

Witness Name: Jonathan Beebee

Statement No.:1

Exhibits: 0

Dated 30 April 2025

## UK COVID-19 INQUIRY – MODULE 6

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### WITNESS STATEMENT OF JONATHAN BEEBEE

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I, Jonathan Beebee of Irrelevant & Sensitive will say as follows:-

1. I commenced my nursing training in 1999 and qualified as a Learning Disability Nurse in 2002. I obtained a Masters in Positive Behaviour Support in 2013. I have worked in various settings including adult social care, the NHS and for regulatory bodies. I have operated at a local, national and strategic level.
2. I found learning disability nursing after I suffered a head injury in 1998. It was predicted that my brain damage would lead to me needing full support and that I would lose the ability to communicate. Fortunately, this turned out not to be the case, but I wondered what my life would have been like and what support was available, should I have needed it. It was from this experience that I found learning disability nursing. In my many roles I always view support as *“if that was me receiving this care would it be good enough?”* Sadly, too often it is not.
3. During the pandemic I fulfilled two roles. I was and remain Chief Enablement Officer and Nurse Consultant for a social care provider for people with learning disabilities and complex needs. I have been in this role from the inception of the company which I created in 2014. My own experience drove me to try and improve things by setting up my own company in an effort to achieve better for those who need this support. I won the Outstanding Contribution to Social Care Award at the 2023 Great British Care Awards.

4. My company is a social care provider which provides neurodisability support services that enable people with learning disabilities, autism or other neurodivergent needs to have independent lives and live in their own homes. During the relevant period, we were supporting 30 individuals and employing approximately 200 staff members.
5. I also worked for the Royal College of Nursing. Prior to and during the Covid-19 pandemic I was Chair of the RCN Learning Disability Nursing Forum. The Forum promotes and supports nurses providing care and support for children, adults and older people with learning disabilities, wherever they practise. Learning disability nurses have key roles in providing assessment, treatment, care, support and education for people with learning disabilities across their lifespan and supporting other professionals to deliver person-centred care across care settings.
6. I then became the RCN Professional Lead for Learning Disability Nursing in March 2021, providing learning disability advice to members and supporting the RCN to meet the needs of learning disability nurse members. I am now the Professional Lead for Learning Disabilities and Neuroscience.

#### Experience as a social care provider

7. 85% of social care is provided by small and medium enterprises ('SME'). The company I set up is an SME which doesn't fit with a traditional social care provider definition. We provide care and support in people's homes on a 24 hour, 7 days a week basis. We provide a complete care package to support individuals with complex care needs to achieve independent living. It is a unique service and a completely different and distinct setting to a residential care home. It also does not fall into the traditional idea of domiciliary care nor is it classed as supported living as the property in which the service user lives, and the support provided are not connected.
8. When the pandemic started, we often found that guidance produced by government agencies failed to address the practicalities of our SME. The content was not tailored to our setting, and it was not easily applicable. It often required us to think flexibly about how to apply the relevant guidance. The focus of the social care guidance seemed to apply more to residential care home needs in the main. There was a lot of focus initially on the NHS being in crisis and having to nurse patients despite limited capacity, with little recognition of adult social care and the many different environments in which social care is provided.

### Interpreting national and local guidance

9. I recall meeting with my team once the lockdown was announced in March 2020. We didn't know what we were doing at this point as no specific guidance had been issued to us. We found out that we would need to lockdown at the same time as everyone else and it left us wondering, what does that mean for our clients? Our guiding focus was that we had to continue providing support to those in our care and acting in their best interests, despite the requirement societally to lockdown. It was a scary time for us all, but I felt the acute responsibility of having to provide reassurance to my employees, clients and their family members with no forewarning of how the decision to lockdown would impact the care we provide to our clients.
10. I remember in the early days, some members of the team suggested we were putting their lives at risk by requiring them to continue going into the client's homes to provide care and support. I didn't have an easy answer for them. Instead, I looked at how the NHS was continuing to carry on and I took my lead from that approach. I cannot deny that as a business owner, the fear of exposing people to risk did plague me. I worried about whether we were doing the right thing and whether we were interpreting the guidance correctly. It was very important for me to ensure that we balanced the needs of our clients as well as the needs of my employees. I have to say that the team were extremely committed and dedicated to their clients and readily adopted the approach that we were all in it together.
11. The introduction of support bubbles was an interesting development, but the guidance lacked clarity and left us wondering who would be eligible to be considered as part of a support bubble. Would our employees be counted as part of a bubble? What would be the impact if one of our employees displaced a family member from the support bubble? The impact on family relationships was difficult to manage at times.
12. Our clients value routine and consistency. We support them to have active and meaningful lives. As part of this we encourage regular local trips as a way of facilitating clients' engagement with their local community. Lockdown disrupted this routine. We found it had a surprising effect on our clients. Some clients were detrimentally impacted and became isolated and withdrawn. Others valued the opportunity to remain inside and to not feel pressured to experience visits outside of their safe space. Some of our clients find it difficult to navigate their local community environment; they experience people

