



***“Covid might not kill them, but loneliness possibly will.”***

**What relatives of care home residents in Leeds are saying about their family member’s emotional wellbeing  
June 2020**

## Introduction

During the Covid 19 pandemic, we have continued our key role of bringing people's experiences of health and care to the heart of decision making in Leeds. We are part of the Health and Care Gold Command group which directs the city's health and care emergency response, and also sit on the Silver Care Home Group, tasked with providing co-ordinated support to care homes. As lockdown progressed, we were increasingly hearing about the experiences of care home residents and the serious impact this was having on their mental health and wellbeing. After feeding this through to the Silver Care Home Group, we agreed to do some work to further understand these experiences and make recommendations for citywide action.

Lockdown has been an incredibly challenging time for care homes, residents, relatives and staff. Care homes have been closed to family and friends since mid-March, with [government guidance for care homes](#) as it stands advising that only next of kin should be allowed to visit "in exceptional situations such as end of life". Since early March 2020, care homes have faced the most challenging period possibly ever, with a new unknown virus hidden within asymptomatic residents, relatives and staff along with unknown Covid-19 statuses of residents admitted from hospitals through lack of testing. This required new standards of infection prevention and control with more staff capacity and skills, at a time of staff shortages due to staff isolation, shielding and anxiety. Many care homes describe the state of play as "just keeping their heads above water". Many had to learn and interpret the guidance from central government within the context of their own service and provision, often conflicting with the differing levels of support received from wider partners.

This report focuses on how the wellbeing of our residents in Leeds care homes have been affected by these challenges, as told by their relatives. It aims to share good practice, offer practical tips and provide recommendations of how some of the challenges can be addressed going forward into the next phase of lockdown. While we acknowledge that our sample size is small and that there is huge variation across care homes, this report should be useful to decision makers and care homes alike. This should help to gain the perspective of residents and relatives in making future plans.

Because of the lack of access to care homes, we have been unable to hear the voices of residents directly. We have instead asked relatives to tell us through their eyes about their family members' experiences. It is more important than ever to listen to these voices, who are endeavouring to ensure that some of the most vulnerable people in Leeds are heard.

"We are essential to the wellbeing of our families' lives." (relative)

The role of families are as important as that of care staff in terms of the wellbeing of residents. They provide people in care homes with love, someone to share things with, contact with the outside world as well as a great feeling of safety and reason to carry on living. They also often carry out essential care tasks for their loved ones, such as keeping them mobile, helping them to eat and drink as well as stimulation and making them happy. All of these are integral to residents having a meaningful life.

“The single most important thing for my mum when I ask her what is important to her is to be able to see her family.” (relative)

Whilst reading what relatives have to say in this report, it is important to note here that we have also received many examples of relatives expressing their gratitude to care home staff for everything they are doing to care for and keep residents safe.

