

# Meeting the Needs of People living in Care Homes during the Covid-19 Pandemic

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UK Perspective



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# Introduction

## Aims

This document aims to share examples of good practice taking place in care homes across the UK during the Covid-19 pandemic. While the impact of the pandemic has been devastating, there are many wonderful and creative ideas that have emerged from the care sector aimed at enhancing the wellbeing of both residents and staff. Hence, in this article we will:

- Examine what is meant by a need for people with and without dementia
- Describe the needs of residents and care home staff
- Discuss why it is difficult to meet some of these needs during the pandemic
- Present the results of a survey of the innovative ways care homes in the UK are meeting the needs of residents and staff

## What is a need?

People are motivated to satisfy basic needs, both physical and psychological (needs for food, shelter, to feel respected, etc.). It is through our actions and behaviour that we get our needs met. Several researchers and clinicians have tried to clarify what is meant by a 'need'. Maslow (1943) developed a hierarchy of needs. He said that our most basic need is for physical survival and this is the first thing that drives our behaviour. Once our physical needs are met, we focus on meeting our needs for safety, belonging, esteem and eventually self-actualisation (i.e. a desire to reach our full potential). Over recent years the above theories have become important in dementia care because of the idea that residents' wellbeing is related to how well we support them

to meet their needs. When residents' needs go unmet, they become anxious, depressed or agitated. Kitwood (1997) was a pioneer in the field of person-centered dementia care. He talked about improving people's wellbeing by meeting their social and emotional needs. He described these as: love, comfort, attachment, occupation, inclusion and identity. These are commonly displayed as the 'Kitwood Flower'.

## A universal model of needs for people with and without dementia

James and colleagues talked to care home staff about needs and ways of understanding them. The staff and researchers worked together to produce an 8-item needs framework. The themes for the needs were developed from exercises looking at staffs' own needs. The framework produced is a universal model (i.e. it is for people with and without dementia). The development of the framework is described further in a recent article by James and Marshall (2020).

