

***Preprint (not yet peer-reviewed):***

## **Rapid review of the evidence on impacts of visiting policies in care homes during the COVID-19 pandemic**

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### **Acknowledgments:**

CG is part funded by the National Institute of Health Research (NIHR) Applied Research Collaboration East of England (ARC EoE) programme. The views expressed are those of the authors, and not necessarily those of the NIHR, NHS or Department of Health and Social Care.

### **Key points:**

- We found no scientific evidence that visitors to care homes introduced COVID-19 infections, however during the peak of the pandemic most countries did not allow visiting and there are some anecdotal reports attributing infections to visitors before restrictions.
- There is increasing evidence that care home residents experienced greater depression and loneliness and demonstrated more behavioural disturbance during the period that included visitor bans.
- There is evidence of substantial care provision by unpaid carers and volunteers in care homes prior to the pandemic, hence visiting restrictions may have resulted in reductions in quality of care or additional tasks for care home staff.

## Key words:

Care home visits, COVID policies in care homes, visiting restrictions

## Abstract (250 words):

Most countries have restricted visits to care homes to prevent COVID-19 infections, however, concern is increasing about the negative impact of these restrictions on the health and wellbeing of care home residents and their families.

We carried out a rapid review of evidence to address three questions:

1. What is the evidence on the impact of visitors in terms of infections in care homes?
2. What is the evidence on the impact of closing care homes to visitors on the wellbeing of residents?
3. What has been the impact of restricting visits on quality of care?

We found no evidence in the scientific literature so far that visitors have introduced infections to care homes. This needs to be interpreted cautiously as visits were not allowed in most countries during the first waves of the pandemic and there are anecdotal reports of possible infections from visitors. In a pilot project, opening 26 care homes to visitors did not result in any infections.

There is increasing evidence that the wellbeing of care home residents was severely affected during the period that included visitor bans. Studies found high levels of loneliness and depression and worsening mood and behavioural problems.

We found no direct evidence on impact on quality of care, but prior to the pandemic there is evidence of substantial care provision by unpaid carers and volunteers in care homes, suggesting that visiting restrictions may have resulted in reductions in quality of care or additional work for care home staff.

## Introduction

One of the most widely and rapidly adopted measures to reduce the risk of COVID-19 infections in care homes has been closing homes to visitors [1]. Compared to other Infection Control Measures (IPC), closing homes to visitors is relatively easy and cheap to implement. However, as the COVID-19 pandemic continues, there is increased awareness of the deleterious impact of visitor restrictions on the wellbeing and health of residents and their families. As many countries are maintaining or re-instating visiting restrictions, there is increased advocacy pressure to review visitor policies.

This article provides a rapid review of the evidence on the impacts of visiting policies in care homes during the COVID-19 pandemic. We seek to address three policy relevant questions:

1. What is the evidence on family and other visitors introducing **infections to care homes**?
2. What is the evidence on the impact of closing care homes to visitors on the **wellbeing of residents**?
3. What is the impact of closing care homes to visitors on **quality of care**?

## **What is the current evidence on the impact of family and other visitors on infections in care homes?**

We identified published studies that report on the effect of visitors on infections in care homes. We built on database searches conducted for a separate, systematic review on COVID-19 mortality and infection rates in long-term care (LTC) settings [2]. We first narrowed down records retrieved from seven databases (MEDLINE; Embase; CINAHL Plus; Web of Science; Global Health; WHO COVID-19 Research Database; medRxiv) to those mentioning key words relating to family visits or visitors and scanned these for relevance. We then ran another focused search on PubMed to identify more recent articles.

We found two relevant articles. The first is a case study report [3] of the epidemiological investigation of one of the first COVID-19 outbreaks in a care home facility in the United States. This study is from very early in the pandemic (late February 2020), before COVID-19 infection control processes were in place. The study identified 167 persons with confirmed COVID-19 as epidemiologically linked to the facility, including mostly residents and staff. 16 visitors to the facility also had confirmed COVID-19, but the study could not identify whether visitors were the source of infection, caught the infection while visiting, or were infected elsewhere. The study found that staff working in more than one facility and transfers of residents contributed to the infection spreading to other facilities.

The second study uses mixed-methods to analyse the experience of 26 nursing homes in the Netherlands that participated in a pilot programme to allow visitors back into the homes [4]. The homes were selected to pilot guidelines on safe visiting eight weeks after Dutch nursing homes were locked down for visitors. Guidelines included conditions that had to be met by the visitor (one designated visitor per resident) and the nursing home (including strict hygiene protocols, sufficient PPE, staffing, and testing capacity in the region). The study found that there was variation in how guidelines were implemented, e.g. whether visits were supervised by staff and whether masks were mandatory for visitors. All 26 nursing homes reported positive reactions by residents, family, and staff about the possibility of allowing visitors back, although some staff reported an increase in workload. Based on regional testing reports, no new COVID-19 cases in nursing homes were reported three weeks after visits started. There was a national downward trend in new infections during this time.

