

UK COVID-19 INQUIRY – MODULE 6

WITNESS STATEMENT OF:

Name Executive Director of Care Operations, **I&S**
I&S

Witness Name: **Name**

Statement No.: 1

Exhibits: 0

Dated: 01 May 2025

I, **Name Redacted** of **I&S** (operating name of **I&S**), **I&S**
I&S, will say as follows:-

1. I make this statement, about **I&S**, views on the UK's planning, preparedness and resilience for pandemics, in response to the UK Covid-19 Inquiry's Request for Evidence under Rule 9 of the Inquiry Rules 2006, dated 18 January 2023, in relation to Module 6 of the Inquiry. The facts and matters contained within this statement are within my own knowledge unless otherwise stated, and I believe them to be true. Where I refer to information supplied by others, the source of the information is identified; facts and matters derived from other sources are true to the best of my knowledge and belief.

2. I make this statement on behalf of **I&S** and confirm that I am duly authorised to do so.

Introduction

3. I am **I&S** Executive Director of Care Operations. In this role I am responsible for **I&S** health and social care provision inclusive of adult and children's health and social care social care. I have been in this position since 2018 meaning that I held these responsibilities throughout the period 1 March 2020 – 28 June 2022 (the relevant period).
4. Prior to holding this role, my career has included the following roles:
- Operations Director
 - Director of Care Quality
 - Deputy Director
 - General Manager

About **I&S**

5. **I&S** is a charity which enables every child, young person and adult we support to have a life that adds up for them.
6. **I&S** is the sum of the merger of three long-standing charities: **I&S**
- I&S**
7. **I&S** has a dynamic and inclusive Christian ethos and strives to be open, enabling, inclusive and courageous. We welcome people from all faiths and none and we work together with others for the good of the whole of the communities we serve.
8. This heritage means that **I&S** is building on a nearly **I&S**-year track record of ground-breaking care and community work. We remain, like our

founders, committed to enabling people with disabilities to live the life they want to lead.

9. [I&S] operates health and social care services in England, Wales and Northern Ireland. We do so via a range of service delivery models including, Nursing Care Homes, Residential Care Homes, Supported Living Services, Domiciliary Care Services, Day Services and Rehabilitation Services. Additionally, we operate 4 educational services in England.
10. We primarily support people who have a diagnosis of one or more of the following conditions: Physical Disability, Learning Disability, Autism, Mental Health Condition, Complex Health Care Condition, Sensory Impairment, Brain Injury and Dementia.
11. In total, [I&S] employs 1578 people and delivers services to 782 people.

About [I&S]

Registration, Environment & Funders

12. [I&S] (hereafter [I&S]) is a registered care home situated in [I&S] on the outskirts of [I&S], Wales. The property consists of 2 semi-detached houses where 3 and 4 people live. The houses have a connecting door which can be locked to prevent access from one to the other without using the front or rear entrance
13. Specifically, the service is situated on a piece of land known as [I&S]. During the relevant period, all of this land was owned by [I&S] and it included a disused house known as [I&S] and another [I&S] operated care home – [I&S]. The rest of the land was available for the people we support to use for walks, gardening and other outdoor activities. In total the land available covered 3.46 acres.
14. The service is registered to support a maximum of 7 people and was fully occupied during the relevant period.

15. The service is regulated by Care Inspectorate Wales (CIW) and the host authority is [I&S] Council.

16. People placed at [I&S] are funded by [I&S] Council, [I&S] Council, [I&S] Council and [I&S] Council respectively.

People we Support and [I&S]

17. Each person living at [I&S] has a primary diagnosis of learning disability and some people have additional diagnoses including sensory impairment, autism and Down's Syndrome.

18. One person who was living at [I&S] during the relevant period has subsequently died. There is no indication this person's death was caused by or was in any way linked to the COVID-19 pandemic.

19. All of the people living at [I&S] have lived there for a considerable period of time, with one person having moved in in 1981 and the most recent person moving in in 2008. This means that the group of people living at [I&S] did not change during the relevant period.

