



# Retirement Village and Extra Care Housing in England: Operators' Experience during the COVID-19 Pandemic

**RE-COV Study**  
Summary Report  
April 2021

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St Monica Trust



Remarkable  
research for  
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*“A huge thank you for all the thoughtful and helpful ways that you are assisting us”*

Email from a resident

***“In the face of an extraordinary threat to all your staff, residents and visitors, you have managed to put measures in place to help keep everyone as safe as possible in a measured, respectful and timely way. Everyone has had to seek innovative solutions, but few on the scale that you have. I have no doubt that it has been and continues to be all-consuming in terms of time and effort.”***

Letter from a family member

*“We felt very safe and well looked after during lockdown. All our friends said they wished that their conditions had been as good as ours!”*

Feedback in a residents' survey

# I Foreword by Susan Kay

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A depressingly recurring theme of the scientific commentary of recent months is that COVID won't be the last pandemic we'll experience. It's therefore essential that we learn the lessons of this one so that we're better prepared. The only way we'll do that is for organisations – however they are funded and owned: private, public or third sector - to work together openly and in the interests of the individuals they serve to share experiences and information. That's why we're delighted to have been able to support this piece of research<sup>1</sup> (spanning both publicly and privately funded providers) and to share it. A huge thank you to those organisations who gave of their time so generously and participated in this research during what has been the most challenging of times.

What is striking about the messages and recommendations set out with such clarity here is their sheer diversity, ranging from housing and infrastructural design and regulation to the small things that can make a big difference in building resilient and supportive communities and contributing to the well-being of isolated and lonely people.

But it's also sobering that some of the issues encountered and their solutions (such as those around housing design and use of technology) were already well known. Take a look at the Housing LIN's resources on designing extra care housing, for instance, and you'll see how thoughtfully designed and well-planned facilities can contribute to positive health outcomes for older and vulnerable people. Yet, despite the fact that we have an ageing population, there is still much to be done in the area of local and national building regulation to capture more of these, very clear, benefits.

We hope that this contribution to the growing body of evidence around the impact of the pandemic, and sharing the solutions that work, will not only be useful to providers who put the real needs of older and disabled people at the heart of their services, but also to government so that it can provide the financial, policy and regulatory infrastructure - and an accessible and helpful communications framework - to enable those providers to continue to do so.

Learning the lessons means acting on them. So please also look out for two more major pieces of work we're supporting: the [Commission on the Role of Housing in the Future of Care and Support](#), led by the Social Care Institute for Excellence and [the Technology for an Ageing Population Panel for Innovation](#), led by the Housing LIN. The former, steered by a cross-sector panel of Commissioners, was established to develop a blueprint for how we address many of the issues set out in this report - and more - and the latter to help seize the opportunity created by the pandemic to drive the 'digital revolution' across housing, health and care and transform the landscape of everyday living environments for older and disabled people. We'll be reporting on those later in the year.

Susan Kay  
Chief Executive  
Dunhill Medical Trust

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<sup>1</sup> We have also supported the National Care Forum in collaboration with the University of Leeds in the [COVID-LESS study](#) focusing on the experiences of care homes.

## 2 Introduction

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### Purpose of the study

When the COVID-19 pandemic began in March 2020, it created particular challenges and experiences for those living and working in Retirement Villages (RVs) and Extra Care Housing (ECH) and continues to do so more than a year on. Very little robust evidence existed in the public domain about what the pandemic's impact had been in these housing-with-care settings.

- ◆ How had it affected the housing-with-care operators, their staff and residents?
- ◆ How had operators responded to the pandemic?
- ◆ What had their innovations and successes been, and what were the key ongoing challenges?

Funded by the Dunhill Medical Trust, undertaken by St Monica Trust and supported by the Housing LIN (Learning and Improvement Network), this RE-COV study aimed to address these gaps with the view to sharing evidence to inform future operational decisions and practices, influence national policy developments, and raise awareness of the RV and ECH COVID-19 experience in England.

### About retirement villages and extra care housing

RV and ECH schemes both provide self-contained, age-designated<sup>2</sup> accommodation for independent living, with access to a range of communal facilities (cafés, restaurants, leisure facilities) and care services. Also known as housing-with-care, RVs and ECH are completely different settings compared with care homes (some retirement villages do however have care homes within them): residents have their own self-contained home within a village or scheme, either as a tenant or owner. Their ethos, environments and services focus on independence, well-being and enabling best later life living.