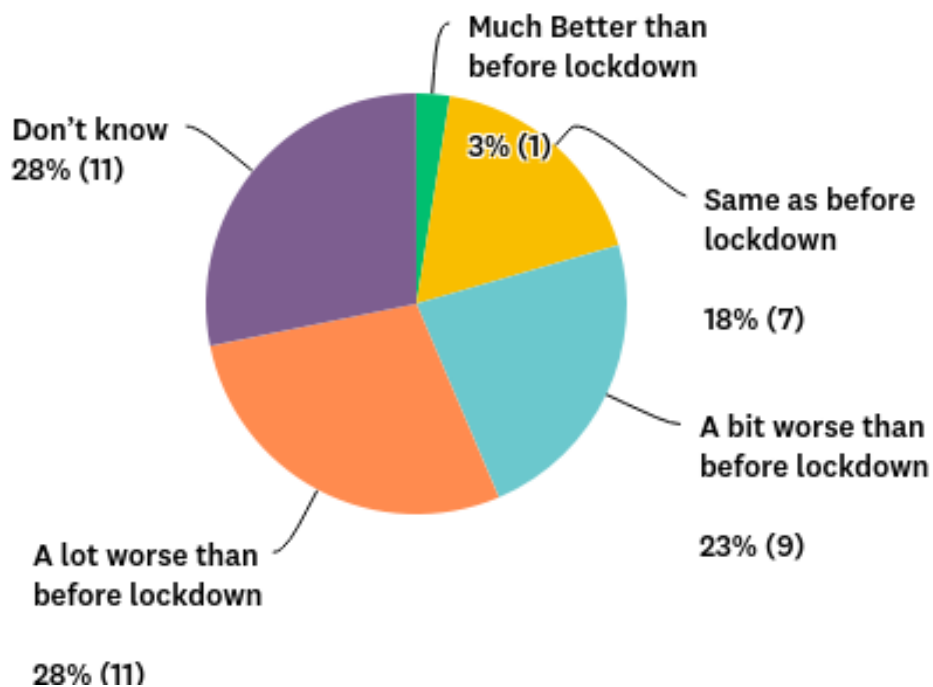
## What we did

Between 4th–12th June 2020, 40 relatives of Leeds care home residents responded to our online survey which asked about their family member’s wellbeing and what the care home had been doing to support them during lockdown. Respondents were relatives of residents from a total of 15 different residential and nursing homes. We also heard via staff at Carers Leeds about anecdotal experiences of relatives of care home residents with dementia and via our #WeeklyCheckIn survey carried out in May 2020 about giving and receiving care. We spoke to managers of 11 Leeds care homes (both residential and nursing) about what they had been doing to look after residents’ emotional wellbeing.

## What we found

### Deterioration of residents’ emotional wellbeing

How would you describe your relative’s emotional wellbeing right now?



20 (50%) relatives told us that their family member’s emotional wellbeing was currently ‘a bit worse’ or ‘a lot worse’ than before lockdown. Relatives told us how

their family members are reliant on them for emotional support, which they have not been able to give in the same way through being unable to visit.

“Unfortunately, my mother does not like mixing with the other residents so relies on me to take her out and for company. She has got quite despondent now and feels abandoned.” (relative)

“My mum cries every day. Her paranoia has increased and her Alzheimer’s has deteriorated. She has forgotten people now and is forgetting conversations and little things that she knew how to do before...In four years we have seen or talked to each other every day, so has affected both of us.” (relative)

People told us how lack of contact had affected some residents’ eating habits.

“One thing we have observed is that one or two of our residents (particularly those with dementia) who regularly had assistance from relatives with feeding at mealtimes stopped eating and we needed to make adjustments to help and encourage them to eat, including providing finger food, liquidising food etc.” (care home)

“I had no idea he was going to die. He stopped eating and they said it was probably social deprivation.” (resident)

Prior to lockdown, many relatives told us that they visited several times a week, sometimes daily. The change in routine has been difficult for many residents to adapt to, particularly those with dementia for whom stimulation and close contact with family members is vital.

“I cannot help feeling that isolation has played a big part in my mum's deterioration. She has Alzheimer's, she misses my regular visits. She still knows me and I used to visit every other day. We are very close. She has also had to experience further isolation in her room. Twice isolating after hospital visits because of falls, and now due to prescribed bed rest. She seems to be just giving up! The speed in which everything has deteriorated in the last 12 weeks is beyond belief. Her mobility and hand and eye coordination has deteriorated. Her lack of mobility has resulted in pressure sores and the district nurses have now prescribed rest. So once again she has to spend time in her room. No wonder she is depressed. It makes me so sad because I cannot help feeling if I had been to see her things would not have got so bad.” (relative)

“Mum has very little language. I usually understand her mood by visiting most days to be close to her, to watch her body language and listen to her limited sounds.” (relative)

Others told us how being isolated in their rooms for periods of time had also exacerbated a decline in their wellbeing.

“3 whole weeks of being confined to their room exacerbated my friend's downward spiral emotionally.” (friend)

“What keeps me awake at night is the thought of my mum [who has advanced dementia] in solitary confinement.” (relative)

“I know that they are fantastic, and she is doing some activities, but every time we have called her, she is on the bed watching tv or sleeping...Let them eat in a communal dining room. It’s very hard to understand why this is not happening at the care home when we have been advised that there are no Covid cases. They are people with feelings even though they are old.” (relative)

Some relatives told us that residents were grieving alone following the death of close friends or relatives.

“There are some desperately unhappy residents who have been bereaved during lockdown and need reassurance” (relative)

Four relatives told us that their family member’s mental health had deteriorated to such a point that they had expressed suicidal thoughts.

