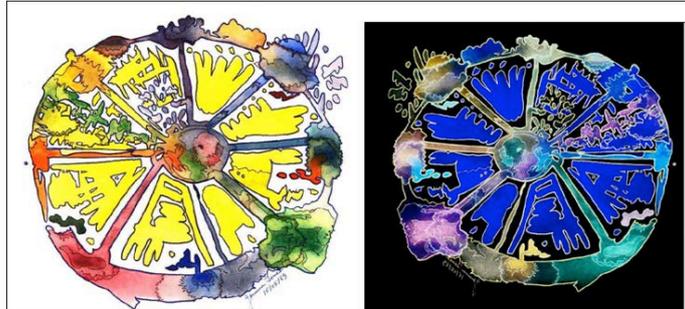


from 'TheWideSpectrum.co.uk' website
TAD (Thoughts About Dementia) Newsletter
By: Dr. Gemma M. M. Jones



TAD 66 28 Nov., 2020

Adaptations made to dementia care homes in response to Covid-19

Related ideas for observations, reflection and research

Have you wondered, since the March 17, 2020 lockdown of many public places in the UK, what dilemmas had to be solved in care homes?

Or about what care provisions were made for people with dementia who were unable to stay in their bedrooms or remember to social distance from others?

Or about how visiting was managed, when it was finally allowed?

Dear Reader,

What's been happening in care homes?

In the past months the media has reported on many examples of situations happening in care homes, including the contrasts between them:

- from staff walking out of care homes 'en masse', to staff sleeping in care homes for weeks on end to prevent possible infection transmission
- from residents helping each other, to the misery of families who could not visit their loved ones, or could only visit them under such circumstances that the visits were not helpful
- from staff helping families (by reporting to them daily how their family member was and facilitated virtual visits by 'conferencing tools'), to staff who were working in several care homes simultaneously without regard about possibly being 'large scale virus-spreaders'
- from care homes experiencing delays and shortages in obtaining Personal Protective Equipment (PPE), to those that didn't wait and procured their own and even got volunteers to make masks, hats, and scrubs for them.

In this TAD newsletter I would like to pay tribute to how most managers and care home staff have coped these past months, based on the accounts of people I've spoken with and situations I've come across. There are some good ideas in here.

Backdrop

Since each care home is distinct in its layout, location, mixture of residents, staffing, and circumstances, no bespoke guidelines, only general ones were issued. Care home managers had to accommodate and adapt to the Covid-19 lockdown as quickly and as best (in the only ways), they could. **Appendix 1**, at the very end, shows an example of the intense planning, education and types of measures that started coming into effect with news of the March 17, 2020 lockdown.

For residents who were bed ridden with Covid-19 (or suspected Covid-19), the recommended protective measures were put into place. Staff received instructions about hand-washing, social distancing, wearing PPE - masks and visors, gloves and gowns or scrubs - they were taught about how to change clothes on entering and leaving the room of someone who was infected (or thought to be). These residents were ill, immobile or bed ridden, and a fixed team of staff members worked with them. Posters were put up on bedroom doors to notify staff of who was ill, and summarise specific procedures.

What could be done to help the residents with dementia who were disoriented and very mobile?

Besides caring for the other (non-Covid-19) residents who were ill and bed ridden, staff had to keep everyone else safe. Some residents could understand how serious the risk of catching the virus was, and stayed in their rooms, albeit with some reminders. Staff were particularly concerned about people with dementia, who - even with frequent explanations - were *unable to* understand what was happening, and why no one was visiting them. They could not stay in their bedrooms, could not remember to keep a social distance from others, and approached them as usual.

This meant that additional planning was required to care for the residents who were 1) permanently disoriented (in time, place, person and context), and 2) walked around the care home a lot, especially when they were distressed, frightened and/or angry.

Question. What's the best way to keep the 'mobile residents' separate from residents who were thought to have the virus, those who were fragile and bedridden, and those who were self-confined in their bedrooms?

Answer. The first step was to rearrange the seating in the dining room and lounge areas with social distancing - but this was not enough. (Staff also took the mobile residents out for out door walks as often as possible to help them use their energy, but this did not prevent them from getting close to others.)

