

Witness Name: Ms Bella Ruiz
Statement No.: 1
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UK COVID-19 INQUIRY MODULE 6

WITNESS STATEMENT OF MS BELLARINA RUIZ

I, Bellanira Ruiz of Irrelevant & Sensitive, will say as follows –

1. My personal background

- 1.1. I am from Colombia. I moved to London in May 2014 with my son as his Father was British and he wanted to see the UK. We decided to stay and I obtained a work permit through proof of my son's nationality. I spent many years working very hard to support my son and build a life here. The conditions in which I did so were harsh and the pay was low. It often involved sleeping in overcrowded and unsuitable accommodation. I had an unhappy experience, for the first time in my life, of foregoing a meal because I could not afford it. I started working as a care assistant at a North London Care home in 2018 providing intimate personal care and support to the elderly.
- 1.2. Whilst I enjoyed working with the people I was caring for, the working conditions themselves were very hard: being a carer is hard physical work that can involve many forms of physical labour, such as helping people move if they cannot do that themselves; it is also emotionally tiring because a carer is the frontline daily interaction for very vulnerable people; also, we were most of the time short staffed, so two or three people would be often be completing four peoples' work, without any extra pay. This would impact our ability to meaningfully engage with residents and put us under a lot of daily strain. Relations between management and workers was therefore often very hard and I felt that they would try and keep complaints and issues we raised informal and off the written record. The primary difficulty of course was low pay in of itself. for example, the low pay a lack of decent sick pay, which meant that me and my colleagues always attended our shift, no matter how unwell they felt. Colleagues would work with sore knees, aches, pains and illnesses, because they had to - there was no alternative to be able to eat, pay their bills and feed their families. When I signed

my contract in 2018, my basic pay was £7.70 per hour. On 1st April 2018, statutory sick pay was £92.05 per week. I was contracted to work 36 hours a week, so SSP (which would only start after four days' absence), would leave me with a shortfall of at least £185.15 per week, assuming I only worked 36 hours. My contract stated that I would only be paid overtime if I worked more than 40 hours, and overtime was only £0.50 per hour, slightly more on weekends. This did not change during the pandemic: people could not afford to live on statutory sick pay.

- 1.3. Through the Latin Women's Rights Service (LAWRS) I was recommended to join a trade union. They gave me a list of different unions and I decided that United Voices of the World (UVW), which had a lot of Spanish speakers, was the right one for me. This made me the first UVW member at the care home at which I was employed.

2. The onset of the pandemic

- 2.1. When residents pass away, we naturally inquire about them and pay our respects. I am unsure as to whether it was towards the end of 2019 or beginning of 2020 – but during this period, prior to the pandemic, I was informed that a particular resident had died due to a “new disease”, which we subsequently found out was Covid-19. This was the first time any of us, including the nurse, had heard about this. We were looking it up on the internet and that is when we first found out about the coronavirus.
- 2.2. Shortly after this, I remember many colleagues started to fall ill. I had booked a holiday in mid-March 2020 to visit Scotland and went with my husband in the car. I started to feel something in my body. I did not know what was wrong, but I remember walking with my husband and feeling so intensely unwell I was sometimes in fear of my life. I didn't know that I had had Covid-19 until much later on, when a routine blood test confirmed I had already had Covid-19. I believe that I had contracted this virus from the care home. We cut our holiday short and I returned to work.
- 2.3. Back at work, I saw various cases of the virus in my workplace, and very quickly I saw a lot of the staff were feeling ill, nauseous and with breathing problems and fatigue and were extremely weak. But most of us still came into work even if they were ill, because we could not afford to live on statutory sick pay because it amounted to taking an enormous pay cut.

