Witness Name: Jacqueline Kitchen
Statement No.: First
Dated: 30 April 2025

UK COVID-19 INQUIRY

WITNESS STATEMENT OF JACQUELINE KITCHEN

I, Jacqueline Kitchen, will say as follows: -

I make this statement in response to a letter dated 31 March 2025 sent on behalf of the Chair of the UK Covid-19 Public Inquiry (the "Inquiry"), pursuant to Rule 9 of the Inquiry Rules 2006. This statement is made for the purposes of Module 6 of the Inquiry, which is examining the impact of the Covid-19 pandemic on the publicly and privately funded adult social care sector in England, Scotland, Wales and Northern Ireland. As requested, this statement focuses on the period of time between 1 March 2020 and 28 June 2022.

A. INTRODUCTION

1. I first started working in the care sector after being made redundant from retail management 20 years ago. I started working just two hours per day, which fitted around the school run and my personal caring responsibilities. I loved working in the care sector, and increased my hours gradually as my children grew older.

2. I began working at a care home in I&S in 2010 as a Well-being Co-ordinator, which involves organising events and enrichment activities for the residents. However, shortly after I started, staffing shortages meant that I was asked to cover care shifts in the home. I studied for my NVQ Levels 2 and 3 in Health and Social Care to enable me to provide the best care I possibly could. I was TUPE'd over to a new company when the care home changed ownership in 2017.

3. Not long after that, I needed the advice of a union, and I joined GMB. Through a friend who is a Branch Secretary, I became a workplace organiser for GMB in 2019. We have needed union intervention in our sector for so long, and I am proud to be a part of that.

B. EXPERIENCE DURING THE COVID-19 PANDEMIC

4. When the Covid-19 pandemic struck, my official job title was Well-being Co-Ordinator, but I was working a combination of shifts as a Well-being Co-ordinator, a care worker and in the kitchen. Often, I did not know what role I would be performing when I arrived at work. I had three uniforms, and I would have all three available to put on when I found out what role I would be performing – I would perform whatever role was most in need of cover at that time.

Following guidelines

5. The guidelines for what was allowed and how to keep people safe in care homes changed so frequently – from hour-to-hour rather than day-to-day, especially at the start. This was hard to keep up with, and it created anxiety and a lack of faith in the guidance, especially amongst the staff who were trying to follow it. We would be making our best efforts to understand and follow a piece of guidance and would just have got to grips with it, when it would change to almost entirely contradict itself. It was hard to feel that our employer, or that the government, knew what was best when this was happening.

6. When we went on a shift in the morning, we might be told about guidance but by the end of the day it would have become out of date. For example, the advice on PPE in terms of the frequency of what PPE we should use, when it should be replaced with new PPE and how we should go about changing our PPE changed often. At first, we were told we did not need to wear a mask, then we were told we needed to wear a mask, gloves and an apron and that we needed to change it all between each resident we cared for, then later we were told to keep the same mask but to change the gloves and apron. Another example which comes to mind is in respect of travel to work. I used to drive to work and would collect a colleague en route to give them a lift, as they did not drive. At first, I was told this was fine as long as we both wore masks throughout the journey – which we did. Later, we were told this would not be allowed and my colleague should make her own way to work. This did not make sense to me given

that we were wearing masks, and we were about to start a shift together working in the same care home, often working within the same room. It made even less sense given that the only other travel option open to her was to travel on the bus with members of the public who did not work in the care home and may not be wearing a mask. We ended up feeling very confused, and somewhat dismayed.

7. The guidelines on residents socialising with each other changed significantly. At first, they could socialise in their rooms as long as the windows were kept open, then we were told that they needed to keep their windows closed, then we were told they could socialise in groups of up to three people, then 'bubbles' of residents were introduced, then we were told to apply social distancing of two metres. The guidelines on this issue changed so much, which I think made it particularly confusing for the residents, as well as for staff.

