

Open with Care – supporting people in adult care homes to have meaningful contact with others

Progress with implementation

25 June 2021



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Executive Summary

This report summarises progress with [Open with Care - Supporting meaningful contact in care homes](#) guidance since its publication on 24 February 2021. Drawing on a range of data and information, it considers progress with supporting both routine indoor contact and consistent, compassionate support to essential visits. Feedback is also shared around how well good quality, regular contact between residents and their loved ones has been restored. The report recognises the excellent progress so far. By late March, over 90 per cent of care homes supported contact for residents indoors and at 14 June, 97 per cent of all responding care homes reported indoor visiting was underway. Over the same time period, the number of confirmed care home outbreaks has fallen.

This progress is to be commended and reflects the significant efforts by care homes and partners to help it to happen. Continued progress to normalise residents' meaningful contact is important and timely.

The report also identifies key areas of action where care homes and partners can best improve and embed good quality, meaningful contact as the norm. These should focus on:

- a. Care homes improving, maximising and embedding meaningful contact
- b. Local system support and monitoring to maximise contact
- c. Strengthening awareness and adoption of Open with Care.

1. Care homes improving, maximising and embedding meaningful contact

The need to balance the risks of harm from COVID-19 and from ongoing isolation or restrictions continues. With multiple protections, care homes should always promote meaningful contact, using essential visits in parallel. Where conditions are met and residents wish, at least two indoor visits weekly should be supported as the minimum starting point to supporting residents to reconnect and reengage.

Care homes should now move rapidly, with support where necessary, to increase the frequency, duration and number of indoor and other visits, with the fewest restrictions. This will enable them to fulfil residents' wishes and human rights in a flexible, person-centred way and related quality indicators.

2. Local system support and monitoring to maximise contact

Continued local support to care homes remains crucial. Local oversight, including the Care Inspectorate, has a key role building confidence and continued improvements. Actions are outlined to take this forward, through learning and mentoring, regular focussed discussion and targeted support or challenge.

3. Strengthening awareness and adoption of Open with Care

It remains a key priority that all partners communicate and publicise visiting guidance and resources accessibly, including dedicated information for residents, family and friends. This is to support increased awareness and confidence, for care homes as

well as residents, family and friends, around resuming contact and activities and the COVID-19 protections in place.

Continued progress to improving, embedding and normalising meaningful contact for residents remains a priority. Looking ahead, it will also be important to resume and develop meaningful lives for all residents, including those who do not have regular contact with family and friends. This means continuing and building on the invaluable learning over the last year such that there is a collective focus on care home life being both vibrant for residents and important parts of local communities.

Introduction and context

[Open with Care – Supporting meaningful contact in care homes: guidance](#) was published on Wednesday 24 February to support meaningful contact to resume and continue, at all stages of the pandemic, between care home residents and their loved ones.

At the time of publication, most of Scotland was in Level 4 of the Strategic Framework with a Stay at Home order, meaning only essential visits were supported in care homes. Consequently, the percentage of adult care homes that supported indoor visiting was 2.7 per cent (at 22 February). Since then, there has been a sustained increase such that, on 14 June, 97 per cent of all responding care homes reported indoor visiting was underway (90 per cent of registered care homes who have submitted data in previous 30 days). Over the same time period, the number of confirmed outbreaks in care homes has fallen.

About this report

This report provides a high-level overview of progress with implementation of Open with Care since it was published four months ago. Drawing on national performance statistics, sector and family feedback, it provides an overview of key areas where partners and care homes can best continue efforts to improve and embed good quality, meaningful contact as the norm. It recognises the excellent progress so far and going forward emphasises the importance of full and consistent adoption Open with Care, to support good quality contact for all residents.

The report closes with recommendations to continue progress. Efforts by care homes and local oversight teams to improve and embed meaningful contact and strengthen awareness of Open with Care are key. This drive to meaningful contact is just the first step towards the more fundamental goal of resuming support to meaningful lives, for all residents.