In one care home, the most feasible way to do this was to create a separate lounge-dining area for this group of mobile residents. A fixed team of staff worked in this area. Besides normal caregiving duties, the staff were responsible for doing activities with this group of residents. (Some of them even decided to made enquiries about trying the panoramic landscape 'cycling' described in reference 1.)

Also, the doorways to areas where these residents should *not* go were carefully camouflaged. The pictures, here below, show how effectively this was done.

Successful camouflaging of the door to the corridor with bedridden residents and another lounge area. (Note the door handle on the left side, halfway up.) The mobile residents, who were being cared for in the bespoke lounge/dining area did not try to go through to this area.

Another successfully camouflaged doorway to another off-limits area. (Note the door handle to the right, and just above the top of the tree.)



Urgent requests to visit – even before visits were formally permitted

Conference calls by Skype, Zoom, Team and other platforms were obvious substitutes for real visits, but most people longed for touch and real sensory presence with others, especially for those who usually visited them.

Some ingenious visiting strategies and visiting-substitutes had already been tried - all over the world - even before visits to care homes were permitted under some circumstances. (For example, in England, only as of July 22, 2020 were care homes allowed to determine their own visiting procedures, if they maintained the standards for minimizing risk.) Several of these efforts were much-celebrated on the news, including:

- . outdoor ground-level to balcony visits; even some rope and pulley systems were devised to share hampers and laundry (they were not unlike some of the techniques used in some films of prisons)
- . visits on either side of glass doors and windows were arranged - especially using mobile phones with the staff assisting the resident.
Such phone calls apparently worked best when residents could see the

phone being held flat - in the palm of the hand of the visitor - and being used with the 'speaker-phone option'.

It's not necessarily obvious that people with dementia can have difficulty making this association between the person they see and hear, across a glass barrier; neither is it obvious that the person with dementia may not have the visual ability or attention span to make this connection.

(Some people have told me that when visitors wore bright red lipstick, it was easier for the residents to lip-read, and make the association with the telephone-voice to the person standing outside trying to visit them.)

- . the delivery and installation of giant cards, photos, artwork, sculptures, gifts and edible treats
- . the invention of many versions of "**hugs in plastic**"; arms were covered in plastic sleeves, so that residents and visitors could reach across fences, gates, and plastic walls - to hug and really feel each other. (See reference 2.) There were also versions of "kissing across soft plastic" covered in the news, and even 'petting pets' through plastic!

How care homes have overcome obstacles to create safe visiting areas

Most care homes tried to create a 'visiting room'. This was easy if they had a spare room near the entrance of the care home. In some care homes a second doorway was installed to the spare room, so that residents and visitors could enter separately. Visitors remained separated behind a plastic screen, or distanced, across a large table. (Some of these 'visiting rooms' had large windows that were left open during visits. Residents were dressed extra-warmly before visits, and extra heaters were used.) However, some care homes were just not able to find any suitable space to create such rooms, and limited visiting to outdoors, or to staff taking walks with couples (resident and visitor), to help them maintain social distancing.

The story in **Box 1** shows another aspect of what care homes are dealing with, besides trying to create visiting spaces. (It's now been eight months of struggle since the first lockdown.) For some people with dementia, their condition will have deteriorated so much that their former ability to 'visit' with loved ones, has deteriorated. They need more close contact than glass and plastic barriers will allow.

Box 1

Just before the second lockdown on November 4th, a friend said he was going to see his Dad in the care home, that afternoon – for only the third time since March. He didn't know if his Dad would recognize him anymore. I asked about the arrangements and how the previous visits had gone.

The first visit was arranged in the gardens of the care home. They were seated on opposite ends of a three metre long table, with a member of staff present to serve refreshments. His Dad had waved, they each had a cup of tea and biscuits, and did some loud talking (aka 'shouting'). It was a brief visit, but his Dad had recognized him, spoke a bit about being in the garden, the fine weather, and seemed pleased. It felt like a good visit.

