

Covid Crisis Special Report 9

Care Home Deaths

By Eileen Chubb@

This report is addressed to Boris Johnson and raises the following issues,

The two official policies on Admitting Covid 19 patients into care homes from hospital. The Guidance that was implemented as early as February and predated the April 2020 policy.

The information I obtained via a Freedom of Information request to the CQC.

The avoidable deaths of vulnerable people in care homes.

The avoidable deaths of Social Care Staff.

The lack of scrutiny throughout the Covid 19 Crisis in care homes.

Serious concerns about the medication policy implemented during Covid 19 and how that policy could be abused.

This report asks for specific information to be provided, asks the questions that need to be asked and calls for a fully independent investigation taking into consideration MIP0. Please see our report on this law [Should We Abolish Accountability](#)

Please note* The time frame between this report and our last report is much shorter than usual when considering our latest helpline calls data **specific** to Covid concerns.

New Helpline Contacts since report 8.

| | |
|------------------------|---|
| Residential Care Staff | 5 |
| Nursing Care Staff | 2 |
| Care Agency Staff | 0 |

Total Covid Crisis Helpline Cases

| | |
|------------------------|-----|
| Residential Care Staff | 152 |
| Nursing Care Staff | 66 |
| Care Agency Staff | 35 |
| Total | 253 |

Section One The Government Policy's

The policy to admit patients with Covid 19 into care homes from hospital was a disastrous decision that has cost countless lives. We are the **only** organisation to ask the following questions.

The policies
Version 1 dated 2nd April 2020
Version 2 dated 19th June 2020

There are many key differences between these two policies however the level of complacency and ignorance is consistent in both.

Policy 1 omits any reference to respecting human rights, whilst policy 2 makes clear reference to respecting human rights, **Why wait until June to consider Human Rights?**

Only policy 2 refers to the types of care home providing different care. Policy 1 makes no reference

to this issue but unfortunately the guidance for both residential and nursing homes in both policy's is the same. **Why were these differences not taken into consideration?**

The reality is that from the start of the Covid Crisis in March, we have consistently received a substantially higher number of concerns being raised by staff working in **residential** care homes.

These concerns are the result of Government policies that made no allowance for,

The level of care that could be provided by a care worker in a residential care home with no clinical training compared with a fully qualified nurse. **Why were the foreseeable risks not considered at all?**

The level of care needed.

The denial of hospital treatment that was being enforced by care home management across the country. Whilst no written policy on this can be located, it is **highly** unlikely that such a widespread perception could have been held and enforced in care settings without an unofficial policy being communicated early on.

The admission of Covid 19 patients into care homes from hospitals was being implemented long before the Government policy dated April 2nd, it is highly unlikely this would have been implemented across the country to the degree it was without a documented decision making process having taken place. **FOI number 1. We request this documentation.**

The lack of medical equipment in residential care settings.

No consideration was given to the fact that care homes overall often run on minimum staffing and that

staff could not be redeployed from other areas as in the NHS.

The presumption that a video call with a GP was sufficient clinical input when someone was very sick with Covid 19.

People who were not able to take fluids orally could not be put on a drip in a residential care setting and were dying from dehydration. Were **all** these deaths recorded as Covid 19 deaths?

People struggling to breathe could not be given oxygen in a residential care setting.

People who could not take their regular prescribed medication orally were suffering serious complications from not having their medication administered intravenously.

People were left to suffer in severe pain as they were unable to take pain relief orally.

Why were CQC not inspecting homes at a time when scrutiny was needed most?

CQC have published a statement on the high number of concerns being reported to them, why were the vast majority of these concerns not acted on? We do not include CQC ringing the care home as action. Please compare the vast number of concerns reported with the number of responsive inspections carried out and explain the lack of action?

Why were deaths from Covid 19 not being published by CQC from the first?

What is the true number of care home deaths from Covid 19 complications?

Why did CQC view its primary duty as not inconveniencing the care home when its primary duty should have been to protect those living in the home?

Why are there no correct numbers for social care staff who died from Covid 19, please provide the numbers to us as a **FOI Two** in the following format,

Likely Date of Covid 19 infection?