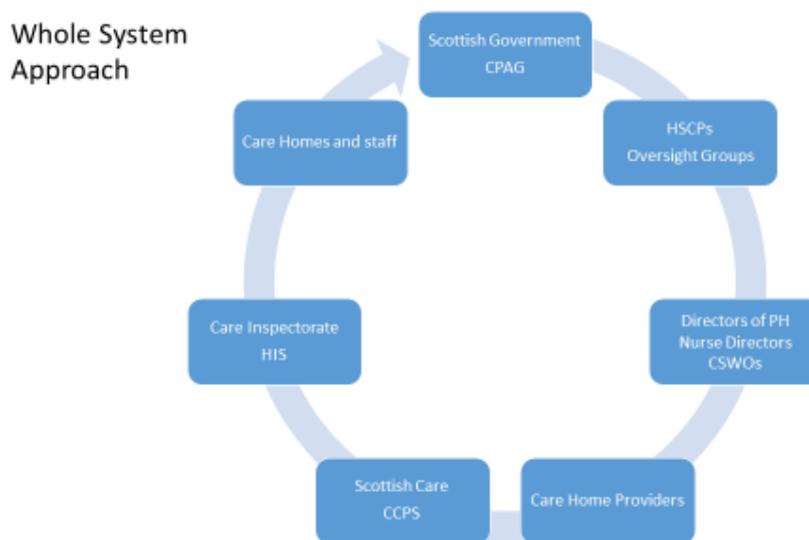
The aims of Open with Care

The underlying principle of Open with Care was a move away from the language of 'visits' towards supporting good quality meaningful contact between care home residents and their loved ones. The central themes driving Open with Care included:

- That the balance of harms between COVID-19 transmission and the impact of isolation should be fully considered.
- Residents' individual needs, preferences and human rights are important considerations.
- Contact with loved ones should be seen as much more than 'visits' and loved ones as more than 'visitors'.
- Meaningful contact can promote well-being and prevent mental and physical deterioration.

- Minimum (not maximum) guidelines on the quantity and quality of contact, with flexibility for care homes to increase to daily and group visits, as they felt able.
- A focus on indoor visiting in residents' rooms as the preferred way for contact to take place, where the resident supported this.
- Pods and other environments that separate residents from loved ones not recommended as replacements for indoor contact.
- Emphasis on the importance of consistent, generous and sympathetic support to essential visits for circumstances such as distress, to prevent or respond to a decline in residents' wellbeing, and approaching end of life.
- A focus on a whole-systems approach with everyone playing their part.
- Follow-up support with a series of care home and partner workshops, and printed resources to all care homes.
- The importance of COVID-19 protections to support safe visiting.

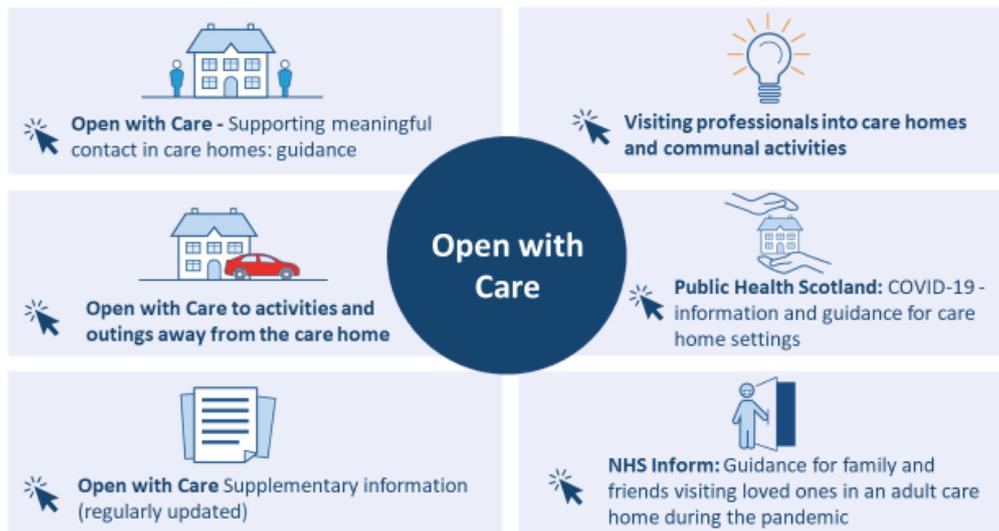
Open with Care highlighted the need for a whole-systems approach and acknowledged the roles that key partners play in supporting the reintroduction of visiting, outlining a set of recommendations to guide their input. Local oversight arrangements were seen as the key local monitoring and support mechanism and the national framework for multi-agency, multi-professional oversight guidance emphasises the continued role for these local groups.



Third sector representative organisations and families and friends of care home residents were also key in the development and delivery of Open with Care by providing expert information and experiences to related national policy and clinical groups.

