National Disability Services Quality Improvement Office
Community Operations
Health Service Executive
Upper Park Road
Killarney Co. Kerry V93CH69
Email: disabilitiesqi@hse.ie

Visitors Guiding Principles

National Disability Services Quality Improvement Office
Community Operations
Health Service Executive
Upper Park Road
Killarney Co. Kerry V93CH69
Email: disabilitiesqi@hse.ie

Contents

National Disability Services Quality Improvement Office
Community Operations
Health Service Executive
Upper Park Road
Killarney Co. Kerry V93CH69
Email: disabilitiesqi@hse.ie

Introduction:

These Guiding Principles are intended to support services when revising their local policies and procedures developed to meet the Schedule V requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for persons with disabilities) Regulations 2013.

The Guiding Principles:

The set of Guiding Principles has been developed following an international literature review which was validated using the AGREE tool (Appendix III) along with the preferences and views elicited from service users. These Guiding Principles reflect the key elements that should be incorporated in your local policy and procedure. The references, which were used to identify these principles, are attached to the end of the Guiding Principles document.

Impact Assessment (Appendix I) –

This Impact Assessment has been developed to assist services during the implementation of and revision of local policy and procedure and is intended as a guide to provide a structure for measuring the impact of the revised policy in four key areas:

1. Stakeholder Perspective

2. Internal Business Processes Perspective

3. Learning and Growth Perspective

4. Financial Perspective

This tool should be used by the local policy and procedure development or steering group when the policy revision is close to completion. There is an action plan to record what needs to happen under each of the four headings to support the implementation of the policy.

Audit Tool (Appendix II) –

This document is intended to act as an audit tool when a service is revising their local policy and procedure. The purpose is to ensure that each of the questions in the audit tool is addressed in the local policy and procedure. This includes a question at the end of the audit tool to ensure that experts by experience or people who use the service have been involved in developing or reviewing the visitors policy in a meaningful way.

Verification of Literature using AGREE Tool (Appendix III) –

This document is included in the packet to assure services that the Guiding Principles were developed in a robust manner and that the literature was validated against this accredited tool (AGREE) as well as giving a synopsis of the engagement with service users. It is for information purposes.

National Disability Services Quality Improvement Office
Community Operations
Health Service Executive
Upper Park Road
Killarney Co. Kerry V93CH69
Email: disabilitiesqi@hse.ie

Visitors Guiding Principles:

The National Guiding Principles Group, under the auspices of the National Quality Improvement Office, HSE Disability Operations, has identified 8 guiding principles to assist organisations in developing and revising local policies and procedures for the provision of personal intimate care.

Guiding Principles:

1. **Choice** – Adults have the right to make their own choices in relation to all aspects of their life including decisions around visitors coming to their homes. Therefore, staff members should provide all necessary support to enable individuals to decide who visits their home.

2. **Environment** – A private space where family members and visitors feel comfortable and secure when visiting, and where visitors for one person are not infringing on the rights of others who live in their home (for example, watching TV or using the kitchen)

3. **Communication** – visiting arrangements should be with respect to other individuals living in the home. Frequency of visits should also be respectful of other individuals in the house.

4. **Time of Visiting:** respect should be shown for the time of visit to take in the needs and wishes of others living in the home.

5. **Respectful** – Visitors must be respectful to all people living in the home and of the home itself.

6. **Visitors having meals** – It is important that the person's home is a place where they can invite family and friends over for meals/parties but this needs to be done in consultation with other people who live in the home.

7. **Safeguarding**- Individuals and their visitors have a right to be and to feel safe and secure in their homes, therefore it is important to ensure that visitors are respectful of people living in the home and those working there at all times.

8. **Children visiting –** It is important the children are well supervised when visiting a person's home so that they are not too noisy and disruptive of other people sharing that home.

National Disability Services Quality Improvement Office
Community Operations
Health Service Executive
Upper Park Road
Killarney Co. Kerry V93CH69
Email: disabilitiesqi@hse.ie

References

Bennett, C. R., Frankowski, A. C., Rubenstein, R. L., Peeples, A. D., Perez, R., Nemee, M., & Tucker, G. G. (2017). Visitors and Resident Autonomy: Spoken and Unspoken Rules in Assisted Living. *Gerontologist*, 252-260.

Bond, R. J., & Hurst, J. (2010). How adults with learning disabilities view living independently. *British Journal of Learning Disabilities*, 286-292.