The majority of apartments in RVs are for sale while much of the provision in ECH is social rental apartments with links to Local Authority adult social care commissioning. This difference results in higher levels of need and frailty among those living in ECH. The average age of both village and scheme residents is around 83 years old; approximately 8% are under 70, 29% are between 70-79, 48% are aged 80-89, and 15% are over 90<sup>3</sup>.

### Who took part in the study?

Invitations to take part in the RE-COV study were sent to all known RV and ECH for older people operators in England (around 270 in all<sup>4</sup>) together providing around 150 RVs and 1,300 ECH schemes accommodating an estimated 100,000 residents. Completed questionnaires were returned from 38 operators between 16 December 2020 and 16 February 2021. The survey questions related to the period from the beginning of the 'first wave' (March 2020) to mid-way through the 'second wave'. This was largely prior to the introduction of the vaccination regime and covered two national lockdown periods.

Of the respondents, 58% were ECH operators, 24% were RV, and 18% operated both RV and ECH (RV&ECH). As a group they had 62 RVs, 387 ECH schemes, and more than 25,864 residents; this represents around 41% of the known retirement village market, and 33% of the extra care housing market. The operators included a range of small, medium and large sized organisations; the majority (68%) were from the not-for-profit sector. Their villages and schemes comprised a wide range of sizes, located across all the main regions in England.

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<sup>2</sup> This study focused on ECH for older people.

<sup>3</sup> ARCO and ProMatura, [UK Retirement Communities: Customer Insight report 2019](#)

<sup>4</sup> Figures provided by the Elderly Accommodation Counsel (EAC).

## 3 Key Messages

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### Effectiveness of the operators' pandemic response

The efficacy of RV and ECH operators' response to the pandemic is evident from the positive feedback, overall positive experiences of residents, and the level of protection afforded to them; resident COVID-19 death rates were lower than expected when compared to people of similar ages residing in the wider community. This has been achieved despite the lack of guidance or support felt by operators, together with the significant challenges and pressures they have faced (many in common with those experienced by care homes) at an unprecedented time.

Operators have demonstrated high levels of proactivity, competence and resilience, as well as large amounts of innovation, flexibility and care. They have gone to great lengths to maximise their ability to support the health and well-being of their residents, staff and visitors during the pandemic. This has included providing regular well-being phone calls for residents and increased support mechanisms to reduce loneliness and isolation arising from the necessary reductions in social contact opportunities.

### Severe pressures and challenges

The COVID-19 pandemic has exerted a huge strain on operators. In common with care homes, many of the major operational pressures and challenges they faced related to anxiety, stress, numbers of staff off work self-isolating or shielding, staff burnout, staff shortages, managing expectations, lack of availability of PPE, and striving to protect health and well-being. The volume of government rule and guidance changes meant the need for continuous decision-making, and adapting of practice, procedures, policy, guidance and communications.

Particular to the RV and ECH sector were difficulties caused by a lack of access to financial support, the lack of inclusion in national guidance (especially early on), the lack of inclusion of housing setting care and support staff in regular retesting from the summer, and then in access to vaccinations. Furthermore, a range of important disparities and issues were caused by the lack of awareness of the RV or ECH models among some local hospitals, local authorities, and health and government departments.

Distinctive challenges also arose from the fact that RVs and ECH schemes provide independent living for residents who own or rent their apartments and are, under normal circumstances, able to come and go as they choose. Operators had to manage complexities and strike a balance between observing the individual rights and freedoms of residents whilst maximising the safety of those living and working in the village and scheme communities. For this, it was essential to continuously work and communicate effectively with staff, residents, their families and visitors, including contractors. Inevitably, there were some residents and visitors who either did not understand or did not want to comply with COVID-19 rules and regulations; this caused a lot of pressure and work for operators.

Maintaining the morale, well-being and safety of residents and staff were top of the agenda last year for operators and will remain so, they say, for the foreseeable future.

### Operators hit hard financially by the pandemic

The costs and losses incurred due to the pandemic have far outweighed any savings or funding received, and many costs are still ongoing. This will have led to tough business conditions and difficult decisions being made such as suspending recruitment to non-frontline roles and making staff redundant. Nearly 70% of operators said they had not received any financial support, this included organisations across the range of sizes and housing types. Both



the lack of funding or access to grants, such as local resilience grants, and inconsistent processes of funding were among the biggest challenges being faced by operators.