While published studies have not identified visitors as vectors for infections, we are aware of anecdotal reports of care home managers attributing infections to visitors prior to introducing restrictions.

## **What is the current evidence on the impact of closing care homes to family and other visitors on the wellbeing of residents?**

Using the same method as per the previous question, we identified published studies reporting on the wellbeing impact of closing care homes to visitors, screening published studies for mention of “wellbeing” and variants. A PubMed search was conducted for recently published studies.

A Dutch study found that the wellbeing of older care home residents was severely affected during the COVID-19 measures, including visitor bans, six to ten weeks before this study took place. They found high levels of loneliness and depression and worsening in mood in behavioural problems, which affected more residents without cognitive impairment [5].

Another Dutch study found evidence of an increase in reported serious incidents among clients of a LTC organisation for people with intellectual disabilities. Using administrative data in an interrupted time series analysis, the authors showed that overall incidents, particularly involving aggression, were statistically significantly higher since a national lockdown with a ban on visitors in LTC facilities was introduced compared to the four years before [6].

These negative impacts on nursing home residents have been frequently mentioned in the literature but are typically based on anecdotal evidence. For example, in response to reports of heightened isolation and loneliness among nursing home residents due to visitor bans, a “Telephone Outreach in the COVID-19 Outbreak (TOCO) Program” with student volunteers was implemented and piloted in 3 nursing homes in an area in Connecticut (US) [7]. The volunteers reported that residents experienced restlessness and anxiety during the isolation period. The study also found that for many residents, social isolation was already an issue before visitor restrictions were introduced.

In a survey among community-dwelling US adults who had a family member or friend in a care home (89% of which faced strict no-visitor policies during the pandemic), researchers found that more direct means of communication between the respondent and their relative or friend (specifically, phone or email) were associated with less negative emotions, while less timely means (letters) were associated with more negative emotions [8].

### **What is the impact of closing care homes to family and other visitors on quality of care?**

We found no published studies directly addressing this question. There have been commentaries in the media and scientific journals highlighting the risks that closing care homes to visitors may pose (particularly at a time when usual inspections have been suspended in many countries and many care homes have been understaffed) through instances of lack of appropriate care and even abuse not being detected [9].

Pre-pandemic evidence shows that family and other unpaid carers and volunteers provide substantial care to people living in care homes. If that care is no longer available because visits are restricted (with no or only very brief, distanced visits allowed), this will result in either residents receiving less care, or in care home staff needing to take on additional care tasks.

Some family members, especially spouses, become highly involved in the care of their relatives in care homes. This involves “hands-on tasks” (provision of personal care and mealtime assistance), managerial roles (care coordination, taking the relative to appointments, providing food and supplies, helping with finances), social and emotional support, support to other care home residents (e.g. delivering food and drinks), and monitoring the health status of their relatives and detecting cases of abuse [10,11]. Volunteers also played an important role in many care homes prior to the pandemic [12].

A study of the costs of dementia in England, which collected data on unpaid care provision in care homes, estimated that unpaid carers provided care to the value of £3,450 per person with dementia living in care home in England, per year [13], about a third of unpaid carers were helping with eating and getting around both indoors and outdoors, transportation and food shopping, and 70% were providing help with finances.

### **Conclusion:**

There were already low rates of social interactions among residents and loneliness before the COVID-19 pandemic [14]. The evidence reviewed suggests that visiting restrictions are likely to have exacerbated this further. While there is no scientific evidence identifying visitors as the source of infections this is likely to reflect that most care homes did not allow visitors during the initial peaks of the pandemic. A pilot re-opening homes to visits under strict guidelines did not result in any infections.

Allowing visitors in facilities where there are no COVID-19 cases is important to support resident wellbeing. Safeguards to reduce risk of COVID-19 infection have been described, including visits through windows/glass, outdoor visits, and well-ventilated indoor spaces, screening of visitors, use of masks and other PPE and hand hygiene and cleaning.

In addition, it is important to recognize and support the provision of unpaid care, particularly for people who pre-COVID had a history of regular visiting to provide care (e.g. feeding, grooming, emotional support). They should be classified as essential workers, provided training and PPE, and be allowed to visit regularly and provide care, interacting as closely with residents as staff [1,15].

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