Witness Name: Name Redacted

Statement No.: 1

Exhibits:0

Dated: 29/04/2025

**UK COVID-19 INQUIRY - MODULE 6**

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**WITNESS STATEMENT OF Name Redacted**

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I, Name Redacted of Irrelevant & Sensitive Irrelevant & Sensitive will say as follows: -

**Introduction:**

**Background to the care home**

1. I&S opened in 1989 to support the closure of a local long stay mental health hospital. The building is owned and leased to I&S by I&S. The home has two floors, on the ground floor a communal lounge, communal kitchen/dining room, two bedrooms with ensuite, a communal toilet, a staff office and a staff sleep in room with ensuite. The first floor has 8 single bedrooms with two shared bathrooms, one with disabled access bath and one with walk in shower. The home provides 24/7 support to ten adults with long term and usually severe and enduring mental health needs. Staff provide support with personal care, administration of medication, support to attend appointments, support with physical and emotional wellbeing, activities in the home and community. Referrals are only accepted from the local authority mental health teams and funding is provided on a spot purchase basis for each individual. There are a minimum of two staff on duty at all times, at busier periods there are between three and five staff.

2. In March 2020, I&S had a total of one full time registered manager, responsible for managing the service, staffing and care of the residents. Two senior practitioners who worked full time on a rolling rota providing direct care and support to resident and supervision and support to care staff. Five full time and two part-time day care workers working on a rolling shift pattern providing direct care and support to residents. One full time and one part waking night Care workers and two relief care workers on zero-hour contracts. A small pool of regular agency staff worked in the home to cover staff absences. There were ten females, and three males directly employed, consisting of nine white British and one black British person. Initially the staff on zero-hour contracts worked in more than one service and then chose to base themselves in one service only. I&S did have agency workers that worked in other services.

3. There were ten residents living in the home.

**Discharges from hospital**

4. There were no hospital discharges to the home during wave one

5. We had no hospital patients discharged to the home so we have no knowledge or concerns.

6 We did not decline any admissions during this period.

**Infection prevention and control ("IPC")**

7. Care home staff were informed of changes to IPC guidance verbally and paper copies of government guidance and posters were provided. At the time the amount of information being sent through by email, often daily and with frequent changes felt overwhelming and difficult to manage whilst running a service.

8. Implementing IPC guidance was challenging in the home due to the building layout. As a small home with only ten residents, eight of which shared bathrooms made separating Covid-19 residents and non-covid challenging. Covid-19 residents were advised by staff to isolate in their bedrooms as much as possible and if they needed to leave their room were asked to use their call bell, so staff could support them to the bathroom or outside and maintaining social distancing from other residents. Covid 19 residents were provided with a commode where appropriate to reduce the use of shared bathrooms. Extra cleaning was carried out in shared spaces. The service employed a cook and cleaner to sperate these tasks which were normally completed in conjunction with residents by care staff. The communal dining and kitchen area had to be closed to residents. This impacted on the wellbeing of residents who usually independent in making their own drinks and some meals and enjoyed sharing mealtimes and activities with others. The staff areas (office and sleep in room) are both small, it was not possible to practice social distancing in these spaces, we limited how many staff could use the space to try and reduce the risk. Visitors were advised on arrival of the current IPC guidelines and government guidelines followed on visitor restrictions. We were able to sufficiently ventilate the home by opening windows.

Due to the severe and enduring mental health issues experienced by residents some had difficulty in understanding social distancing rules and lockdown rules and needed time to understand and adjust their routines. For example, when national lockdown was imposed one resident continued to leave the home and travel by bus to the town centre when the shops had been closed. External agencies were unable to provide support or guidance on this. Residents who had been advised to isolate continued to move around the home and could not be effectively segregated.

We provided advice and guidance to residents in different formats and by closing the communal kitchen and dining room and spacing chairs apart in the communal lounge, allowed us to reduce risk within the home.

Individual risk assessments and safety plans were implemented for all residents based on their needs and level of risk.

9. The covid-19 regular testing was time consuming to complete but otherwise did not present any other issues. At times it was confusing when testing should be carried out and when LFD"s or PCR tests were required. Most residents were able to understand and cooperate with the whole home testing programme and staff viewed it as positive and supported us to protect each other.

10. The home did not experience an outbreak between March 2020-June 2022, seven staff tested positive during this period at separate times and the virus was not passed to other residents and staff. The home experienced its first outbreak with residents in October 2022.

**Personal Protective Equipment ("PPE")**

11. In March & April 2020 the home faced challenges accessing PPE we were unable to purchase facemasks, eye protection or hand sanitiser due to disruption in the supply chain. We were able to source very limited supplies online from Amazon etc and had to purchase "festival waterproof ponchos" to protect staff until we could source PPE. The government provided a supply of 300 facemasks in March 2020 which provided much needed support. The local authority provided PPE in May 2020 until the government portal was established in June 2020, following this we were able to maintain required stocks. There was also disruption to the available stocks of cleaning materials and hand soap which made accessing it for the home more challenging.

The home received one batch of poor-quality masks which snapped on first use, this was stock from the government portal, they were destroyed, and the issue was reported.

We did not require FIT testing

The lack of access to required PPE led to an increase in stress for frontline staff, managers and impacted the organisations' ability to provide the protection staff needed to carry out their roles. During the first few months of the pandemic, many staff were fearful of the risk of contracting Covid19 themselves and the risk of transmitting it to their families.