## Measures for successfully managing any new localised or national lockdowns in the future

Successful measures shared by operators focused on having a framework of emergency command, plans, processes, procedures and templates ready in place. Highlighted as being especially important were implementing comprehensive risk assessments, ensuring access to PPE, and the means for effective communication to all stakeholders (particularly residents, their relatives and staff). Consultation was considered very beneficial for keeping people included in the decision-making, up to date and on board with changes.

## Concerns for the next phase

There are major concerns for operators going forward regarding resident and staff well-being, loss of revenue and other financial pressures, especially if further lockdowns ensue. There is concern regarding how long the vaccines were going to afford protection, how many will agree to be vaccinated, and how difficult it will be to maintain infection control in the event of premature community perception of decreased risk. Continued vigilance, protective measures and restrictions will be needed for some time to come meaning enduring repercussions, financially for operators, and on daily life for residents and staff.

# 4 Recommendations

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**Some of the major challenges and difficulties faced by operators could be overcome by:**

- A shared awareness and understanding of the housing-with-care model (including a widely publicised and consistently used legal definition), which reflects its important role in the broader care sector, and the extent of the frailty, health and care needs they provide for.
- The inclusion of the housing-with-care sector in all relevant policy and guidance ensuring, where required, that any guidance is specifically tailored to RVs and ECH as well as to care homes.
- Government rules and guidance being developed in consultation with experts, communicated clearly and consistently, with realistic and practical notice periods to implement them.
- The provision of better access to funding to alleviate large financial deficits incurred by RVs and ECH due to the pandemic.
- Consistent processes of revenue funding and financial support across local authorities.
- Flexibility built into contracts for commissioned services so they cover costs of essential additional staffing if need arises.
- Future villages and schemes should be 'pandemic ready'. The design of buildings should allow for enhanced infection control, adaptable for social distancing and the reduction of virus risk. This includes the ability to introduce 'one way' systems, reduce footfall, enhance ventilation/air quality, restrict or prevent entry to visitors when necessary. Also important are appropriate work and office spaces for staff, and facilities that are of particular benefit for residents' well-being such as apartment balconies and outdoor spaces.

## 5 Overview of Main Findings

### Operators' response to the pandemic

The RV and ECH sector operational responses to the challenges posed by COVID-19 have been proactive, innovative and extensive. New ways of working, adaptations of environments in villages and schemes, enhanced communications, and rapid creation of alternative services, facilities and support are among the wide range of changes implemented.

- **More than half of the operators locked down before the 23 March, the start of the national lockdown**, 35% of those had locked down at least a week before.
- **Extra measures were implemented to help maintain residents' mental and emotional well-being.** The most mentioned were: increasing access to and help with digital technology to provide social activities in a different way, enabling social contact with family, friends, neighbours, new befriending and helping with access to local NHS or social care services for non-COVID-19 related needs.
- **There was consistency across the operators in the range of key measures they put in place to protect the health and well-being of their residents and staff.** The most common were:
  - The use of PPE.
  - Social distancing.
  - Closing communal areas and services.
  - Shielding individuals and restricting visitors.
- **Additional special measures were put in place to help maintain residents' general health and key aspects of daily living**, the most common being the provision of:
  - Social calls, and advice and information on government guidance.
  - Take away services, delivery of meals, weekly food boxes, shopping, help with access to internet shopping.
  - Village/scheme practice and procedures.
  - Benefit/financial advice, and help with access to GPs, dentists, hospital services and other specialist health professionals.
- **There was evidence of operators continuing their existing step down during the pandemic.** One even had extended theirs across more schemes. Others were in the process of setting up step down facilities or looking into doing so. Several respondents indicated they would be able to support the NHS by providing step down facilities for non-COVID patients to smooth discharges from hospital and support their ongoing recovery and rehabilitation.

Around half indicated they prohibited visitors, asked residents not to leave the village/scheme, and/or they re-designed spaces or facilities. Many disallowed or discouraged staff car sharing or use of public transport (one respondent pointed out they provided pool cars and some taxis).

- **Operators furloughed more staff during March to July (an average of around 6 staff per operators) and fewer during August to December (an average of around 2.2).**



# The effectiveness of the response

**Operators were successful in affording protection to their residents.** This is indicated in particular by:

- The overall lower proportion of RE-COV survey participants' residents who died from COVID-19 in comparison to people with the same age profile living in the general population in England (see below for details).
- The evidence of the positive effects of the lengths that operators and staff took to help support residents' activities of daily living, social engagement, community and personal activities, and create other opportunities for positive experiences.