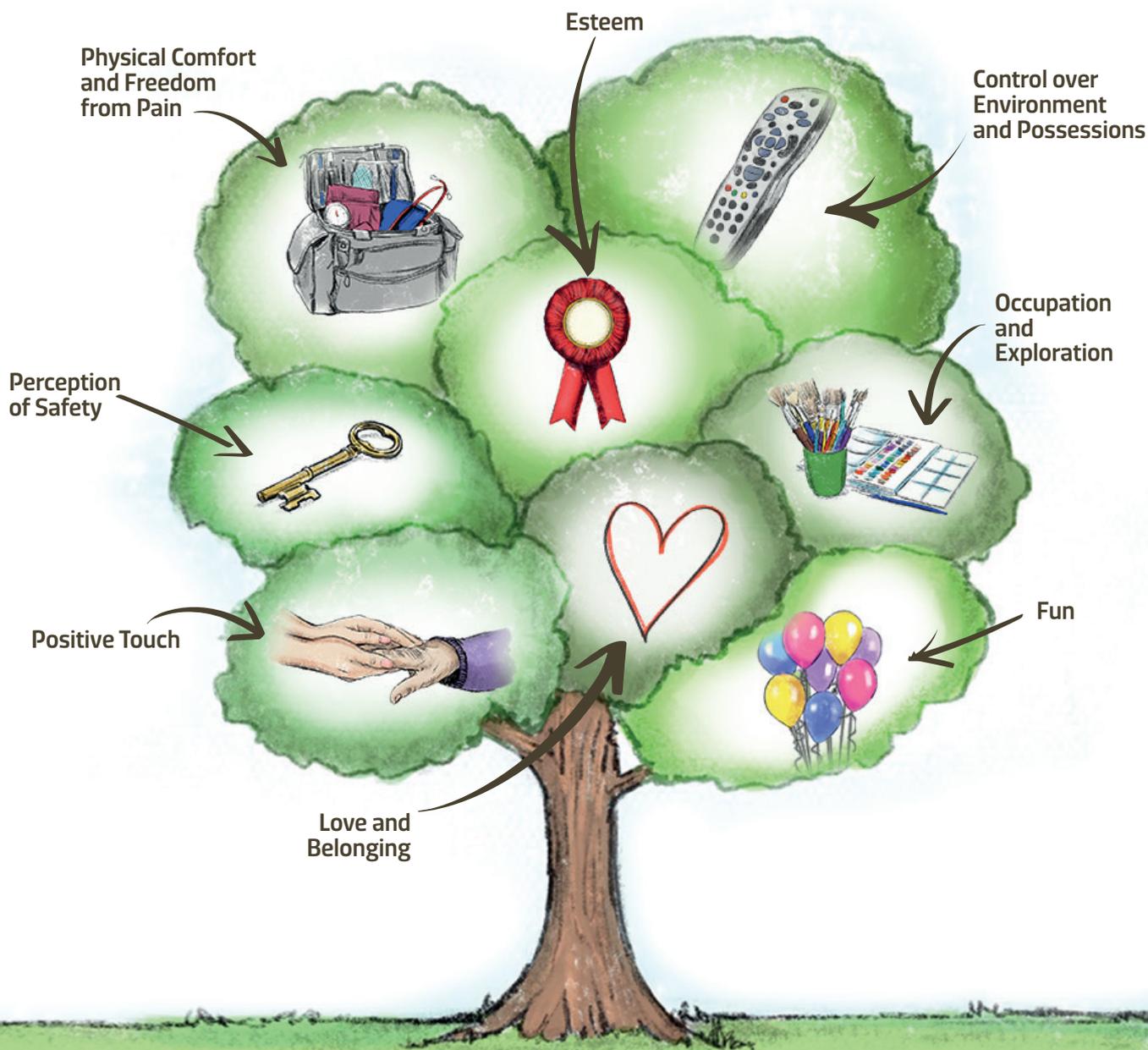
## The Needs Tree

The 8-needs framework is represented visually in the Needs Tree. The needs of people living with dementia are shown in the branches and leaves of the tree, while the needs of staff are shown in the ground supporting the tree. Residents are encouraged to be active to meet their own needs when and where possible. Many of their needs are also met through day-to-day conversations they have with people around them; this includes chats and interactions with fellow residents, staff and family. Their needs are also fulfilled via activities and support provided by their caregivers.

# Fundamental Needs in Dementia Care

## The 8-Needs Framework

Needs of the Person Living with Dementia



Needs of Care Home Staff/Carers

Physical Comfort

Physical and Psychological Safety

Love and Belonging

Esteem

Fun

# Meeting residents' needs

## What happens when residents' needs are not met?

When residents' needs are not met they often become stressed and distressed, leading to anxiety, depression or agitation. Indeed, many researchers and clinicians recognise that behaviours that challenge are an expression of distress due to physical or psychological needs not being met. For example, Cohen-Mansfield (2001) suggests that behaviours that challenge often reflect an attempt by a person to signal a need that is currently not being met (e.g. to indicate hunger; to gain relief from pain or boredom, etc.), or an effort by an individual to get his needs met directly (e.g. leave a building when he believes he must either go to work or collect children from school), or a sign of frustration (e.g. feeling angry at being told he is not allowed to exit a building). In all of these situations, the actions are attempts by the person to improve their well-being or to ease their distress.

## Meeting needs during a pandemic

The Covid-19 pandemic has resulted in many changes to our lives, but two important ones have been: our physical and mental responses to the perception of threat, and the social and environmental restrictions placed on us. During the Covid-19 pandemic there has been a clear threat to people's wellbeing, i.e. our threat and fear systems have become very active, potentially leading to anxiety and distress. In such circumstances our thinking may become impaired, reducing our ability to be sensitive to our own needs and those of others. Therefore it is important to be aware of any such tendencies. It can be helpful to take time to reflect on the ways we are choosing to respond

to our actions and the actions of others, making sure we are not being overly harsh or critical with ourselves, residents and families. The second major change relates to the environmental and social restrictions placed on people during the pandemic. This has interfered with people's abilities to use their preferred coping strategies (going for a walk, retail therapy, visiting friends and neighbours, etc.), and undoubtedly led to increases in levels of stress and distress. The Covid-19 pandemic, and the responses used to keep people safe, have therefore had a major impact on residents' lives.

## Care home initiatives to meet residents' needs

Care home staff have already dealt with the extremely difficult situation at the height of the pandemic and are continuing to do so moving forward, with many of staff's own needs going unmet. However, care home managers and staff have been very inventive in the manner they have gone about trying to meet residents' needs. A list of initiatives used in care homes during the pandemic is reported in the next section. We have only included the experiences of residents living with dementia who do not have Covid-19, as special circumstances exist for those who do.

It must be noted that this is not an exhaustive list; there have been so many examples of good practice, that those listed were chosen as examples from similar creative and innovative practices.



## Physical Comfort and Freedom from Pain

To be free from pain or physical discomfort caused by health problems or difficulties in the environment, such as noise and heat.

### Why it is difficult to meet this need during the pandemic

This need is difficult to meet because dementia is associated with old age and most people will be suffering some kind of muscular, skeletal, or dental pain. Staff will already be aware of these sources of pain in their routine work. However, further discomfort, aches and pains may have occurred due to reduced daily exercise.

We know that elements of pain perception are psychological and so residents' lack of occupation may have provided more time to dwell on their aches and pains. With reduced visits from other health professionals, there may have been an increase in undiagnosed pain.

### Initiatives used by care homes to meet this need

**Hallmark Group Homes** regularly facilitated residents washing their hands, making hand-washing a positive experience. This also provided an opportunity to offer comfort and physical contact for some residents.

**Marigold Nursing Home, Sunderland** frequently checked that chairs were 2 metres apart. Also a staff member was on corridor-duty to gently separate residents when they were walking too closely together.

**Akari Care Homes** undertook regular checks of symptoms as well as more subtle checks about unusual presentations of individuals. Covid-19 has been shown to have many different symptoms, and so staff kept an eye on anyone who was presenting out-of-character, including loss of appetite, loss of smell or a dip in mood.

**Care homes across Teesside** were given access to ISTUMBLE, a free app for falls developed by paramedics in the UK. It gives guidance on health assessment, checking for injury, when and how to lift your resident and when to call for an ambulance.

**General Practitioners in reach work to Teesside Care Homes** focused on updating Emergency Healthcare Plans (EHCP) and supporting staff to develop care plans around physical health care needs.

**Darlington Manor, Manor Care Home Group** noticed that some residents were becoming agitated when they were taken outside to the garden area for visits with their family. They provided a gazebo so that there was a shaded area for visits and asked family members to bring sunglasses for their relatives to wear.



## Perception of Safety

To feel safe and secure in terms of health and emotional safety. Not wishing to feel vulnerable or fearful.

### Why it is difficult to meet this need during the pandemic

Some of the residents with mild dementia have been acutely aware of the pandemic and the actions that have been required to manage it, including that their family could not visit them.