Date of death

By care setting, Residential Home staff, Nursing home staff and Care Agency Staff.

Why were Care staff not given full PPE but instead expected to implement such a disastrous Government policy with the usual cheap plastic gloves and a food prep apron?

Your policy refers to treating people as individuals I hope this will apply to the investigation into each death and victims will not be judged as groups.

All Care Home residents and staff and Care Agency staff were needlessly put at risk.

Why have so many Whistleblowers been sacked or forced out of their jobs for raising genuine concerns? Please see the last page of this document for links to all our Covid Crisis helpline reports to date.

Why are you simply throwing money at the care industry regardless of their profits, these problems cannot be fixed by money alone and many care staff do not expect the money that you are giving the industry to reach the front line and be spent on care, instead they expect it to bolster their employers profits.

We have written to you separately on the issue of whistleblowing and the need for Edna's Law and for historic cases to be reheard before a jury. Please refer to all our previous letters.

Numbers Of Deaths

I submitted a FOI to CQC for care home deaths of residents by care home setting, which was refused, however my challenge to their refusal was upheld.

Please Note *We know that many deaths from Covid 19 have not been counted in the below numbers, the overall deaths in care homes is much higher. However, the below numbers show **for the first** time deaths in residential homes and nursing homes separately.

“As of 12th of June 2020, CQC has been notified of **11790** Deaths in care homes with **Nursing** and **5676** Deaths in care homes **without Nursing**”

All of these deaths and many more should be investigated fully and competently.

I ask that you note that nearly six thousand people died in residential care homes without nursing care. **You** have had Covid 19, would you have been content and comfortable being cared for in a care home without nursing, without any specialist equipment such as oxygen and where the only medical input was a video call with a GP?

Whilst many thousands suffered and died in care homes across the UK, thousands of hospital beds were empty. Thousands of people were denied hospital treatment that may have saved their life or at least ensured they died with minimum suffering. The **only** criteria for this decision? Their date of birth.

When a member of the public became ill with Covid 19 and rang for an ambulance, were they asked if they had an advanced care plan? Those in care homes are treated as having forfeited their right to life by

being in a care home. There must be more protection for the vulnerable at times of crisis, especially protection from such Government policies.

Discharging Covid 19 patients.

The decision to discharge Covid 19 patients into care homes has cost countless lives, not only were the most vulnerable put at risk by this policy, but when people became ill as a result, they were denied basic medical care.

My response to your policies.

The Policy dated June 19th, 2020 is an incompetent justification of the earlier policy merely tweaked to give the impression of change, which is way too little, way too late for the thousands who have lost their lives.

Page 14, there is reference to the new “**clinical lead**” This window dressing might fool some of the people however this role is yet another person a care home could telephone, it was not someone who went into a home and made any difference on the front line. Clinical lead is a term that implies that other clinicians were being led. Where were these **other** clinicians?

On page 27 There is a reference to care homes isolating via multi occupancy rooms, which raises the question why is there a perception some care homes have the equivalent of a hospital ward?

Throughout these policies the flawed reliance on “Social Distancing” is evident, for example on page 23 the guidelines are detailed. Please explain the following,

How are any of the following routine care duties carried out from a distance of two metres within a 15 minute timeframe as recommended?

1. How do you wash and dress an individual?
2. How do you turn someone in bed who is unable to change position themselves and who is at risk of pressure sores?
3. How do you attend to an individual who needs full assistance to eat or drink?
4. How do you reassure someone who is calling out in pain, who is frightened or agitated?

Your policy, pages 30 to 31 refers to the Recruitment of care staff.

Given our evidence on Whistleblowers sacked or forced out of their jobs which is fully detailed in our Covid Crisis reports, why is this not an issue? This is a policy that amounts to replacing those staff who cared enough to whistle-blow and lost their job as a result. Is it not time to start valuing caring staff and address the underlying injustice that all Whistleblowers have been subjected to?

Your policies refer to placing residents in their rooms for 14 days, please explain how the 70% of those in care homes living with dementia can comply with this?

