



Managing risks from wandering or walking with purpose during COVID- 19

HPFT Care Home Function Team

Increased challenges

We are aware that care homes are in a very difficult position at the moment, trying to maintain safety of residents through social distancing, while working with individuals with dementia who cannot comprehend or retain the need for this. There is no simple answer for implementing the isolation and social distancing guidelines, as reasons for wandering are individual to the person, however this guidance is to try to offer some ideas and suggestions to try. Where care homes are finding it difficult or impossible to find strategies to help to manage an individual, the Care Home Function Team are available to help and support. Referrals for support through the Specialist Mental Health Team for Older People can be made through SPA as usual.

Behavioural Approaches

Establishing a daily routine can create structure, which may help to reduce a resident's desire to wander.

Consider ways to occupy the person – it may be helpful to have a box of items to hand that they can engage with, or to have certain activities available to hold the person's attention.

Sometimes the more we try to control someone's behaviour, the more a situation escalates, so it can be helpful to try to accommodate the need. With the resident who is feeling trapped inside, it might be beneficial to accompany the resident for a walk outside, or to a space where there are not many other residents. By recognising the person's need for a change of environment/to go for a walk this could help to reduce some of the agitation/wandering later on in the day. Consider your tone of voice- speak to residents in a calm tone of voice, make sure you give good eye contact and try to be reassuring.

Accompany the person for a walk within a designated area within the home – if they are symptomatic this should remain within the area designated for symptomatic residents, and if not they should remain in areas designated for asymptomatic residents.

BBC music memories is a memory radio designed especially for people living with dementia which could help to keep people occupied.

The family of the resident might have valuable information and suggestions for things that could help to keep somebody engaged, and might be able to help you understand the motivation for the wandering.

If you are struggling to manage a particular resident's wandering and have tried the strategies described in this document without improvement, seek advice from the mental health team who may be able to provide additional tailored advice and interventions, or from the Admiral Nurse.



ABC Charts

Make use of ABC charts to record when somebody is walking with purpose. This involves documenting what happened immediately before somebody starting walking, describing the walking itself and documenting what happened afterwards and how people responded. These records can be helpful in understanding what is influencing the walking, and in showing what kinds of intervention help or don't help.

Behavioural recordings can also help to identify times of day when a person might be most likely to walk with purpose. Activities and exercises can then be planned to do with the person at this time.

Technology Support

Make use of video software on smartphones, tablets and portable computers as much as possible so that residents are connected.

Isolation puts considerable difficulties on residents and families, and using such technologies can help professionals to respond to these.

Meeting residents' emotional needs

Consider whether people might be wandering in order to meet one of the below needs, and see some examples of ways homes have helped to meet this need

Perception of safety

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

Other residents have been scared by the use of PPE, movement restrictions and losing the support of family and friends. They might also have been aware of a higher level of tension in their home, or one or more of their friends might have been seriously ill or died.

Care home staff are highly skilled individuals who can use a range of communication skills to assist people with their activities of daily living and management of anxiety related to COVID-19. Useful examples of ways care homes have managed this need have been provided by Marshall et al (2020) in their needs paper which is included in the references section for those wanting to see the full document. Some steps that have been taken by homes to support their residents' perception of safety include:

- Producing a weekly bulletin delivered to residents' rooms informing residents about the steps taken to maintain their safety



- Encouraging residents to witness staff washing handles and doors many times each day, providing a sense of security
- Printing large, laminated pictures of staff so that staff wearing PPE could wear these and show them to residents before personal care, so residents could see what they looked like
- Staff taking more time to connect with a resident before undertaking any intimate care tasks
- Ensuring residents have access to religious materials, and providing a Chaplaincy Support pack including prayers and non-religious readings
- Installing extra hygiene facilities such as increasing alcohol gel dispensers or adding extra handwashing stations
- Creating walking spaces within segregated areas for those residents who want to continually walk

Need for positive touch

For many residents, physical contact can be a source of comfort and reassurance. The pandemic abruptly stopped a lot of this contact, and this has been difficult for many residents. People may have wondered why their normal morning hug was refused or why people were moving away from them when they approached.