20. The current age range for the people living at [I&S] during the relevant period is 44-66. I would describe the health status of each person during the relevant period as being reasonable for their age and type of disability.

Staffing at [I&S]

21. The service is staffed by [I&S] employed Enabling Support Workers on a 24/7 basis. During the night the member of staff on duty performs a Sleep In – which means they sleep on the premises and are available to be called for support as needed. During the daytime the staffing arrangements reflect the

funding received for the service we supply but usually means between 2 and 3 staff members are on duty are any given time.

22. The service is managed by a manager registered with Social Care Wales and a Team Leader.

23. The management team also cover an additional care home – [I&S] [I&S] This care home is situated adjacent to [I&S] – essentially occupying the same plot of land. Despite the proximity of these two [I&S] operated services, each has its own staff team with only the management being shared.

24. During the relevant period, our records indicate there were 7 contracted staff employed at [I&S] and a further 6 bank workers. Bank Workers are staff members who choose to work on an “as and when” required basis via a Bank Worker Agreement. This differs from being a “zero hours” contract because there is no mutuality of obligation. Essentially, our Bank Workers are not obliged to accept any work that we offer them. Often Bank Workers choose this sort of employment arrangement as it enables them to have total flexibility regarding when they work. [I&S] does not employ people on Zero Hours contracts.

Evidence Unable to be Provided

25. As this witness statement is specifically focused on [I&S] there is no evidence to supply with respect to Discharges from Hospital and Deaths and End of Life Care. There were no discharges from hospital to [I&S] during the relevant period, neither was there any deaths at the service nor End of Life Care arrangements.

26. [I&S], worked through some or all of these situations at some of our other care services during the relevant period.

Infection Prevention and Control Arrangements

27. [I&S] worked hard to ensure that all UK Government and Welsh Government Infection Prevention and Control (IPC) guidance was followed in all

of our care services, including at **I&S**. This was no easy task with guidance changing frequently and sometimes significantly regarding the measures that needed to be in place.

28. Our COVID-19 arrangements were managed centrally within our organisation via a small team of people who were responsible for ensuring that we were up-to-date with the latest guidance and that this was disseminated to our frontline teams, via their managers in a timely and understandable way.
29. As we work across England, Wales and Northern Ireland, and as the guidance between those nations was, at times different, we decided to adopt an organisation-wide guidance approach. This reflected the most rigorous standard of the different sets of guidance available from each nation.
30. Following the publication of new or revised guidance from the UK Government of Welsh Government, we produced and then updated our COVID-19 Standard Operating Procedure and issued via email to our services. We held weekly meetings with our managers across the UK using ZOOM to explain the changes that had been made to the Standard Operating Procedure and furthermore we scheduled “drop in” sessions open to all staff where they could speak with members of our COVID-19 Team to ask questions and check their understanding of our guidance was accurate.
31. Additionally, we produced a PPE Standard Operating Procedure -separate to but connected to the COVID-19 Standard Operating Procedure.
32. We endeavored to provide information in a format and using language that was accessible to all of our workforce, prioritizing plain English at all times.
33. The main challenge we had with government guidance was the frequency with which it was changing and the lack of clear communication from Government when it actually had changed and how it had changed. By the end of the relevant period the PPE Standard Operating Procedure document had been updated/ amended 27 times such was the frequency with which the guidance was changing. 17 of these changes were made in 2020 alone.

34. In order to be sure we were working to the most recent guidance we had to ensure we were always checking the gov.uk website – which itself was hard to navigate with the search function extremely inadequate for its purpose.
35. As the pandemic waned on, the Government guidance became easier itself to navigate as they started highlighting what had changed.
36. The environment at **I&S** did not need to be altered significantly in order to operate in compliance with the Government guidance. As care home consists of 2 conjoined properties it was simple enough to ensure they operated as two separate houses – enabling each house to be treated as a household “bubble” meaning that people could continue to live fairly normally within their home – whilst staff were wearing PPE and observing social distancing as required.
37. The environment we have available to use at **I&S** means there is ample private outdoor space where people could walk, and see each other without being in breach of Government guidance – essentially the outdoor space we have available at this location was able to be treated as one very large household garden.
38. When COVID-19 testing became available for care home residents and staff we felt broadly well supported by the Welsh Government and host local authority. The process was extremely time consuming but everybody recognised its central importance to keeping the people in our care safe from avoidable harm. We maintained a register of all staff and people supported when they tested positive for COVID-19 enabling us to ensure the care service was supported to implement to right isolation arrangements and that staff did not return to work until they had tested negative.
39. Outbreaks of COVID-19 were reported to the local authority, Public Health Wales and the Care Inspectorate Wales. We managed these situations in accordance with the guidance and I am pleased with the response of this service and others we operate when outbreaks happen.

