



10 August 2020 (3rd edition)

Coronavirus (COVID-19) - Tips for the housing sector on supporting someone affected by dementia

A Housing LIN Practice Briefing (No3)

About this briefing

It is estimated that two-thirds of people with dementia live in their own homes or specialist housing.

This briefing sets out a number of top tips for the housing sector, operators and commissioners of specialist housing - such as extra care or retirement housing - or general needs housing, on supporting people affected by dementia during the coronavirus pandemic. It also signposts to a selection of useful links and further practical advice.

The briefing should be read alongside the government's updated Guidance on Supported Living published on 6 August 2020 (see link below).

Background

Many people living with or caring for someone with dementia will have been self-isolating during the coronavirus pandemic. A large number may have been classed as 'clinically vulnerable' if they have other underlying diseases or health conditions that may make them more likely to be admitted to hospital than others. If you operate or commission extra care or retirement housing, read the following government updated guidance on [COVID-19: Guidance for Supported Living](#).

People living with dementia normally thrive on familiarity; familiar faces, a familiar environment, familiar food, and familiar routines, some of which have been compromised by the enforced period of isolation necessary to fight the coronavirus. A range of organisations have developed guidance or resources to support people affected by dementia during the coronavirus pandemic. The Housing LIN practice briefing (No1) for the specialist housing sector, [Coronavirus \(COVID-19\) - Housing and Care in Specialist Housing](#), asked questions pertinent to people living with dementia in supported housing and signposted people to the national dementia helpline

Top tips on supporting people affected by dementia

This briefing builds on the earlier one from the Housing LIN which encouraged you to review the [Public Health England guidelines](#) to make sure that you and your partner organisations can maintain service delivery to vulnerable residents, including those living with differing levels of dementia. In the light of the above, this briefing suggests that you consider the following tips to support your residents:

Making decisions about health and wellbeing

- Ensure all your residents living with dementia have documented what their wishes and preferences would be if they became ill. In particular, what they want to happen if their health deteriorates and hospital is suggested.
Some residents may have already set up a Lasting Power of Attorney which identifies trusted individuals who can make health and welfare decisions on their behalf.
Guidance on making a [Lasting power of attorney](#) is available from the Alzheimer's Society.
- Ensure you and your staff are familiar with how 'Best Interest' decisions are made where there is no power of attorney in place and someone with dementia is unable to make a decision for themselves. See *guidance from the Alzheimer's Society on [Making decisions for someone lacking mental capacity](#)*.
- Allow time to have conversations around health and wellbeing decisions. They will need to be undertaken sensitively, especially around the issue of what will be the treatment response should a person deteriorate. Further information on having and recording those discussions are provided in the Housing LIN Practice Briefing (No3) [COVID-19: Tips for housing sector on end of life care](#)

Practical assistance, support and managing risks

- Check the status of residents who are clinically vulnerable. The NHS and Government wrote to people with underlying disease or health conditions that mean if they catch coronavirus they are more likely to be admitted to hospital than others. If the vulnerable person didn't have a support network or family, friends or neighbour the government made sure they had help with food, essential supplies and extra care. Support needs could be registered on the website www.gov.uk/coronavirus-extremely-vulnerable. The service is not open for new registrations at the moment, because people aren't being advised to shield in most of England from 1 August 2020. The last boxes of food and basic supplies were sent out by 31 July.
- Coronavirus (COVID-19) tests may be available for those living in care homes with dementia - see [HM Government guidance on their website](#). The Government will roll out an initial round of testing for staff and residents in supported living and extra care settings which meet certain risk-based criteria. Local Directors of Public Health will determine which extra care and supported living settings meet the criteria – see [flow chart setting out tests available for adult social care in England](#). It is unclear at this stage whether Local Directors of Public Health will prioritise living with dementia in extra care as one of the eligible risk based criteria.
- Support residents with easy to digest information. It can be difficult for people with dementia to understand and retain what they are being asked to do to combat the coronavirus. For example, washing hands regularly or if they or a member of their family need to self-isolate. Information leaflets have been developed by some of the national housing organisations that are easy to read and digest. Examples can be found on [The Housing and Dementia Research Consortium](#) (HDRC) which has pulled together good practice and guidelines to support housing providers in the current coronavirus crisis (also see below). Other people have found that leaving a daily newspaper headline about the virus open on the table can helpfully remind someone living with dementia about the crisis.
- Consider whether any residents living with dementia may be exempt from wearing facemasks. The Alzheimer's Society provides a useful [summary of the law and](#)

[exemptions for wearing face masks across the UK](#). The guidance also gives helpful tips on what to do if a person with dementia won't or can't wear a face covering.

