



Every Story Matters

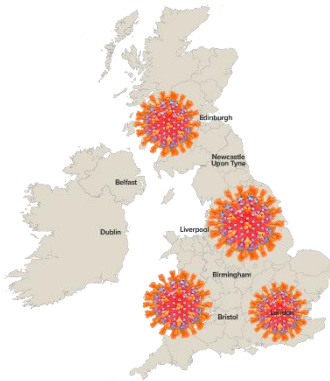
Adult Social Care Record



About the Inquiry

The Covid Inquiry is

- finding out what happened during the Covid-19 pandemic in the UK
- learning how to prepare for pandemics in the future

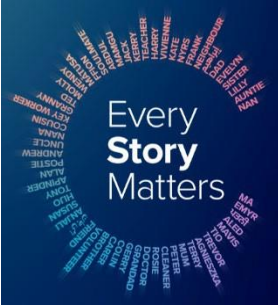


The Inquiry is divided into **modules**. Each module is about a different subject. Each module has:

- public hearings: events where people talk about their experiences
- a report



Every Story Matters



Every Story Matters is one way that the Inquiry gathered people's experiences of the pandemic.



Stories helped us to learn about what happened, and decide how to do things differently in future.



You might feel upset when you read the stories and it can be helpful to take breaks whilst reading this record. You may also wish to access some support and this is a link to information about getting support:

<https://covid19.public-inquiry.uk/support-whilst-engaging-with-the-inquiry/>

Records



Every module uses evidence from **Every Story Matters** records.



Each **record** is a summary of the things people told us.



This document is the Easy Read version of the **Adult Social Care** record.



The Every Story Matters records are on our website:

<https://www.covid19.public-inquiry.uk/every-story-matters/records/>



Adult Social Care

People told us about their experiences of **Adult Social Care** in care homes and in their own homes.



Adult Social Care means help with everyday things.

For example, getting dressed, washing and making food.



Adult Social Care involves people who:

- live in care homes
- work in care homes
- care for a family member
- get care in their home
- are care workers visiting people in their own homes



Lockdowns



People told us that:

- they felt lonely and isolated
- they got less support
- they struggled with daily tasks
- friends and family could not visit care homes
- people with learning disabilities or dementia did not understand why visits had stopped
- video calls were helpful for some people but confusing for others



End of life care



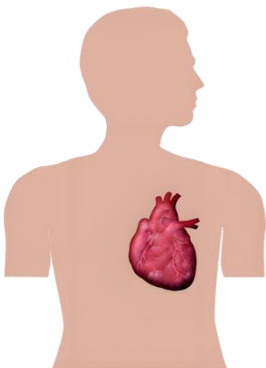
Many families could not be with their loved ones when they died. This made people feel sad and angry.



Some people were cared for at home before their death. Many carers did not get enough support with this.



DNACPR instructions were not always used properly. Some people had **DNACPR** in their notes, when they should not have done.



DNACPR means that if a person's heart stops, doctors won't try to start it again. They let the person die peacefully.



Family and friends could not get together for funerals.



Funerals and other religious events are very important for people who have lost a friend or family member.



Care workers in care homes looked after people until they died.
Health care staff could not visit to help as they normally would.



Care workers found this very hard.
They worked extra hours so they could be with people when they died.



Care workers

Lots of care workers couldn't go to work because they were unwell or isolating.



Care homes used more agency staff.
Care workers worked more hours.
Some staff moved into care homes.



People who got care at home had fewer, shorter visits. They only got help with the most important things.
This made life very difficult.



Many care workers and family carers felt very tired. There was not enough support. They felt that nobody noticed how hard they were working.

Leaving hospital to go to a care home



Care homes did not get enough information about people who were leaving hospital.



Care homes felt that they had to take people, because there was not enough room in hospitals.



Some people were not tested for Covid when they left hospital. This made staff and families feel very anxious.



Some families were not told when their loved one was about to be discharged from hospital.

Stopping the virus spreading



At the start of the pandemic, there was not enough **PPE**.

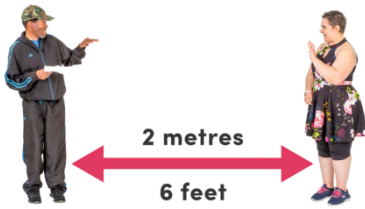


PPE means personal protective equipment. For example, masks, aprons and gloves.



Some carers had to re-use PPE that was only supposed to be used once.

The quality of PPE was not always good enough.



Social distancing was used to stop the virus spreading.



But care workers could not do this when they were helping people to wash, dress and eat.

Testing



Testing was done differently in different organisations.



Care staff had to take a test every day, or every week, or only if they were unwell. This was confusing.

Getting health care



People felt that health services were better protected than social care.



People could not get the appointments and help that they needed.
This affected their health.



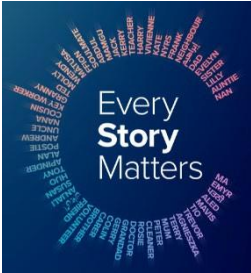
Online and telephone appointments did not work well for everyone.



It was hard to get emergency health care.



More information



Download a full version of the record here:



<https://covid19.public-inquiry.uk/every-story-matters/records/>

You can ask for a short version of the record in other formats:

- English



- Welsh



- British Sign Language (video)