- **Fewer village/scheme residents died from confirmed COVID-19 (0.97%) than expected** from March to December 2020 when compared to people with the same age profiles as village/scheme residents<sup>5</sup> living in the general population in England (1.09%).

Given the generally higher levels of health, care and support needs of ECH housing residents this is a very positive outcome. The residents of RV-only operators had the lowest COVID-19 death rate (0.51%).

The highest monthly death rates among residents were experienced in April (0.3%, 42 of 14,580), December (0.2%, 30) and March (0.16%, 24).

- **Overall, the majority of operators had no or very few confirmed and strongly suspected COVID-19 cases during each month in 2020:** 74% had fewer than 1% of residents with COVID-19 in any of their villages/schemes through to November.

The total for the year was 545 confirmed COVID-19 cases among 14,580 residents<sup>6</sup>, equivalent to 3.74% of the resident population.

The proportion of residents with COVID-19 varied between operators but there was no

apparent association with their total number of residents, or number of villages/schemes, or with other variables asked about in the questionnaire apart from housing type: operators with both RVs and ECH had 4.76% residents with confirmed COVID-19 in 2020, ECH-only operators had 4.52%, and RV-only operators had 1.69%. One of the main (or the main) causal factors for this difference is likely to be the higher levels of commissioned health, care and support needs among ECH residents.

- **Factors operators deemed were the most effective at affording protection:**

- Closing communal facilities/activities or restricting residents' access to areas.
- Full PPE/correct use of PPE.
- Restricting and closing to visitors and family when necessary.
- Regular/increased cleaning.

Other protective factors included: asking residents not to leave the village or scheme; social distancing; offering a full delivery service from the site's shop/restaurant to individual apartments; clear and regularly updated guidance for residents; encouraging residents and visitors to follow the guidance; monitoring and isolating people quickly if they were showing any signs of potential COVID-19 infection.

<sup>5</sup> 8% under 70, 29% between 70-79, 48% aged 80-89, and 15% over 90; sourced from ARCO and ProMatura, [UK Retirement Communities: Customer Insight report 2019](#)

<sup>6</sup> Based on data from 31 respondents who provided COVID-19 case numbers and their village/scheme resident population figures.

- **Operators’ important learning and plans for further localised or national lockdowns largely concerned:**

- Having in place a set of plans, a model and/or a framework of processes and templates.
- Having plans for specific aspects such as a dedicated COVID-19 command team or governance arrangement in place, safe operating procedures, reduced visiting, closure of communal spaces, home deliveries for residents.
- Effective communication and communications.
- Risk assessments to protect residents and staff.

- **Effective practice examples**

Effective practice examples given by operators included:

*“A central crisis management team who are emotionally removed providing support and consistent advice at all times.”*

*“We contacted each resident daily, for a welfare check and to take their orders for shop and meal deliveries. We have sent out weekly updates and had regular meetings with the residents’ association to discuss all changes to the village due to the COVID-19 guidelines.”*  
[RV operator].

*“A structure of operational guidelines, risk assessments and SLA for each tier that can be quickly implemented on a local or national level as guidance changes.”*

## Pressures and challenges

- **The major pressures experienced by villages, schemes and organisations during the pandemic were:**

- |   |            |
|---|------------|
| - <b>Anxiety</b>                                  | <b>76%</b> |
| - <b>Stress</b>                                   | <b>62%</b> |
| - <b>Numbers of staff off work self-isolating</b> | <b>62%</b> |
| - Numbers of staff off shielding                  | 53%        |
| - Staff shortages                                 | 53%        |
| - Keeping up with the changes                     | 50%        |
| - Adapting to the changes                         | 47%        |
| - Low morale                                      | 44%        |
| - Burnout   | 35%        |
| - Staff sickness                                  | 35%        |

- **The lack of availability of PPE caused problems during the first wave for 96% of respondents: ‘a huge amount’ of problems for 23% of operators (all ECH or RV&ECH), and ‘a lot’ or ‘quite a lot’ for 20%.**

Among the problems caused were cost and logistical issues, anxiety, stress, worry and confidence issues among staff. An operator with eight ECH schemes said, “We made contact with over 600 PPE suppliers and eventually had to spend over £200,000 for bulk order to secure suitable equipment”.

- **Very few residents or staff were tested for COVID-19 until November and December.** The average number of staff who were tested more than trebled in November, to 13 per operator, and again in December, to 37 per operator.