The second visit was indoors. A 'visiting room' had been made out of a former office. There were two doors into this room, and it had been partitioned in half by a plastic (Plexiglas) wall. My friend didn't know if his Dad realized he had been brought to this room for a 'visit', or whether he recognized him since he was wearing a mask. His Dad was preoccupied with the plastic wall and pushed at it. He sat briefly, smiled, waved several times, then walked around his half of the room, becoming distracted. There was no tea served, and no table to sit at. My friend was discouraged. His Dad had responded with one or two words only, to short questions, like: "How are you Dad?" "How have you been keeping?". My friend quickly ran out of ideas about what else to say or ask. He didn't get his Dad's attention long enough to

relate anything about the rest of the family. He really missed being able to touch his Dad, or do some sort of activity with him. His one consolation was that he Dad did not seem to be upset in any way.

I haven't heard about the third visit yet, but my friend was anticipating that his Dad might not recognize him this time. He can no longer speak on the phone; his speech is now comprised of stuttering, disjointed phrases and repeated words.

The above example illustrates that this particular care home did not have the space to create a 'good' visiting room. Could there be another solution? Yes. People in different parts of the world have come up with a similar solutions – adapt port-a-cabins, install small sheds, or better yet, adapt small shipping containers. **Reference 3**, refers to a company that is converting twenty foot long ship containers into bespoke visiting spaces for care homes – complete with two doors, insulation, ventilation, and easy-to-clean surfaces. They can easily be located near an entrance of care homes with cranes. They're in production for use in care homes as well as for other services.

That's it for now. I hope it will not be long before care home staff and residents benefit from the promises of easy Covid-testing and vaccinations. I anticipate that Christmas visits will be permitted somehow, and that those care homes that have been very cautious about permitting visits to date, will find safe ways of facilitating them.

If you want to read an excellent discussion about the ethical issues related to the upcoming vaccinations for Covid-19, see reference 4.

In the meanwhile, as with our Alzheimer Cafés, I hope that you will find a way of taking advantage of the conferencing facilities to share whatever aspects of this holiday season - whatever your tradition - with those you know in care homes.

Best regards,

Gemma Jones

References

1. Reference to a new type of activity/ exercise option for older people in care homes. Amelia Hill Fri. 2 Oct. 2020. 'Out of retirement: the care home seniors chasing global cycling glory'. The Guardian.

<https://www.theguardian.com/world/2020/oct/02/the-global-cycling-competition-helping-care-home-residents-see-the-world>

2. "Hugs in plastic" references

. 14 May 2020, YouTube, Man creates 'cuddle curtain' to hug his grandmother during coronavirus

. 14 May 2020, CNN.com, Mother makes "hug Time" contraption so kids can hug their grandmother

. 14 June 2020, Euronews, Covid-19: 'Hug curtain' used in Brazilian nursing homes

. 2 July 2020, CNBC.com, 'Cuddle curtains' are going global amid the coronavirus pandemic.

<https://www.euronews.com/2020/06/14/brazilian-nursing-home-residents-and-loved-ones-use-plastic-hug-curtain-amid-pandemic>

. 15 July 2020, Euronews. In pictures, Emotions overflow as Spanish nursing home allows hugs through plastic screen. <https://www.euronews.com/2020/06/25/in-pictures-emotions-overflow-as-spanish-nursing-home-allows-hugs-through-plastic-screen>

3. Article in Barrie Today, 10 Nov. 2020. Converted shipping containers help in fight against COVID-19.

https://www.barrietoday.com/spotlight/converted-shipping-containers-help-in-fight-against-covid-19-2853636?utm_source=Email&utm_medium=Email&utm_campaign=Email

4. D Archard and S Tansey, Blog for the Nuffield Council on Bioethics, 24 Nov. 2020, Getting the Job Done. <https://www.nuffieldbioethics.org/blog/getting-the-job-done>

5. Article in The Guardian, 9 May 2020. UK care homes scramble to buy their own PPE as national deliveries fail.

<https://www.theguardian.com/world/2020/may/09/uk-care-homes-scramble-to-buy-their-own-ppe-as-national-deliveries-fail>

6. Guidance issued. www.gov.uk Nov. 5 2020 update. Applies to England. Visiting arrangements in care homes for the period of national restrictions.

“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. Providers must also have regard to the DHSC [ethical framework for adult social care](#).”

