

209 - The Impact of Function Focused Care in Assisted Living Communities in the United States during the COVID-19 Pandemic

Elizabeth Galik, Barbara Resnick, Rachel McPherson, Erin Vigne

The purpose of this study was to test the preliminary effectiveness and feasibility of implementation of a function focused care intervention, referred to as Function Focused Care for Assisted Living Using the Evidence Integration Triangle in Assisted Living Communities with Residents with Dementia, and consider the impact of COVID-19 restrictions on incidences of COVID-19 and worsening of behavioral symptoms. The intervention was designed to facilitate a philosophy of care in which staff are educated and helped to actively engage residents in functional and physical activity during all care interactions. This was a single group pre-post intervention study including 51 assisted living communities in a single state in the United States. The communities ranged in size from 8 to 50 beds with the mean number of beds being 13.25 (SD=7.69). The majority (99%) were for profit. There was significant improvement in the support of the environments ($p=.01$) and policies ($p=.04$) for physical activity. There was no significant change in falls, emergency room transfers, hospitalizations or nursing community transfers over time. Overall there were only 7 (18%) communities that had COVID-19 positive patients with the numbers ranging from 1-16 residents and percentage ranging from 0-31% and a mean percentage of 17%. The majority did not require that the residents quarantine in their rooms (87%) although they did restrict visitation with the exception of 3 (8%) communities that let families visit after training and with exposure and symptom risk assessments completed at each visit. Communities in which residents were quarantined in their rooms had a 40% greater likelihood of having COVID-19 positive residents than communities that did not quarantine residents. None of the restrictions imposed were associated with worsening of behavioral symptoms. The findings are descriptive and pilot in nature but can be used to guide future research around prevention and management of infections in assisted living.

210 - Are visits allowed? The impact of the COVID-19 pandemic on care home visitation and care delivery in the UK

Clarissa Giebel^{1,2}, Kerry Hanna^{1,2}, Jacqueline Cannon³, Hilary Tetlow^{2,4}, Paul Marlow², Justine Shenton⁵, Stephen Mason⁶, Manoj Rajagopal⁷, Mark Gabbay^{1,2}

1 Department of Primary Care & Mental Health, University of Liverpool, Liverpool, UK

2 NIHR ARC NWC, Liverpool, UK

3 Lewy Body Society, Wigan, UK

4 SURF Liverpool, Liverpool, UK

5 Sefton Older People's Forum, Sefton, UK

6 Department of Cardiovascular and Metabolic Medicine

7 Lancashire & South Cumbria NHS Trust

Background: COVID-19 has caused the sudden closure of care homes to the outside world, to stem the virus from infecting some of the most vulnerable groups of people – older adults residing in care homes. With very little knowledge to date, we aimed to explore the impact of COVID-19 on care provision and visits in care homes from staff and family members' perspectives.

Methods: Care home staff and family carers of people living with dementia (PLWD) across the UK were recruited via convenience sampling and participated via telephone or Zoom. Participants took part in a semi-structured remote interview. Baseline data were collected between October and November 2020, and follow-up interviews were collected throughout March 2021. Anonymised transcripts were analysed separately by two research team members using thematic analysis, with codes discussed and themes generated jointly, supported by research team input.

Results: 42 participants (26 family carers and 16 care home staff) took part in the baseline interviews, and 20 purposefully sampled participants (11 family carers and 9 care home staff) were followed up. Prior to vaccination roll out in the UK, at baseline, family carers expressed concern about a lack of clear guidance throughout the pandemic, with care homes delivering care differently and disparities noted in the levels and types of visiting allowed for family members. Lack of communication between care homes and family members, but also government and care homes, led to family carers feeling excluded and concerned about the well-being of their relative. Data on follow-up interviews are still being analysed.

Conclusions: This is the first empirical evidence to show how the pandemic has caused severe difficulties in providing adequate care for care home residents, with not only residents, but also care home staff and family carers being negatively affected. Follow-up data will shed light onto the impact of vaccination and eased visitation rights put in place since March 2021 on care delivery and connections between family carers and residents.

211 - Changes to post-diagnostic dementia support in England and Wales during the COVID-19 pandemic

Alison Wheatley, Marie Poole, Louise Robinson

Background: The COVID-19 pandemic precipitated widespread change across health and social care in England and Wales. A series of lockdowns and UK Government guidance designed to reduce the spread of COVID-19 which emphasised social distancing and increased use of personal protective equipment led to changes such as increased use of remote consultation technologies and the closure of services deemed non-essential. This included many services for people with dementia and their families, such as day centres and dementia cafes.

Objective: To explore the changes made to services during the pandemic and the impact of these changes on the delivery of good post-diagnostic dementia support.

Method: Professionals who had previously been recruited to the ongoing PriDem qualitative study were approached for follow up interview. Eighteen interviews with a total of 21 professionals working in health, social care and the third sector were conducted using telephone or video conferencing. Interviews were audio recorded, transcribed and checked prior to thematic analysis.

Results: Key themes emerging from preliminary analysis of the data include: uncertainty about the future and the need to adapt quickly to shifting guidance; changing job roles and ways of working; the emotional and physical impact of the pandemic on staff working with people with dementia and their families; and the impact of changes made (e.g. increased PPE, remote working) on the ability to deliver post-diagnostic support. However, there were also some unintended positive outcomes of the changes. These included the ability to include family members living at a distance in remote consultations, allowing for more robust history-taking, as well as the uptake of technology to facilitate cross-sector and multidisciplinary working between professionals.

Conclusion: Delivering post-diagnostic dementia support during COVID-19 was challenging and forced dementia services to make adaptations. Participants expected that some of these changes would be incorporated into post-pandemic work, for example increased use of technology for multidisciplinary team meetings or blended approaches to patient-facing services involving both virtual and face to face work as appropriate. However, most participants agreed that it was not appropriate nor desirable to provide fully remote post-diagnostic support on a full time basis.