Since publication of Open with Care, a range of further guidance has been produced, with shared principles and approach. This includes guidance for professionals visiting residents in care homes, advice on residents making outings away from the

care home and supplementary information, updated regularly with answers to practical questions raised in feedback. Open with Care has been developed with the aim of being accessible and in plain English with public-facing guidance also available on [NHS Inform](#). This core suite of documents is illustrated below:



This report draws on data and feedback from a range of sources, including:

- Care homes, via the national Turas Care Home Management reporting tool.
- Care Inspectorate contact and/or complaints regarding indoor visiting.
- Data from the Action on Rights team, which supports people (mainly relatives of residents), to resolve concerns about a care home's visiting policy.
- Consultation by TIDE (Together In Dementia Everyday) with care home residents' relatives and staff, and who provide resources to support the restoration of the important relationships between care homes, residents and their families.
- Feedback from national workstreams
 - Adult Social Care Clinical and Professional Advisory Group's (CPAG) Engagement subgroup, which includes family members and third sector organisations representing people living in care homes.
 - Open with Care Short Life Oversight Group which includes oversight representatives, public health/health protection, nurse directors and clinicians, social work, the Care Inspectorate, Scottish Social Services Council, care home providers and member organisations, third sector organisations, and relatives' representatives including National Dementia Carers Action Network (NDCAN), and Care Home Relatives Scotland (CHRS).
- CHRS – qualitative feedback from their members and member surveys.

Progress with resuming meaningful contact

This section considers the level to which indoor visiting has restarted and been sustained since publication of Open with Care, the reasons for indoor visiting not being supported (where that was reported), and changes to the frequency and quality of contact for residents.

Restarting visiting

Before lockdown came into force on 5 January 2021, just over half of adult care homes that submitted data on 21 December 2020 supported indoor visiting. After lockdown and as recommended in national guidance, this percentage fell to 4.0 per cent on 11 January 2021 (the next reporting date), and further to 2.7 per cent (under 30 homes) by 22 February. At this point, the majority of homes supported outdoor and essential visits only (61 per cent) or essential visits only (36 per cent).

Background on the Turas Care Home Management Tool

The Turas Tool has around 1,070 adult care homes registered and around 1,040 homes that have submitted data in a 30-day period. The tool has been developed to enable a consistent approach during the pandemic to early escalation as well as timely local and national care home support, information, intervention and governance with, for example, COVID-19 outbreaks. Data in the tool is self-reported by care homes. Care home visiting status data is published fortnightly as at the most recent Monday (previously published weekly). Care homes supporting indoor visiting is shown as a percentage of all homes on Turas that submitted data on that day (unless otherwise stated). Weekday response rates are high with just under 1,000 homes submitting data. Data is accessible to local oversight arrangements and the Care Inspectorate who use this to contact homes and support them to implement indoor visiting. It enables targeted improvement with care homes or providers.

Just before the guidance was published (22 February), the percentage of adult care homes that supported indoor visiting was 2.7 per cent. Since then, there has been a consistent and sustained increase in the support for indoor visiting. The largest increases were seen in March (62 per cent on 8 March, 82 per cent on 15 March) to reach over 90 per cent by the end of the month. In April, increases slowed as the final care homes moved to support indoor visiting. As at 14 June, the percentage of adult care homes supporting indoor visiting was 97 per cent. At the same time, the number of confirmed outbreaks in care homes has fallen.