judging them and shouting mean things at them. Others have difficulty with sensory overstimulation such as unexpected loud noises. It took a while for the government to issue guidance about the amount of time individuals with learning disabilities could go outside for rather than the standard 1 hour a day. They did subsequently recognise that individuals with learning disabilities could have more time outside, which was a welcome change.

13. I found that local authority and clinical commissioning groups were very supportive and appreciated that they were going to have to change their approach to support us through the pandemic. For example, commissioners changed their payment system which positively impacted our cash flow and meant that it was easier to pay our staff. It felt like a partnership, and I appreciated this way of working.

#### Infection prevention and control guidelines

14. We provide care and support to our clients in their own homes. Sometimes, the homes we work in are not very spacious. During the pandemic it was difficult to enforce requirements such as maintaining a 2-metre distance for example. Ventilation was another issue. We were conscious that we were entering our client's homes and ventilation may be limited. It can be difficult to explain to a client why they need to have the windows open to allow the good circulation of air and to disperse airborne particles more quickly.
15. By nature of our client's needs, their behaviour can be unpredictable. Some would seek closeness as a means of comfort, safety and reassurance. Sometimes closeness would also be necessary if we were required to use a physically supportive intervention to de-escalate challenging behaviour to allow the individual the space to calm down whilst safely contained. Others experience excessive salivation due to their condition or the medication they are using so being physically close carried heightened risks of potential Covid-19 transmission. Human contact is human, it provides adults with the feeling of support, guidance, reassurance and can enhance communication especially for those who struggle to understand verbal commands. In such instances, some of our clients benefit from physical guiding such as a gentle hand on their shoulder. This requires our employees to be in close proximity with the clients. The guidance issued during the pandemic did not seem reflect the reality of our staff's experience nor our client's needs. There seemed to be a flawed understanding of how individuals who present with challenging behaviour could be safely managed in order to limit the risk of exposure of our staff to Covid-19.

### The provision and use of Personal Protective Equipment

16. We had a positive experience when it came to the provision of Personal Protective Equipment ('PPE'). Initially we were panicked about what we should be wearing and whether we would have enough PPE to provide to our staff. I recall going out and buying boxes of gloves and facemasks. I found that a few months into the pandemic we received a plentiful supply of PPE from the NHS. We had wondered initially whether we would be able to receive PPE as we were not a residential or nursing home, but we need not have worried as we were accepted as part of the local framework to ensure the distribution of PPE to our setting. Some of our employees wanted to wear masks and gloves at all times as they were worried about catching Covid-19 and taking it back to their families at home. We encouraged them to wear what they felt most comfortable with.
17. Our clients have severe learning difficulties. They often lack the capacity to make decisions for themselves and have limited communication abilities. Some of our clients are dependent on reading body language and facial expressions to communicate effectively and to understand what is being said to them. Wearing PPE including face masks, goggles or a visor impacted their ability to read facial features and interpret what was being said. It often made them very anxious. We did receive some transparent face masks which helped with communication. At some point, although I cannot recall exactly when, we received guidance about the correct use of PPE when caring for individuals with learning disabilities which was applicable to our setting. We found this very helpful, and it included advice such as how to make your face mask more welcoming to your clients by decorating them.
18. We were also faced with difficult decisions when a client developed Covid-19 symptoms. We had to consider how we would get staff to go into the person's home to support them, despite knowing that they were Covid positive and that there was a risk of that individual employee catching it. Quite often our employees would go into isolation with the person they were caring for, leaving their own families to support our clients for two weeks at a time to ensure that the client was able to be cared for throughout. We have a very committed team and I was incredibly proud of the way they pulled together to care for our clients at a time when they most needed them.

### The provision of paid sickness leave due to Covid-19 absence



19. The provision of paid sickness leave due to a Covid-19 related absence was extremely beneficial. Usually, individuals will battle to make it into work when they are feeling unwell as they are conscious of the fact that if they do not work, they do not get paid. Being able to reassure them that they could take time off, to look after themselves and to protect our clients, was very useful and helped keep employed people in the sector.