Cheshire, L., Chester, V., Graham, A., Grace, J., & Alexander, R. T. (2015). Home visits: A reflection on family contact in a specialist forensic intellectual disability service. *Advances in Mental Health and Intellectual Disabilities*, 2044-1282.

Cocks, E., Thoresen, S. H., O'Brien, P., Gadow, F., McVilly, K., Crosbie, J., & Prain, M. (2016). Examples of individual supported living for adults with intellectual disability. *Journal of Intellectual Disability*, 100-108.

Iriarte, E. G., O'Brien, P., McConkey, R., Wolfe, M., & O'Doherty, S. (2014). Identifying the key concerns of Irish persons with intellectual disability. *Journal of Applied Research in Intellectual Disabilities*, 564-575.

Iriarte, E. G., Stockdale, J., McConkey, R., & Keogh, F. (2016). The role of support staff as people move from congregated settings to group homes and personalised arrangements in Ireland. *Journal of Intellectual Disabilities*, 152-164.

McConkey, R., Bunting, B., Iriarte, E. G., Watson, S. F., & Keogh, F. (2016). Relocating people with intellectual disability to new accommodation and support settings: Contrasts between personalised arrangements and group home placements. *Journal of Intellectual Disabilities*, 109-120.

Milner, P., & Kelly, B. (2009). Community participation and inclusion: people with disabilities defining their place. *Disabilty & Society*, 47-62.

Thompson, D., Weber, J. A., & Jupozapavicius, K. (2001). *Residents in assisted living facilities and visitation patterns.* New York: Haworth Press.

Tiderington, E. (2018). "The Apartment is for You, It's Not for Anyone Else": Managing Social Recovery and Risk on the Frontlines of Single-Adult Supportive Housing. *Administration and Policy in Mental Health and Mental Health Services Research*, 152-162.

National Disability Services Quality Improvement Office
Community Operations
Health Service Executive
Upper Park Road
Killarney Co. Kerry V93CH69
Email: disabilitiesqi@hse.ie

APPENDIX I – Impact Assessment Tool

Impact Assessment:

The purpose of an impact assessment is to 'assist leaders to fully understand the extent and complicity of the change' and will ensure that an integrated approach to managing the change is adopted (McAuliffe *et al.*, 2006). The Balanced Score Card provides a structure for measuring Impact (Kaplan & Norton, 1993). It has 4 key areas and as the name suggests we need to keep a balanced approach to all four. We also need to pay attention to how these interact with each other- for example training and education for staff may be a requirement to introduce something new- how does that impact on finances?

- **Stakeholder Perspective:** This perspective is about how the Policy will impact on stakeholders.

- **Internal Business Processes Perspective:** This perspective ensures the stability and sound operation of your business. What systems/ structures/ referrals/ recording do you need to change or introduce to fully implement this policy?

- **Learning and Growth Perspective:** This perspective consists of training and improvements required for the workforce to implement the policy. It ensures that your employees have the skills to implement the policy. This area also considers the need for data relating to the implementation of a policy- do you need records of how the policy is implemented, eg- the number of referrals to a department, the number of staff who have been trained? Do you need an audit tool?

- **Financial Perspective:** This perspective indicates whether your Policy impacts on the bottom line. Not for profit companies consider the financial perspective last. This however is often a challenging area in public service and requires attention before a policy is 'launched' into a system that is not financially able to support its implementation/ sustainment.

There are a series of questions for each of the four areas of the Balanced Score Card that should be considered by a Policy Steering Group/ Policy Development Group when the policy is close to completion. There is an action plan to record what needs to happen under each of the four headings to support the implementation of the policy.

National Disability Services Quality Improvement Office
Community Operations
Health Service Executive
Upper Park Road
Killarney Co. Kerry V93CH69
Email: disabilitiesqi@hse.ie

1: Stakeholders; who does the policy impact on? What level of impact is there? How do we engage with the stakeholders to maximise the positive impact of the policy and minimise the perceived negative impact of the Policy?

Name of Stakeholder	How much are they affected? High/Med/Low	How much influence do they have on the implementation of the policy? High/Med/Low	Do we have a plan to engage with/ inform this stakeholder about the policy?
Service Users			
Families			
Clinical staff			
Frontline staff			
Local Managers/ PIC's			
Senior Managers/ Regional Managers			
CHO Disability Managers			
National Disability Team			
HIQA			
Voluntary Agencies			
Other agencies / service providers			

Actions required relating to stakeholders:

1.

2.

3.

