Witness Name: Name Redacted

Statement No.: 1

Exhibits: 0

Dated: 13-May-2025

UK COVID-19 INQUIRY - MODULE 6

WITNESS STATEMENT OF Name Redacted

I, Name C/O I&S I&S will say as follows:

1. Introduction:

1.1. I am now a Head of Region at I&S but from September 2017 until 2023 I was the Registered Manager for I&S Care Home, which is part of the I&S of care homes.

1.2. I am providing this witness statement to provide practical examples and experiences of working in and managing a care home during the Covid 19 outbreak, focusing on the period 1st March 2020 to 28th June 2022 ("the Relevant Period"), and also focusing on the following key areas, namely:

1.2.1. visiting restrictions and how we facilitated contact between residents and loved-ones;

1.2.2. infection prevention and control and the piloting of covid testing;

1.2.3. provision of data; and

1.2.4. overall reflections on Local Authority and Welsh Government funding.

2. Background to the care home:

2.1. I&S is located in the rural town of I&S close to I&S I&S It is registered to support up to 64 adults across two parts of the Home and can provide accommodation for people needing residential, nursing and dementia care, for respite, short term and long-term placement, including residents who are nearing their end of their life. The environment is tailored for older people but it might also suit some residents who are under the age of 50.

2.2. I&S is operated by a Private Limited Company.

2.3. There were 58 residents at I&S in April 2020, 51 in April 2021, and by March 2023 the number had risen to 61. There was a significant drop in new placements during the pandemic. We had stopped admissions on 12th March 2020 when I&S locked down its homes. Over the following 3 years, admissions were on a selective basis according to criteria that were set and evolved alongside public health guidance, such as the use of isolation units, and reliance on two negative tests before accepting someone for admission.

2.4. During the Relevant Period we had, on average, 78 full-time equivalent staff in the home, including the home manager (myself), a deputy manager, registered nurses, senior care practitioners/nurse assistants, care practitioners, kitchen staff, housekeeping staff, wellbeing/activities staff, administration and maintenance staff.

3. Infection prevention and control

3.1. In terms of PPE availability and guidance, in the very early days of the pandemic, public bodies actively discouraged care homes from using any 'medical' PPE such as surgical masks, as these were said to be held back for use in hospitals and not required in care homes. We were encouraged instead to undertake frequent handwashing and cleaning. Importantly, the public body guidance was based on a premise that Covid-19 was only transmitted by contact, rather than by airborne transmission.

3.2. In other parts of I&S we were suffering apparent Covid-19 infections and deaths despite the disciplined regime of cleaning, suggesting airborne transmission as a possibility. I&S therefore took the decision to purchase and use masks and gowns before they were officially sanctioned by public health bodies. Fortunately, we had stocks in some of our homes, in relation to Norovirus outbreaks.

3.3. When the public authorities began to recognise that Covid-19 was airborne transmitted we also bought N95 masks, but then came across some public health officers who suggested that the N95s would not in fact be sufficient protection. This is one example of the public health approach varying considerably over the pandemic, making it difficult to establish the correct position.

3.4. In November 2020 Welsh Government announced a pilot programme that would operate across a small number of care homes in Wales, which would pave the way for a wider roll-out to more Welsh care homes. As part of that pilot, I&S offered to test care home visitors using the Lateral Flow Devices ('LFDs'). The pilot meant that visitors and staff had an additional level of confidence and reassurance in enabling safe and vital visits to our vulnerable residents.

3.5. We welcomed the pilot scheme as it gave us an early introduction to the testing processes and we were also able to fine-tune the internal processes for testing of staff and residents. It gave us an opportunity to work out when was the best time

to test staff – we eventually settled on asking them to come to work half an hour early to get tested, wait for the result, and only start work if the test was negative. The public health recommendation later changed to twice weekly testing.

3.6. We found that a small number of staff could not wear masks, as some felt claustrophobic and others had medical conditions (such as asthma). It meant that some staff had to stay away from work because they could not wear masks.

3.7. In relation to additional infection control for residents, however, this was very difficult for our staff to achieve. Very few residents would tolerate wearing a mask, particularly those with cognitive difficulties who could not understand what was happening. Many residents were also distressed by seeing staff wearing masks and gowns, as they found it harder to recognise people they knew, and even harder to hear what staff were saying, especially if they were hard of hearing or if our staff had strong accents.

3.8. We did not have any particular difficulty in complying with ventilation requirements: we just turned up the heating in winter to counteract this.