Other residents have been scared by the use of PPE, restrictions of their movements, and loss of support from family and friends. This has been an extremely frightening time for residents. They may have also been aware of higher levels of tension in the home, that one or more of their friends have been very ill, or may have died.

Care home staff are highly skilled individuals and have a whole range of good communication skills for assisting people with their activities of daily living, personal care and anxiety. Resident's distress has increased, so these communication skills have been, and continue to be, really important.

### Initiatives used by care homes to meet this need

**The Grove, Gosforth** produced a regular bulletin each week delivered to each resident's room, informing residents about steps taken to maintain their safety.

**Marigold Nursing Home, Sunderland** encouraged the residents to witness the staff washing handles and doors many times daily, providing a sense of security.

**Highland House** installed a sink in its entrance hall.

**Hallmark Care Homes** trained staff to help with technology platforms (FaceTime, Skype, and their RelsApp) to ensure contact could be maintained with families. This approach also increased residents' sense of belonging. It was really important that the staff got to know the technology well, because it

was frustrating when good connectivity could not be made.

**Care homes in Durham and Darlington** received a Chaplaincy Support pack including prayers and non-religious readings, contact details for NHS Trust Chaplains and support to find churches that were streaming their worship and prayer. They were also advised to make sure residents had access to religious materials (e.g. bible, rosary beads, worry beads).

**Orchard Mews, Benwell** required staff dressed in PPE to wear a large laminated picture of themselves on a lanyard, and show it to the resident prior to giving any personal care. Staff were also encouraged to take more time to connect with a resident prior to undertaking any intimate care tasks.

# Perception of Safety

continued

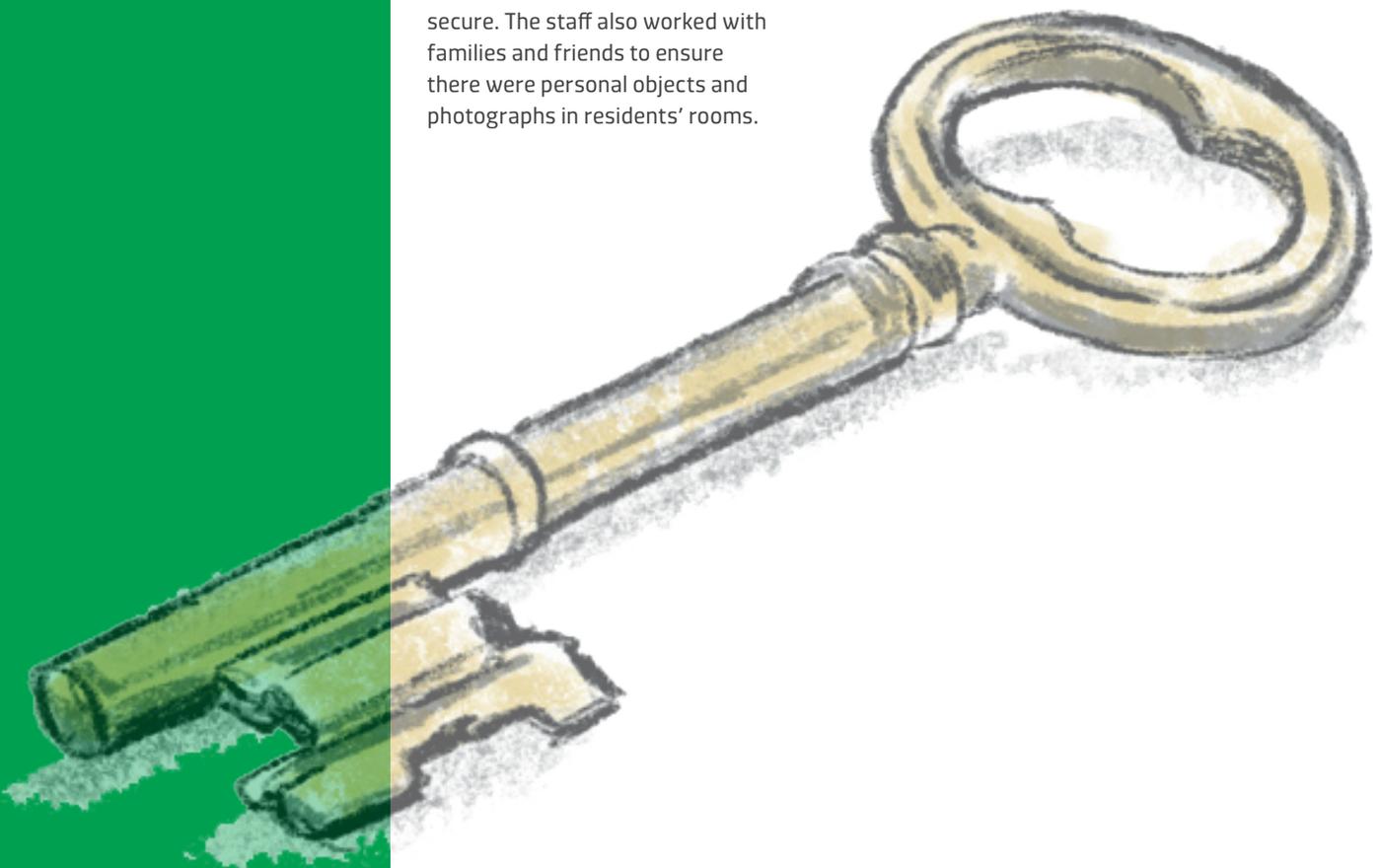
## Initiatives used by care homes to meet this need (continued)

**Care homes in Lothian** were encouraged to print out CARDMEDIC cards to aid communication, providing reassurance, assistance with personal care, comfort and pain.