“Some days ok but other days wishing she was dead, wanting to hang herself. Feeling desperately sad and frightened that she won’t physically see us before she dies. Seeing us on video calls helps but not enough” (relative)

“With no visits from relatives for 10 weeks and having to go through having Covid 19 alone without family, has severely impacted my mother’s mental health to the point she was telling us over the phone that she wanted to ‘end it all’. In the last week or two since we have been able to see her face to face, her mental health has improved dramatically.” (relative)

### **28% relatives ‘don’t know’ how their family member is**

What is significant, is that over a quarter of relatives (28%) said that they couldn’t comment on their family member’s wellbeing as they didn’t know. Most of these had a family member with dementia and were unable to effectively use the communication methods on offer to stay in contact. They told us they were dependent on care staff communicating how their family member is. While some care homes have done this successfully, this hasn’t always been consistent across Leeds.

“It’s hard to tell over the phone or skype as it’s such a short period of time, we get to know more from the care team who we trust.” (relative)

“We have had very little contact with my Dad and no pro-active news about my Dad’s well-being. He is often asleep when we call, it would be helpful if the staff were able to instigate a call when he his awake. We have only spoken to him 3 times since end of March. We usually visit 3-4 times a week.” (relative)

## One to One Support and Activities

Despite care homes telling us about all the activities they'd been putting on (see the section on Good Practice, below) several relatives told us that activities seemed to have reduced during lockdown, resulting in a lack of stimulation.

“She previously loved all the quizzes and social interactions, so she does miss these” (relative)

## Examples of Good Practice in One to One Support and Activities

Both care homes and relatives have told us that residents, particularly those with dementia or isolating in their rooms have been given more one to one support.

“The care team do such a great job and are taking on more companionship roles” (relative)

“One thing the care home staff have noticed is that as a result of the pandemic they have got to know relatives and residents much better. On a personal level they have felt far more involved with residents and relatives, as they have done personal shopping for residents etc” (care home)

One care home told us about a simple but effective idea they've used to communicate to residents about the pandemic, and why things are different.

“We have laminated some pictures and simple messages about Covid 19 and use those to communicate to our residents about the lockdown and the pandemic. For example, messages of “why am I in my room?” to help residents understand what is going on. These messages have been left in residents' rooms which has helped to answer their questions and reduce anxiety. (care home)

Care homes told us about activities they've been doing with residents - some have activities co-ordinators or wellbeing workers who assist with these. One care home told us that for people who were used to going out into the community they have continued to run “very small assisted trips into town in full PPE”.

“We have prepared an activity bag which consist of things like colour pencils, paper cross words and residents' favourite magazines. We know it was safe to leave those in residents' rooms to keep them occupied. The bags have been topped up all the time. They have proven to be a great way of maintaining resident's wellbeing.” (care home)

“A lady with severe dementia who was getting quite anxious has started knitting and colouring and she has improved dramatically in the last two weeks. We are trying to find things that they used to enjoy doing through finding out each resident's life history. A furloughed staff member has been calling up all families and finding out the life history of each resident to help interactions and things they can do.” (care home)

Some relatives and staff talked about musical performances and activities that the home had put on, and about the benefits of singing and music to their family members.

“The home has increased activities and employed outside staff who were furloughed to provide some activities e.g. dance and physical movement. This has helped enormously with social interaction.” (care home)

### **The situation is affecting relatives' wellbeing too**

Relatives have used words such as ‘sad’, ‘frustrated’, ‘worried’, ‘stressed’, ‘anxious’, ‘depressed’, ‘unbearable’, and ‘helpless’ to describe how the current situation in care homes has affected their wellbeing. Some families told us they were worried about how their loved ones will look and react to them when they finally get to see them.

“Being unable to visit my father for two months has been very distressing. He is 97 and is dying slowly, a process that’s been exacerbated by lockdown. The care home does not provide the level of care we expect and without family visits dad has been left on his own without company, not helped to eat or drink. I finally saw him two days ago and it was like visiting a ghost, his body is there but my dad is gone, a result of isolation and neglect. I’m now feeling depressed and guilty that I’ve not been able to support him at the end of his life as I should have.” (relative)

One man we heard from had been on anti-depressants since he has been unable to visit his wife in her care home. He said he was being blocked by the home in attempts to video call her. Eventually when he had a glimpse of his wife via video call, he was heartbroken to see how unkempt she was, particularly her hair which her daughter had previously done for her daily when visiting the home. Recently, out of the blue the home rang and asked him if he wanted to see his wife. Just a 10 minute visit outside gave him such peace of mind and he says he now feels much more able to cope.