- 2.4. In March 2020, the Covid-19 pandemic was spreading rapidly and made my life and the lives of my colleagues more stressed than they already were: there were many more deaths at the care home, the residents' care needs were more intense, they were not seeing their family, and we the workers ourselves were constantly thinking of our family and friends and our health and the health of our loved ones. At this time, most people in the UK were being told to work from home and to avoid contact with others, but we were still required to go into work and interact very closely with elderly, vulnerable people.
- 2.5. My contract was for 36 hours per week. But during the pandemic I was required to work much longer hours with very little downtime. We got paid overtime but it was very little. It was an unhealthy and unsustainable number of hours. I was under pressure to work these hours especially because I did not live far from the care home and because there were frequent staff shortfalls I would be under pressure to come in because the care of the elderly people was affected and I could not conscientiously leave them without the care they needed. I worked most days and at least 12 hour shifts, usually without reasonable overtime pay for the extra hours we had to work.
- 2.6. We were not provided with adequate proper Personal Protective Equipment (PPE) and often had to work long hours without it.
- 2.7. I soon became exhausted, and as well as everything else, I needed to think about my family. I had to have to a special routine when getting to my house to deal with my uniform: I would leave it on the side, go to the shower straight away, etc. I couldn't get home and have a break and relax, I had to protect my family. It was unending pressure and I was constantly worried that I would collapse and not be able to continue to earn my salary.

3. Care during lockdown

- 3.1. When we were informed about visiting restrictions, I felt really sad for our residents. Seeing their relatives is usually the happiest part of the residents' day. However, due to the restrictions in the pandemic, visitors were not able to see residents and we could not do anything about it. Some of the residents suffered from dementia, and it was very hard for them, but I felt worse for the people with capacity as they were very lonely and isolated. Fortunately, some residents with capacity could communicate with their relatives via mobile phones, whereas, some other residents without capacity, didn't have phones and could not contact their family members. Also, some residents were very

demanding, they knew it was a pandemic but wanted to be treated as usual. In normal times, we could do small group activities. Mostly they would just be in their rooms, wouldn't move around, even if they didn't have Covid. They would be very upset when things changed. We were always rushing trying to fix the latest urgent problem or calm very distressed residents.

- 3.2. In addition to this, my employer care home was a specialist religious care home and lockdown impacted the ability of people to observe religious practices and relatives would often be unable see the body. Sometimes, we had to leave the deceased in their room until the relatives arrived, which could be days.
- 3.3. As carers, we had to be in close proximity with residents including those with the virus. We had to provide residents with mouth care, tablets, apply cream to them even though this put us at more risk of contracting the virus. I had multiple experiences of being asked by nurses to do jobs outside of my remit, such as giving medication or dealing with wounds, because the nurses did not want to be in such close contact with people with the virus. It felt like we were the lowest of the low with no rights to say no because it had to be done, even when no PPE was available for us.
- 3.4. On top of this, as carers, we often provided emotional support to the residents especially since they could not see their families. Altogether, this took an enormous toll on us, mentally, physically and emotionally.
- 3.5. The care homes rooms were very small. The space to have a break was a very small room. The care home managers said you don't need to be in a contact with your colleagues, but if we were taking a break, there was nowhere else for us to go. We opened up the windows, but it was not possible to maintain distance in the small space provided for us. They also told us to keep on the same floor and not to go downstairs. It was very stressful: for 12 hours we stayed always in the same place, a small space. It was horrible. This lasted for months until finally we were allowed to use a main dining room which was bigger.
- 3.6. My mental health was deteriorating during this time, but fortunately, I received a lot of emotional support from LAWRS. My GP was very supportive and I was prescribed medication for my mental health which was directly affected by my working conditions which I had to handle on top of all my other personal and family concerns.

- 3.7. At various points, I had to take sick leave despite the negative financial impact of doing so. I was lucky to have my husband who could help financially support our household – some of my colleagues did not have such support.
- 3.8. Staff members at this time got very sick. Some people would say, “I feel sick, I don’t know if it’s covid or not but I have to pay my bills”; “With covid or not I have to come to work”; “I can’t do the test, I don’t care, I need to pay the bills, that’s it”. They would then infect residents and staff. On their part, management never said anything, they only said “if you feel sick, stay at home”. That’s all they said. They weren’t really trying to find out if people were sick, they wanted us to work. They just said if you have Covid, please stay at home but they did nothing to make this possible. It was words only.
- 3.9. But the care home also had to call a lot of agency staff. With agency staff, they just come in because they call, but they don’t know the routine about residents. So it’s more pressure on permanent staff, because we need to explain what they need to do. Also they come from other houses, other homes, so the virus spread more.