**Care homes in Northern Ireland** were advised to engage residents in conversations about their son/daughter/husband/wife/significant other and support residents to look at photographs if available. This helped people experience familiarity, connection and to feel safe and secure. The staff also worked with families and friends to ensure there were personal objects and photographs in residents' rooms.

**Care homes in Teesside** were supported to create walking spaces within segregated areas for those residents who continually wanted to walk.

**Care homes across Teesside** offered family members bookable slots for virtual meetings with relatives via Portal and Ipad from the beginning of the lockdown period.





## Positive Touch

Having positive physical contact with others. To gain reassurance and pleasure from meaningful touch, providing both sensory comfort and reassurance.

### Why it is difficult to meet this need during the pandemic

Some residents like to have physical contact, and while it can sometimes be problematic, for many people it can be a source of comfort and reassurance. Holding someone's hand or a hug can go a long way to calm someone down.

The Covid-19 pandemic stopped a lot of this physical contact, and this has been difficult for many residents. It has been such a sudden change that residents have found it difficult to cope and may have asked why their normal morning hug was refused or why people were moving away from them when they approached?

### Initiatives used by care homes to meet this need

**Care homes in Durham and Darlington** were encouraged to use soft toys and weighted dolls. These provided opportunities for touch, cuddling and squeezing. Residents were also encouraged to use weighted blankets and photo-cushions with pictures of family members to hug.

**Marigold Nursing Home, Sunderland** promoted the use of regular handwashing, also providing the opportunity for positive touch.

**Akari Care Homes** encouraged staff to use shampoo and conditioner caps with residents. These caps enabled residents to have their hair washed and head massaged gently by staff who could stand behind them while wearing PPE. In this method, there was no rinsing necessary, and this meant residents could have the nice sensation of clean hair and pampering via a massage.

**Care homes in Durham and Darlington** provided individualised 'meaningful' engagement boxes for residents with late stage dementia. These were shoe-sized boxes of non-valuable items that had meaning to the person, including objects that they could grasp and hold to provide comfort. Objects in the boxes needed to be wipe-able and washable.

**Kirkwood Court, HC-One** added a new robotic pet to the home – a cat called "Snuffy" that purred, breathed and felt real. The residents loved looking after him and he had a wonderful calming effect on them.

**Care homes in Teesside** were supported in using sensory-based interventions and equipment such as twiddle muffs, with guidance to clean each item between uses.

# Positive Touch

continued

## Initiatives used by care homes to meet this need (continued)

**Care homes in Durham and Darlington** were provided with guidance on Namaste care techniques during the pandemic. The Namaste approach focusses on gentle sensory experiences, involving touch, sounds, smells, tastes and vision. Namaste care can include holding or stroking residents' hands, stroking their hair, applying creams or lotions in the form of a simple hand massage and gently washing people's faces with a warm cloth. Obviously, during the pandemic such techniques will require the staff to use gloves during many of these exercises.





## Love and Belonging

To have a sense of belonging within the home and from family and to feel loved, being able to give and receive affection and feel part of a group.

### Why it is difficult to meet this need during the pandemic

A care home is a community that fosters positive relationships, often wanting residents to feel that the care home is their home and they are part of a family.

Covid-19 guidelines have reduced many of the strategies that care homes have used to create this sense of belonging. Indeed, when Covid-19 has been present in a care home residents have had less freedom to move around; and they have been required to keep separate from each other. In some cases their communal and spiritual meetings could no longer be met.

### Initiatives used by care homes to meet this need

**Marigold Nursing Home, Sunderland** used Skype/Zoom to allow residents to speak with and see their families. Staff were also encouraged to go through family photographs.

**Derwent Care, Mariposa Group** engaged grandchildren/great grandchildren in Skype calls. In one family group-call family members came to the video call with their own dice and they played a game of snakes and ladders together. The activity co-ordinator had a big snakes and ladders game with an inflatable dice for the resident to use. They referred to the electronic screen as a "television screen" which was more meaningful to the resident.

**Care homes in Durham and Darlington** encouraged family members to send video/audio recordings to them digitally. Care homes were also encouraged to purchase talking-photo

albums that recorded family messages alongside each photograph. It is worth noting that some residents preferred written letters (e.g. a husband used a letter to explain he was missing his wife. She had been upset that he had not been visiting her).

**Darlington Manor, Manor Care Home Group** asked family members to record some video messages for a resident so that these could be played to her regularly by care home staff to improve her wellbeing and reduce her agitation.

**Milford Care** encouraged the local community to use pen pal schemes with the local schools that were open for the children of key workers.

**CHD Living** promoted an 'adopt a granny scheme', where tech-savvy volunteers made regular contact with residents in the home. This was helpful because often partners of the



## Love and Belonging

continued

### Initiatives used by care homes to meet this need (continued)

residents were unable to use either computers or the required technology.

**Denmead Grange Care Home, Barchester Group** helped residents celebrate wedding anniversaries and birthdays by connecting virtually through Skype. Residents were supported in opening cards and gifts. On one occasion, a 60th wedding anniversary, a resident's husband asked the home's chef to bake a cake.