7

National Disability Services Quality Improvement Office
Community Operations
Health Service Executive
Upper Park Road
Killarney Co. Kerry V93CH69
Email: disabilitiesqi@hse.ie

2: Internal Processes: How will this Policy impact on internal processes?

Operations Management: delivering services to service users:

Is there a current practice/ procedure that needs to change?

Do we have a governance structure to support the implementation of the policy?

Do we need to develop/ update assessment process associated with this policy?

Is there a new/ updated referral pathway required?

Do all staff know how to access information/ training/ support to implement the policy?

Do we have a review process in place for the policy?

Do we need resources (eg- new equipment/ access to computers, access to documents/ etc)

Regulatory Requirements – Does this Policy support compliance with a set of regulations?

What will the impact be on the compliance levels?

Does it have an impact on GDPR compliance?

Does it have an impact on Assisted Decision Making (Capacity Act)

Does it support compliance with the Health Act?

Does it support the introduction of New Directions for Day Services?

Are there other regulatory implications? (eg- Health and Safety Legislation, Safeguarding Policy requirements,

Are there regulatory risks associated with implementing the policy?

Actions required relating to internal processes:

1.

2.

3.

3: Learning and Growth: How will this Policy impact on learning and growth needs in the organisation?

Guiding Principles Subgroup   Policy: Visitors   - Schedule V no. 9 Health Care Action 2007,
Regulations 2013. Version 3 July 23 2020 Approved by the Independent Governance Review Group
date 27072020

National Disability Services Quality Improvement Office
Community Operations
Health Service Executive
Upper Park Road
Killarney Co. Kerry V93CH69
Email: disabilitiesqi@hse.ie

Data: Is there accurate, timely and complete information available to make management decisions?

What data is available and what data is required?

Can we leverage the data we have to support the implementation of this policy?

What data will help us to report on the implementation of this policy?

Training: Are education and training interventions required?

Do we have a training provider who will provide training?

Have we considered how many staff will need training and education?

Can we record staff training and include it in HR records?

Are there 'backfill' costs for staff to attend the training?

Is it going to be 'mandatory' training?

Can we do some online elements?

Is the training based on the Policy?

HR/IR: Are there IR/ HR issues to be dealt with?

Are there role specific HR implications?

Do job descriptions need to be updated?

Do we need to engage with representative bodies/unions/professional bodies?

Are the management team clear about the processes for implementing this policy and their role in it?

Do we have a HR process to manage people who do not implement the policy?

Do we need new posts to support this policy? Do we have agreement that these posts can be filled?

Actions required relating to Learning and Growth:

1.

2.

3.

3: Finances: How will the implementation of this Policy impact on Finances?

Have we considered the financial implications associated with the policy?

National Disability Services Quality Improvement Office
Community Operations
Health Service Executive
Upper Park Road
Killarney Co. Kerry V93CH69
Email: disabilitiesqi@hse.ie

Consider: staffing, new equipment, training, new data collection systems, computers/ hardware/software/

Where will the costs be located: Locally? Regionally? Organisationally? Nationally?

Is there an agreement in place to fund the implementation of the policy?

If funding is not available are we going to do it anyway? – is this sustainable?

Do we need to pilot it and examine the cost of implementation before a wider role out?

Are there risks associated with finances?

Actions required relating to Finances:

1.

2.

3.

References:

Kaplan, R. and Norton, D. (1993). Putting the Balanced Scorecard to Work. [online] Harvard Business Review. Available at: https://scanmail.trustwave.com/?c=6600&d=mtOP3Hd_PgUW7QSSAIx5Gk_RqyLJQxm3v95 eDITWTQ&s=343&u=https%3a%2f%2fhbr%2eorg%2f1993%2f09%2fputting-the-balanced-scorecard-to-work [Accessed 8 Jan. 2018].

McAuliffe, E. *et al.* (2006) *Guiding change in the Irish health system*. Report. Health Service Executive (HSE). Available at: http://www.lenus.ie/hse/handle/10147/78553 (Accessed: 8 February 2018).