#### Visiting restrictions

20. Visiting restrictions were incredibly difficult. We had to tell family members that they could not visit their loved ones and that if they did, they would be putting their loved ones and our employees at risk. It was a difficult conversation to have as some family members are very involved in their loved one's care. Some adhered to the requirements and waved through windows and we supported videocalls as much as we could. Others were adamant that they wanted to visit.
21. The pandemic also encouraged us to make better use of technology. Videocalls became common place for families who were unable to visit, and this was well received in the main. Some of our clients surprised us with their ability to use technology. However, some have very severe learning difficulties and struggle to interact with a screen. They find it difficult to see their loved ones and not be able to touch them or understand that they can speak to them and engage with them.
22. Whilst we did encourage the use of videocalls, it did become difficult to pick up on any safeguarding concerns. When entering someone's home, you get to pick up on cues by sitting with them in their own environment. You get a feel for what their 'normal' is and are able to spot if there are any marked differences. Speaking to someone on a videocall reduces the opportunity to pick up on those cues as you are solely reliant on how the individual presents themselves to you during the length of the call.
23. It was a constant juggle trying to ensure that there was enough staff to support the client's needs throughout the pandemic. We tried to keep individuals allocated to one or two clients and to reduce the number of visits across the team in order to keep the risk of transmission low. We tried to be consistent with our use of the same agency staff as the clients we work with appreciate familiarity and routine. We did not want to introduce lots of new faces to our clients during what was already a turbulent and disruptive time for them.

### The use of Do Not Attempt Cardio-Pulmonary Resuscitation

24. When guidance was first issued on Do Not Attempt Cardio Pulmonary Resuscitation ('DNACPR') it was interpreted by a number of clinicians and care providers as all people with learning disabilities should be exempt from CPR. This was a damning indictment of how society values those with learning disabilities. Fortunately, the guidance was clarified and the disproportionate impact on those with learning disabilities was lessened but it was shocking that in 2020 people with learning disabilities were viewed as having lives that lacked value and were not worth saving. It is difficult to take a positive from this experience but what I think has happened as a consequence is that this helped encourage a national conversation to be had about how we value people with learning disabilities.

### Testing of staff members and vaccination

25. Routine testing of our staff was required, and we expected staff to share their results with us to ensure that they remained Covid-19 free whilst coming to work for us. We performed spot checks to ensure that staff members were testing as required and had a plentiful supply of tests. We also kept a record of the vaccinations our employees received. The introduction of vaccination as a condition of employment was extremely challenging. We came very close to having to make difficult decisions to dismiss staff because of the requirement that all staff must be vaccinated. Some did not wish to have the vaccination because of their personal beliefs. This increased the pressure on us at a time when we were dealing with the daily pressures of the pandemic. We did not want to lose valued and experienced staff because of the need for mandatory vaccinations and we were relieved when the government changed their position.

### RCN Chair of the Learning Disability Nursing Forum

26. As part of my role as RCN Chair of the Learning Disability Nursing Forum, we had open discussions with other registered learning disability nurses about what was working well within their settings and any issues they were facing because of the Covid-19 pandemic. It was a forum whereby ideas were encouraged, and innovation was shared. By way of example, a colleague had set up vaccination clinics specifically for learning disabled patients. Patients with learning disabilities found it challenging to leave the house, to go a new

place, to stand in a queue and to have a vaccination. These can be overwhelming experiences fraught with anxiety for our clients. A forum member, cognisant of these challenges, set up a clinic which took account of these difficulties. They gave appointment times to prevent the individual from having to queue, they provided sensory considerations such as adjustable lighting and ensured that sensory toys were available in the room. The forum enabled innovative ideas such as this to be shared and this suggestion was positively received.

27. The forum also enabled professionals to share any difficult experiences they had encountered either in an attempt to find a solution or to offer up the opportunity to receive support and reassurance from their peers. For example, the same individual who had founded the vaccination clinic shared their frustration when the clinic was targeted by anti-vaccination protestors who had superglued the doors shut. They spoke of the impact that this then had both on the staff, who were fearful of attending work and on the patients, who had booked a timed appointment which was then at risk of being delayed. I understand that security officers were brought in around the clinic in order to avoid this incident from re-occurring.

28. We also heard from individuals who had been told that they were being re-deployed into hospital settings and who felt that they did not have the requisite training or skills to provide this type of support to patients.

#### Concluding remarks

29. The pandemic was an incredibly traumatizing time for everyone. For healthcare professionals, this trauma became normalised and we were expected to carry on throughout the 'new' normal. The repercussions from the pandemic are still lingering now, 5 years on.

30. On reflection, I feel that the pandemic has heightened the conversations about learning disabilities and those who are neurodivergent and society has moved more towards acceptance. It has opened people's eyes to their needs, to ensure that we do not overlook their value.



**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

30 April 2025