Some initiatives used by homes to meet this need have included:

- The use of soft toys and therapy dolls
- Promoting the use of regular handwashing facilitated by staff, also providing the opportunity for positive touch
- The use of shampoo and conditioner caps that don't require rinsing. These enabled residents to have their hair washed and massaged by staff who could stand behind them wearing PPE.
- Individualised meaningful engagement boxes containing washable items that had meaning to each resident, including objects they could grasp and hold onto for comfort.
- Time with the care home pet or getting a robotic pet for the home, which can have a calming effect on residents

Need for love and belonging

COVID-19 guidelines have reduced many of the strategies that care homes have used to foster a sense of belonging in residents. People have had less freedom to move around and they have been required to keep separate from one another.

Initiatives used by homes to meet this need include:

- Making use of video calls to allow residents to see and talk to their families
- Encouraging families to send video/audio recordings digitally
- Some residents may prefer written letters from relatives
- Going through family photographs with residents

Need for esteem



To feel valued and treated with dignity and respect. With reductions in staffing, use of bank staff and the sheer amount of extra work created by COVID-19, residents' daily interactions with staff might be shorter and less enjoyable, and fellow residents who they used to regularly chat with might be less available due to social distancing.

Some ways homes have met this need include:

- Developing a garden based activity hub
- Inviting local children and neighbours to send messages of support, pictures and gifts
- Celebrating 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.
- Organising treasure hunt based games while socially distancing

Need for control over environment and possessions

Having a sense of control is such a strong drive that restrictions can lead to conflict and agitation. The loss of freedom may have been particularly hard for those who routinely walked the corridors.

Some ways homes have helped meet this need include:

- Giving residents cleaning equipment for additional disinfecting of their own rooms. This helped maintain existing skills and reduce anxiety as it allowed residents to clean the room to their own standards during the pandemic.
- Always waiting for permission to enter before going into a resident's room
- Involving residents in decisions of how to spend money that was donated to a care home

Need for occupation and exploration

Restrictions of social distancing have left residents unable to engage in activities for which they require close prompting or support. Daily visits from outside the home have also stopped, leaving residents at risk of being unoccupied and bored.

Some ways homes have helped meet this need include:

- Creating meaningful engagement boxes for residents – these could include photographs, items related to their past, soft toys, mementos, word searches etc.
- Help residents to keep active by encouraging them to participate in physical activities this could include ball/balloon games and outdoor games e.g skittles
- People with dementia can still often remember and recognise music from their past- get to know what type of music is meaningful for your residents. Get MP3 players and create a personalised playlist so that each residents can listen to music whenever they like
- For residents who like creative activities try pompom, paperchain making and decorating face masks



- Ask residents to help take care of the garden-supporting residents to water plants, top up bird feeders, sweep up the leaves etc. Use recycled tubs to plant flowers, which residents could then enjoy seeing from the lounge window
- Spending that extra time to help comb someone's hair, giving them a hand massage or painting resident's nails can also provide comfort and add meaning to someone's day
- Seated exercises and seated dancing to music can be good fun
- Encourage residents to engage in domestic activities e.g sock pairing, towel folding, washing up, dusting, laying the table etc.- it does not matter if they do not do this perfectly- the main thing is that they are having a go. Give plenty of praise for residents' efforts and thank them for their time. This will help them feel valued and loved.

The more physically active and engaged residents are during the day, this can help to reduce agitated behaviours and promote a healthy sleep routine.

For more activity ideas please see: College of Occupational Therapist- Living well through activity in care homes: the toolkit.

Need for fun

Much entertainment both inside and outside care homes has been reduced

Some ways care homes have helped to meet this need include:

- Dedicating 1:1 time for a fun activity each day for residents who were isolated in their rooms, including playing with balloons, listening to music or watching songs on a tablet
- Incorporating videos of comedians into daily routines
- Accessing internet radio stations for people with dementia playing era-specific music (e.g. at www.musicfordementia.org.uk)

Special Considerations

Residents who wander or walk with purpose may require specific consideration.

Physical restraints should not be used. Visual barriers such as orange netting or a stop sign might help to deter somebody from walking into an area they should not be in, or placing full length mirror in front of a door might distract someone from their original intention of going through it.

Care homes are advised to work with community mental health and dementia teams, who may be able to provide additional individualised support.

Delirium may contribute to walking behaviours. The BGS guidance on managing delirium in COVID-19 patients may be useful. (See a link at the end of this document for guidance.)