Guiding Principles Subgroup   Policy: Visitors   - Schedule V no. 9 Health Care Action 2007, Regulations 2013. Version 3 July 23 2020 Approved by the Independent Governance Review Group date 27072020

National Disability Services Quality Improvement Office
Community Operations
Health Service Executive
Upper Park Road
Killarney Co. Kerry V93CH69
Email: disabilitiesqi@hse.ie

APPENDIX II – Audit Tool

Organisations/ Local Communication Policy Audit Tool: Visitors Guiding Policy

Guiding Principles to be included Visitors policy	Yes/ No	Action Required
Does the policy set out the rights of individuals in choosing their visitors?		
Does the policy set out how the person will be supported to make choices in how they are supported to make decisions around visitors?		
Does the policy provide guidance on suitable environments for visits to take place?		
Does the policy include guidance on communicating visiting arrangements to other individuals living in a home?		
Does the policy provide guidance on how individuals and visitors' responsibility to be respectful to the home, workers, and other individuals?		
Does the policy provide clear guidance on how individuals can have visitors over for meals and to consult with other people living in the home?		
Does the policy provide guidance on safeguarding?		
Does the policy provide guidance on children visiting and supervision?		
Have experts by experience or people who use the service been involved in developing or reviewing the policy in a meaningful way?		

National Disability Services Quality Improvement Office
Community Operations
Health Service Executive
Upper Park Road
Killarney Co. Kerry V93CH69
Email: disabilitiesqi@hse.ie

Appendix III AGREE Tool

Preparation for validation of research - adapted from Agree Checklist[1]
To be used by working groups to document and present research undertaken in developing a policy for review by the Expert Group within the GUIDING PRINCIPLES Group

Title of GUIDING PRINCIPLES: Visitors

DOMAIN 1: Scope and Purpose

1.1. <u>The purpose of this GUIDING PRINCIPLES is:</u>
1. To define best practice in relation to visiting in the homes of people with disabilities.
2. To provide an opportunity to develop/ review Visitors Policies to ensure they are in line with best practice.

1.2. <u>The scope of this GUIDING PRINCIPLES is:</u>
1.2.1. Describe the population (staff, people who use services etc.) to whom the GUIDING PRINCIPLES will apply
> This policy applies to all:
> - Staff
> - Volunteers
> - Students on placement
>
> involved in supporting adults with a primary diagnosis of an intellectual disability in HSE provided and HSE funded day and residential services. This includes adults with a dual diagnosis of intellectual disability and another diagnosis (e.g. physical disability / sensory disability, autism spectrum disorder, mental health diagnosis etc.).

1.2.2. Outside the scope of the GUIDING PRINCIPLES – who does this GUIDING PRINCIPLES not apply to
This guiding principles does not apply to services:
- Supporting children with an intellectual disability.
- Supporting adults with physical or sensory disabilities who do not have a primary diagnosis of intellectual disability.
- Supporting adults with autism spectrum disorder diagnosis who do not have a primary diagnosis of intellectual disability.

1.3. OBJECTIVES
Report the overall objective(s) of the GUIDING PRINCIPLES:
- To provide Guiding Principles that can be used to support the development of Visitors PPPG's where they do not exist.
- To provide a benchmarking tool for services where Visitors PPPG's do exist

---

[1] Agree Enterprise Website – Appraisal of guidelines, research and evaluation

National Disability Services Quality Improvement Office
Community Operations
Health Service Executive
Upper Park Road
Killarney Co. Kerry V93CH69
Email: disabilitiesqi@hse.ie

to allow the existing policy to be reviewed to bring them in line with best practice.

1.4. OUTCOMES:

The Outcomes of the Implementation of the Visitors Guiding Principles are:

- Improved social interaction for individuals living in their homes
- Improved safeguards in place in individuals' homes when visitors are there.
- Improved environment to host visitors in individual's homes
- Improved communication between individuals living together to ensure mutual agreement regarding visiting policies.

1.5. QUESTIONS

Report the policy questions - PICO (Population, Intervention, Comparison and Outcome) covered by the GUIDING PRINCIPLES, particularly for the key recommendations:

The Visitors Guiding Principles are based on two Clinical Questions and a research strategy for each was developed:

1. To consider the benefits of visitors to the homes of people with disabilities
   P – people with disabilities
   I – visitors
   C – social isolation
   O – evidence that visitors enhance the quality of life of people with disabilities

2. Safeguarding/Risks in encouraging visitors to visit people with disabilities in their home
   P - people with disabilities
   I – visitors
   C – Safeguarding risks
   O – evidence that comprehensive agreed policies reduce risk

DOMAIN 2: STAKEHOLDER INVOLVEMENT

2.1 GROUP MEMBERSHIP

Report all individuals who were involved in the development process. This may include members of the steering group, the research team involved in selecting and reviewing/rating the evidence and individuals involved in formulating the final recommendations.