40. We were fortunate that nobody at **I&S** experienced severe health issues due to contracting COVID-19 and so the greatest challenge for **I&S** was managing safe staffing levels when staff needed to isolate away from work after testing positive. I will forever be grateful to the heroic dedication of our frontline teams for stepping up to make sure people received the care they needed

PPE

41. At the start of the pandemic we, like all care providers, faced a serious shortfall of PPE available to meet the safety standards expected. My view is that having seen the impact of COVID-19 across the rest of Europe before it hit the UK, there was a lack of planning and preparedness undertaken by the UK Government to ensure care services were able to protect the people they support and their workforce.
42. **I&S**, in an effort to ensure our staff and the people we support were as safe as possible spent well over a million pounds securing facemasks, gloves, aprons and visors at a time when suppliers were increasing their process to never before seen levels. If there is evidence of profiteering from charities like ours during this time then my feeling is this is grotesque.
43. Having spent money which placed the viability of the Charity at risk, we were able to secure enough PPE to ensure all of our services always had access to the PPE they needed. We received our PPE to our **I&S** (England) office and sent it to services each week. We kept track of PPE needed each week at each service and so were able to anticipate each location's requirement without it needing to be requested. We know from feedback received from frontline managers and staff that the fact we were able to supply them with PPE was greatly appreciated – especially when many of them were aware of other agencies that were not so fortunate.
44. When the Government did act, the system of supplying PPE to care homes such as **I&S** worked well. We were able to order and have PPE delivered as needed for the rest of pandemic once supplies had been secured. This relied on a

service being registered with the relevant regulator (in this case CIW) and that was not an issue at [I&S].

45. As stated above, we issued a PPE Standard Operating Procedure which outlined the PPE needed for each situation staff were likely to find themselves in and we held drop in sessions so staff could ask questions and reassure themselves that they had the PPE needed and knew how to use it.

46. We signed up to all the alerts from various public bodies about PPE and when warning notices were issued these were immediately cascaded to local services who were asked to check if they had any of the PPE Batch Numbers affected. There were not instances of this at [I&S].

Visiting

47. We wrote to families and friends of the people we support regularly throughout the pandemic to explain the visiting restrictions that were in place. Due to the fact there was regularly different arrangements in England compared to Wales, these letters were always nation-specific

48. The letters contained an update of the steps we were taking across our organisation to ensure the safety and wellbeing of the people we support and our staff. Feedback received indicates that families found these letters reassuring and comforting.

49. Local managers and frontline teams explained the visiting restrictions to the people we support at [I&S] so that the news came from people they knew and trusted. People understood that the world was a dangerous place at this time and accepted the news well.

50. We are fortunate that at [I&S] we have an established team of staff who are well known and trusted by the people we support.

51. We provided additional IT equipment to our services including [I&S] so that people could make video calls to friends and families as regularly as they liked.

This was partly funded via fundraised monies and also from grants made available by local government.