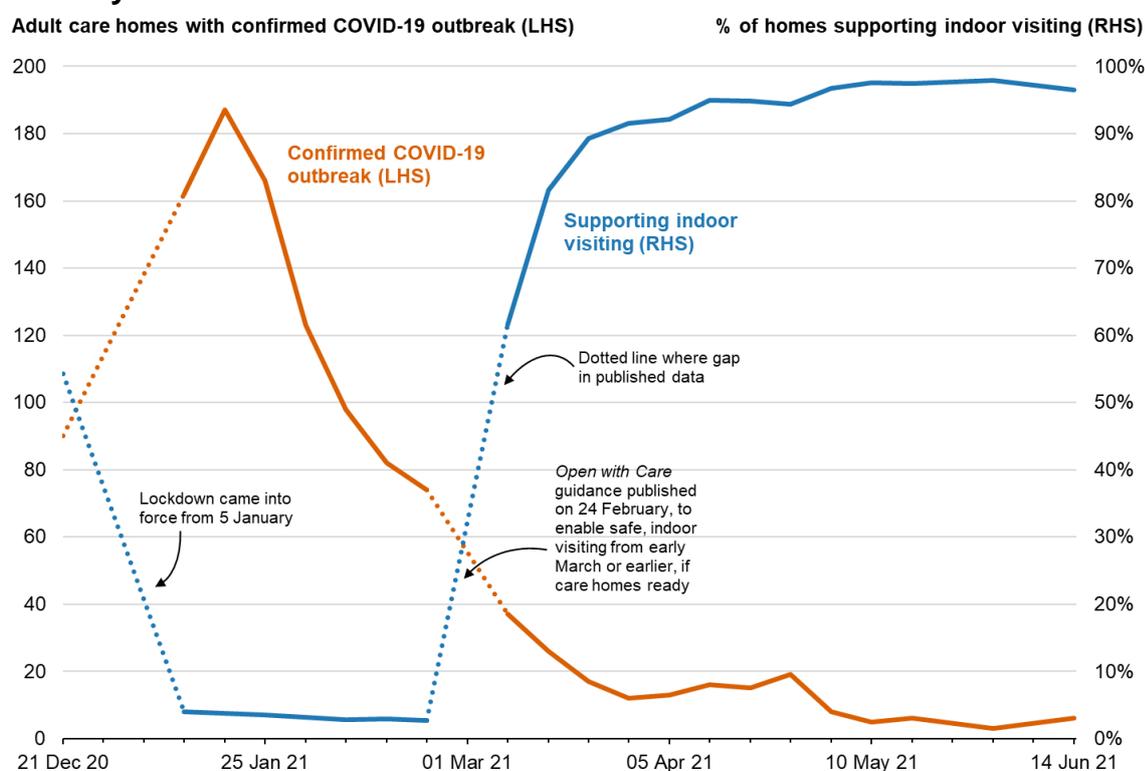
For older adult care homes, the percentage of homes supporting indoor visiting, as at 14 June 2021, was 97 per cent and 93 per cent for other type of care homes.

Care home type

Care home type is based on [Care Inspectorate registration](#). Registration type does not necessarily mean that this is the only type of resident in that care home. Care homes not registered as for older adults: Alcohol & Drug Misuse; Blood Borne Virus; Children & Young People; Learning Disabilities; Mental Health Problems; Physical and Sensory Impairment; and Respite Care and Short Breaks.

Chart 1 shows the percentage of care homes supporting indoor visiting between December 2020 and mid-June 2021, based on self-reported data, alongside the number of confirmed COVID-19 outbreaks in adult care homes.

Chart 1: Adult care homes with confirmed COVID-19 outbreaks and percentage of homes supporting indoor visiting between Monday 21 December 2020 and Monday 14 June 2021



Note: '% care homes supporting indoor visiting' shown as percentage of all homes that submitted data on that day

Source: [Turas Care Home Management Tool](#)

In relation to the level of uptake, a number of care homes indicated lower than expected levels of visiting by friends and relatives. For some relatives and friends, the perceived risks of catching or passing on COVID-19 meant they stayed away from the care home. Some relatives reported having developed new routines during the COVID-19 restrictions, and now visiting less regularly than before.

Practical challenges to increasing people coming into care homes alongside COVID-19 protections have been reported by care homes and member organisations,

mainly due to staff capacity and logistics. These include the additional demands associated with more testing of visitors. To ease this burden, care homes have asked for discretion to be able to allow visitors to test at home. This has to date not been possible due to the Medicines and Healthcare products Regulatory Agency (MHRA) advice around the use of LFD test kits that are currently supplied to care homes in Scotland. A small proportion reported issues with relatives' complying with protections in the care home (such as distancing or group size).

Care homes have also reported taking a range of actions to resume residents' contact, with some taking a very structured approach with dedicated time slots or areas. Some have put dedicated staffing in place (visiting coordinators) using the [COVID-19: financial support arrangements for social care providers](#). While a more structured approach was supported within Open with Care as care homes initially resumed visiting, feedback from inspections indicates variation in how the guidance has been implemented. While some care homes have implemented Open with Care flexibly, there are reports that others are doing so more rigidly or inflexibly, creating additional burden for care homes and constraining good quality contact for residents as a result.

