involved in the visit tests positive, the visit cannot go ahead. The individual with the positive test should immediately self-isolate and complete a confirmatory polymerase chain reaction (**PCR**) test which should be provided to them by the care home. If the confirmatory **PCR** comes back positive, they and their household must self-isolate on notification and contacts may also, if notified, need to self-isolate in line with current government guidance

(<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>).

The resident should be tested immediately before their visit out of the care home with a lateral flow device (**LFD**), and if the result is positive, the visit should not go ahead. The resident should be immediately isolated in the care setting, complete a confirmatory **PCR** test, and contact with the local health protection team should be made urgently. There is separate guidance on regular testing for care home residents

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/963633/Care_Home_Testing_Guidance_England_v22-02_2.pdf), including advice where the resident has previously tested positive within 90 days. The test kits with which care homes are being supplied for regular resident testing can be used for this purpose.

During the course of a visit the resident and those they are visiting are advised to maintain social distancing, wash hands regularly, let plenty of fresh air into rooms by opening windows and doors and consider wearing a face covering.

Others involved in the visit should take steps leading up to the visit to minimise the risk to the care home resident and others in the care home, recognising that introducing COVID to a care home puts all those who live and work there at risk. For instance, they should minimise their potential exposure to COVID by limiting the number of people they meet for 2 weeks prior to the visit out.

When the resident returns to the care home following the visit, additional measures will need to be taken in order to protect other residents and care home staff from the risk of COVID transmission. Specifically, the resident should self-isolate for 14 days. Following this isolation period, assuming the resident shows no symptoms, the resident may return to the general community in the care home.

Further guidance on the arrangements for residents self-isolating in this way can be found in the guidance on the admission and care of residents in care homes

(<https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care->

homes/coronavirus-covid-19-admission-and-care-of-people-in-care-homes#section-2).

If anyone involved in the visit has symptoms of COVID or has tested positive for COVID during the visit, it is recommended that, where possible, the resident self-isolates in the visit setting in line with current government guidance (<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>). If this is not possible, the care home must be notified in advance of the resident returning so that appropriate precautions can be taken, in line with caring for a contact of a confirmed COVID-19 case.

The role of the provider in supporting outward visiting

Providers are best placed to define their overall policy for how outward visits are supported in the care home, in a way that takes into account the needs of their residents and what is possible within the facilities and resources of the care home.

The makeup of the community in the home should be factored into these considerations, as people may have a range of needs, long-term conditions and other clinical vulnerabilities and levels of mobility. Providers should consider the risk that individuals leaving the home may pose to both residents and staff within the home (including any who may be particularly vulnerable) and the measures detailed below that should be used to mitigate the risk of infection before, during and after the resident leaves the home.

The local Director of Public Health (DPH) and Director of Adult Services (DASS) have an important role in supporting care homes to ensure outward visiting can happen safely in their local area. This support should be based on the assumption that outward visiting should be possible unless there is evidence to take a more restrictive approach in a particular care home.

In particular, the DPH and DASS should not recommend an approach across the whole of the local authority area that does not recognise whatever variation there may be between different areas with the local authority, and which does not take account of the different circumstances in individual homes and the need for any specific COVID-related infection control measures at a given time.

Individual risk assessments

Following on from the care home's overall approach to supporting visits, decisions about an individual resident's visits outside of a care home should be taken by the provider on an individual-by-individual basis with the resident's personal needs and circumstances considered. The care home should balance this against a consideration of the risks to others in the home, in the event that the resident becomes infected on their visit, and the ability of the home to isolate the resident on their return.

Regard should also be given to the ethical framework for adult social care (<https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care>), and the wellbeing duty in section 1 of the Care Act 2014 (<http://www.legislation.gov.uk/ukpga/2014/23/section/1/enacted>), and all decisions should be taken in light of general legal obligations, such as those under the Equality Act 2010 and Human Rights Act 1998, as applicable.

Social workers can help providers to meet these duties by providing advice in individual cases should that be required

Providers must consider the rights of residents who may lack the relevant mental capacity needed to make a decision about visits out of care homes. These people are protected by the empowering framework of the Mental Capacity Act (MCA) 2005 and its safeguards. The government has published advice on the MCA and application of Deprivation of Liberty Safeguards (DoLS)

(<https://www.gov.uk/government/publications/coronavirus-covid-19-looking-after-people-who-lack-mental-capacity/the-mental-capacity-act-2005-mca-and-deprivation-of-liberty-safeguards-dols-during-the-coronavirus-covid-19-pandemic-additional-guidance>) during the pandemic.

Before residents leave the home there should be a consideration of several factors to help ensure that these trips and activities can happen safely. Many residents will not have had the chance to leave the home or residence for a significant amount of time and as such should be supported to feel safe and confident where this does happen.

Ahead of each person's visit providers should develop a plan with the arrangements and risk mitigation agreed with the resident (or a best interests decision if the person lacks capacity). This should be linked with the care plan. Things to be considered within this plan should include:

- the nature of the planned visit, the intended activities and where the resident will be spending time. Some types of visits are inherently safer, such as visiting outdoor or well-ventilated spaces. Some are inherently riskier – such as indoor public spaces where other people will be present – and should be avoided. The number of different locations visited should be minimised
- the support needs that the resident may have during the visit, and whether the resident will need to be accompanied by a staff member, carer, family member or friend
- how the resident will be supported to follow good infection control practice including social distancing, hand hygiene and face coverings – and whether the resident's needs are likely to impact their ability to do so
- transport for the visit, which should avoid exposing the resident to those outside the household they are visiting, for instance by travelling in a family car or private taxi
(<https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers>)

It is important that the resident and their family are involved in discussions throughout this process. If undertaking a visit out is not possible because of the risk to the individual and other residents and staff, care providers should communicate the reasons for this decision clearly to the resident and their family.

It is important that the family or others who will be accompanying or hosting the resident have given careful thought to the inherent risks in taking their loved one out of the care home environment – in terms of infection risk for the resident, the family and potentially other vulnerable residents in the care home. They will also need to think through how they will support the needs of that person during the visit.

Throughout the decision-making process providers should share information with their staff so that responses to the residents and families are consistent and transparent. Alongside internal communication there should be clear public-facing communications of the provider's approach to avoid any potential confusion, and helping to support relationships with families and avoid distress to residents or their relatives and friends.

Where necessary, social workers can be approached by the care home, resident or family to support this conversation – in particular to help resolve any issues or concerns, and to ensure professional support and or oversight where required.

In the event of an outbreak in the care home

In the event of an outbreak in a care home, the home should immediately stop outward visiting. There may be local policy and outbreak management arrangements, which will be important to follow.

These restrictions should continue until such time as it is understood that the outbreak has been brought under control and the care home has recovered – at this point outward visiting may be restarted but with the usual infection prevention and control measures and any enhancements required due to any risks identified following the recent outbreak.

In the event of an outbreak, all movements in and out of a setting should be minimised as far as possible and limited to exceptional circumstances only, such as to visit a friend or a relative at the end of their life.

1. There are some situations in which a care home resident could be part of a support bubble, although in practice this is only likely to apply to a small proportion of individual residents. The resident is already part of a multiple-person household (the home constitutes a single household that includes all the other residents). It may therefore be possible for one resident to form a bubble with a single other household but only if the remaining residents were to forego the option of forming a bubble with anyone else because no household (and that includes a care home) is allowed to be part of 2 or more support bubbles.

Print this page