The working group is comprised of:
1. Marie Kehoe-O'Sullivan – National Quality Improvement Office – HSE Disabilities - Operations
2. Nicole Lam – National Quality Improvement Office – HSE Disabilities -

13

National Disability Services Quality Improvement Office
Community Operations
Health Service Executive
Upper Park Road
Killarney Co. Kerry V93CH69
Email: disabilitiesqi@hse.ie

Operations

3. A Person in Charge (PIC) from a residential setting is part of the group but is unable to attend meetings so is included by phone/ email.

4. Padraig Manning HSE Librarian supported literature reviews

2.2 TARGET POPULATION PREFERENCES AND VIEWS

Report how the views and preferences of the target population were sought /considered and what the resulting outcomes were.

An **initial** consultation session was undertaken with Service Users in Acquired Brain Injury Ireland. Service users shared their views of Visitors before they were given any information from the literature. The guiding principles were developed to take account of the service users views and the information in the literature. A total of 4 service users took part in the consultation 2 male and 2 female. Also present was one staff member and the service manager to support the residents. A general discussion was held about what would be important for the service users who all shared a living space supported by ABII in Limerick city. The following is the findings of this consultation.

General

> A private **space for visitors** to come and visit was seen as essential.
> People are made to feel welcome and family members feel **comfortable and secure** when visiting.
> Residents liked that **plenty of notice** to other service users is given by staff if a resident is having a visitor so that they can make their own plans.

" Staff tell me when someone is coming so that I can make my own plans"

> Communication was also seen as very important
> Staff to support other service users when a service user is having a visitor.
> How visitors come and visit is decided and agreed by all service users and staff in the service.
> Visitors need to be respectful of others home
> One person did not like the idea of **overnight visitors.**
> Service users did not mind HIQA visitors as they receive plenty of notice
> Frequency of visits should be respectful of other people in the house and respect shown for the time of the visit.
> Being able to reach joint decisions about visitors coming and the times that they visit was seen as very important.

Visitors having meals.

Family meals should be off site or if in the shared space that this is agreed and decided by all in the house.

Safeguarding

"I would like staff to support me if someone was coming that I did not like or want to visit."

Children visiting

> Kids need to be well behaved if they come to visit with family

A **second** consultation was undertaken with Service Users in St. Michael's House. The consultation took place at a house meeting in a community house in Dublin. It

14

National Disability Services Quality Improvement Office
Community Operations
Health Service Executive
Upper Park Road
Killarney Co. Kerry V93CH69
Email: disabilitiesqi@hse.ie

was attended by 6 service users (4 men and 2 women) They were supported by one staff member and the meeting was facilitated by one member of the guiding principles steering group. The following is the findings of this consultation -

Introduction of a topic: What is a visitor?

Someone who comes into your house

Usually friends and families

Sometimes it is someone you do not want in your house but they come in anyway (HIQA inspector)

It is good to have people call in- it makes the day more interesting

Sometimes visitors stay too long, like when it is dinner time.

Question: Are staff visitors?

No staff are not visitors- it is where they come to work.

Staff sometimes have meetings with visitors - that is not nice. If my sister comes to visit me she should be with me, not talking to staff in the office.

Question: what would you think about having rules about visitors?

Visitors should not have rules- it's not a hospital, there should not be visiting times.

Visitors should be allowed to call and not make an appointment.

Visitors should have somewhere to meet the person they are visiting- if they are in the sitting room then its hard to watch TV or be on the computer.

It's not fair when one person has a visitor and they take over everything- they take over the kitchen sometimes and we want to make tea.

One person did not like when children were in the house- it gets too noisy. They thought that children should only visit when other people go out somewhere.

It would be great if we had more visitors- our neighbours sometimes call in at Christmas time but that's all.

We should have a rule about visitors who are drunk-sometimes XXXXX calls and he is drunk and I don't want him to come in. Staff tell him to come back another time and he gets annoyed. I don't like that.

We should visit other people as well as the visiting us- that would be good.

National Disability Services Quality Improvement Office
Community Operations
Health Service Executive
Upper Park Road
Killarney Co. Kerry V93CH69
Email: disabilitiesqi@hse.ie

Question: What is staff members jobs when it comes to visitors?

They make them tea, and show them where the person is.

Staff sometimes chat with visitors in the sitting room and that's nice

Staff tell us if there is a visitor coming and sometimes we arrange to go out.

Staff help us invite visitors to come over (helping with phone calls/ cards/invites)

Staff help arrange parties and invite our families

Sometimes someone is sad because they have no visitors (like if there family live far away) and staff help.

Question- is there anything else about visitors you would like to tell me?