Where homes are not resuming indoor visiting

In Turas, care homes were asked to provide a reason where support for indoor visiting was not indicated. The most frequent reasons were:

- making preparations to resume indoor contact;
- care home's outbreak status;
- where indoor visiting is not routine practice or needed due to the type of care home service.

Respite services, particularly for people with a learning disability, would be an example of the last. In these, residents stay for a short stay and there is no reported demand for indoor visiting (although systems should be in place to support this, if desired, and essential visits also should always be supported).

Several other reasons were given by a very small number of homes including:

- guidance from local health protection teams
- waiting on 1st or 2nd vaccination dose
- non-COVID-19 related reasons (for example, diarrhoea and vomiting outbreaks), and
- staff members testing COVID-19 positive.

The vast majority of homes, however, have moved to support indoor visiting and, where not supported, the main reasons now are outbreak status and not currently applicable to the type of service.

More widely, care home provider groups' corporate visiting policies were previously seen to be a key barrier to the implementation of visiting guidance. Feedback

suggests that these have become much more aligned to Open with Care, however challenges remain. These relate generally to more restrictive policies than recommended in Open with Care, for example in relation to visit length, enabling touch and wearing of PPE.

On publication of Open with Care, the Care Inspectorate published a [position statement](#) to the sector, outlining their expectation that providers implement visiting policy and practice, in line with the guidance. All care homes not doing so are contacted by the Care Inspectorate and support given to put this into place. Information is also shared with local oversight teams to support care homes' improvement in putting changes into place. Where homes do not make the necessary changes the Care Inspectorate will require them to do so in line with legislation.

Changes to the frequency and quality of meaningful contact

Turas asks care homes about the level of indoor visiting they are currently supporting. At 14 June, a growing number of care homes reported having increased indoor contact with residents beyond the starting point of two visitors per week, either to daily visits or group visits indoors. This equated to 155 homes (or 16 per cent) and 140 homes (or 14 per cent) respectively.

Whilst Open with Care was clear that two designated visitors per week should be seen as the minimum starting point, feedback has indicated this has been interpreted by some care homes as the maximum level. The data suggests that slow progress has been made towards increases in frequency, duration or number of people.

The quality of residents' contact with others is not currently collected via Turas. However feedback from a range of other sources provides some understanding of the nature of issues experienced by residents and relatives, where these occur. The Care Inspectorate look at relatives' experience and views including visiting at inspection but this is for purpose of inspection and not to collect national routine information.

Data from the Action on Rights team provide some insight into the quality of contact. Since their launch on 24 February and to 14 May 2021, they have supported 114 cases. The service reports many positive experiences around meaningful contact with friends and relatives which has positively impacted on everyone's wellbeing. However, progress reports from Action on Rights show several broad issues preventing meaningful contact for relatives:

- Variation in the interpretation and implementation of Open with Care. At times, this involved a local visiting policy different to the guidance, such as visiting in dedicated rooms rather than residents' rooms; time limits on visiting or a lack of support to visits out of the care home. High levels of anxiety, distress and confusion around visiting were reported among people contacting the service. In the first few weeks post publication, a lack of family confidence around

using the guidance in conversations was reported; this was not reported by May. However there remained a hesitancy around direct contact with the care home for some, either by relatives or by Action on Rights, often because of fears about repercussions for their relatives.

- Another issue reported in May was a 'one size fits all' approach to risk assessments within the care home, preventing consideration of individual needs and preferences.

TIDE also reported family and care home staff concerns around others' perceptions of them as contact with loved ones resumed. Family members reported people thinking they were unimportant, inconvenient, 'just a visitor' or intent on causing trouble.

One family member stated: *"I have been made to feel like my relationship with my mum doesn't matter"*.

In turn, staff reported feeling that people viewed them as controlling, or prison guards – or deliberately keeping families apart, including in negative media portrayals, with one staff member saying:

"There is a lot of abuse and allegations made on social media which are not true. In the press all you see is negative stories about care homes – it is not a balanced approach to the story (...) it doesn't talk about the effect it has had on us and all the time and work it takes to make sure all the procedures and guidance are followed."

TIDE also reported that many relatives reported good experiences of care homes and of staff being caring, supportive and helpful, with one saying:

"Thank you for being there for my mum, I appreciate you so much. I look forward to the day when I can return as normal and help you out in return."

