

How has COVID-19 impacted on Learning Disability Nursing Services in Scotland?

The impact on acute NHS services and care homes has been well documented and at the forefront of media attention. Learning disability services have responded to the COVID-19 pandemic; however, to date there has been limited consideration on how this is affecting individual lives. This has been considered and explored by one board area in Scotland.

For Community Teams, there has been disruption to service delivery. With routine, face-to-face contact cancelled and assessed on an individual basis. Staff responded by ensuring ongoing telephone contact, directly with clients, family members, carers and support staff. Additional assessments have been devised to record COVID-19 data completed during contact, including recording the presence of symptoms, positive diagnosis, self-isolation and where individuals are shielding.

The cessation of routine activities has had a further negative impact with day centres, colleges and supported employment temporarily closed. This has impacted on people with learning disabilities using services, increasing isolation, vulnerability and anxiety. Staff responded by distributing a range of Easy read resources to clients, family members, carers and support staff as well as telephone and face-to-face support when required.

For the in-patient Assessment and Treatment, service for people with learning disabilities the COVID-19 pandemic caused great concern. Despite the challenges faced during organizational change, the service continued to be delivered. Patients have decreased outings due to COVID-19 restrictions, change to structure and normal routine has increased anxieties with the potential to escalate behaviours perceived as challenging. This was managed by increasing structure and activities to promote engagement, development of skills and exercise. Lack of family contact has also led to an increase in anxieties and heightened emotions. Staff responded by utilizing technology to provide "virtual visiting," also increasing contact with parents, carers and next of kin to ensure they felt at ease regarding updates.

Where staff had to wear PPE, which could appear threatening or overwhelming, the tension between protection from cross infection and the relationship between staff and patients was an area of concern. With the use of individual care plans and accompanying social stories used to explain the wearing of PPE, staff were able to respond to individual communication needs. This decreased the

potential for fear and anxiety created by this unfamiliar requirement in the delivery of treatment and care.

For patients working towards discharge, this continued, ensuring with planning that progress could be made in concordance with government guidance and social distancing.

The management and leadership within the learning disability and wider mental health services have also been supportive, acknowledging staff anxieties around a potential outbreak of COVID-19. All staff have access to the most up to date guidance in relation to infection control procedures specific to COVID-19. Protocols are in place should any patient or client display symptoms, which acknowledge the potential challenges in having to enforce self-isolation on those with limited capacity.

Staff have experienced difficulties on a daily basis including service delivery, contact with clients, recording of information and completing different assessments. There has been a need to respond timeously to requests and updates from Government and senior management, with new guidance and protocols being devised and implemented.

There has been an element of feeling ill prepared for this pandemic and coping with the ever-changing demands; however, teamwork has proven invaluable, with nurses responding to change proactively and proving they are both resourceful and adaptable.

ACKNOWLEDGEMENTS

The people with Learning Disabilities using these services and their families and carers.

AUTHOR CONTRIBUTORS

Alan Middleton—Senior Lecturer, MSc, BSc, PgCLTHE, DipCHN, RNLD, RGN, FHEA. Karen Gribben—Interim Community Team Leader, BSc, SPQ, RNMH. Alison Houston—Community Charge Nurse, BSc, SPQ, RNLD. Michelle McInroy—Community Charge Nurse, BSc, SPQ, RNLD. Kelly Shepherd—Senior Charge Nurse A&T, BSc, SPQ, RNLD, PgCPD. Ashleigh Wilson—Community Charge Nurse, BSc, RNLD. Sophie Cairney—Staff Nurse A&T, BSc, RNLD

Alan Middleton¹ 

Karen Gribben²

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited and is not used for commercial purposes.

© 2020 The Authors. *Journal of Psychiatric and Mental Health Nursing* published by John Wiley & Sons Ltd

Alison Houston²
Michelle McInroy²
Kelly Shepherd³
Ashleigh Wilson²
Sophie Cairney³

Correspondence

Alan Middleton, Glasgow Caledonian University, Glasgow,
UK.
Email: alan.middleton@gcu.ac.uk

ORCID

Alan Middleton  <https://orcid.org/0000-0002-9933-6318>

¹Glasgow Caledonian University, Glasgow, UK

²East Ayrshire Health & Social Care Partnership, NHS Ayrshire &
Arran, Ayr, UK

³North Ayrshire Health & Social Care Partnership, NHS Ayrshire
& Arran, Ayr, UK