“The family’s anxiety about not being able to keep an eye on mum is intolerable. The agreement that our mother went into care was that we would visit every day. We have kept this promise until the lockdown” (relative)

### **Residents admitted to care homes during lockdown**

We heard from a couple of relatives about the issues faced when their family member was admitted to a care home during lockdown.

“She was admitted during lockdown, it took 10 days to organise contact (with her), this was despite trying hard to make contact and being told someone would get back to me” (relative)

The wife of a man with early onset dementia who was admitted to an emergency bed in a care home also told us about the distress of suddenly not being able to see her

husband, after having cared for him 24/7 in their own home for years since early diagnosis.

### Links between emotional wellbeing and physical activity

Good practice highlights the importance of encouraging physical activity and movement to help with emotional wellbeing. In terms of care home residents this is especially important to avoid muscle deterioration and an increased risk of falls. We heard from a number of relatives that their family member has become increasingly immobile during lockdown, including when they have had long periods isolating in their rooms.

“I’ve no idea what they are doing for my mum. She was actively encouraged to walk in the home, but this wasn’t undertaken by the carers, we as family did this to maintain her mobility. My understanding the residents are confined to their rooms. I believe my mums mobility will have been adversely affected.” (relative)

### Access to outside space

There are well known links between wellbeing and being outside. Some care homes have been proactive at getting residents outside during nice weather. However, 11 (28%) family members told us that their relative hadn’t been able to sit outside at all during the last 12 weeks of lockdown. About half of these said it was because they were being nursed in bed or didn’t normally go outside. However, others told us their family member had not been outside because their room was on the first or second floor and access to the garden had been limited to those on the ground floor ‘due to infection control’. Two people said their relative had not been outside because they required assistance which hadn’t been available.

Care homes reported variable access to outside space depending on the nature of their grounds. Some said they had a lot of accessible space, allowing several residents to socially distance outside, whilst others said that they only had room for a couple of residents to go out at a time.

“She has been in the garden (at our request) twice in the last 12 weeks - not nearly enough. No one to talk to just sat out and left parked in wheelchair” (relative)

### Staying connected

Keeping people connected is vital to wellbeing. **Just over half (53%) of the relatives we spoke to said that they haven’t been able to communicate with their family members as much as they would like to during lockdown.** The majority of care homes told us they were offering and facilitating phone and video calls with relatives using a variety of apps such as Skype, Zoom, WhatsApp and FaceTime. A couple of



care homes told us they used Portals, with one having them installed inside and outside bedrooms. Others told us they had iPads for video calls.

“We have safe portals, which have built in WhatsApp on the iPads so residents can interact with other residents in other homes such as having a quiz together” (care home)

Relatives have told us that they would like video and phone calls to be offered more frequently. They have observed that staff often do not have the time or the skills to facilitate calls; and homes either don't have enough IT equipment or equipment that works reliably.

“Normally visit mum twice a week and so does my sister so she gets 4 visits. During lock-down we've had one WhatsApp video call per week alternating between myself and my sister.” (relative)

“My son is unable to contact us himself and the staff are sadly not assisting him to make regular contact with his family.” (relative)

“When I rang to ‘book a call’ with my wife, I was told there were no slots and that I'd have to ring back in a week” (relative)

“It depends on the staff member and their ability to interact with him and to actually do the video i.e. placing the video where he can actually see those trying to interact with him. If the person helping communicates with him the experience is better, it takes patience sometimes. Despite his lack of communication, visual perception, and hearing difficulties, we can have a semblance of conversation. Just seeing and knowing that he will respond visually is wonderful” (relative)

Some relatives have chosen not to use video calls for various reasons. Some said they thought it would upset their family member, whilst others felt that it was of limited value to them if they were non-verbal or asleep a lot of the time. Others talked about limitations due to visual or hearing impairments or a lack of privacy because of the need for a care worker to facilitate calls.