Feedback from the CPAG Engagement subgroup and Care Home Relatives Scotland members highlighted issues in the following areas:

- visit length;
- number of visits a week being limited (to the minimum of two weekly);
- visit location (in a public area not someone's room);
- lack of outdoor visits alongside indoor visits;
- residents' ability to leave the home;
- additional PPE and IPC requirements (e.g. being asked to wear gloves or touch being prevented);
- inability of staff and visitors to test at home;
- inconsistent advice to care homes from oversight teams/public health
- staffing levels;
- essential visits not being supported in all homes.

Since late March to 27 May, 28 concerns have been raised with the Care Inspectorate about Open with Care's implementation. These related to the quality of visits both indoor and outdoor, concerns around timings and length of visits that some services had put in place; lack of understanding and knowledge around what the guidance means, from a relative and friends' perspective; confusion among some care home relatives over what is an essential visit; relatives being refused entry by some care home services.

The Care Inspectorate has supported relatives by seeking resolution to their visiting concerns through mediation with the provider/care home. In most cases this approach has been successful; in the remainder formal complaints have been investigated and where these have been upheld, requirements for changes to visiting have been put in place to align with Open with Care.

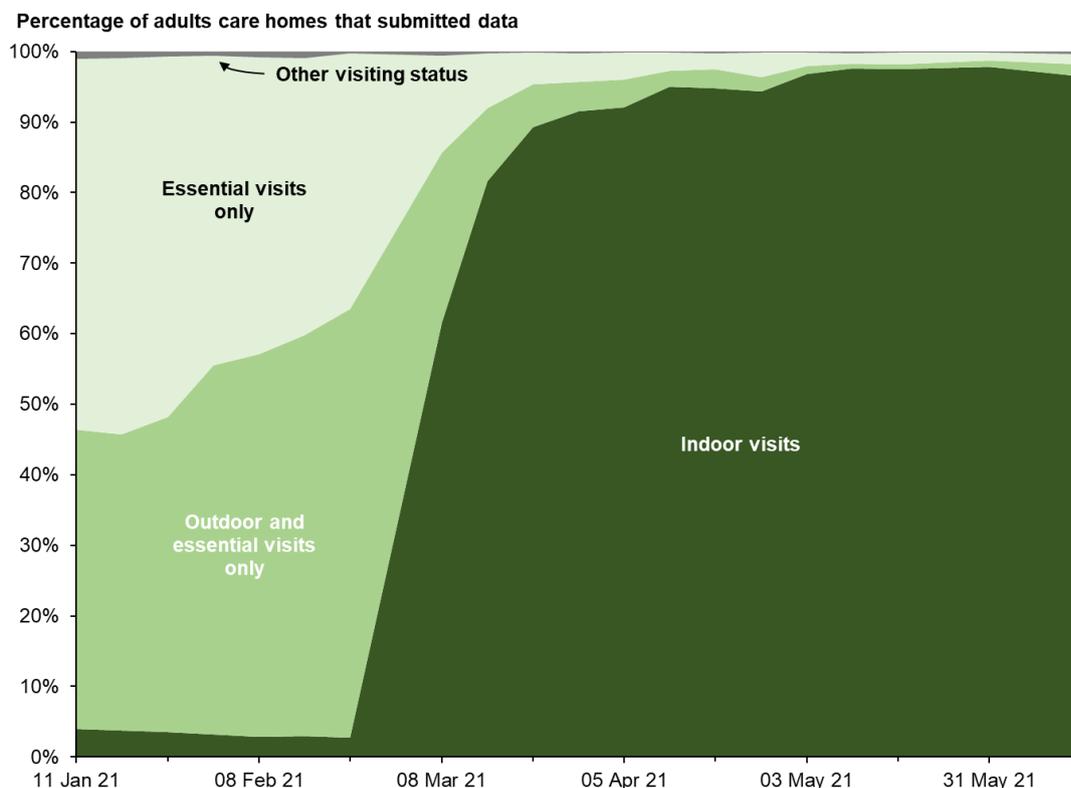
Support to essential visits

Alongside resuming meaningful contact for residents on a day-to-day basis, generous support to essential visits was also emphasised in Open with Care, at all stages of the pandemic. These should be supported in a range of circumstances such as to alleviate distress, to prevent or respond to a decline in residents' wellbeing, and approaching end of life. This section considers how well essential visits have been supported.

Reporting by care homes

Chart 2 shows the visiting status of adult care homes submitting data to Turas. As support for indoor visiting has grown, the proportion of homes supporting only outdoor and essential visits and only essential visits has fallen. If care homes report support to indoor visits, they are not asked about outdoor and essential visits.