The availability of tests increased steadily through the year from being ‘mostly’ or ‘always’ available in March (from just 5% for staff and 22% for residents) to around 93% for both staff and residents in December.

- **Staffing was a main issue for many operators** due to staff off sick, isolating or shielding, on top of the volume of additional work and tasks needing to be carried out in order to protect people from the virus and support residents during times when facilities, services, and family/friend visits were reduced. Some local authorities provided some compensation for this, but others did not.

The number of staff with either confirmed or strongly suspected COVID-19 averaged at around two per operator between March and April, and between October and November; there were very few during June to August, but in December there was a higher average of four cases per operator.

- **The biggest challenges commonly mentioned by operators were:**
  - Residents and visitors not understanding or adhering to guidance.
  - Maintaining the well-being and safety of residents and staff; staffing and staffing levels.
  - The constantly changing government guidance, volume of guidance, and keeping up with all the changes of which one operator said, “there was in excess of 40 between March and May”.

Other biggest challenges listed by several were:

- Lack of availability of testing.
- Accessing PPE.
- Lack of government leadership and guidance specific to RVs and ECH which caused a lot of discrepancies and work.

There were a variety of additional difficulties mentioned such as, “complexity of testing when it finally arrived” and, “maintaining occupancy levels”.

- **Many issues were caused by the lack of understanding or awareness of housing with care.**

More than half of operators, a mixture of RV and ECH, said they had encountered issues due to local health and social services not fully understanding what retirement villages and extra care housing offer, or how they operate. For example,

*“Initially there were challenges in everyone being on the same page as to what the EC schemes could and could not offer, especially around the hospital discharge of individuals with COVID-19 and the ability for ourselves as landlords to control the extra care environment.”*

[an operator with over a hundred ECH schemes].

- Nearly half of operators said that they had made use of their Local Resilience Forum(s) during the pandemic, the majority (73%) were ECH operators. However, respondents’ comments indicated that **the Forums were not always helpful, or able to help**. One said,

*“We encountered issues due to capacity in social care and health services”,*

and another,

*“Local Resilience Forums expected housing operators to pick up customer needs, health and social care assumed a higher level of service provision on discharge from hospital”.*

- **Working out when and how to bring services and facilities back online in a safe and practicable way** was included by a few operators as a significant challenge ahead.

## Financial impact of the pandemic

The impact of the pandemic has been financially damaging for both RV and ECH operators and, furthermore, many of the additional costs and losses are still ongoing.

Up to February 2021, the major financial pressures have resulted in:

- **An estimated average loss of -£723 per resident and -£327,415 per operator.**
- **An estimated overall loss of -£12.5 million for the group of 38 operators who participated in the study.**

More concerning is that these figures are likely to be underestimations; many of the operators' stated cost figures were not fully comprehensive of all additional costs that would have been incurred.

The main sources of any costs, losses, savings and financial support are shown below.

- **Highest costs due to the pandemic were:**

- PPE and hand sanitiser (90% said this was 'very/quite high').
- Additional cleaning and laundry (82% 'very/quite high').
- Additional staffing\* (53% 'very/quite high').

\* Additional staffing needed, for example: to cover for staff who were off sick, shielding or isolating; for the additional time required to plan, implement and carry out procedures and tasks incorporating enhanced safety and updated guidelines; and to take on residents' unmet needs arising from the absence of family or friends visits.

Other additional costs specified by operators were signage, equipment, void losses, paying overtime at enhanced rates and the top up on furlough.

- **Largest sustained losses were from:** 'reduced village or scheme occupancy' (indicated mostly by ECH respondents) and 'reduced or suspended restaurant or café services'. The other main causes of losses specified were closed/reduced facilities and services, fewer sales and reduced income from rent.

- **Savings: many operators stated no savings had arisen from the pandemic for them.** Only ten respondents identified sources savings with furlough by far the most common (chosen by nine of the respondents, the vast majority of them RV operators). Reduced restaurant/café food purchases were also mentioned by three.

- **Financial support: almost three quarters said they had not received any financial support,** this included organisations across the range of sizes and housing types.

What is more, lack of funding, and inconsistent processes of funding, were both mentioned as being among the biggest challenges they were facing. Some operators said they had been able to access some funding from the Government's *Adult Social Care Infection Control Fund* via Local Authorities.

One RV&ECH operator said their Local Authority had provided 10% of their income in first lockdown to enable them to provide more support in a flexible way.