4. Working conditions

- 4.1. One of the worst things was feeling completely unsafe. At first, we were only provided with gloves. We asked management but they just said “wait”. They only provided them by the time everyone was infected. We got gloves and aprons, but no gown, mask or glasses. They gave us sanitiser gel but it burned for how much we used it – the marks only faded after a long time! It was hugely uncomfortable, and added to the immense physical strain of the job.
- 4.2. It took a further 2-3 months to receive the blue disposable face masks, and these were poor quality, very uncomfortable and totally unsuitable for long shifts, especially if you wear glasses. Better quality PPE, including plastic glasses and face shields, only arrived about 4 months after receiving face masks but it was not all given to us straight away and was not consistently available.
- 4.3. I had to create my own PPE using elastic from my leggings and a laminator I had at home. At some point, my other colleagues started to ask me to create a face shield for them in the way that I did for myself. This caused us all to work in fear of contracting the virus because we knew we weren’t being protected

enough. I exhibit photographs of the homemade mask at BR/01 INQ000587638.

- 4.4. Ultimately, when someone contracted Covid-19, they had a gown to cover them but management didn't want me or my colleagues to wear gowns, it was only if 'necessary'. This was because there wasn't enough gowns for all staff. However, it was always necessary that we had gowns especially since we were handling patients from hospital who were infected with Covid-19. This was unfortunate, considering the delay of receiving adequate PPE. I felt that the arrangements they had were to save money and did not relate to the actual risks. We were not involved in decisions about how to manage risks even though we were the ones doing the hands on work.
- 4.5. I vividly remember the discharge of confirmed Covid-19 patients from hospitals into care homes as residents. As hospital patients were transported from the ambulance directly into the care home, it should have been the nurses' responsibility to oversee the transport; but they would often tell us as the carers to deal with this, again for fear of contracting the virus. This was stressful and unfair and confirmed our belief that we were seen as expendable.
- 4.6. Nurses would only come to identify which medication residents would need but it was us the care workers who would actually give medication to the residents and bandage their wounds despite not being given any training on how to do so – which undoubtedly put both carers and residents at risk. I felt that the carers were used as human shields for the work that the nurses didn't want to do in fear of contracting the virus.

5. How we responded to the impact of Covid-19

- 5.1. During the pandemic, there was a 'Clap for Carers' tribute to appreciate NHS and care workers. Management would often tell us to go outside and accept the applause but I was angry at this because claps were not paying our bills. We needed management to hear our concerns and act upon them. We needed real help and support. The manager told us that we needed to go to the window and wave and be grateful. But I said, "why? What I need is a pay rise! What you need to do is to pay a fair salary! I don't need claps!"
- 5.2. On another occasion, we were invited to a room to meet management who wanted to congratulate us on our hard work. They simply said "thank you" through a tv screen and provided us with a cold pizza. I was very angry and

upset given the amount of work we were doing and the lack of pay and sick pay, etc., and I spoke my mind. Another manager then came and told me to get back to work – they wouldn't even let me finish my cold pizza! This – and another incident - led to a very protracted and sad work dispute, at the end of which, my claim for victimisation was upheld. I describe this to highlight that the pressure created by the general relations between management and staff were tied up with the pressure created by the pandemic.