Chart 2: Visiting status of adult care homes between Monday 11 January 2021 and Monday 14 June 2021



Source: [Turas Care Home Management Tool](#)

The number of homes that indicated 'other' visiting status (no indoor, outdoor or essential visits, and outdoor visits only (no indoor or essential visits)) has been very low and in most weeks fewer than 10 homes have reported this visiting status.

Where essential visits are not supported

Turas asks care homes to explain why essential visits are not being supported, where they report that in returns. It is assumed that care homes supporting indoor visits also routinely support other types of visit, including essential visits.

It is clear from the information provided that, for some homes, there has been a misinterpretation of the question, with essential visits being supported but none needed on the day. The type of service (i.e. respite) is also a factor.

There have been homes that have reported “no” to supporting essential visits due to no residents at end of life requiring essential visits. Follow up contact with these care homes by the Care Inspectorate confirmed that they would and do support essential visits if needed, but did not have people requiring these at time of completing Turas.

A very small number of homes over the period since publication of Open with Care (less than ten care homes weekly) have provided reasons for not supporting essential visiting that, based on the limited information provided, could be contrary to guidance. Based on the information provided we do not know the circumstances to answers – whether for example these reflect visiting policy or a misunderstanding of guidance. Reasons included, for example, allowing window visits only, not supporting any visiting due to lockdown or not supporting essential visits because of wider COVID-19 restrictions. It is worth reiterating, however, that the number of care homes that fall into this category has been very small.

Reports from Action on Rights show that accessing essential visits continued to be difficult for some. Examples included:

- visits not being proactively facilitated, or restricted to end of life situations;
- care homes advising that designated visits replaced essential visits;
- a lack of clarity or restrictions on the number of people that could be supported in an essential visit (numbers are not restricted).

Comments on the data

The nature, scope and limitations of data within this report are important to consider. As the majority is quantitative, its strength is in analysing the frequency, characteristics and trends of implementation numerically. However, it does not allow us to fully understand people's experiences such as the quality of contact, or their attitudes or beliefs. As Turas information is provided by care homes, it is not set up to capture residents' and family members' views.

In reporting terms, it is not expected that indoor visiting would reach 100 per cent during the pandemic, because of factors such as care home outbreak status or service type. In addition, as typically over 90 per cent of homes report each weekday, there are a small number of care homes that do not submit data each day.

Feedback from national work streams, such as the Open with Care Short Life Oversight Group members, or the CPAG Engagement Group, help provide some further insights into people's experiences. However, these tend to be focussed on relatives' experiences rather than those of care home residents. In engaging with a small proportion of all residents' relatives in Scotland, we cannot infer that views are representative. Also, these forums are focussed on finding solutions to issues, so feedback lends understanding to the types of issues arising rather than robustly measuring their scale or frequency or indeed, more widely, what is working well.

There are limitations to each data source and so it is important to treat each as illustrative rather than definitive. That said, when viewed together, the information provides important insights into overall progress and some of the experiences and issues which require to be addressed going forward.

Reflections and recommendations

Huge progress has been made since February with resuming residents' meaningful contact and activities in and away from the home. There has been a consistent and sustained increase in support to indoor visiting. By late March, over 90 per cent of care homes supported contact for residents indoors and this increase has continued, to 97 per cent as at 14 June. At the same time, the number of confirmed COVID-19 outbreaks in care homes has fallen.

This progress is to be commended and reflects the significant efforts by care homes and partners to help it to happen. Continued progress to normalise residents' meaningful contact is important and timely. It is an important first of several steps to support all residents to have not just good quality contact with loved ones, but also to have meaningful lives - throughout the remainder of pandemic and beyond.

A number of recommendations are made to supporting the meaningful contact that people would like. These have been developed with input from the Open with Care Oversight Group.

Recommendations

Continued national and local action will support meaningful contact to become the norm. This action should focus on:

- a. Care homes improving, maximising and embedding meaningful contact.
- b. Local system support and monitoring to maximise contact.
- c. Strengthening awareness and adoption of Open with Care.

a. Care Homes improving, maximising and embedding meaningful contact

The need to balance the risks of harm from COVID-19 and from ongoing isolation or restrictions continues. With the multiple layers of protection in place care homes should always promote and sustain meaningful contact, including essential visits. The wellbeing of the individual is central to all decision making about visiting and people going out of the home. On this basis, blanket decisions to restrict or prevent visiting or people leaving the home should be resisted and considered as a last resort.