## Residents' experience during the pandemic

**Residents have clearly gained great benefit during the pandemic from the community, care and special support provided by the villages and schemes** who, in the words of one resident, went 'above and beyond' in order to help protect their health and well-being. Outcomes for residents included a high proportion feeling safe, supported, and comforted knowing other people were around, as well as enjoyment from organised outdoor activities.

In order to keep their residents as physically, mentally, and emotionally well as possible operators and staff demonstrated considerable commitment, ingenuity and resourcefulness. As well as offering constant COVID-19-related guidance and support, they have provided an extensive amount of additional help, facilities and resources. These have ranged from supplies of hand sanitiser stations, digital tablets and hot meals delivered to apartments, to help with shopping, getting online and keeping in touch with family and friends. There were many examples of special diversions and thoughtful extras being organised such as singalongs on balconies/in gardens, ice cream van visits, and gifts of spring flowers and chocolate eggs at Easter.

Such activities and support would have helped to alleviate some of the negative effects of the pandemic being experienced by older people in the general community as well, such as loneliness, worry and boredom. It may have particularly benefited the groups of residents who operators felt were more adversely affected through the lockdown periods: those living with dementia or other long-term condition, shielding, and without family or people who could visit.

Large numbers of operators were also very active in helping their residents to access hospital and community health services for non-COVID-19 issues. Residents had experienced 'a great deal' or 'quite a lot' of difficulty accessing services such as GPs, dentists, opticians, and physiotherapists, particularly during the first lockdown. The range of support provided in one village inhabited by 100 residents included staff picking up dozens of prescriptions for residents and driving 3,100 miles taking them to appointments.

Residents and their families have shown a great deal of satisfaction and appreciation to village and scheme staff. These are some examples of the large numbers of thankyou's received by operators:

*"We felt very safe and well looked after during lockdown. All our friends said they wished that their conditions had been as good as ours!"*

*"All the extra work organised and carried out to keep us safe has been amazing."*

*"Staff were all excellent all the way through. The concierge kept us all cared for – so much patience, nothing was too much trouble."*

*"We have received overwhelming feedback and gratitude for the way in which we have managed the pandemic both within the villages and the local communities. Most feel that the pandemic has confirmed that their decision to move into a retirement community was the right thing to do. This has been echoed by family members."*

# The importance of building design

## Design characteristics that proved beneficial during the pandemic

These are the building design characteristics most operators felt had been important with regard to COVID-19:

- A range of communal lounges and other spaces.
- Outdoor spaces.
- Progressive privacy.
- Security.
- Separate entrances.

Other characteristics highlighted were:

- Having doors to apartments' patios.
- Wide corridors (aids social distancing).
- Good ventilation (helps to dissipate the virus if present).
- Shop and food services. pharmacy and GP in close proximity.
- Being able to see people in their homes from corridor.
- Centrally located facilities that can be locked.
- Staff reception at main entrance.
- Staff facilities and office space.

*“Communal gardens ensure a safe environment for tenants and enable them to have exercise and fresh air.”*

*“The village shop was a lifeline as I couldn’t get a delivery slot for six weeks. I think it is very useful to have essentials on site, particularly for those shielding or with no transport.”*

One operator said they had benefited from having care homes on their sites providing expertise in infection and prevention control. In addition, there were important benefits of the self-contained accommodation afforded by individual apartments which ensured residents had control of their own space and the ability to socially isolate if they needed to.

## Design characteristics that were unfavourable during the pandemic

Design characteristics mentioned by operators as being problematic during the pandemic were:

- Communal open plan areas as they could be difficult or impossible to close down.
- Not being able to stop visitors accessing the building.
- Inability to be able to implement one-way systems as most schemes only have one main entrance.
- Not having balconies in all schemes.
- A lack of suitable work/office facilities for staff.



## Key concerns going forward

The vast majority of key concerns going forward listed by operators related to:

- Resident well-being.
- Staff well-being.
- Loss of revenue.
- Financial pressures.

The particulars frequently mentioned included:

- Isolation, loneliness, reduced social contact, impact on mental and physical health, ongoing frustrations and weariness, staff morale, workload and ongoing stresses.
- The impact of delays on unit/property sales or lettings, and costs of cleaning.
- Getting vaccinations completed, worries about how long they will protect for, whether they will lead to complacency, and how many may not want to have the vaccine; recruitment to frontline roles and how 'non-essential' services can be reintroduced safely.

