

Visiting arrangements in care homes

Summary

This briefing sets out the key considerations we would like Directors of Public Health to take into account in supporting care homes to reopen for people living with dementia.

A previous Alzheimer's Society [briefing](#) outlined the importance of social contact for people living with dementia during the COVID-19 pandemic, and set out what actions local government can take to mitigate the deterioration of symptoms of dementia as a result of limited social contact. One of the key factors was supporting family and friends to safely visit their loved ones in care homes.

Alzheimer's Society has campaigned for the Government to enable safe family contact to support people with dementia. Now that the national peak of the crisis has passed and infection prevention measures are available more widely, new [government guidance](#) sets out steps that local authorities can take, working with the care homes in their area, to enable visits to restart safely. The guidance recognises factors including

- the benefits to a person's wellbeing by having a particular visitor or visitors
- the extent of the harm that will be experienced by the resident from a lack of visitors
- the provisions and needs outlined in the person's care plan

People living with dementia are particularly badly affected by lack of visits.

Across England, around 70% of people living in care homes have dementia, and 97% of care homes have stopped visits¹. For many care home residents with dementia, their family and friends play a significant role in their care, whether it's through interpreting their family member's needs to care home staff or providing personal care. If people living with dementia are unable to maintain their skills, they can quickly lose them. This includes basic cognitive skills, such as recognising family members, as well as communication skills, such as remembering words and how to form sentences. Finally, people living with dementia are more likely to have depression than the general population (23% against 19% of the whole population²) and this lack of contact has the potential to deepen that depression.

We understand the vital public health reasons for removing contact between people in care homes and their loved ones as over half (56%) of care homes have experienced COVID-19 among residents or staff.³ The balance of risks between allowing visits and preventing the spread of infection must take account of what can be a permanent decline in abilities that social isolation can bring to people with dementia. **In their risk assessments, local authorities must fully consider the particular needs of people affected by dementia and put in place appropriate steps to reopen care homes to visitors and offer them the support they need to do so safely.**

Reopening Care Homes for people affected by dementia

- **Family or close friend carers need to be seen as equal partners in promoting the well-being of the resident.** The guidance says that providers need to consider "the level and type of care provided by external visitors and the ability of care home staff to replicate this care". The role of family and friends often extends beyond visiting, ranging from social stimulation through to carrying out regular personal caring tasks that could be integral to that person's wellbeing.

In addition, family members are often more attuned to changes in mood and wellbeing of someone living with dementia and are often the first to spot when something isn't right. This can be important in ensuring quick action is taken to provide medical help or adjustments made to care to prevent a more rapid decline in health. Through prompting a quick response and testing for someone living with dementia, family members and loved ones are an undervalued link in preventing the further spread of COVID - 19 in the care setting.

¹ AS survey of 100 care homes April 2020

² Evans, J., Macrory, I., & Randall, C. (2016). Measuring national wellbeing: Life in the UK, 2016. ONS. Retrieved from <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuringnationalwellbeing/2016#how-good-is-our-health>

³ ONS (2020) *Impact of coronavirus in care homes in England: 26 May to 19 June 2020*, <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/impactofcoronavirusincarehomesinengland/26mayto19june2020>

Risk assessment should also acknowledge that family and loved ones are impacted by lack of visits too. The sense of loss and helplessness is having a real impact on family carers and their own mental health and wellbeing.

- **Ways of staying in touch must meet individual needs.** Some care homes have enabled friends and family members to stay in touch with their loved ones through video or phone calls. As the guidance sets out, for many people the technology is not accessible or user friendly. A digital visit only allows for certain interactions to take place and family members can't be involved or check on the care the person living with dementia is provided with.

Many people have also contacted us to say that socially distanced, time limited visits to some care homes have been made available already are proving to be too distressing or not meeting the needs of their loved one. The guidance states that providers must consider the practicality of social distancing between visitor and resident, and where socially distant visits cannot meet the resident's healthcare needs, PPE and infection control training could be provided on the same basis as care staff. We recommend that local authorities promote this individualised approach and support care homes in providing PPE to nominated visitors to enable them to play their full part in promoting the well-being of the resident. Care homes should also be provided with clear guidance on putting in place a good contact tracing system for those visiting care homes.

- **Regular and clear communication with families about the resident's wellbeing are vital**
Guidance says the care home's visiting policy needs to be proactively communicated to the families of residents, and include factors such as whether the resident has a 'visiting plan' and how to prepare the family or loved one for a visit. We are pleased to see that the guidance includes advice for staff to discuss with visitors whether they can bring gifts; tips on communicating clearly; and preparing for visits with reminiscence. We would like to see information, such as that provided by the [care home group MHA](#), made available by all care homes and we encourage local authorities to support care homes with this communication. If a care home must prevent in-person visits, they must set out alternative options to maintain social contact and provide personalised updates to loved ones. These alternatives must also take an individualised approach and be jointly agreed with the loved one.

Supporting cognitive rehabilitation in care homes

Following this extended period of lockdown, wellbeing assessments of care home residents are important. These may identify a need for increased social contact to be identified, or for the introduction of a programme of cognitive rehabilitation requiring support from community mental health team or occupational therapists.

Rehabilitation will be particularly important for people with dementia who have suffered cognitive, functional and neuropsychiatric decline as a result of measures taken to contain the pandemic which forced a change in routine and isolation from regular support systems. Social distancing caused isolation of people from their families, which has likely led to a reduction in strategies that are routinely adopted to manage dementia⁴.

Rehabilitation is already important for people with dementia and is recommended within NICE guidance to be considered as part of post-diagnostic support⁵. The Dementia Good Care Planning Guide⁶ also states that 'compensatory, restorative/rehabilitative and palliative approaches, and support for self-management, to maximise the person's abilities rather than any deficiencies', should also be embedded within a dementia personalised care and support plan. There is a statutory requirement to annually review the care plan meaning rehabilitation should be considered on an annual basis as part of a person's post-diagnostic support. It is particularly important that after such a prolonged period of disruption in people's care, that these annual reviews are prioritised, and the right support put in place by local authorities working with their primary care and clinical support teams to meet the assessed needs.

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⁴ <https://onlinelibrary.wiley.com/doi/epdf/10.1111/jgs.16644>

⁵ <https://www.nice.org.uk/guidance/ng97/chapter/Recommendations>

⁶ <https://www.england.nhs.uk/publication/dementia-good-care-planning-information-for-primary-care-and-commissioners/>