“My mother's poor eyesight and hearing limitations would mean video calls would cause her confusion” (relative)

“Despite saying they had bought three ipads before lockdown, when it came to offering video calls, they only seemed to be accessible on the Activity Co-ordinator's mobile phone when she was available. This was of limited use to my mum who has poor eyesight and struggled to see us on such a small screen.” (relative)

“I have only had one WhatsApp call with my mum but she obviously can't see me due to her lack of vision. I actually found it more upsetting as my mum appeared unkempt, greasy hair and dirty long fingernails. She had also lost weight & looked "waxen" in colour.” (relative)

## Good Practice for Staying Connected

The majority of care homes have been encouraging and facilitating relatives dropping off gifts, letters and food packages for relatives as another means of being in touch. Some homes have also been helping residents with writing letters and reading those sent in by relatives.

“Letters and cards can be reread so she doesn't forget our contact and knows constantly that I love her and have not abandoned her.” (relative)

One relative told us that their care home was not allowing anything to be dropped off because of the risk of bringing in the infection.

“No packages at all are allowed by management. We have discussed this extensively with them and they are adamant that nothing at all can be sent to residents. I have gone further and suggested that one sealed package per week be allowed per resident (say 1 pack of sealed biscuits) that the home can then leave for a day or two, open and pass to the resident on a plate. Apparently, this is too risky.” (relative)

Some care homes seemed more proactive around video calls than others saying they had trained staff and relatives how to use tablets to make video calls. Some relatives talked about how the care homes had booked in a regular weekly slot with them to do a video call with their family member and that this had been helpful.

“Many of our relatives are elderly themselves and not able to use technology. We have helped these relatives to install apps and teach them to how to make video calls.” (care home)

One care home told us how they had put video calls onto a big screen to help make them more accessible to people with visual impairments. Another told us how they had recorded telephone/video calls (with permission) so they could play it back to residents, and this had been particularly helpful for some residents with dementia.

“The dementia residents need a lot of support and prompting. Staff help them with phone calls and explain what has been said. Staff liaise with relatives to advise what is a good or bad day to ring, depending on how the resident is feeling. They do not actively discourage relatives ringing but they want everyone involved to get something out of it.” (care home)

## Visits from family and friends

Some care homes we spoke to are now offering or are planning to offer in the future socially distant outside visits. Several homes are “waiting for guidelines” before they offer this type of visit saying that there is currently no clear guidance from Public Health England or Leeds City Council. Care homes vary in what they are currently or considering offering. Some are offering ‘window visits’ where relatives can stand outside and talk through the window or ‘drive thrus’ where relatives have to stay in their car, whilst others are offering socially distanced face to face visits in the garden.

“As far as I can gather, the home is working towards a booking system for relatives to visit in a socially distanced way, but they are waiting for the Prime Minister to give guidance on when that can happen.” (relative)

“We have had to push hard for my mum to be able to have socially distanced visits with us in the garden. We met a lot of resistance and had to start talking about 'deprivation of liberty' before they allowed us to do it. Now they have a system which seems to work, where we ring up and book a half hour slot where we can meet with her in the garden.” (relative)

Relatives of three different care homes told us that they haven't been told of any plans to enable any kind of visiting.

“The care home have made it clear that they have absolutely no plans to arrange any form of visiting (even outside with social distancing) in the near term future. We have discussed this with them extensively and sent pictures and videos to management of other care homes that are allowing visits” (relative)

Many relatives are desperate for these kinds of visits to enable more face to face contact with their family members and told us they are willing to comply with any restrictions to make visits safe. However, there are many others in care homes for whom these types of outdoor visits would not be appropriate, due to frailty, dementia or being nursed in bed. Relatives of these people are also desperate to see their family members in a way that works for them.

“The staff say he seems fine, and I'm grateful for their care in very difficult circumstances but nothing can replace meaningful time spent with people with dementia by family members they trust”. (relative)

“Allowing relatives in maybe once a week to see residents where applicable. I gave hands on care to my mum in the form of washing her hair, cleaning her teeth & cutting her nails. I also fed her & brought in food that I know she enjoys, I feel she has deteriorated by myself not being allowed in. Wearing the correct PPE, maybe checking relatives temperature & ensuring relatives are not displaying any symptoms of Covid 19 should rule out the risk of contracting infections.” (relative)

Relatives told us how window visits could be confusing or distressing if their family members had visual and/or hearing impairments and/or dementia.