Access to sick pay and/or financial support – and impact upon colleagues

8. Prior to the Covid-19 pandemic, employees of my care home did not receive sick pay. This meant that most of the care workers employed at my care home could not afford to take time off work. Dropping from a 40-hour wage in a week to SSP is such a large difference; the vast majority of care workers cannot afford it and will come into work even if they are feeling unwell if at all possible. I have a colleague who lives alone and explained to me that she cannot afford to take time off work. On an occasion when she took three weeks off work because she really could not help it, she had to go to a foodbank because she could not afford to eat. It infuriates me that care workers regularly have to use foodbanks because of the lack of proper pay when they are unwell and cannot go to work.

9. For the first few months of the pandemic, from March 2020 until June 2020, my colleagues and I only received SSP if we were unwell, including if we were ill with Covid. I am sure that this meant that colleagues were coming into work even when they were symptomatic. However, in June 2020, the government announced a fund to ensure that care workers who were ill with Covid-19 would be paid in full to self-isolate and recover at home. This at least meant that we did not have to worry about how to pay our bills if we were off work for a short time with Covid-19.

10. In June 2022, however, government funding ceased, and this security ended with it. My colleagues and I could not understand why this changed because the risk from

Covid-19 had not ended. I felt that our dedicated service throughout the pandemic had meant nothing to our company, who described itself as a company specialising in "kind care". It felt like we had gone from being respected frontline workers to being unworthy of basic employment benefits.

11. I caught Covid-19 twice in 2022, after the funding was ceased, and I did not receive sick pay because the government funding had ended. I got by financially because my partner was still earning at that point, but it was (and is) difficult because care workers are typically paid at minimum wage.

Vaccination as a condition of deployment

12. When it became a legal requirement to have the Covid-19 vaccination in order to be able to work in residential care homes, I took the vaccine. I did so because the options presented to me were to take the vaccine or lose my job, which I could not afford to happen. I did not feel confident having the vaccine and I had a lot of questions about its safety which ultimately went unanswered, but I felt it was the lesser of two evils.

13. I felt frightened when I was vaccinated for the first time because I did not know what was being put into my body or whether it would be safe for me, but I did not feel that I had a choice. I found the prospect of receiving the vaccine scary, considering the length of time that Covid-19 had been around; I had expected a safe vaccine to take a lot longer to develop and to be tested and approved. I was worried about whether it would make me sick and lots of things about the vaccine were not explained fully to me. In a lot of ways, I felt quite betrayed because I had worked hard during the pandemic and put myself on the line to keep the care home running, so it was upsetting to be forced to do something which felt like it could put me at further risk, under threat of losing my job. It was really hard to decide whether to take it or not, and I had worked at that stage at the care home for over 10 years and I really did not want to lose my job. It felt like an ultimatum.

14. I know that in a sister home of my care home, two or three members of staff were dismissed because they did not want to take the vaccine. A BBC Radio presenter local to Newcastle, Lisa Shaw, died after complications from the Covid-19 vaccine. This increased fears in the local community and amongst my colleagues. I felt scared when I got the vaccine, but I was lucky not to have a reaction. However, a lot of my colleagues had bad reactions and were off work for several days with it.

15. I feel that more information could have been shared with workers in the care sector in order to put people at ease. Some limited information was provided to me by my employer, but it was really just limited to a leaflet which listed out the ingredients of the vaccine. I think if we had been given more information about the process of making the vaccine, the trials which had taken place to check it was safe, and an honest and frank evaluation of the risks involved I would have felt more confident, and so would my colleagues. Most of my colleagues were worried about the vaccine because of how quickly it was introduced – we were talking amongst us a lot about how safe it was and what we would be putting into our bodies. We were also confused about how many different versions of the vaccine had been produced by different companies. We had worries about long-term side effects, which felt like an unknown.

16. I do not recall any consultations or information sessions being offered to me or to my colleagues to reassure us. The message from my employer was just that we had to get the vaccine to keep our jobs and protect the residents. I did not feel that this was the right approach, especially after care workers had been through so much trauma already during the pandemic.