Less than half of operators agreed they had 'quite a lot' or 'a great deal' of confidence that the NHS 'track and trace' app (launched in October 2020<sup>7</sup>), and increased testing, for staff would help them to minimise the incidence of COVID-19 in their villages/schemes in the coming months.

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<sup>7</sup> <https://www.ncic.nhs.uk/news/please-download-nhs-covid-19-track-and-trace-app>

## 6 Further Information

### More details about the study and its findings

The **RE-COV Full Study Report** (April 2021) provides much more detailed information about the study, its participants and findings. It is available for download from,

<https://www.housinglin.org.uk/Topics/type/RE-COV-Study/>

<https://www.stmonicastrust.org.uk/re-cov-study>

where a PDF version of the operators' **RE-COV questionnaire** can also be found.

### RE-COV study collaborators

#### THE STUDY TEAM

##### St Monica Trust

###### Rachael Dutton

*Study Project Manager, research proposal writer, and lead on the questionnaire design, data analysis, interpretation and report writing.*

The St Monica Trust is a Bristol-based charity with a reputation for providing high quality accommodation and innovative care for older people. The Trust employs over 1,200 staff to ensure that they give the best support possible to those living in their retirement communities and care homes. In addition, the Trust's Community Fund distributes more than £750,000 each year to individuals, families and organisations across the region to help tackle issues that affect the lives of older people.

For more information visit [www.stmonicastrust.org.uk](http://www.stmonicastrust.org.uk)

##### Housing Learning and Improvement Network

Lois Beech

Ian Copeman

Darius Ghadiali

Jeremy Porteus

*Study partners who contributed to the project development, reporting and dissemination, and lead for the survey implementation and communications with the RV and ECH operators.*

The Housing LIN is a sophisticated network bringing together over 25,000 housing, health and social care professionals in England, Wales and Scotland to exemplify innovative housing solutions for an ageing population. Recognised by government and industry as a leading 'ideas lab' on specialist/supported housing, our online and regional networked activities, and consultancy services:

- Connect people, ideas and resources to inform and improve the range of housing that enables older and disabled people live independently in a home of their choice.
- Provide insight and intelligence on latest funding, research, policy and practice to support sector learning and improvement.
- Showcase what's best in specialist/supported housing and feature innovative projects and services that demonstrate how lives of people have been transformed.
- Support commissioners and operators to review their existing provision and develop, test out and deliver solutions so that they are best placed to respond to their customers' changing needs and aspirations.

To access related resources on the Housing LIN Coronavirus Info Hub visit:

[www.housinglin.org.uk/topics/browse/healthandhousing/coronavirus-info-hub](http://www.housinglin.org.uk/topics/browse/healthandhousing/coronavirus-info-hub) or email: [info@housinglin.org.uk](mailto:info@housinglin.org.uk)

## The Dunhill Medical Trust

*Project funder*

The Dunhill Medical Trust funds remarkable science and the radical social change needed for healthier older age. We support researchers and communities, systems and services, fundamental science and applied design. We're committed to applying our resources to inspiring and enabling academic researchers (from across the disciplinary range) and health and social care professionals to apply their knowledge and skills to:

- improving the quality of life, functional capacity and well-being for older people now, or
- creating the context for change in the future: preventing, delaying or reducing future health and social care requirements.

We also want to play our part in informing and influencing the collective understanding of “what works” and enabling community organisations to develop innovative, evidence-informed and best practice ways of delivering care and support for older people and drive systemic change needed to secure a healthier later life for us all.

For more information visit: [www.dunhill.medical.org.uk](http://www.dunhill.medical.org.uk)

## ADVISORY GROUP

A range of individuals representative of older people's housing and care sectors offered valuable insight and advice to help guide the work of the project, the final reports and the dissemination of findings. The group met three times between January and April.

<b>Jane Ashcroft</b>	Chief Executive, Anchor Hanover & Board Member, National Housing Federation (NHF)
<b>Kathleen Dunmore</b>	Housing Policy Consultant, Retirement Housing Group
<b>Aileen Evans</b>	Group Chief Executive, Grand Union Housing Group, and President, Chartered Institute of Housing (CIH)
<b>John Galvin</b>	Chief Executive, Elderly Accommodation Counsel (EAC)
<b>Shirley Hall</b>	Head of Innovation and Wellbeing, ExtraCare Charitable Trust
<b>Liz Jones</b>	Policy Director, National Care Forum (NCF)
<b>Michael Voges</b>	Executive Director, The Associated Retirement Community Operators (ARCO)
<b>David Williams</b>	Chief Executive, St Monica Trust, and Board Member, National Care Forum (NCF)

## ACRONYMS USED

<b>ARCO</b>	Associated Retirement Community Operators
<b>EAC</b>	Elderly Accommodation Counsel
<b>ECH</b>	Extra care housing
<b>HLIN</b>	Housing Learning and Improvement Network
<b>RV</b>	Retirement village
<b>RV&amp;ECH</b>	Retirement village and extra care housing (respondents who operate both).