Our evidence is that sedative drugs have been and continue to be misused to comply with this recommendation.

***FOI Three, Please provide the data for sedative and antipsychotic drug prescriptions in care homes for March, April, May, June 2020 and the same data for 2019.**

Your Covid Drug policy makes it easier for unscrupulous care homes to misuse or not account

for drugs. We have evidence that audits of drugs returned to pharmacy have not taken place and that this policy has contributed to the situation. We also have evidence of misuse of sedative drugs as a means to enforce isolation or social distancing.

Given the numbers of people in the care system living with dementia, your guidance refers to placing a notice on the doors of Covid 19 patients, please explain how residents with dementia will be deterred from entering these rooms as they wander around the home?

Please note* that no amount of training will educate regulators to a competent level and any whistleblowing law that relies on regulators will not only be completely ineffective, but it will always have lethal consequences. Please see my previous correspondence on the issue of whistleblowing.

PPE

Our evidence on this issue is fully documented, please see the last page of this report for the links to all our Covid Crisis reports.

There is repeated reference to PPE throughout your policies and guidance. Our evidence is clear, many care staff reporting from early March had completely inadequate PPE, most had some stock of the average gloves and standard food prep aprons, but it was mid-May before masks and Visors were available in adequate numbers and gowns are still rare and this is of grave concern as no consideration has been given to the fact that many care staff have no uniform, many just have a basic tabard worn over the clothes they come to work in and return home in.

Your policies list the procedures for PPE being breached and placing staff at risk, but what is the risk when there is **no** PPE to breach?

Care staff have rung us crying their heart out because they care but are struggling with the fear, they were being asked **hourly** to risk their lives to do their job. It has cost many care staff their life.

So many care staff have died as a result of negligence and these deaths must be fully investigated, every incident of avoidable risk they were needlessly subjected to must be identified.

It is clear from those early deaths that a lack of PPE was a contributing factor, for example the care worker who died before the masks she ordered herself arrived in the post, could there be any more of a damning indictment of both the care industry and Governments duty of care? It was clear early on that care staff were being placed at high risk, why was action not taken sooner?

Please note the links we have found to reported Care Staff Deaths at the end of this report. We ask that full information on these deaths are released as requested.

Covid 19 was an exceptional event, I accept that, but it was foreseeable and should have resulted in preservation of life being the **only** priority. The policy on care homes was **not** a situation of choosing between saving some lives at the cost of others, but was actually a policy that abandoned thousands to die, whilst hospital beds stood empty as testament to an attitude of bias "That the lives of elderly people and care staff do **not** matter at all.

Thousands of people are dead because of blatant discrimination.

It seems to me that the science and experts you relied on were devoid of common sense and morally bankrupt. **FOI Four**, How many of these so called experts had care home experience? Discounting CQC who are clearly devoid of such expertise, the evidence for this view is available on our website and is corroborated by the death toll and lack of action in response to concerns.

Action Required

There must be a full investigation into the Covid 19 human rights abuses and those responsible must be identified and held to account.

There must be a proper investigation into the care industry's fitness to provide care which should also investigate the offshore bank accounts, tax avoidance and massive profits made by an industry that has failed so many for so long. The time has come to take responsibility for the billions spent on poor care. The Care system should be a mixture of small good quality homes and local authority homes. The profits being made by private equity in the care industry are untenable when the care provided has been a shameful indictment of this country. Now is the time to correct this injustice and take control.

Please provide a **full** response to **all** the questions we have asked. * **Please Note we are fully acquainted with "Policy Speak" and suggest defending the indefensible would not be wise.**

Please Provide all the Freedom of Information, FOI evidence we have asked for without unnecessary delay.

We ask for a full response to this report and the evidence we have submitted.

We ask you to note our previous letter highlighting serious issues and evidence of misconduct is yet to be responded to.

At no other time in history has the importance of effective whistleblowing protection been more important. Yet we have an untenable situation with the APPG on whistleblowing that will put Whistleblowers in more danger than ever and will taint the word whistle-blower.