- Prevent or minimise potential distress. Being restricted to their home, not seeing familiar visitors, or seeing people with face masks may be particularly difficult or distressing for residents living with dementia. Organisations are being encouraged to use technologies such as video calling to try to maintain social connections for residents. Guidance is available for housing staff who may have to respond to distress or behaviours that challenge. Two well used techniques are summarised in the document [Responding to Distress and Behaviours that Challenge](#) booklet which has been made available for use.
- Minimise the potential to deprive someone of their liberty. People living with dementia may be likely to walk with purpose or visit other people in the scheme if they do not understand the requirements for social isolation. It may be necessary to use a temporary measure to keep a person at home if their impairment means that they are likely to walk with purpose and or want to visit other people when they should be 'isolated'¹. Temporary measures such as continuous supervision with or without assistive technology may help. Care should be taken to use the least restrictive option in the resident's best interests. Encourage carers, families and friends to provide useful information in the event of a vulnerable person going missing using the [Herbert Protocol scheme](#). Advice on the Mental Capacity Act and the COVID-19 crisis is available at the [social care institute for excellence \(SCIE\) website](#).

Meaningful activity, loneliness and isolation

- Social isolation, reduction in physical activity, unpredictability and changes in routine can all contribute to increasing stress. If a resident living with dementia, or their carer, is receiving services for their mental health and are worried about the impact of isolation they should be encouraged to contact their key worker or care co-ordinator to review their care plan.
- [Information on helping families keep in touch during COVID-19](#) developed by Dementia UK can be shared with concerned family and friends who are not able to visit residents. Consider whether computers/laptops/webcams be connected to a television for video call with friends and family, or whether groups/clubs within the scheme could have group chats/meetings such as a virtual dementia café?
- With the closure of face to face group activities in housing schemes, and with the likely reduction in staff numbers, a selection of activities that older people with dementia could do during the coronavirus outbreak have been reviewed by the Health Innovation Network. The [Maintaining Activities for Older Adults during COVID 19](#) is available to download. The Alzheimer's Society has a useful list of [activity ideas for people living with dementia](#). The Dementia Chain Action Network also provides [practical ideas for living with dementia during social distancing](#).
- The suggested activities can be shared with family members and care teams who are visiting residents. They include online and digital activities as well as familiar activities in and around the home such as games on tablets, access to online newspapers and magazines, recommendations for film, music and TV, exercise programmes, Livestream events such as a virtual dementia café, National Theatre shows, choirs, and zoos, and links to other useful resources.

¹ The term 'isolated' is used here to recognise the 'self-isolation' safety measures taken during the Corona Virus pandemic as required by the Government.

- Guinness Care have provided some examples of how staff have been adapting non digital activities to allow residents to keep engaged through non face to face activities. Consider whether these could be adopted or used in your scheme:

“Staff have posted daily competitions of either word search / spot the difference / crossword or sudoku through doors and customers have said that they look forward to receiving these each day.”

“Customers at an Extra Care scheme were still able to create Easter bonnets and be part of an Easter bonnet parade. Customers left their bonnets outside their doors ready for staff to collect. Staff wore the bonnets and walked around the outside of the scheme (following social distancing guidance) for the customers to see. At the end of the parade, customers were able to vote for the best design.”

“Guinness Care staff are creating a weekly newsletter that will be shared with customers to give them ideas for activities they can do at home.”

- Before the coronavirus outbreak took hold the Housing LIN had compiled a [dedicated section](#) to help bring together resources on loneliness and isolation from across the Housing LIN website. Arranged into 6 key topic areas including one on dementia, the new section showcases relevant resources, guidance and policy instruments; provide useful research findings; and illustrate examples of services and innovative projects that offer practical solutions in combatting loneliness and reducing social isolation. *Note: These offer insights and ideas but may need to be adjusted for people living with dementia during the coronavirus outbreak.*
- The carers of people living with dementia have found the current COVID-19 pandemic very challenging. Consider whether residents who are carers can be put in touch with organisations to offer them their own support. National and local carer organisations have been very proactive during the pandemic. [Tide \(together in dementia everyday\)](#) is a national organisation specifically for carers of people living with dementia.

Housing management and related support

Some operators already have systems in place. For example, the ExtraCare Charitable Trust have produced useful information on supporting residents with dementia and supporting staff. This can be accessed on the [HDRC's website](#).

Where schemes have dementia-friendly community alarm provision or technology enabled care, consider whether it could be enhanced to offer reassuring access to 24 hours help.

Some schemes have been keeping in close contact with residents living with dementia and their carers and family. Consider whether a ‘script’ would be useful to help guide regular calls and welfare checks.

The Coronavirus outbreak may highlight things that were previously unrecognised such as:

- Are there signs that a resident has early onset dementia?
- Does a resident with dementia and/or their carer have sufficient support in place to live as independently as possible, and do they have any other long term conditions?
- Does the resident have a care or support plan or do they self-care? Is additional support needed either during the Corona Virus outbreak or in the future, such as access to on-site scheme activities, counselling or dedicated support services for people affected by dementia? This may involve a call to an allocated care co-ordinator if there is one involved from adult social care.

Some residents may need support to 'unlearn' normal routines such as going to the shop for a newspaper or getting the bus into town. All staff will have a role to play in this and may need dementia awareness training.

