

Visits to clients - checklist

This document was written on 17 March 2020 as internal guidance for VoiceAbility staff. It was last amended on 22 June 2020. We are sharing it publicly in the hope that it might be of some assistance to others, especially advocacy organisations, and ultimately to people who rely on the support we all provide. It was written in good faith based on the best information available at a particular point in time. No liability is accepted for any adverse consequences of reliance upon it. We welcome feedback to CV19@voiceability.org

Key messages

We must ensure that we do not increase risks to people's health, whilst providing support to uphold people's human rights. You must follow the checklist below to help you do this.

You can challenge not being allowed to visit, using the guidance in the checklist, but:

- always show respect
- do not get into a confrontation
- do not attempt to enter a service setting against the instructions of a member of staff

Please ensure that you notify your manager of any refused visits.

Checklist

All staff **must** follow this checklist.

Note the term 'care setting' is used here, however it is understood that visits can also be to other settings such as prisons, hospitals, community venue's or a client's own home. This checklist should be followed in all settings to minimise risk of transmission of coronavirus and enable people to realise their rights where it is practicable to do so.

1. Do you or a member of your household have coronavirus symptoms?

You **must** self-isolate if you or a member of your household has Coronavirus symptoms – a high temperature or a new persistent cough. You must not meet with clients. Please stay at home and follow [NHS England guidance](#).

2. Have you or a member of your household been asked to shield or self-isolate?

You must not meet with clients. Please stay at home and follow [NHS England guidance](#).

3. Have you risk assessed the visit?

You must complete the risk assessment and all visits must be agreed with your Line Manager in advance and a [Risk Assessment Form](#) completed.

4. Making contact

24 hours prior to any visit please contact the location you are visiting and explain the purpose of your visit and the statutory role which you are fulfilling.

Discuss what the arrangements are for essential professional visitors and please follow any guidance given, before carrying out your visit.

Check if there are any policies in place relevant to essential professional visitors. If there are and these would prevent you from visiting, then unless this has been set by a public authority (see 5 below) follow the guidance steps 6 onwards below and notify your manager immediately.

5. Have the local authority or other local public authority, Public Health England or NHS issued any guidance relating to the home or in general?

You must follow any such guidance and speak with your manager if you are concerned about it.

The following steps apply whenever you are told you cannot visit a client: this could be ahead of heading out for the visit, or on upon arrival.

6. Ask whether there are particular reasons for closure, relating to the particular service setting

The following will usually be considered good reasons for you not to enter the service setting:

1. there are non-isolated people who have, or are suspected to have, Coronavirus
2. there is not the staffing capacity to support your visit at a particular time and another time can be found

7. If appropriate, ask if other professionals are still undertaking essential non-medical statutory duties (e.g. social workers and Best Interest Assessors) are being admitted

If other professionals discharging non-essential non- medical statutory duties (e.g. social workers and Best Interest Assessors) are being admitted, then this can be questioned on the basis of the importance of your role to the client. A pragmatic decision will be needed as to

whether you do this yourself or refer to your manager. This will often depend on whether the conversation is in advance of the visit or on the doorstep.

8. Give the member of staff the opportunity to reconsider whether you can come in, or refer the matter to their manager

9. If you can visit the client

If you do agree that you will visit the client, enquire as to any specific precautions required and comply with them. Wash your hands thoroughly upon entering and leaving the building and keep physical contact with the client, staff or others, to a minimum.

10. If you still cannot visit the client

If you still cannot visit the client, or agree that this would not be appropriate, enquire about alternative visit dates, methods of communication and provision of advocacy, where these might be practicable.

Remember we are working with professionals who will be facing great challenges. Always show respect, do not get into a confrontation. Do not attempt to enter a service setting against the instructions of a member of staff.

11. After your visit or attempted visit

After your visit or attempted visit, report to your manager on your experience and seek advice. Managers will be maintaining a record of all residential or clinical settings which close to visitors. Please ensure that you notify your manager of any refused visits.

Illustrative examples

Example 1

Ms Hyle is referred to us by her social worker who says that she is objecting to her recent admittance to a care home. Upon arrival, the advocate is told by the Care Home Manager that she cannot come in as only close relatives are being allowed to visit on a “purely precautionary basis”, although there are no suspected coronavirus infections.

In this case we would challenge the decision not to allow us in, following steps set out in our visits checklist above.

Example 2

Our advocate is told that he cannot see Mrs Ryde, because the Care Home is in ‘lock down’ as three residents are ill with coronavirus. His visit was necessary but can be delayed.

In this case the visit would be postponed, or advocacy provided through a different method of communication. The advocate would discuss this with his manager to consider Mrs Ryde's wellbeing, considering our potential role and other options.

Example 3

We routinely attend Angelou mental health ward to offer support to clients on Section 2 who have just 14 days after detention to appeal. In addition, the Responsible Clinician had phoned to particularly asked us to see Mr Peel. She says that he really needs independent support to understand his rights and possibly to appeal his detention. On arrival, we are told that "no unnecessary visits are allowed at this time" but given no further information.

In this case we would seek to understand more, using the visits checklist, and if there are no specific concerns about coronavirus or other matters, we are very likely to ask for the decision to be reconsidered.