Visitors are good- we should make sure they come as often as they can.

Visitors sometimes bring biscuits/cake -that's a good part (Lots of laughing)

DOMAIN 3: RIGOUR OF DEVELOPMENT

3.1   SEARCH METHODS
Report details of the strategy used to search for evidence:

A review of Gray Literature was conducted, including Visitors policies in existence in Disability Services in Ireland was undertaken.

A primary literature search was conducted and a secondary search on roles of staff with different skill sets was undertaken. The two literature reviews were conducted by the HSE librarian including a full search of CINAHL, MEDLINE, SOCINDEX and EBSCO DISCOVERY.

3.2   EVIDENCE SELECTION CRITERIA
Report the criteria used to select (i.e., include and exclude) the evidence. Provide rationale, where appropriate:

3.3 STRENGTHS & LIMITATIONS OF THE EVIDENCE
Describe the strengths and limitations of the evidence. Consider from the perspective of the individual studies and the body of evidence aggregated across all the studies. Tools exist that can facilitate the reporting of this concept. GRADE

National Disability Services Quality Improvement Office
Community Operations
Health Service Executive
Upper Park Road
Killarney Co. Kerry V93CH69
Email: disabilitiesqi@hse.ie

is a commonly used tool with further information available through this link:
http://ktdrr.org/products/update/v1n5/dijkers_grade_ktupdatev1n5.pdf
Key questions to answer:

3.3.1 Are the results valid?
The literature review did not identify any systematic reviews or meta analysis in relation to Visitors with adults with disability. Large scale studies were not identified in relation to Visitors with adults with disability. It was difficult to analysis the validity of smaller scale studies.

3.3.2 Are the results applicable to the population group?
The evidence used to develop this Guiding Principles relates specifically to Visitors for adults with disability.

3.4 FORMULATION OF RECOMMENDATIONS

3.4.1 What are the recommendations?
The GUIDING PRINCIPLES are attached as a separate document.

3.4.2 Describe the methods used to formulate the recommendations and how final decisions were reached. Specify any areas of disagreement and the methods used to resolve them:

Recommendations were drafted by members of the working group and discussed with stakeholders.

NEXT STEPS:
The recommendations will be discussed and agreed with members of the National Guiding Principles subgroup.

3.5 CONSIDERATION OF BENEFITS AND HARMS
Report the benefits, side effects, and risks that were considered when formulating the recommendations: (may not be required)

The literature identifies significant benefits resulting from the provision of effective visitors' policies which supports adults with disability. The literature also identifies many risks associated with not providing effective Visitors supports to individuals including risks associated with social isolation.

Social recovery is vital to well-being and growth for adults, this requires them to have relationships in their lives to provide hope and encouragement (Tiderington, 2018). Especially as proponents of the social model of care, it is important to

National Disability Services Quality Improvement Office
Community Operations
Health Service Executive
Upper Park Road
Killarney Co. Kerry V93CH69
Email: disabilitiesqi@hse.ie

support autonomous decisions of the individual rather than "choices" as defined by professionals (Milner & Kelly, 2009). A home for individual is not just a physical space, but emotional and spiritual, enabling development for self-identity. The impact of being away from family and close friends can have negative effects on the individual's behaviours and social support is a major protective factor against that.

Communication with the service providers is important to ensure that individuals' preferences are taken into account. Cheshire et al., (2015) recommends that all information on the individuals' family and wider social relationship should be sought from a variety of sources including the family and reports from previous teams. However, the individual should always be the primary source of information. Visiting times should enable the greatest quality of experience for those visiting and being visited. Vistors should be facilitate certain tasks such as feeding or brushing hair if that is what the individual wants (Bennett, et al., 2017). Ultimately, visiting should be seen as an expression and an extension of individual autonomy and desire.

3.6 EXTERNAL REVIEW
Report the methodology used to conduct the external review: (discussion points only)

This GUIDING PRINCIPLES will be reviewed by the HSE Guiding Principles Working Group (chaired by Marie Kehoe- O'Sullivan)

3.7 COMPETING INTERESTS
Confirmation that full group has completed a Declaration of Interest form: Yes

Any other information to bring to the attention of the Subgroup:

None at this time

Signed: *Marie Kehoe-O'Sullivan*   Date: 14 July 2020
Lead for Working Group

Guiding Principles Subgroup   Policy: Visitors   - Schedule V no. 9 Health Care Action 2007, Regulations 2013. Version 3 July 23 2020 Approved by the Independent Governance Review Group date 27072020