Appendix 1 Time-line for changes that care homes made after March 17, 2020

Date 2020	Recommendations, guidance, directives, ideas	Implementation and discussion
16 March	Identify Staff ‘at risk’ <ul style="list-style-type: none"> . those with chronic conditions . those with symptoms, or living with people with symptoms . staff with Shielding letters from the Government 	<ul style="list-style-type: none"> . staff to have temperature taken before start of each shift . limit the use of agency staff; subject to same terms as staff . staff to bring uniform to work in bag; change into and out of uniform at work . face-to-face teaching sessions suspended . staff meetings limited to essential ones . meetings with external providers and organisations by video-link wherever possible
	Identify residents ‘at risk’	<ul style="list-style-type: none"> . twice-daily temperature check for residents . those with temperature above 37.8C placed in isolation for (at least) 7 days, depending on professional advice . residents in isolation to be given barrier nursing with PPE (as per Public Health England guidance)
17 March	Assumption: Covid-19 virus has a 14-day incubation period	
17 March	Start preparing staff education about the points listed below	Staff self-education via meetings and via emails, with training via PowerPoint files (e.g. hand-washing technique, proper use of PPE (personal protective equipment), in-house policy for CPR during the Covid-19 Pandemic)
	Start a new risk assessment tool wrt the new requirements for Covid-19 considerations	
	No ‘non-essential’ people or visitors permitted in Care homes. <ul style="list-style-type: none"> . respite or day care is cancelled . Essential visitors, contractors, and 	<ul style="list-style-type: none"> . Change security codes on key pad door entry points be able to monitor visitors . explain the new procedures to all staff . hang new posters at doors so visitors know what to do and where to go

	professionals subject to same precautions and terms as staff . parcel deliveries at entrance only	. instruction posters located at entrance telling visitors to wash hands, use gel, and wait for staff to guide them to the sign-in / visiting area, and await other instructions
	New Admissions	. to be managed on a case-by-case basis . may be required to isolate in bedroom for first 7 days, if possible* . Admissions from hospital accepted only with a negative Covid-19 test, or unless contractually obliged to accept the person
	Residents with dementia	. residents who are cognitively unable to understand the need for isolation, and/or social distancing, will be carefully monitored by staff for possible Covid-19 symptoms . the environment will be configured to create as much space for people to move around safely, and apart from others, as possible
	Where isolation is necessary	small, enclosed, separate outdoor seating areas will be created - accessible from the resident's bedrooms on ground-floor
	Exceptional visits for residents receiving End of Life (EOL) Care	. staff given instructions on 'visiting protocol' and how to do record and risk assessment for each visit (prepare the form for staff) . real visits ; 30 minute limit; only 2 people at a time per household; separate visits for families from different households . virtual visits can be arranged . families sent 'information sheets' on (EOL) visits
	Supplies and Catering departments	. order PPE and cleaning supplies, locally and nationally . use a variety of suppliers to ensure several weeks stock . book food catering / delivery slots in advance . designated staff put on stand-by to support with extra food shopping if it is ever needed
	On-going accurate communication to staff, residents, families – to inform, prevent harm and minimize emotional distress	. Weekly Covid-19 Management Conference calls and staff updates (or more often - as needed) . regular update letters sent by email or post, from management to families of residents . updates also given to residents (as appropriate)
	Shared Equipment	. site vehicles to be disinfected with wipes and antibacterial spray between uses . likewise, standard equipment like hoists . where possible, for residents in isolation, equipment is to remain in their room; where not, it is to be disinfected right after use
	Reducing social isolation	. residents to be offered and helped to use alternative technology (e.g. Skype, Whats App, Facetime, etc.) . internal care home activities to continue for as long as staffing levels allow, for non-confined