C. INFECTION PREVENTION AND CONTROL MEASURES

Separating/isolating suspected or confirmed Covid-19 cases

17. When any resident tested positive or displayed symptoms of Covid-19 in my care home, they had to stay in their room and were barrier nursed in their room. We would place a PPE station outside their room for anyone going in to use. There would be a bag just inside the door for that PPE to be placed into after we cared for the resident, and we would use hand gel before providing care to the next resident.

Restrictions on use of communal areas by residents

18. From the outset, all the residents had to stay in their rooms and were not allowed to use communal areas to reduce mixing and associated risk of transmission. Meals were served in their rooms, and by doing this we were trying to protect them as much as we could.

19. The residents with dementia did not know what was happening especially, and it was difficult to isolate them. During the period of 'sundowning' at around 4pm the residents with dementia would start walking the corridors with intent, and it would be particularly

hard to keep them in their rooms and separated from each other. I did not feel that these kind of practical realities were reflected in the guidance we were receiving on infection prevention and control.

Visiting restrictions

20. At first, no visitors were allowed at all, and only window visits took place where residents and their families could sit on either side of the window. We had a mobile phone which we set up so the families could speak to each other through the glass. Some of the residents couldn't grasp this and found it confusing, but it helped for lots of families. Then, even that got stopped because some of the residents were getting confused and opening the windows. The residents did have contact with staff though, and we used Zoom calls to allow them contact with their families.

21. Then when more mixing was allowed, we had two of the bedrooms on the lower ground floor allocated to testing visitors, and another room was allocated as a visiting room where the families could join the resident for a short while. The room was sanitised after they left and before the next visitors arrived. I often had the job of administering the tests to visitors before they came in, and I would also do the cleaning down of the room in between visits.

Impact of restrictions / changes on physical and mental health of care home residents

22. Many of the residents are still not back to normal now. We have residents who survived Covid-19 but they don't want to come out and take part in any activities now. They have been used to being in their rooms on their own and do not feel confident coming out and socialising. Some of them were in their 90s and this was a major event for them, being separated from everyone, and they also found it confusing to have the guidance and rules changing so suddenly.

23. Morale in the care home was really damaged. We did our best to engage the residents by doing, for example, corridor bingo where the residents would sit in their rooms near the door, and we'd try to engage them in a game where we would run up and down the corridor shouting numbers for them. We also had a sing along in the car park and made activity packs for the residents who were capable of doing activities in their rooms.

24. It was so demoralising as the residents were just sat in their rooms listening to music or watching TV. As the Well-being Coordinator, I found it particularly sad to see as the care home went from there being big events and parties, to nothing. Lots of the residents were depressed and telling me that they have nothing to live for anymore without activities in the care home and visits from family. As the care staff, we were at least going home at the end of each shift, but residents did not even have that change of scenery; they were just alone in their rooms for the majority of the time during the pandemic. We are a nursing home, and we had people with terminal illnesses such as cancer, and I felt awful that this was how many of them spent their last weeks and months.

D. AVAILABILITY AND ADEQUACY OF PERSONAL PROTECTIVE EQUIPMENT FOR STAFF AND CARE HOME RESIDENTS

25. My care home locked down on 12 March 2020. In an odd sense, I feel I was 'lucky' because my care home had access to basic personal protective equipment ("PPE") involving fluid resistant surgical masks, gloves and plastic aprons. This was partly because my care home was a PPE hub for the company. A lot of other care workers did not have the 'luxury' of basic PPE. One of my colleagues told me that the care home in her village had no masks whatsoever – so I felt lucky on the one hand, but I also felt awful for all the care workers who did not have any PPE.

26. Local schools and companies were making visors which were given to my care home, and the local community were sewing cotton bags for care workers to put their uniforms into when travelling home from work and for washing them in.

E. EXPERIENCE OF ACCESS TO COVID-19 TESTING FOR STAFF AND RESIDENTS

27. As soon as testing became available, we had access to testing whenever we needed it. We did PCR testing on a Monday and on a Thursday. A courier collected the tests, and they were taken to the lab. The results were given to us and were logged. When lateral flow tests became available we had access to those too.