**Visiting restrictions**

12. Residents and their families/loved ones were informed verbally of any changes to the visiting policy due to government advice and our own risk assessment. This was followed up by email for relatives where requested and links to government guidance included.

The home was not supporting any residents at end-of-life care.

The home supported residents with telephone calls, online video calls facilitated contact between residents and their loved ones when visits were restricted. Window visits were also supported until garden/outdoor visits were allowed. Relatives and residents cooperated with changes to the visitor policy.

It was sometimes difficult for families to understand the changes in the restrictions.

13. There was some short-term impact on the wellbeing of residents and their loved ones when restrictions were implemented. The impact would have been greater if residents were receiving end of life care.

14. Home visits were limited; most consultations took place by telephone. We did not have any acutely unwell residents, so the impact was minimal.

**Deaths and end of life care**

15. No deaths occurred during this period

16. Advance care plans were in place for residents where this had already been identified as a need. No changes were made to this process during the pandemic. No new DNACPR notices were issued to our residents.

17. Palliative care was not required.

**Provision of data**

18. We were asked to provide updates on the capacity tracker and upload results of Covid testing for the whole home. This was time consuming but manageable as a small home.

**Staffing**

19. Staff continued to work through the pandemic due to their high levels of commitment and dedication to meet the needs of the residents. Despite their own anxieties and stress levels, when the population were told to stay at home and keep a safe distance from others, they carried on knowing they were at greater risk. Even when we couldn't provide the required PPE, staff continued to work despite knowing they may need to provide care to a resident with covid 19 and were at risk themselves. Staff wanted to support each other and keep the home running safely.

20. No significant staff shortages were experienced.

21. Staff experienced a range of emotions in the initial months of the pandemic. These included feeling upset, anxious, experiencing loss of control, feelings of guilt of continuing to come to work and potentially putting loved ones at risk, and balancing this with their duty of care, and understanding the importance of continuing to carry out their role and care for the residents. This all resulted in higher levels of personal stress.

Closing areas of the home to reduce the spread of infection impacted on the wellbeing of the residents and in turn effected the staff as they felt they were unable to support residents in the way they normally would.

As a manager there was a strong feeling of responsibility around keeping everyone within the home safe and the pressure of keeping up to date with frequently changing guidance and ensuring changes were communicated within the home. Higher levels of stress were experienced thinking about what we could be facing, deaths of residents and staff, lack of support from external agencies and staff shortages.

Staff were supported through regular 1:1's and they had access to the employee assistance programme and later the covid helpline that was set up for frontline staff. The leadership team provided ongoing support to the Manager and team to help navigate the challenges.

Within our organisation there is a strong culture of supporting the wellbeing of both staff and residents. This approach influenced the decisions we needed to make and helped support everyone with the emotional challenges, particularly in the early period of the pandemic. Staff felt supported and this helped to maintain morale and keep the team focused.

22. Initially we felt as though we had no support from partner agencies. In the first

few weeks there was a lack of guidance and clarity on how the home could continue to run safely. We had to make decisions based on our own risk assessments and we were informed by the local multi agency covid response team to "do our best". This felt woefully inadequate. We decided based on our own risk assessment to "lock down" the home one week before the government announced the national lockdown. We believed this helped protect the home.

The first direct communication with CQC didn't happen until July 2020 when we had a teams call with our inspector to assess how we were managing. This felt too late.

Once government guidance was published the local authority were proactive in sending regular updates, at times these felt overwhelming, and they appeared more directed towards elderly care homes rather than care homes with younger adults.

The home was able to access the additional funding that was made available for care homes. The home used this to employ a cook and cleaner, increase care staff hours, purchase items for the home to support infection control and cover sick pay costs for staff isolating.

23. We did not experience any initial resistance or concern from our care home staff on the compulsory vaccinations. Staff welcomed the opportunity to be vaccinated and understood the importance in receiving the vaccinations to protect themselves and others. Communication about how staff could access the vaccinations was not always clear. When the legislation was revoked staff welcomed the opportunity to make their own choice again.

**Overall reflections**

Based on our own experience and witnessing the experiences of colleagues in other care homes, our reflections are:

Areas for improvement:

- People should not have been discharged to care homes without testing
- End-of-life visits should have been maintained in care homes.
- Faster access to emergency PPE supplies is required when there is extra demand or disruption to the supply chain
- Priority should be given to care homes to access food when there is disruption to the supply chain. Our home is small and uses twice weekly supermarket delivery. It was challenging to access the required food supplies. We were competing with members of the public who were stockpiling food and household supplies.
- Care home guidance needed to be more specific for care homes supporting younger adults, the guidance was aimed towards elderly care homes. There was no guidance for our supported housing services which are not registered with CQC.
- There needed to be other methods of communication from the local authority/government other than email, as there was no opportunity to discuss or access additional support to implement changes.

Areas that worked well:

- PPE portal
- Additional funding being made available
- Our home was full at the start of the pandemic, so we had no new admissions, and we did not have any residents requiring admission to hospital during this period. We believe this was the main factor along with implementing the IPC guidance and accessing vaccinations that led to our home not experiencing an outbreak until 2022.

**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:** 30/04/2025