- 5.3. Because of me being more outspoken, my colleagues asked me to help. Everyone recognised that we needed to do something to improve our conditions. Some other colleagues would tell me that I should be grateful that I have a job, but I argued that indeed we are thankful for our families and our lives, but we need more money, and now is the time is to fight for that.
- 5.4. As a result of encouragement from my union and my colleagues, on 13 May 2020, we had a meeting with organisers at UVW who explained to us how a workplace union could be organised and how UVW could help us do it. As a result, a number of my colleagues joined UVW. The UVW membership at the nursing home increased from 2 of us to 15 by 26 May 2020. We would have meetings at my home regarding joining the union and breaking down what UVW is all about. We did this in compliance with the rules at the time by creating social bubbles of four people.
- 5.5. When lockdown restrictions were eased, we had a bigger meeting with the staff at the union and my unionised colleagues in a restaurant near my house. Eventually, laundry workers and housekeepers wanted joined the union too because they were being treated unfairly during the pandemic, working under pressure, longer hours, with no extra pay in terrible working conditions.
- 5.6. Together we started negotiations with the care home. It did not go well for a long time, because they refused to recognise our union. We were forced to strike and go to court to obtain recognition. Management came after me and labelled me as “malicious” because I was encouraging people to join the union. I eventually won the aforementioned employment tribunal claim for victimisation, but it was hugely stressful and tiring. I describe this dispute here because it demonstrates how hard we as care workers had to fight for even a small increase that would make our lives and the lives of the residents better. Without good sick pay, people would come to work when they were ill, with horrible consequences for the pandemic. Without better holiday and pay, staff

would continue to leave and the home would continue to be understaffed, which is not good for the residents. We had to fight tooth and nail simply to survive in the sector!

- 5.7. It's important to say that I believe that many of my colleagues were afraid of speaking up at work because they were in the UK on employer-sponsored visas. This left them very scared and reluctant to challenge working conditions, and it also made it harder for us to organise in the home. Many of my colleagues kept silent in order to keep their jobs in UK, despite how much they were suffering whilst working.
- 5.8. In the long term, the Covid-19 pandemic had a huge impact on me and I cannot imagine how I would have been able to make it through working as a carer in the pandemic if I was not part of a union. In addition, I do not know how my colleagues would have survived working during the pandemic if they had not joined UVW, and even today they are still thankful. Now, because of the fight that we kept up as a union, even after I resigned, carers have won a better sick pay policy, salaries in line with the London Living Wage and improved holiday entitlements.

6. Concluding reflections

- 6.1. The Government's actions demonstrated little support to us workers in the care sector throughout the pandemic, as we continually put our lives at risk, it felt like was all talk and no action. There was a lack of mental health and emotional, as well as financial support for care workers. We relied on help and assistance from the community and the union, not the government. It was massively frustrating and sad to see that while we carers were on the front line, putting our lives at risk, they were partying.
- 6.2. I could not continue working at the care home due to my mental health and the levels of stress. It was simply too much and I resigned from the care home in November 2020. Prior to the pandemic, I didn't have any mental health issues, but whilst working in the care sector during the pandemic, I became severely anxious and depressed for the first time in my life and was prescribed medication for the same.
- 6.3. All of my colleagues were impacted. I particularly remember one of my former colleagues who still has the marks on her face from the oxygen mask she required after contracting the virus. Of course, colleagues with children and

elderly relatives were even more afraid of working in the care home because they didn't want to be at risk of contracting covid and spreading it to their families.

- 6.4. I want to emphasise that proper sick pay is possible: I currently work in a charitable care home that pays full sick pay. I am valued, I am paid a decent wage, and the culture is very positive. Pay is very important - it's hard work. For example, operating a hoist to help someone move is physical, manual work. We work hard. It's very, very heavy, some residents are very heavy. Some residents cause pain in the knees and lower back. If you want me to stay at home, you have to pay me. I have to pay my bills, so I have to go to work.
- 6.5. These days, I receive bonuses, I get training for career progression and more generally, the environment is very peaceful and completely different – issues are sorted out straight away and the pay is very good. I even take extra shifts and I get paid overtime – time and a half. I have even been promoted from care assistant to shift leader at which I used to get paid £16 per hour, prior to April, and now I'm paid £17.51 per hour.
- 6.6. I hope that the Government will ensure that there is no repeat of the horrors that occurred throughout the pandemic in the care sector, as many of us have been negatively impacted and that there will be tailored approach ensuring that carers and residents can trust that they will be protected. To do that, more action needs to be taken to ensure care homes are safe, respectful and dignified places to work.

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: 29 May 2025 _____