4. Visiting restrictions and how we facilitated contact between residents and their loved-ones

4.1. I&S was fortunate to have an existing structure, its large 'bandstand', which we could use for outdoor visits from the start. By late 2020, we had constructed our own 'visitor' pod inside I&S, where families could visit their loved ones in a safe and warm environment. The pod consisted of two halves, being created from one of our rooms with an outside access. Visitors entered from one side, and the resident from the other. There was a microphone and speakers on both sides, and also gloves built into the Perspex floor-to-ceiling room divider. This meant that visitors and their loved-ones could hold hands and touch each other."

4.2 I&S

4.3. Organising Covid-safe visits during the pandemic was a challenge. We set up a diary of when people could come, making sure we had staff who could manage the

visit by undertaking the testing, taking both parties to the room, and then cleaning before the next visit.

4.4. In April 2021, I&S operated a pilot scheme within I&S to see whether we could organise Covid-safe visits to residents who were 'end of life', where they were bedbound and not able to get to the visiting pod. From the families' perspective it was well received because it was a difficult time for them with their loved one being 'end of life'. For I&S it took a lot of planning and preparation because we had gone from a point of no visitors to there being body contact and touching. It was a lot more time-consuming to get everything in place and make sure the visitors were adhering to the measures that I&S had put in place. What did help was that I&S layout is different to other care homes within I&S as there are lots of different access points which allowed us to take families in via the quickest and shortest routes to their loved ones' bedrooms rather than walking through the whole home. That may have contributed to the pilot working well. The layout is in small units which meant visitors could visit a small unit and stay there as opposed to mingling with lots of people and moving around the whole home.

4.5. We did find ourselves in a very difficult position on visiting topics as the pandemic went on, as there was growing pressure from the media and some public authorities, to be more relaxed about visiting. However, insurers across the care sector dropped cover for Covid-19 related claims early in the pandemic. This left us vulnerable, and facing opposition when we sought to limit visiting to reduce our legal risk.

4.6. On occasions, the public guidance did not anticipate practical issues. For instance, by Easter 2021 families had not seen their loved-ones for a long time and we went out of our way to make sure that there was an opportunity for families to come to the Home and meet residents in the outdoor areas. We arranged all the social distancing measures on the basis of 2 metres, as was the then guidance. Then new guidance came out late on a Friday in March 2021, changing the testing arrangements so we had to write to all families and cancel last minute.

5. Provision of Data

5.1. During the Relevant Period we were asked by I&S Council and I&S Teaching

Health Board to provide weekly - sometimes daily - spreadsheets of data, such as in relation to resident testing, staff testing, staffing levels, bed occupancy, how many residents were symptomatic, how many were not, the impact on the Home, visiting, etc. Whilst the data we were providing was identical for both authorities, the format was different for each of them. We were also asked for situation reports by Public Health Wales. Sometimes, we would be receiving calls and emails from all three public bodies, all asking for clarification or further information on the same data. This was extremely difficult to manage.

6. Overall reflections

6.1. I was involved in the frequent internal strategy I&S meetings we had at the time. This gave me an understanding of what was happening across our other Homes in I&S Wales. I understood from our Directors that, for the first few months, there was extreme financial pressure on all care homes because support funding was directed via local authorities and it was not initially being distributed evenly and fairly. Fortunately, I remember that Welsh Government recognised that homes might shut because funds had not reached them and because of the financial pressures caused by reduced occupancy and increased costs. Welsh Government stepped in and set up an essential funding formula which saw us through the pandemic after the false start. This hardship fund started in August 2020 and over time tapered down, closing in March 2022 – this funding saved us both at I&S and as a group.

6.2. From I&S colleagues, I know that two local authorities in particular I&S Council and I&S Council) were extremely supportive during this time. I also know from colleagues that the parts of Wales where there were existing provider group structures (such as in Aneurin Bevan), it was easier for the agencies and providers to work together, as there were established relationships and communication networks.

6.3. At I&S we were very fortunate to be well-resourced, particularly as part of a larger group of homes. When another home near I&S (not part of I&S), suffered a significant Covid-19 outbreak in December 2021, the rapid communication and connections and the level of trust in place with public authorities during the pandemic meant that we were asked and able to step in to provide cooked meals to the home as their staff were so stretched. Unfortunately,

those communication and trust networks have not always been maintained since the pandemic came to an end, and my colleagues and I feel the care sector is the poorer for that, and less able to face any similar challenge that might arise in future.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: Personal Data

Dated: 13-May-2025