## SIGNIFICANT DATES IN 2020 ARISING FROM THE PANDEMIC

<b>23 March</b>	England entered first lockdown.
<b>10 May</b>	Public message is switched from 'stay at home' to 'stay alert'.
<b>13 June</b>	The first 'support bubble' scheme announced: single person households allowed to meet and stay overnight with another household.
<b>15 June</b>	Non-essential shops and places of worship reopened.
<b>4 July</b>	Pubs, cinemas and restaurants reopened.
<b>24 July</b>	Wearing face masks became mandatory in shops.
<b>6 September</b>	Largest UK daily figure of COVID-19 cases since 22 May are reported (2,988).
<b>14 October</b>	The number of new COVID-19 cases in a week increased to 224,000. England moved to a three tier COVID system with areas separated based on infection rates and subject to different lockdown restrictions.
<b>5 November</b>	England entered second lockdown.
<b>2 December</b>	A more stringent three tier system of COVID-19 restrictions came into force as the second lockdown ended
<b>8 December</b>	First member of the public received their COVID-19 vaccination.

## Useful Reading

### **Extra Care Housing – What is it in 2015?** (HLIN, 2015)

[https://www.housinglin.org.uk/\\_assets/Resources/Housing/Housing\\_advice/Extra\\_Care\\_Housing\\_-\\_What\\_is\\_it\\_2015.pdf](https://www.housinglin.org.uk/_assets/Resources/Housing/Housing_advice/Extra_Care_Housing_-_What_is_it_2015.pdf)

### **Housing with Care Guidance on Regulated Activities for Providers of Supported Living and Extra Care Housing** (Care Quality Commission, 2015)

[https://www.cqc.org.uk/sites/default/files/20151023\\_provider\\_guidance-housing\\_with\\_care.pdf](https://www.cqc.org.uk/sites/default/files/20151023_provider_guidance-housing_with_care.pdf)

### **Housing LIN Coronavirus Information Hub**

<https://www.housinglin.org.uk/Topics/browse/HealthandHousing/coronavirus-info-hub/>

### **Safe, Happy and Together: Design ideas for minimising the spread of infection whilst nurturing social interaction in later living communities** (PRP architects, July 2020)

<https://www.prp-co.uk/services/research/detail/safe-happy-and-together-document.html>

### **Housing LIN Resources on Designing Extra Care Housing**

<https://www.housinglin.org.uk/Topics/browse/Design-building/Design/>

### **Design Principles for Extra Care Housing, 3<sup>rd</sup> edition** (Housing LIN, June 2020)

[https://www.housinglin.org.uk/\\_assets/Resources/Housing/Support\\_materials/Factsheets/Design-Principles-For-Extra-Care-Housing-3rdEdition.pdf](https://www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/Factsheets/Design-Principles-For-Extra-Care-Housing-3rdEdition.pdf)

### **Design and Cost Considerations for Extra Care Housing** (Housing LIN, July 2020)

[https://www.housinglin.org.uk/\\_assets/Resources/Housing/Support\\_materials/Reports/Design-and-Cost-in-Extra-Care-Housing\\_June-2020\\_RevC.pdf](https://www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/Reports/Design-and-Cost-in-Extra-Care-Housing_June-2020_RevC.pdf)

### **Housing, Health and Care, the Health and Wellbeing Benefits of Retirement Communities** (ARCO and ProMatura, 2019) <https://www.arcouk.org/resource/housing-health-and-care>

### **Guidance - COVID-19 Guidance for Supported Living** (Department of Health & Social Care and Department of Public Health, Updated March 2021) <https://www.gov.uk/government/publications/supported-living-services-during-coronavirus-covid-19/covid-19-guidance-for-supported-living>

### **Guidance - Supported Housing: National Statement of Expectations** (Department for Work & Pensions and Ministry of Housing, Communities & Local Government, 20 October 2020)

<https://www.gov.uk/government/publications/supported-housing-national-statement-of-expectations/supported-housing-national-statement-of-expectations>