F. OUTBREAK OF COVID-19 IN THE CARE HOME IN MAY 2020

28. My care home experienced the first positive case of Covid-19 in early May of 2020. My colleagues and I were devastated because we saw the residents as extended

family, having cared for some of them for over nine years. Once Covid-19 was in our care home, it spread like wildfire and we could not do anything about it – at one point 67 out of 87 residents tested positive, as well as a high percentage of our staff – probably about one third of the staff at that time. We were all terrified that we would take the virus home to our families.

29. A significant proportion of my time during the outbreak was spent facilitating Zoom calls between residents and their families, sometimes so that they could say goodbye to their loved ones when they were at end of life, because they were unable to do it in person. I often cried alongside them. On one shift, five residents were all at end-of-life at the same time, and I, with colleagues, was going between the rooms to check they were still breathing and were clean and comfortable, knowing each time when I left the room that next time I returned, they might have died. I recall, in particular, a resident whose daughter was devastated that she couldn't hold his hand when he was dying. I sat with him on a Zoom call to his daughter and told his daughter to put her hand up to her screen, and I lifted his hand up to the screen of the iPad she was using. I said to his daughter that it was the closest thing to holding hands that I could do for her. It is a memory which has stayed with me, and which I will never forget.

30. My care home eventually lost 25 residents to Covid-19 in just three weeks. The care home was completely overwhelmed by the virus. The normal process of grieving for residents was missing for staff, because it was not possible due to pandemic restrictions to attend their funerals. The last that we as care workers saw of the residents was as their body bags were zipped up and they were taken away from the care home. We were not able to hug the family members, who in many cases felt like our extended families because of the infection risk.

31. **Irrelevant & Sensitive**

We felt angry and let down by our employer, in part because we felt let down by the decision to allow residents discharged from hospital into the care home. I recognise now that it was government policy that I should have been angry about, but at the time I was upset with my employer, and I still feel that a decision should have been made not to allow anyone discharged from hospital into the care home without greater precautions.

32. I did feel that we had great support from the residents' families and the local community, who would show up outside the care home on a Thursday night to clap for all the care workers.

G. IMPACT OF THE COVID-19 PANDEMIC ON MENTAL HEALTH AND WELLBEING, INCLUDING THE IMPACT OF STAFF SHORTAGES

33. I was working an average of 40 or 50 hours per week prior to the pandemic, but I often worked 60 or more hours during the pandemic just to cover staff shortages. This was made worse by the fact that we were not allowed to use agency staff at the time, who we would usually rely on when shortages arose. Agency workers were banned by our company because we did not know what other homes they had been to and whether they had been properly tested.

34. My colleagues and I were experiencing burn out and constant exhaustion, as well as grief and trauma from our experiences caring for residents who had Covid-19. This

Irrelevant & Sensitive

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35. When I got home from shifts and on days off, I did not feel able to play with my granddaughter, who was living with me at the time. I felt that this was unfair on her because she could not understand why I was too tired, as she was only two and three years old during the pandemic. I feel that I missed out on important quality time with her.

H. LONG-TERM IMPACT OF COVID-19 PANDEMIC

36. Towards the end of the pandemic, two of the staff in the kitchen left and I went to work full time in the kitchen as I found that felt easier and safer. I recognise now that the impact of what happened through Covid-19 was a big part of my decision to move away from offering direct care. I have not done a care shift since, and I have been working in the kitchen for over three years now.

37. I recently watched the BBC documentary on the pandemic for the five year anniversary recently, Irrelevant & Sensitive

Irrelevant & Sensitive It brought everything back for me including some horrible memories, and it was really difficult to watch. I still struggle

with the memories of the residents. It affected me deeply. I was immediately back there in the room with the residents who were dying.

38. I now sit on the National Care Committee for GMB, since 2022, which was established after the pandemic, and it came about because of what happened during Covid-19 to ensure that workers' voices are heard. A positive to come out of the pandemic has been that, following a significant campaign triggered by the funding offered during the pandemic, my care home has recently agreed to provide £40 per day to workers for the first three days of sickness, which will begin on 1 October 2025.

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

Jacqueline Kitchen

Dated: 30 April 2025