**Hawthornes Care Homes** increased contact via social media with the neighbourhood and local businesses. As a consequence food was delivered by dressed-up superheroes, and there were socially-distanced parties and film

afternoons. Their journey through the pandemic has been documented via a series of photographs.

**St Mark's Care Home, Qualia Care** offered support to others in the community, including those who were vulnerable and shielding. This was seen very positively by many residents because it met their need to look after others. The home called the scheme 'Shop and drop' and it offered a free service to those older people shielding in the community who were struggling with shopping for the basics (toilet roll, soap, bread, milk, tea bags). Although, one person asked for a 'bottle of the good stuff!'

**Care homes in Lothian** asked residents' grandchildren to cut heart shape bits of material or old clothing and send them to their relatives as a reminder of being close to them at all times. Some grandchildren made friendship bracelets and mailed them to their grandparents as a sign of their love.





## Esteem

To feel valued, treated with dignity and respect, being recognised as competent and being listened to, feeling acknowledged and respected.

### Why it is difficult to meet this need during the pandemic

Care home staff always try hard to treat residents with dignity and respect. However, with the reduction in staffing, use of bank staff, and the sheer amount of extra work created by the Covid-19 pandemic, the residents' daily interactions with staff may be shorter and less enjoyable.

Due to social distancing, fellow residents who they regularly chatted with may not be as available.

### Initiatives used by care homes to meet this need

**Bellevie Wellbeing Teams** took over the hair-care following the closure of the hair salon, giving residents blow-dries.

**Akari Care Homes** included residents in fun and lively 'Tik Tok' videos. This demonstrates cross-generational 'togetherness', although care was taken not to embarrass the residents.

**Orchard Mews Care Home, Benwell** invited local children and neighbours of the care home to send messages of support, pictures and gifts. These items were shared with all the residents so each resident felt part of the wider community.

**Cublington Mill Care Home, Barchester Group** celebrated a resident's landmark birthday by having a champagne reception with a birthday

cake made by the home's chef. The care home shared the resident's life story and photos on social media.

**Willow View Care Home and Warrior Park Care Home** were concerned about potential increases in depression amongst their residents and so developed a garden-based activity hub, set up car park karaoke, and had music events in the grounds.

**The Grove and The Courtyard, Papillon Group** developed care home Olympics and treasure hunt based games whilst socially distancing. The residents were awarded prizes for participating, slightly larger ones for winning.

# Esteem

continued

## Initiatives used by care homes to meet this need (continued)

**Teesdale Lodge Residential & Nursing Home, Cleveland Care Ltd** had an article published in the local paper which praised the resilience of one of their residents. It was entitled "Care home resident, 76, feels 'lucky' to survive coronavirus after battling it for three weeks"

**Springwater Lodge, HC-One** asked residents what words of wisdom they wanted to share with others and then posted these on their Facebook page, #wednesdaywisdom. The residents were extremely proud to offer their advice. One resident's words of wisdom were "Do unto others as you would do to yourself"

**Care homes in Lothian** asked family or friends to write a short message on a postcard, letter or picture. The messages were shared between residents more than once and provided comfort on several occasions. If a resident was feeling low or distressed, staff would direct a resident to a meaningful postcard or letter. These messages could be sent by post, emailed for staff to print, or scanned if the original copies were precious.





## Control over environment and possessions

Having a feeling of being 'in control' of themselves and their environment. To feel in control of one's life and possessions, having choices that are respected.

### Why it is difficult to meet this need during the pandemic

The loss of freedom and a sense of control is a major consequence of the restrictions brought in. Residents were no longer able to meet in groups and engage in social events. People have often been confined to their rooms for days. This was particularly difficult for residents who routinely walked the corridors.

As the pandemic has progressed and Government guidance has changed, care home restrictions and environments have also changed, which requires further flexibility by staff to meet residents' needs. Having a sense of control is such a strong drive that restrictions can lead to conflict and agitation.

### Initiatives used by care homes to meet this need

**The Grove, Gosforth** gave residents cleaning equipment to give them the option for additional disinfecting of their own rooms. This helped to maintain existing skills and reduce anxiety because it allowed residents to clean their rooms to their own standards during the pandemic.

**Akari Care Homes** asked staff to provide a sense of control for the residents in lots of small ways. For example, always waiting for permission to enter before going into a resident's room.

**Lindisfarne, Gainford Care Homes** involved residents in the decision of how to spend money that was donated to the care home. It was decided to build a summer house in the garden. The residents were also involved in choosing the type of building and its colour scheme; the colours chosen were yellow and blue. Everyone enjoyed watching the summer house being built.

**Care homes in Teesside** were formally reminded to offer choices to their residents whenever appropriate to increase feelings of control: food choices; activity choices; choice of the time of events (e.g. "Would you like a shower now or in 10 minutes?").

**Wynyard Woods, Anchor** used a technique called 'conversational butterflies' to promote choices and interactions amongst their residents. Choices of activities were written on laminated cards in the shape of butterflies (e.g. sing a song, pay a compliment, tell a joke, and go for a walk). Staff took the butterflies to residents and the residents selected an activity they wanted to participate in. The butterflies were great for residents who were quiet and less likely to speak up for themselves; the technique gave people the courage to make choices.



## Occupation and Exploration

Being active or occupied, to engage in meaningful occupation to prevent boredom, and give purpose.

### Why it is difficult to meet this need during the pandemic

Activity is important in terms of our physical and mental health, the restrictions imposed by social distancing has meant that residents are unable to engage in activities for which they require close prompting or support.