The starting point for the reintroduction of indoor visiting in March 2021 was at least two indoor visits per week. Care homes should now move rapidly, with support from local oversight arrangements where necessary, to increase the frequency, duration and number of indoor and other visits with the fewest appropriate restrictions. Local oversight arrangements have a crucial role in supporting care homes to confidently and assuredly make these decisions, and in challenging care homes where progress cannot be evidenced.

Care home providers should continue to implement Open with Care, reviewing their visiting policies and practices to ensure they promote meaningful contact.

This involves continued action to improve, increase and embed support to person centred contact. Specific areas are around increasing the frequency and number of visits, where residents so wish, and reducing restrictive or inflexible approaches, in areas such as time, touch and trust.

Scottish Government is actively pursuing the option of increasing flexibility and local discretion around location of visitor testing, including testing at home, to remove any barriers to increasing the frequency or number of people visiting.

b. Local system support and monitoring to maximise contact

Continued local support to care homes remains crucial. Local oversight, including the Care Inspectorate, will continue to have a key role in building confidence and continuing improvements to practice. The oversight groups and Care Inspectorate will continue to do this by:

- Supporting care homes to fully implement the content and ethos of Open with Care, increasing the frequency, duration and number of visitors, where residents so wish.
- Empowering care homes through mentoring and wraparound support.
- Providing intensive support, where there is greater hesitancy.
- Working with care homes to align visiting policy and practice, taking appropriate action if and as necessary.
- Using Turas returns to inform regular conversations and support with care homes around visiting policies and practice and appropriate increases to the flexibility, frequency and quality of visits, alongside continued and holistic support to essential visits.
- Continuing to support and strengthen local learning and improvement, and sharing examples of good practice.
- The Care Inspectorate continues to advise and support family/friends, where there are visiting concerns.

National monitoring of progress will also continue, on both increasing indoor contact and activities away from the care home. As part of this the national Open with Care Short Life Oversight Group will meet further over the coming months as changes are fully implemented and to consider any remaining issues and actions.

c. Strengthening awareness and adoption of Open with Care

It remains a key priority that all partners communicate and publicise visiting guidance and resources accessibly, including dedicated information for residents, family and friends. This is to support increased awareness and confidence, for care homes as

well as residents, family and friends, around resuming contact and activities and the COVID-19 protections in place.

The Care Inspectorate, Social Work Scotland and other partners will shortly be issuing a joint statement to services on the implementation of guidance and opening up of care homes, including advice on where to access support if there are any concerns around implementing Open with Care.

National work is underway on additional information support for residents and relatives. Scottish Government will publish easy read guidance on visiting in and away from the care home. The Care Inspectorate will work to support communication with relatives and to reach a wider audience. They have also updated their information on NHS Inform to ensure relatives know they can come for advice and that the Care Inspectorate will not share their details with the service without their consent. Current public-facing advice is available on www.nhsinform.scot/openwithcare.

Visiting guidance is now longer term and intended to be the norm. This provides stability and scope for tailored local delivery, taking account of individual needs and preferences, and wider conditions. Any further advice is anticipated to build and develop Open with Care rather than change or reverse it. Greater confidence, knowledge and understanding of the guidance needs to be promoted, including the scope for local decisions while maintaining compliance with Open with Care principles.

The Care Inspectorate will provide a series of webinars around implementation and practical advice and guidance around visiting well. These will illustrate how the Health and Social Care standards can be met through Open with Care, incorporating learning from the pandemic. They will also provide clear guidance for services on what must be in place to ensure people have meaningful contact with loved ones taking account of human rights and the Health and Social Care Standards.

Meaningful contact, Meaningful Lives

Continued progress to improving, embedding and normalising meaningful contact for residents remains a priority. Looking ahead, it will also be important to resume and develop meaningful lives for all residents, including those who do not have regular contact with family and friends.

As Scotland moves to fewer restrictions, this should mean a more normalised life for care home residents and society as a whole. Care homes are people's homes and we must ensure that people have meaningful lives with others in the home, with loved ones from outside the home, and enjoying important activities away from the care home. National work will shortly begin to support the sector to do this safely and well. This aims to continue and build on the invaluable partnership learning over the

last year such that there is a collective focus on vibrant and connected settings for those for whom a care home is their home.



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