Finally, We are here to shine a light on the abuses, suffering and injustice, unlike other organisations we are not here to be liked, get funding or satisfy an ego trip. Those who have died deserve justice, we are here to fight for them and fight we will.

Yours sincerely

Eileen Chubb

Links To Our fully Evidenced Covid Crisis work
and our research on Care Staff Deaths

<https://compassionincare.com/locked-down-scrutiny-open-covid>

<https://compassionincare.com/testing-company-culture>

<https://compassionincare.com/bodies-truth-being-buried>

<https://compassionincare.com/helpline-report-5-covid-ongoing-damage>

<https://compassionincare.com/when-silence-wins-covid-crisis-helpline-data-4-whistle-blowing>

<https://compassionincare.com/care-industry-billions>

<https://compassionincare.com/half-all-covid-deaths>

<https://compassionincare.com/voices-front-line-home-care>

<https://compassionincare.com/shield-vulnerable-except-those-care>

<https://compassionincare.com/covid19-social-care-crisis>

Care Staff Deaths

ONE HOUR SNAPSHOT of search for care worker deaths

In the space of one hour on 29.06.20* a quick sweep of the internet revealed the following:

Registration by CQC in England or CI in Scotland

1. Registered for Nursing

<https://www.wigantoday.net/health/coronavirus/tribute-dedicated-wigan-care-home-workers-who-died-after-contracting-coronavirus-2857879> Nursing

<https://www.dailyrecord.co.uk/news/scottish-news/glasgow-care-home-worker-dies-21956483>

Nursing (as CI states must be at least 3 nurses at all times)

<https://www.islingtongazette.co.uk/news/coronavirus-two-staff-members-and-one-resident-at-highbury-care-home-die-with-covid-19-1-6612021> Nursing

<https://www.birminghammail.co.uk/news/midlands-news/beautiful-kings-heath-care-home-18273981>

Nursing

<https://www.standard.co.uk/news/health/coronavirus-latest-victims-london-uk-a4413936.html> Nursing

“Her son said it was not clear where and how she had contracted the virus but **there had been no confirmed cases at the care home so he does not believe it was there**”

2. Registered for Residential

<https://www.echo-news.co.uk/news/18412026.care-home-worker-dies-covid-19/> Residential

<https://www.lancs.live/news/lancashire-news/tributes-heroic-lancashire-care-home-18307290> Residential

<https://www.dailymail.co.uk/news/article-8318933/Care-worker-53-dead-home-amid-fears-Covid-19.html> Residential

3. Unable to ascertain as homes not named in articles:

<https://www.glasgowlive.co.uk/news/glasgow-news/partner-glasgow-care-worker-coronavirus-18234559>
worked for an agency at various care homes

<https://www.bbc.co.uk/news/uk-wales-52921038> worked as an agency nurse at several care homes across south Wales.

<https://www.getsurrey.co.uk/news/surrey-news/tributes-paid-respected-nursing-home-18279626>
Home is un-named so cannot check - articles says “nursing”

<https://www.thescottishsun.co.uk/news/5473259/coronavirus-scotland-care-home-deaths-map-health-virus/>
"1 nurse died at Pitkerro Care Centre, Dundee"
[https://www.careinspectorate.com/index.php/care-services?detail=CS2011301452&q=Pitkerro%20Care&fq=!\(ServiceStatus:\\$Cancelled\\$\)AND\(\(AccomPostCodeCity:*Dundee*\)\(AccomPostCodeNo:\\$Dundee\\$\)\)&sort=&starttr=0&message=%3Cb%3EResults%20for%20Pitkerro%20Care:%3C/b%3E%20,Dundee&sCondition=null](https://www.careinspectorate.com/index.php/care-services?detail=CS2011301452&q=Pitkerro%20Care&fq=!(ServiceStatus:$Cancelled$)AND((AccomPostCodeCity:*Dundee*)(AccomPostCodeNo:$Dundee$))&sort=&starttr=0&message=%3Cb%3EResults%20for%20Pitkerro%20Care:%3C/b%3E%20,Dundee&sCondition=null)

"The First Minister has vowed to use emergency laws to protect care home workers and their residents. Bosses could be jailed if they don't provide necessary personal protective equipment (PPE) to those at risk in the homes. (Link in article goes to "The First Minister said there will be "enforcement where required and where necessary" but that anonymous allegations could not be looked into. Allegations were also made against a care home this week **for locking protective equipment away from staff**, causing a union chief to call for full legislation to be used against any care home found to be negligent."