Dementia awareness sessions can help your staff to recognise the signs of dementia and understand the implications for someone living with dementia. Short online [Dementia Friends](#) sessions are available through the Alzheimer's Society and can be easily accessed by new staff when face to face training is not possible during the Coronavirus outbreak.

For more general information, good practice examples and useful guides on dementia-friendly provision such as extra care or retirement housing, visit our dedicated webpage: <https://www.housinglin.org.uk/Topics/browse/HousingandDementia/Provision/SpecialistHousing/>

Design considerations

Trying to keep everything familiar and unchanged, as far as possible, is key but there may have to be changes to the environment/routines. One of the current issues can be that people living with dementia may not understand why they cannot go out, why they must be apart from others, break from a familiar routine, etc. To help minimise potential confusion and frustration consider:

- whether the existing building can be adapted to create familiar activities and routines or introduce new activities/themes. For example: If the hair salon/ café or other communal spaces cannot be used can they be adapted for a new use such as a small shop using items from the dry goods store for the kitchen. This could provide a familiar but safe activity of going to the shops if managed with social distancing and appropriate hand cleansing.
- Introducing a one-way system with circulation spaces, which could be used as an activity to 'follow the arrows' to a destination, or a 'treasure hunt' game.
- Natural ventilation: whilst there is little evidence that ventilation reduces the spread of viruses, insufficient ventilation can increase transmission. Opening windows and doors where possible to allow fresh air to circulate inside can help in this respect but may prove problematic during colder weather. Security is another factor to consider.
- alcove spaces, rooms or end of corridors can be turned into mini-themed areas to help provide meaningful destinations for residents who are limited from going outside. Residents could be encouraged to use the spaces for themselves; for example, as 'pop up' exhibition spaces for residents to safely visit.
- access to outdoor space can be managed to maintain social distancing. For those not able to go outside, consider whether:
 - a garden room can be created with plants or flowerpots
 - outdoor seating/furniture can be brought inside so that people feel they are outside, or in a conservatory, without going outside.
 - a new walking route through the building can be introduced – using a lift where necessary, resting places, themes, points of interest (e.g. music, sport, etc. with old photos, memorabilia, etc.

Careful attention to design may be able to help manage social distancing for people living with dementia. For example, without putting up barriers across corridors, could environmental cues be introduced to help safe navigation around the building?

For more general information, good practice examples and useful guides on dementia-friendly design, visit our dedicated webpage:

<https://www.housinglin.org.uk/Topics/browse/HousingandDementia/Design/>

And for a range of reports, good practice and guidance on technology and dementia, visit our dedicated Assistive Technology and dementia webpage:

<https://www.housinglin.org.uk/Topics/browse/HousingandDementia/Provision/AssistiveTechnology/>

Advice and support

The Alzheimer's Society has a website with [Frequently Asked Questions](#) that contain some of the commonly-asked questions from people affected by dementia. Your staff may find it a useful resource in responding to questions from residents.

Local admiral nurses or specialist dementia link workers are available to provide support, as well as other national helplines.

- Alzheimer's Society UK helpline offers support or advice on dementia and coronavirus through their Dementia Connect support line on 0333 150 3456
- Dementia UK Helpline offers support from dementia specialist Admiral Nurses 0800 888 6678
- Tide have developed a number of resources to help carers of people with dementia during the coronavirus pandemic 0151 237 2669 (England) 0141 353 5607 (Scotland). More at: <https://www.tide.uk.net/>

The Housing LIN Coronavirus Info Hub will continue to be updated and has a link to other [coronavirus briefings and practice tools](#) relevant to the housing sector, listed A-Z by organisation name.

In this fast moving pandemic, it is more important than ever that we share best practice between peers. [The Housing LIN Discussion Forum](#) is already being used to highlight and review topics relevant to housing with care providers, such as coronavirus arrangements for meal provision in extra care housing and Royal Mail deliveries during coronavirus. We urge you to register and share both your issues and best practice to help the sector best support people affected by dementia during these difficult times.

Acknowledgements

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Note

Updated to reflect government guidance issued to take effect from August 2020. We will continue to review content in line with government advice.

Disclaimer

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About the Housing LIN

The Housing LIN is a sophisticated network bringing together over 25,000 housing, health and social care professionals in England, Wales and Scotland to exemplify innovative housing solutions for an ageing population. For information on dementia-friendly housing and other related topics, visit the Housing LIN's Focus on Dementia webpages at:

<https://www.housinglin.org.uk/Topics/browse/HousingandDementia/>

For more information on coronavirus and our other practice briefings for the sector, visit the Housing LIN's online Info Hub on our Health Intel webpages at:

<https://www.housinglin.org.uk/Coronavirus-Info-Hub/>

If you would like to talk through how the Housing LIN can support your organisation at this time, please do not hesitate to contact us (see contact details below). And for more about our consultancy services, visit: <https://www.housinglin.org.uk/consultancy/>

Lastly, if you would like to write a briefing for the Housing LIN on how your organisation is tackling coronavirus, please email us at: info@housinglin.org.uk

Published by

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c/o PRP, The Ideas Store
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