

Appendix 2:

ICVS Protocol

Planning the Visit

1. All visits to a home will involve trained Independent Care Home Visitor Service volunteers.
2. Visits can take place on any day of the week (Monday to Sunday) between the following times:
 - Mornings (Between 10am and 1pm)
 - Afternoons (Between 1pm and 4.30pm)
3. It is noted that sharing meal times may be a way of making visits feel more special for residents (AUKLS will pay for any meals that may be consumed by volunteers).
4. It is intended that there will be at least one visit a fortnight per home. The time, date and residents who will be visited will be agreed in line with any current [NHS COVID guidance](#) for visiting care homes.
5. If there is an outbreak of COVID or any other infection control danger or other type unavoidable incident (such as an unplanned CQC inspection) in the home which prevents a visit taking place, the care home will notify AUKLS immediately.

COVID and Infection control procedures

6. The safety of residents, volunteers and care home staff is paramount, and there will be adherence to [general NHS COVID 19](#); [NHS care home specific](#) guidance infection control guidance.
7. If ICVS volunteers on the day of the visit have any symptoms of COVID-19 (a high temperature, a new and persistent cough, headaches, high temperature, loss or change to your sense of smell or taste etc.) however mild, they will notify AUKLS and the care home that they are unable to attend the visit.
8. All ICVS volunteers will be required to show evidence that they have received double vaccination for COVID-19.
9. All ICVS volunteers will undertake and provide evidence of a relevant COVID “test as agreed with each specific the home. These being either
 - Polymerase Chain Reaction (PCR) tests check for the genetic material (RNA) of the virus in the sample
 - or
 - Lateral Flow Device (LFD) tests detect proteins called ‘antigens’ produced by the virus. They give rapid results, in 30 minutes after taking the test.

10. Evidence of COVID vaccinations (Point 8 above) and the negative COVID test on the day of the visit (point 9 above), will be entered on the volunteer's NHS Application on their SMART phone. Where the volunteer does not possess a SMART phone, evidence of their COVID vaccination and test result will be agreed with the care home prior to the visit.
11. ICVS visitors upon arrival will:
- Sanitise their hands on arrival and when entering each floor or resident's room.
 - Wear masks throughout their visit, both indoors and outside (i.e. in the garden)
 - To minimise any physical contact between the volunteer and the visitor
 - Where ever possible see residents in ventilated spaces and maximise opportunities to see residents in the garden(Where safe to do so).
12. ICVS volunteers or AUKLS staff members will not visit two separate homes within a 14-day period.

The Visit

13. On arrival, ICVS volunteers will sign in (Comply with infection control procedures - see below) and notify staff of their arrival who will direct them to the residents that they will be seeing.
14. The care home will notify the ICVS volunteers which staff are available to discuss any immediate issues raised by residents.
15. Staff will tell the ICVS visitors about any particular relevant issues on the day of the visit (e.g. whether there is a fire drill or a specific residents' activity taking place).
16. ICVS volunteers will then start up conversations with residents; establishing what they like to talk about and build a picture of their life, values and personal preferences before they moved into the care home. Conversations are likely to use reminiscence and soft open-ended questions around the residents' personal interests, as well as asking about their current lived experience within the home. It is acknowledged that many residents will have very limited mental and physical capacity.
17. ICVS volunteers will ensure that these conversations cover key areas of importance for residents as identified in the "I Statements" co-designed by The Council with older people in Southwark and the "Bridges to Health" and The Council and the Local NHS' strategic objectives for older people. (See below).
18. Throughout these conversations, the ICVS volunteers will listen to what residents have to say and observe whether the resident(s) seem happy about¹:
- The level of care that they are receiving
 - Whether residents were happy with the activities on offer within the home
 - If the residents they spoke to felt a part of a community within the home
 - Whether residents generally felt that their overall needs were being met.

19. Some residents will find it difficult to articulate their needs and preferences clearly as a result of dementia or other form of illness, so good observational skills will be used. For example, noticing if the resident's clothes are not clean or if they are bed bound they do not have constant easy access to a fresh drink.
20. All ICVS volunteers will wear dementia friendly name badges and will have received training regarding dementia and communication.
21. Independent Care Home Visitors will feedback any issues raised, from their visit to the staff on duty at the time.
22. Any safeguarding concerns will be fed back immediately to AUKLS by the visitor, which will then be addressed in line with the agreed safeguarding procedures within the Council.

After the visit

23. Following the visit, ICVS volunteers will provide a Written Record with any general recommendations based upon their conversations and observations, using template.
24. This will normally be sent to the care home and The Council within a week of the visit.

I Statements:

- "It is easy for me to talk to staff in the home at any time and for my family to know what's going on"
- "I can still do things for myself and I want to do them"
- "I can't get out of bed but my room is set up so I can do some things for myself"
- "I can eat and drink – safely at regular intervals"
- "I am able to socialise with others in the home – they are my neighbours and friends"

Bridges to Health key applicable objectives :

- Improve the support to maximise independence
 - Improve our wellbeing
 - Reduce isolation and feelings of loneliness and improve our wellbeing and sense of belonging
 - Improve the achievement of the outcomes that matter to people in their care plan.
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