“As I hung through a half opened window, shouting my personal and private conversation to a very confused looking mum, as the television blared in the background and the other residents heard our every word then tutted because it was cold... What is there to possibly enjoy about a window visit?” (relative)

Only two care homes told us they had arrangements for visits in bad weather such as gazebos and outdoor heaters. One relative told us that their care home was not willing to address these issues until they had received government guidance.

“Although we can currently meet in the garden, there are no arrangements for if the weather is bad and we are worried about what will happen in the colder

months. We keep raising these issues with the care home but with no success, they just say they are waiting for government guidance for care homes before they start planning for the coming months.” (relative)

A couple of residents told us how they wanted their relative to be able to take their family member out of the home just for a walk or drive and said they’d be willing to take any steps they could to minimise risk of infection.

“It would be very helpful if we could take mum out in her wheelchair or the car just for a change of scenery. I would be willing to get a Covid-19 test and wear a mask.” (relative)

### **Importance of good communication between staff and relatives during lockdown**

Relatives told us how reliant they are on communication from care home staff during this time when they can’t go in and see family members and check everything is OK. We heard about some good practice from care homes including ‘Friends and family’ closed Facebook groups where photos and updates can be posted, emails and weekly newsletters with pictures of residents.

“Relatives are sent a daily email by the Home Manager or Deputy giving them a daily update on their loved one’s progress. This has saved the home from being bombarded by lots of random calls which take up time and distract care staff from care delivery.” (care home)

A couple of relatives suggested it would be a good idea for care homes to send relatives weekly photos and videos of their family member. This would be particularly helpful and reassuring for some relatives of people with dementia who were unable to speak to them.

Eight relatives from five different care homes talked about receiving a “frustrating” lack of communication about their relative and what was happening during lockdown.

“I have only received one letter from the home manager and one from the company but nothing related to my mum or her wellbeing. I have emailed them recently asking if she required any more toiletries, with no response” (relative)

“I would like to see much better communication with and involvement of relatives during this uncertain time when we don’t really know what’s going on and the care home feels like a bit of a closed shop. As it stands we get a weekly generic text” (relative)

“Attempts to talk to staff about my mother’s state of mind and health on a weekly basis have been frustratingly difficult, due to the pressures they are under and probably more temporary staff. I would value having a couple of nominated carer contacts who know my mum well and be able to have a five-minute conversation on a regular basis. This would provide much needed reassurance.” (relative)

## Recommendations

“There needs to be a balance of risk between the risks associated with Covid and the risk of such a poor quality of life that residents feel life is not worth living” (relative)

These recommendations are based on what we have found from relatives and care homes as outlined in this report. We have split them into recommendations for decision makers and ones for care homes.

**Recommendations for decision makers including government bodies (Department of Health and Social Care, Public Health England, Care Quality Commission and NHS England) as well as Leeds City Council Adults and Health and Leeds CCG.**

Any updated government and local authority guidance for care homes during Covid 19 should:

- Recognise the huge emotional impact that lockdown has had on residents and their families, particularly the lack of contact with friends and family for a prolonged period of time.
- Reduce restrictions on visiting so that care homes can provide more options to enable residents to see their families and friends.
- Ensure that the particular needs of residents with sensory impairments, dementia, mental health issues, learning disabilities or autism or those who are being nursed in bed are considered in guidance around the types of visits allowed.
- Ensure that there is sufficient guidance for care homes to make individualised decisions around visits that involve both the resident and their family and consider what is in the best interests of the resident, whilst minimising the risk to public health.

**We recommend that the Care Quality Commission should:**

- Consider incorporating questions into future inspection visits around how care homes ensure good regular two-way communication with relatives.

**We recommend that Leeds City Council and Leeds CCG should:**

- Consider setting up a help and advice line for care homes
- Consider the mental health support offer in care homes and whether additional resources are needed such as providing trained counsellors to support residents who need it.
- Consider developing a volunteer offer for care homes to help with group or one to one activities, help residents make video/phone calls, or accompanying them to sit outside in the garden. One care home suggested this would be of particular interest to them if there were volunteers who could do activities outside eg. musicians or performers. Consideration could be given to having one named volunteer per care home to reduce risks.
- Explore further with 100% Digital the IT support needed for care homes in terms of equipment and staff training to enable them to maximise video

calling/contact between residents and families. Simple-to-use products like [Kraydel](#) and [KOMP](#), should be explored that allow people with no experience of technology to more independently see and stay in contact with their family and friends on screen.