Always consider whether pain might be a factor influencing someone to walk. Somebody with dementia might find it difficult to communicate their pain. Could it be uncomfortable for them to sit for prolonged periods? People might be getting less opportunity for exercise than usual. Visits from doctors and other healthcare professionals may have been limited for some time, so there may have been increases in



undiagnosed pain. Some elements of pain perception are psychological, so residents' lack of occupation may have provided more time to dwell on their aches and pains. Providing regular pain relief if there is a chance somebody might be in pain and supporting the person to get up and move around at regular intervals could help to reduce walking with purpose in some cases.

Consider whether other physical needs are being met. Is the person hungry or thirsty and searching for food/drink, or could they be looking for a toilet? Are they too hot or cold?

Dementia Friendly Communication

If a resident with dementia is highly distressed, e.g saying that they need to leave to go to school/to pick up their children/to go to work it is important to recognise the residents distress and see if you can reassure them. The main thing is to not dismiss the resident by saying "don't worry, you don't have to go to school" because for someone with dementia this is not helpful and will only add to their distress. It is important to not correct the resident or refute what they are saying. Staff could provide reassurance by stating "It sounds like you have a busy day planned. Is there anything I can help you with?" Try to offer the resident some form of reassurance or comfort that you know works for them e.g could be cup of tea and a hand hold whereas for another resident it might be asking them to help you in the garden.

Resources- Above communication recommendations taken from Penny Garner's Contented Dementia Trust: The Special Method and Dementia UK Tips for communicating with someone with dementia.

Professional Guidance from WHO

Older adults, especially in isolation and those with cognitive decline/dementia may become anxious, angry, stressed, agitated and withdrawn during the COVID-19 outbreak. It is advised that Social Care professionals and families should provide emotional and practical support.

It is important to share simple facts about what is currently going on. This should be clear and informative on how to reduce the risk of infection. This should be communicated in words that older people with and without cognitive impairment can understand.

Information should be repeated whenever necessary. Instructions need to be communicated in a clear, concise, respectful and patient way.

Consider displaying information using writing and/or pictures.

Meeting the needs of staff

In order to care well for residents, staff must have their own needs met. Staff need to feel physically comfortable, safe (both physically and psychologically), included as part of a team and valued and recognised for the skilled job they do. Carers will also benefit from humour and being able to enjoy having fun with one another.

Physical comfort: Having enough resources, staffing and equipment, having sufficient breaks to rest and recharge, eat, drink, use the toilet and washing facilities



Perception of safety: Both physical and psychological. Psychological safety is the belief you won't be punished or humiliated for speaking up with ideas, questions, concerns or mistakes.

Love and belonging: Having good relationships with others, feeling part of a team, feeling included

Esteem: Feeling valued and recognised by others for the skilled and difficult job you do

Fun: Having opportunities for fun and laughter with colleagues and residents

Support for your own mental health: HPFT have an Emotional Support helpline that any care staff can call to receive support for your mental health (Tel: 0300 012 110. 08:00-22:00 7 days a week). Care staff registered with a Hertfordshire GP can refer themselves to HPFT (Mental health services) via the Single Point of Access (SPA) phone number (Tel: 0300 777 0707).

Useful links:

- **Delirium Prevention and Diagnosis and management**

<https://www.nice.org.uk/guidance/cg103/chapter/1-Guidance#risk-factor-assessment>

- **COVID-19: Managing the COVID-19 pandemic in care homes**

<https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes>

- **Coronavirus: Managing delirium in confirmed and suspected cases**

<https://www.bgs.org.uk/resources/coronavirus-managing-delirium-in-confirmed-and-suspected-cases>

- **College of Occupational Therapist- Living well through activity in care homes. The toolkit:**
<http://www.pkc.gov.uk/media/42488/Living-Well-Through-Activity-in-Care-Homes/pdf/Unit2-Care-home-staff-resources-2015>

- **Contented Dementia Trust. The Specal Method by Penny Garner**
<http://www.contenteddementiastrust.org/what-is-the-specal-method/>

- **Dementia UK. Tips for better communication with a person living with dementia:**
<https://www.dementiauk.org/wp-content/uploads/2019/07/tips-for-communication-new-web.pdf>

- Marshall, J. James, J, Carter, L.J. 2020 '**Meeting the Needs of People living in Care Homes during the Covid-19 Pandemic**' Tees, Esk and Wear Valleys NHS Foundation Trust.