		residents
	Cleaning routines	<ul style="list-style-type: none"> . focused effort to routinely disinfect rooms used for isolation and high use touch-points (e.g. door handles, handrails, banisters, keypads, telephones, toilet handles, etc.) . domestic staff cleaning isolation rooms required to wear and follow the same PPE protocols and the caregiving staff on entering and leaving room.
	Staff Allocation to designated work areas	. wherever possible staff are allocated to a set work area to avoid the possibility of cross-contamination
	Decision not to use agency staff or staff who are working in several care homes simultaneously	
	IN THE INTERIM ... Covid testing for care homes (staff and residents) was slow to be introduced	
	Some residents died; they were ill and had symptoms of Covid-19, but were not tested for this.	
	Some hospital patients, who had also not been tested for Covid-19, were placed into care homes to convalesce or permanently.	
	In some places, nurse prescribers came to visit sick residents in care homes if the doctors would not visit.	
	In some places, care home staff broke the rules, and accompanied residents with dementia to hospital appointments, rather than leave them to be distressed and/or get lost there, alone.	
20 April	Posters for residents' bedroom doors - to assist staff about the hygiene routines and precautions	<p>Information about whether the resident is:</p> <ul style="list-style-type: none"> . shielding or not, and if so . the start and stop dates . what PPE to wear on entering the room . reminders to check nutritional /fluid intake and to spend extra social time with this person. . reminder that if the resident leaves their bedroom, all staff must wear face masks
9 May	<p>Some <i>large</i> care homes are receiving the same amounts of Personal Protective equipment (PPE) as <i>small</i> care homes.</p> <p>Some managers of larger homes do not know to how best to ration the PPE. Also, given that it took so long to get the PPE, and they are unsure of future supplies; they are trying to procure their own at inflated prices.</p>	see also the article for reference 5:

22 July	<p>Guidance from Dept. of Health and Social Care, for England:</p> <p>. Care homes can create their own visiting policy, with the aim of minimizing the risk of virus transmission</p>	<ul style="list-style-type: none"> . some care homes created ‘visiting rooms’ where social distancing could be maintained . other care home encouraged outdoor visits at tables where a 2m separation could be maintained . some care homes built ‘plastic walls’ for visits, so that hearing and seeing each other was possible . a large number of care homes, continued to ban visits entirely
	<p>IN THE INTERIM ...</p> <p>Upset occurs over discrepancies ... some care homes start to create bespoke spaces (indoor and outdoor) to facilitate socially distanced visits, while other care homes maintain a ‘no visiting policy’</p>	
9 Sept. 2020	<p>Guidance from Dept. of Health and Social Care, for England:</p> <p>. No visits to care homes.</p> <p>-----</p> <p>Exceptions were made to this for end-of-life circumstances, also during the first lockdown, assuming the standard precautions were adhered to.</p>	<p>Article in <i>The Guardian</i>, by Amelia Hill, 9 Sept. 2020, Care home visits guidance in England is unlawful, charity claims.</p> <p>https://www.theguardian.com/society/2020/sep/09/care-home-visits-guidance-england-unlawful-charity-claims</p>
	<p>On-going requests - by relatives, friends, and other organisations - for a designated person to be allowed to visit the care home.</p>	
4 Nov. 2020	<p>Second lockdown until 2 Dec.</p> <p>“All care home residents in England should be allowed to receive visits from their family and friends in a COVID-secure way – with social distancing and PPE – following new guidance to be used while national restrictions are in place from Thurs. 5 Nov.”</p>	<p>Press Release 4 nov. 2020: New guidance to support safe care home visits during lockdown</p> <p>https://www.gov.uk/government/news/new-guidance-to-support-safe-care-home-visits-during-lockdown</p>
5 Nov. 2020	<p>“visitor numbers should be limited to a single constant visitor wherever possible, with an absolute maximum of two constant visitors per resident. This, for example, means the same family member visiting each time to limit the number of different individuals coming into contact.”</p> <p>Ref. 6.</p>	<p>https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes</p>

To quote or reference this material - use the author, newsletter name and number, date, and 'TheWideSpectrum.co.uk' website, and address, which is:
'Kingswick House, Sunninghill, Berks, UK, SL5 7BH.

Thank you for respecting this.

To view previous newsletters, go to www.thewidespectrum.com

Log-in and click on the 'Newsletters' tab.

Many, but not all of the past TADs are archived there.

Idea: Forward this letter to a friend.

They will NOT automatically be subscribed to The Wide Spectrum newsletter.

They have to do it voluntarily and can find out about it by going to the homepage of The Wide Spectrum website.

Feedback: We are not set-up for feedback, but hope to be.

© Gemma M.M. Jones 2020

Note: You have been sent this email because you are either a previous The Wide Spectrum customer, contact, or you have signed up to receive the TAD newsletters. if you wish to unsubscribe, [click here](#)