## Recommendations for care homes

We have based these recommendations on suggestions from relatives, current examples of good practice from care homes as well as the [Five ways to wellbeing at the time of social distancing](#). The five ways to wellbeing framework (connect, be active, be curious, keep learning and give) developed by the New Economics Foundation (NEF) is a well-established framework that helps individuals understand and incorporate wellbeing into their everyday lives. In this guidance, NEF explains how you can interpret the guidelines for the current crisis. The framework is also a useful tool to help look after staff wellbeing, which may in turn help in their work supporting residents.

### 1. **Connect** with people around you, family and friends.

Contact with relatives is essential to the wellbeing of residents, it is vital that care homes prioritise working on ways that residents can maintain contact with their relatives. As the majority of care homes already offer facilitated video and phone calls, the focus should be on improving these services. This could be by:

- Enabling more video calls between residents and relatives, scheduled in at set times each week. Once a week is often not enough.
- Recording video messages and phone calls or encourage relatives to send recordings in so they can be played or replayed to residents.
- Encourage relatives to send in photos for residents and take photos of residents engaging in different activities to send to relatives for reassurance.
- Using larger screens for video calls - phone or tablet screens often aren't big enough for those with visual impairments.
- More use of hands-free Portals installed in rooms and/or around the home enabling more independence and privacy during calls.
- Considering simple-to-use products like [Kraydel](#) and [KOMP](#), that allow older people who don't know how to use technology can see and stay in contact with their family and friends on screen.
- Ensure that staff have the appropriate training and skills to facilitate residents' digital communication. [100% Digital Leeds](#) offer a 1 hour 'Digital Champion' training that they can deliver to staff teams to overcome barriers to digital and build confidence. They also have a tablet lending scheme for care homes that need to borrow equipment.
- For residents with dementia, laminate some pictures and simple messages about Covid 19 and lockdown to display in residents' rooms to help residents understand what's going on.

## Visits

In their [guidance](#) (Updated June 2<sup>nd</sup>) the British Geriatrics Society (BGS) states:

*“Current government guidance suggests that family members and friends should be advised not to visit care homes. There are, though, some residents, particularly those with mental health disorders such as dementia, learning disability or autism, or those approaching the end of life, where there may be a strong welfare case for allowing families to visit in order to reduce distress for the resident and/or family. We recommend working with residents, and their relatives, to establish, on a case-by-case basis, the risk-benefit ratio of visiting...This should be a shared individualised decision between the resident, care home staff and family. When visiting the home, family members should be encouraged to wear PPE, to wash their hands on entry and exit of the home, and when moving between areas of the home. Care homes should work to identify visiting locations which pose least risk and facilitate social distancing and/or plan access routes to individual residents to visit. Gardens and outdoor spaces are an important extension of care homes during the summer months and using these as visiting areas should be considered.”*

Decisions about visits should be made on an individualised basis and should:

- Weigh up potential benefits to an individual’s wellbeing and quality of life against the potential risks to residents, staff and other visitors.
- Consider the range of visit options if feasible (e.g. window visits, outdoor, indoor with PPE and hygiene procedures) and identify which is the most appropriate in terms of accessibility and meeting a resident’s needs. Consideration needs to be given to issues such as dementia, sensory impairments, physical disability, mental health issues, mobility and end of life care.
- Involve relatives and residents. Relatives can often give a valuable perspective in terms of the needs and wellbeing of their family member and any impact the lack of contact has had on their wellbeing. Whilst we recognise that this is time consuming for overstretched staff it can improve the quality of care and save time in the long run.

### Future planning

As time goes on, maintained contact with families and friends will continue to be vital for residents’ continued wellbeing. Rather than waiting for government guidance, which can change quite suddenly, we recommend that care homes should start thinking now about possible arrangements for the continuation of visits moving into autumn/winter, as well as planning for bad weather during the summer months. Every home should also develop adjustable plans for social contact as levels of risk go down or COVID 19 cases increase.

Things that could be considered are:

- Heaters and gazebos or other shelters in outside areas
- Neutral visiting spaces within the care home that could be adapted to make socially distanced visits possible.
- Use of hygiene procedures and PPE. By following the same procedures as staff and ensuring that visiting is strictly monitored, the risk posed by visiting relatives could be minimised.