Daily visits outside the home - supported by other agencies or family members - have also stopped, leaving residents at risk of being unoccupied and bored.

### Initiatives used by care homes to meet this need

**Care homes in Durham and Darlington** supported care homes to develop individualised meaningful engagement boxes for their residents. For those residents who needed to be active the box could include, balls, balloon games, paper aeroplanes, catalogues to carry in shopping bags, watering cans to water the garden.

**Highcliffe Care Home, Avery Group** received MP3 players from Playlist for Life. The Mp3 player was an amazing success with one resident, who walked everywhere listening to it, beaming, it really put him in a happy bubble. The home then worked through the rest of the residents, making them a Playlist for Life.

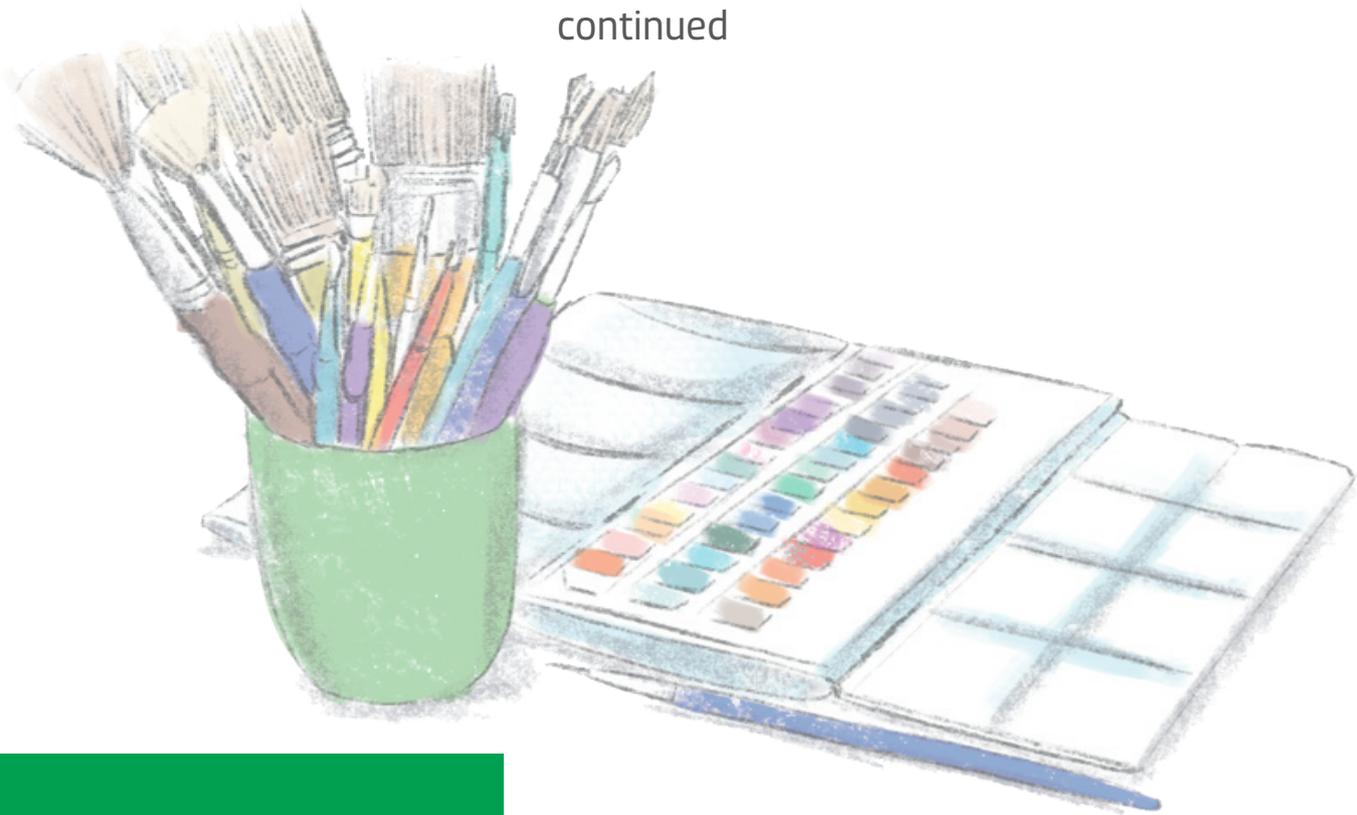
**Care homes in Durham and Darlington** received a Meaningful Engagement pack based around the work of the Occupational therapist Teepa Snow. This included resources to occupy residents at all stages of dementia. People in the later stage of dementia really liked the sing-a-longs. Laminated song sheets were helpful because they could be hygienically wiped. Song lyrics can be downloaded from [www.lyricfind.com](http://www.lyricfind.com)

**Reuben Manor Care Home, MHA** held sewing sessions with residents, assisting them to make their own face masks.

**Chestnut Lodge, Stockton** promoted the use of recycled tubs to plant flowers. Residents enjoyed seeing their plants from the lounge window.

# Occupation and Exploration

continued



## Initiatives used by care homes to meet this need (continued)

**Dalby Court, Sanctuary Care** took residents on a 'cruise' by setting up different areas of the home to mimic Rome, Istanbul and Lisbon, with an area with sand and water. The Manager dressed up as the Captain and ate her meal at the head of the table.

**Woodside Court, HC-One** took part in the Active Fife Physical activity Programme. From seated exercise to Zumba and light weight exercises, residents enjoyed staying active.

