

taken. We heard from many people who received letters from the CQC saying that they “did not investigate individual complaints” and referring them to their care home provider. As we outlined in our evidence to the JCHR, we considered this response to be completely out of touch with the experiences of those receiving care and their families, as many people were scared to complain directly to care providers given the risk of retaliation by the care home, including the common practice of evicting individuals who complain about the care received.

250. We and those we supported felt that the CQC abdicated responsibility during the pandemic and that oversight and regulation were lacking. We felt that the regulator prioritized the need of care providers to have ‘minimum’ interference at a time of high pressure over the safety and well-being of care users. We were disappointed at the failure to recognize that oversight and regulation were more important than ever and felt that once again those needing care were abandoned in the name of infection control (i.e. because there were some risks in carrying out inspections, they were abandoned altogether).

#### **Discharge of patients from hospital into care homes**

251. All three members of our Core Participant group heard about issues around discharge of patients from hospital into care homes. We have already provided evidence in relation to this in our Witness Statement for Module 3. However, we have summarised our key observations again here for completeness.

252. As above, one of our Core Participant group's key pre-pandemic concerns was that social care was not treated as a priority or given the same recognition as the health sector. Unfortunately this concern was reflected in the decisions that led to the inappropriate discharge of people from hospital into care homes, resulting in catastrophic and unacceptable levels of harm to some of the individuals most vulnerable to Covid-19. The PA and JC agree with the summary provided by Care Rights UK in terms of the key issues observed.

#### ***Care Rights UK***

253. Policies to ‘protect the NHS’ and discharge people from hospital into care settings without testing them for Covid-19 put lives at risk. It resulted in the transfer of a life-threatening health issue from the NHS into care homes. The Government knew – or should have known – that the sector did not have the equipment (PPE, testing