### Communication between care homes and relatives

It is also important that care homes ensure that relatives are regularly kept up to date both about how their relative is, the home's response to Covid 19, and also changes in plans to allow different forms of contact with residents. This is particularly important whilst access to the care home is restricted and relatives feel very much in the dark.

- Have named workers in the care home who know residents well and who relatives can speak to get accurate and up to date information about their family members' condition and mood.
- It is particularly important that there is regular two-way communication with relatives when new residents are admitted during lockdown. It will be a big change and a worrying time for relatives who may be going from seeing their family member every day to having very little contact.
- A weekly email or newsletter could also be used for sharing photos and 'good news' from the care home.
- Consider setting up a virtual relatives' group (e.g. private Facebook or WhatsApp group) where relatives can be kept updated with photos and videos (with relevant consent). It is also a good mechanism to find out about relatives' views and suggestions as well as tapping into them as a valuable resource in terms of skills, volunteering and fundraising.

2. **Be active:** Do something physically active that you enjoy and suits your level of mobility and fitness.
  - Consider running both individual and group activities such as movement, chair-based exercise, assisted walks outside, games and singing that can act as both social interaction and physical activity.
  - Ensure that appropriate care planning is in place that considers the impact of lockdown on residents' mobility and ensure that for residents who need assistance to remain mobile, that it is in place.
3. **Be curious:** Catch sight of the beautiful, get outside and notice the feeling of fresh air on your face. Talk about how you're feeling.
  - Facilitate the use of outside spaces and support residents who require assistance to do so. This should be incorporated into residents' daily life if it's something they wish to do, not as a one off when families request it.
  - Continue to ensure that residents are given plenty of opportunities to talk about how they're feeling. This is particularly important for those who have reduced social interaction through isolating in their rooms or being nursed



in bed. If you have cancelled group activities and communal dining, aim to allocate specific times, a few times each day, for interactions with residents.

**4. Keep learning:** Try something new, rediscover an old interest.

It is more important than ever to have activities to keep residents stimulated at a time when contact with families is limited. One to one activities for people who can't participate in group activities are particularly important for residents who maybe experiencing further isolation because of difficulties communicating with families.

- All care homes should consider the capacity of their staff to assist residents to pursue their interests, and if needed consider the creation of roles such as 'activity workers' to do this.
- When residents are isolating, prepared an accessible 'activity bag' to leave in their rooms, appropriate to their needs, abilities and interests.
- Encourage and support residents to take up new hobbies based on what they used to like doing when they were younger. Furloughed staff may be willing to help with calling families to find out more about the life history of residents.
- Run learning / familiarisation sessions with residents on using technology (like video calls) if they are unfamiliar or uncertain about using it and support them where necessary, to contact their relatives using technology.

**5. Give:** Do something nice for friend or family member. Thank someone, smile. Look outwards as well as inwards.

- Consider ways that residents can be encouraged by staff to give the smallest things, whether that be sharing a smile or interacting with staff or other residents.
- Encourage and support residents to make a card to send to friends or family or write letters or make calls to say thank you for gifts they've received.
- Consider ways that residents might contribute to the wider community e.g. by making decorations or a poster for an event in the care home.

## Next Steps

This report will be shared with the Silver and Bronze Home groups. It has also been used to influence the new Leeds City Council visiting guidance for care homes due to be finalised soon.

Nationally, we have shared it with Healthwatch England who will use it to feed into a Task Force for the Department for Health and Social Care looking into the impact of Covid on social care.

We will agree with them the next steps to be taken in response to our recommendations and work with them to ensure any agreed actions are followed through and implemented.

The report will also be published on the Healthwatch Leeds website.

## Thank you

We'd like to say a big thank you to all the relatives who took the time to respond honestly and openly to our survey enabling their family members' experiences to be shared.

Thank you also to our volunteers Oliver, Denise, Eliza and Annie who spoke to care homes, to Carers Leeds and Leeds Older People's Forum for helping us share our survey and to the Public Health team in Leeds City Council for summarising the current national evidence and suggesting how we could use the 5 ways to wellbeing to frame the work. Finally, thanks to all the care home managers who gave up their time to talk to us.