**The Whitehouse Residential Home Stockton** introduced daily exercise for residents, including the '10 Minute Home Chair Workout for Seniors' by the Body Coach Joe Wicks.



## Why it is difficult to meet this need during the pandemic

## Initiatives used by care homes to meet this need

## Fun

Having some fun and enjoyment. To have opportunities for fun, to be playful and to laugh.

All care homes provide opportunities for fun and entertainment. However, the restrictions associated with Covid-19 mean that most of the entertainment both inside and outside of the home has reduced.

The weekly visit of the hairdresser has been a big miss for many residents.

**Akari Care Homes** earmarked dedicated time each day for a 1:1 fun activity for residents who were isolated in their room. This included playing with a balloon, listening to music or watching songs on an electronic tablet.

**Andersons Care Home, Midland Heart Housing** had over 50 residents on lock down in a retirement village out on patios and balconies singing their favourite tunes whilst staff stood in the garden. They also did this inside, a landing at a time, with residents safely sat in their doorways.

**St Aidan Lodge, Framwellgate Moor** joined a 'Musical Connection in Care Homes' event. Over 100 care homes joined a Zoom call and listened to musicians playing live, including North East songs and Glenn Miller classics. A resident commented: "It was fun

to see everyone through the TV". A member of staff commented: "It was lovely to see external entertainers again". There is a You Tube link to a recording of the event: <https://youtu.be/fTAEatH7UEw> There is a 'Connection through Music' Facebook group, which is a public group that all are welcome to join.

**Care homes in Teesside** accessed five internet radio stations for people living with dementia and their carers playing era-specific and mixed music for making memories again and again at [www.musicfordementia.org.uk](http://www.musicfordementia.org.uk)

**Ascot Nursing and Residential Home, Middlesbrough** incorporated comedians and public messages of support into the daily routine. Peter Kay's videos were a particular hit for boosting morale of staff and residents.

# Fun

continued

## Initiatives used by care homes to meet this need (continued)

**Allington House Care Home, Bondcare** had a piper playing his bag pipes in the home's garden, playing tunes for both the residents and staff.

**Belmont View, Guisborough** created funny videos starring the staff in order to cheer up residents.

**Chestnut Lodge, Stockton** opened a tuck shop for residents and staff which kept spirits up, and reminded people of being back at school.



## Care home staff needs

The needs tree shows that in order to care well for residents, staff must have their own needs met.

The pertinent needs for care staff within their work environment are to feel: physically comfortable; safe (both physically and psychologically); included as part of a team; valued and recognised for the skilled job they do.

Carers will also value humour and enjoy having fun with each other, even during this stressful time. It is considered that some of the other 8 needs may be more appropriately met outside of the work context.

**Table 1**

Care home staff needs within their work environment

<b>Physical Comfort</b>	Having sufficient resources, staffing and equipment, having sufficient breaks to rest/recharge, eat, drink, smoke, use the toilet and washing facilities.
<b>Perception of Safety</b>	Both physical and psychological. Psychological safety is: <i>"the belief you won't be punished or humiliated for speaking up with ideas, questions, concerns or mistakes"</i>
<b>Love and Belonging</b>	Having good relationships with others, feeling part of a team, feeling included.
<b>Esteem</b>	Feeling valued and recognised by others for the skilled and difficult job you do.
<b>Fun</b>	Having opportunities for fun and laughter with colleagues and residents.

This paper has been written in the midst of the COVID-19 pandemic, during which support for the health and wellbeing of care home staff has become increasingly recognised. Thus in practical ways we must ensure that (i) staff have the correct PPE to ensure their physical and psychological safety, (ii) there is wider recognition within society of the resilience and skills required to do their jobs, and perhaps a 'badge' as an emblem of this, (iii) caregivers feel they have a voice to express concerns, ideas and questions about both their role and situation. Some of these issues are well illustrated in a quote from a manager:

*"It is also important staff feel safe and secure. In two homes with outbreaks, I have seen the*

*same reaction by staff as it unfolds. They are very anxious and frightened, and need a lot of emotional support. They begin to see deaths in quick succession and are sad as these are usually people they have cared for for a long time. We set up a chill room in one home in a spare lounge. It had originally been going to be for residents as a Namaste-type room, but we put a mindfulness CD and some battery operated candles and a bunch of flowers in there and told staff to take 5 when they needed to. It was used a little initially, then staff seemed to adjust and they felt cared for and supported. We also reminded them not to openly discuss their fears in hearing of residents. I know this isn't an intervention for residents but it is important staff anxiety doesn't spread to residents"*

# Examples of Support Provided by Specialist Care Home Teams across the UK

**Northern Health and Social Care Trust, Northern Ireland** developed guidance called ‘Supporting Carers and Care Staff to Understand and Respond to Changes in Behaviour in People with Dementia During the COVID-19 Pandemic’. The team also delivered a webinar on responding to behaviour in dementia during the pandemic [https://www.youtube.com/watch?time\\_continue=6&v=gEcbQSWOqdl&feature=emb\\_logo](https://www.youtube.com/watch?time_continue=6&v=gEcbQSWOqdl&feature=emb_logo)

**The Edinburgh Behaviour Support Service (EBSS)** produced three resource packs for care homes. The topics were: Dementia and Covid-19, Staff Wellbeing, and Difficult Conversations Around Death and Dying. These packs were also shared with inpatient wards at the Royal Edinburgh Hospital and with Scottish Care, resulting in the packs being available to care homes in the independent sector across Scotland. The EBSS also recognised as a service that the care home staff would require psychological support during the crisis. They provided a pack focusing on staff wellbeing and offered additional psychological support to care home managers, setting up a Care Home Support Network to facilitate peer support for the managers. The team developed their skills to support care home staff through the crisis and are currently working on resources for monthly wellbeing webinars. They also aim to provide aftercare once the crisis has reached its end.