4. Mixture of named Residential & Nursing Homes and unnamed homes in one article

<https://www.telegraph.co.uk/news/0/nhs-workers-died-coronavirus-frontline-victims/>

This link includes

A carer in an unnamed home

A care worker at an unnamed home

A care worker at a Kent care home for autistic adults

A care worker but not clear whether at a home or domiciliary

A care worker at an unnamed home

A “care home nurse” in unnamed home, died in St Thomas, was there same time as BJ

A care worker at Tye Green Lodge Care Home (Residential)

A manager at Amberley Care Home Plymouth (Residential)

A nurse at Mumbles Nursing Home (Nursing)

A care worker at Eden Place Mental Health Nursing Home (Nursing)

<https://www.theguardian.com/uk-news/2020/may/02/lack-of-ppe-care-home-nurse-coronavirus-suzanne-loverseed-ian-oneal>

A “dementia nurse” at Lochleven Care Home –

[https://www.careinspectorate.com/index.php/care-services?detail=CS2005098333&q=Lochleven%20Care%20Home&fq=!\(ServiceStatus:\\$Cancelled\\$\)&sort=&startr=0&message=%3Cb%3EResults%20for%20Lochleven%20Care%20Home:%3C/b%3E%20&sCondition=null](https://www.careinspectorate.com/index.php/care-services?detail=CS2005098333&q=Lochleven%20Care%20Home&fq=!(ServiceStatus:$Cancelled$)&sort=&startr=0&message=%3Cb%3EResults%20for%20Lochleven%20Care%20Home:%3C/b%3E%20&sCondition=null)

5. Statistics type reports

<https://metro.co.uk/2020/05/20/300-nhs-care-workers-have-died-coronavirus-12731707/>

Includes 20 May “Boris Johnson today announced that the deaths of 181 NHS workers and 131 social care workers have ‘sadly been reported involving Covid-19’.

and “He (Starmer) said that **government advice up to April 15 was that negative tests were not required before patients were discharged from hospitals to care homes.** ‘What’s protective about that?’ Sir Keir asked. The **PM claimed, ‘no one was discharged into a**

care home without express authorisation of a clinician’.

<https://www.channel4.com/news/factcheck/factcheck-coronavirus-in-care-homes>

Includes **ONS death rates by occupation**

<https://www.bbc.co.uk/news/health-52284281> The CQC says there are **15,517 residential and nursing homes** providing support for older and disabled people in England, with an estimated **457,361 beds** available

<https://www.heraldscotland.com/news/18446378.care-home-key-worker-deaths-investigated-crown-office/> THE Crown Office is to investigate the deaths of key workers and care home residents from **coronavirus**, the Scottish Government’s most senior law officer has announced.

<https://www.bbc.co.uk/news/uk-wales-politics-52984378>

<https://www.nursingtimes.net/news/coronavirus/covid-19-death-rate-significantly-higher-in-social-care-workers-11-05-2020/>

<https://www.communitycare.co.uk/2020/05/11/covid-19-deaths-among-social-care-staff-far-outstripping-healthcare/>

<https://www.expressandstar.com/news/uk-news/2020/05/15/the-nhs-and-care-workers-who-have-died-during-the-coronavirus-pandemic/>

<https://www.itv.com/news/2020-05-19/care-home-deaths-under-scrutiny-as-report-suggests-agency-workers-spread-virus/>

<https://leftfootforward.org/2020/05/in-hong-kong-no-health-workers-or-care-home-residents-have-caught-coronavirus/>

Hong Kong deaths nil - "100 in UK"

*Links found between 10.15 and 11.15 on 29.06.20

Compassion In Care