52. The environment at **I&S** enabled outdoor visits to take place quite safely as soon as they were allowed. Our spacious external area meant there was lots of space for visiting with social distancing respected. Such visits were only restricted in number when guidance from government required, otherwise the facilities we had available meant that no additional restrictions were necessary at this location.
53. On a broader level, my reflection would be that visiting restrictions decisions were not consistent from central government. It seems to me that the initial instinct to “lock down” care homes was in response to the initial outcry about the extent to which decisions had left care homes vulnerable to COVID-19 outbreaks and then the decision to remove or reduce restrictions was in response to increasing public anger about the restrictions.
54. Our approach was to follow Government guidance as closely as possible as I remained concerned that adverse outcomes experienced by our staff or the people we support as a result of taking more “common sense” approaches would have legal consequences for our Charity and possibly myself.
55. I was concerned that during the pandemic the direction of travel was that care homes were increasingly being blamed for adverse COVID-19 outcomes for staff and residents. Examples of this include the Prime Minister making comments that care home staff were not following the guidance and the publication of data regarding COVID-19 related deaths at care homes.
56. I must say that I found CIW to be a supportive regulator during the pandemic.

Staffing

57. It was the collective effort of all of our staff both frontline and back office that enabled **I&S** to emerge from the COVID-19 pandemic with much better than feared outcomes.

58. However, it was out frontline staff who deserve the lion's share of praise and credit. I remember the Prime Minister addressing the nation to communicate that COVID-19 was so bad and so deadly that it required the nation to "lockdown" and for people to stay at home – unless a key worker. That night I did not know if some, all or any staff would attend work at our care services the next day – but amazingly they did.
59. The staff team at **I&S** remained positive and focused on delivering high quality care throughout the relevant period. Staff turnover was exceptionally low and no agency workers were needed at this service. We did not experience staff shortages at this location at anytime during the relevant period. Where staff were absent due to mandatory isolating, other staff covered their hours – we kept staffing levels under review, knowing what minimum safe levels were at all times.
60. Within the financial means available to us we recognised staff's commitment using the Staff Retention/ Workforce Grants made available from local government and by sending thank you letters, cards and gifts.
61. Local Government made several streams of funding available as the pandemic wore on – Infection, Prevention and Control Grants, Workforce Grants, Staff Retention Grants etc.
62. We ensured we had a central team working on ensuring we claimed these grants and completed the reconciliations required to evidence spending. We used most of the grant money we received paying staff when isolating and all staff related grants were paid to staff at the first available opportunity.
63. The paperwork required to be completed in order to evidence the spending of these grants was onerous and at a time when the organisation's efforts were focused on ensuring the care we delivered was consistent with guidance and that our staff and people we support were safe.
64. We would likely not have survived financially without these grants, however, the financial impact of the COVID-19 pandemic was very detrimental to **I&S** – owing to delays in being able to fill vacant care home beds, massive

unbudgeted investment in PPE and increase in cost of most items required to operate care homes (cleaning materials, food etc).

Overall Reflections

65. I am proud of how our Charity continued to operate its services during the **I&S** pandemic.
66. As this witness statement reflects only one of our services – and one that was uniquely placed to cope with the challenges we faced during the pandemic – it presents a misleading picture of the difficulties we faced in general.
67. For many of the people we support, not being able to see their family as regularly as they were used to was devastating.
68. **I&S** operates a brain injury rehabilitation centre in **I&S** and it recently had an open day where we promote the good work done at this centre and across the brain injury rehabilitation system. The open day included speeches from experts in the field and from people who have experienced a brain injury. One lady explained that she experienced a stroke during the pandemic and was admitted to hospital. Visiting restrictions meant that she did not see her husband for many weeks. She was scared and the person with whom she has built her life was not allowed to see her. The words of her husband were “It can never be allowed to happen again” and I feel it would be remiss of me not to report their feelings when invited to provide an overall reflection on the pandemic.
69. The health and social care sector got through the pandemic on a tidal wave of goodwill from those of us who work within it but the issues we took into the pandemic have not yet been resolved,
70. The system is broken and there is no discernible effort being made to fix it. There is simply not enough funding available within the system for care providers to operate services sustainably in the numbers needed to make sure all people eligible for care receive it.

71. My fear is that whilst we got through the last pandemic we will not easily get through the next one without addressing the systemic issues that are so obviously apparent – particularly in social care.

72. The pandemic showed what we can do when we work together. That is the main lesson I think we should learn.

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.

Signature:

Signed: _____

Personal Data

Dated: ____ 01 May 2025 _____