The EBSS found that many care home staff were physically exhausted, feeling overwhelmed with information, leading to people having difficulties concentrating and making unaccustomed mistakes. The EBSS advised home

managers to be open about such problems. An acknowledgment of potential difficulties has helped staff to gain a greater sense of control and understanding of their situation.

**The Intensive Support Service for Older People in Surrey and Borders** developed two packs one for residents and one for staff. The residents’ pack focused on ideas for meaningful activities and staying connected to relatives. The carers’ pack supported the wellbeing of staff and signposted them to helpful strategies and local agencies/Apps.

**South Gloucestershire Care Home Liaison Service** used a three stepped care model for staff support. Initially, they offered relevant literature and resources, then offered an opportunity to discuss issues (‘listening space’). With more severe difficulties, staff could be fast-tracked to the Psychology service.

**Durham and Darlington Care Home Liaison Team (TEWV)** used a stepped care model for supporting staff, sharing resources, providing CPN telephone support and offering further wellbeing support with the psychologist. The team also facilitated the setting up of wobble rooms; these are spaces that can be used by staff who need some time away from communal or resident areas. Typically such rooms include posters on the wall related to self-care, motivational signs, tissues, drinks and food. Many teams have encouraged staff to personalise the rooms with pictures, relaxing CDs, magazines, hand cream and cushions.

# Examples of Support Provided by Specialist Care Home Teams across the UK



The team also developed guidance around residents who 'walk with purpose', meaningful engagement, video calls, Namaste care, and staff managing anxiety about wearing PPE.

The team have worked with homes when there staff have died, writing letters of condolence, sharing bereavement resources and developing memory boxes with staff. The team were involved in a 'Saying Goodbye' event on 21/06/20 – this was a free online gathering, with original poetry and specially recorded music, produced in the North East of England for bereaved families, friends and carers of loved ones lost during the COVID-19 pandemic. This is now available on You Tube, which all care homes can access for residents and staff:

<https://youtu.be/bE0fx7QsxyE>

The team are involved in ongoing 'Connection through Music' events every week, which are open to all, including care home staff. These events have been evaluated and shown to improve wellbeing and connectedness to others.

**Teesside Intensive Community Liaison Service (ICLS, TEWW)** offered 24 hour support to care homes during the pandemic. A virtual clinic was developed to maximise resident safety and staff wellbeing. Specific examples of interventions to meet staff needs included:

- Introducing strategies to 'leave stress behind'. This included a 3-minute relaxation exercise; mindfulness and grounding techniques, self-care and Acceptance and Commitment Therapy approaches (FACE COVID, Harris 2020).

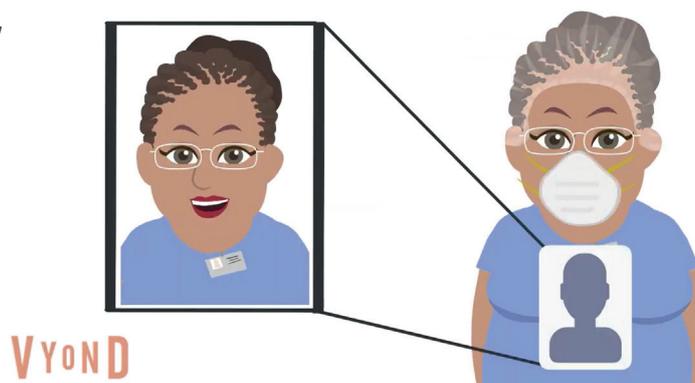
- Teaching a de-briefing strategy to staff to implement at the time of loss.
- Supporting care staff with the 'verification of death' process. This was a new duty that care home staff were asked to complete. This understandably created anxiety. The ICLS team helped by sharing video teaching resources from Royal College of Nursing (RCN) and provided further support via telephone and video links.
- Employing bereavement-focused work and supporting staff to develop 'Tokens of Remembrance', including hand print, lock of hair, jewellery, memory boxes.

**Amica Care Trust** offered Home Managers a temporary Staff Wellbeing Service including 1.5 hours of a Reflective Practice Group Session to talk together, in the presence of a Clinical Psychologist, about how recent events have impacted on them, both professionally and personally. A follow-up review session was offered a month afterwards. The last 20 minutes of the session included questions from the "20 minute care space".

# Needs animation

## Needs animation

An animation to support this survey entitled "Meeting the needs of people with dementia living in care homes during the Covid-19 pandemic" was released on YouTube in May 2020 (Birtles & James, 2020). A link is provided in the references. This animation was funded from the estate of Bernard Edward James, who died in 2019.



## Acknowledgements

Thank you very much to Jurga Paserpskyte from Sheffield Health and Social Care NHS Foundation Trust for her help in the development of the needs tree. The original idea for the tree came from a 'Self-Care Tree' poster that Jurga developed for staff at Forest Lodge, the low secure inpatient ward where she works. Thank you also to Helen Heath for her beautiful illustrations - [illustratedbyhelen@gmail.com](mailto:illustratedbyhelen@gmail.com) and Jonathan Hall for his graphic design - [jhall@9by9.co.uk](mailto:jhall@9by9.co.uk)



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