

The Covid Crisis in Social Care.

By Eileen Chubb ©

Our helpline remains open during this crisis and in the last two weeks we have received 87 calls from staff raising concerns about Social care,

61 calls from staff working in residential Care homes. (Homes with no nursing staff)

6 calls from staff working for homecare agencies.

20 Calls from staff working in Nursing homes.

In **all** cases there were concerns about a lack of PPE (Personal Protective Equipment).

That a small supply of surgical Gloves and Aprons was available but was not going to last and in some cases was already being rationed.

That there were **no** protective masks or eye protection.

There were scant supplies of handwash and sanitizers.

There were also concerns in relation to cleaning products that were available in care homes and inadequate numbers of cleaning staff.

Concerns about specific Covid training and staffing numbers overall.

Concerns that residents with the Covid virus were not to be sent to hospital but kept in the care home and that the home was not equipped to provide the care needed resulting in needless suffering and death.

Home care workers having a list of people to visit some with the virus and some not infected.

Whilst we are evidenced based and data is of great importance, we never forget these are not just numbers but people. For this reason, I have used this

information as well as my experience as a care worker to demonstrate how all of the above would impact on care of vulnerable people and staff safety.

A residential home with 70 residents, 3 residents have the Covid virus on Monday morning, Four extra care staff are allocated to supplement the staffing numbers on each shift. Care staff are also carrying out extra cleaning duties.

At the handover on Monday morning the night staff inform the day shift that some of those residents with dementia have been walking around the home as usual during the night and that 4 residents have been found in the bedrooms of other residents including those people with the Covid virus.

One staff member exhausted and leaving a bedroom found a resident in the corridor about to enter someone's bedroom and took them by the hand and led them back to their bedroom. The same staff member also touched their own face. They then changed their gloves and apron, washed their hands and put on clean gloves and apron before entering the next room to attend to a resident.

The resident found wandering then gets out of bed and enters the bedrooms of several other people unobserved by staff.

Tuesday evening and 7 residents and 2 staff have symptoms of the virus, 1 staff member thinks they may have symptoms but is not sure and feels under pressure to finish their shift.

Thursday morning 18 residents have symptoms of the virus and 7 staff are off sick and self-isolating.

Staff are exhausted and working without adequate numbers as a result of sickness, corners are cut to cope, there is not always time to wash their hands or change their gloves.

Some residents are very sick at this point and need help to breathe, staff do their best to help them but there are not enough staff and those staff on duty are exhausted. Many sick residents are left alone for long periods and can not get a drink or get help to use the toilet.

Summery

In the NHS the emphasis should be on treating those with the virus and keeping medical staff safe. In social care, staff are fighting to stop the spread of a virus in an impossible environment at great risk to themselves.

This is the reality of working in care everyday being asked to do too much with too little resource. Full PPE needs to be provided directly to all social care staff now.

People who are very sick need hospital treatment, denying them this treatment is inhumane and illegal. Leaving social care staff alone to provide care at great risk to themselves is wrong.

PPE for hospital staff is **not** just an apron and a pair of gloves now that the risks have been identified. It's shameful that so many medical staff had to wait so long for protection. Why are social care staff allocated at best gloves and an apron which leaves them completely unprotected?

It has clearly been identified that people with Covid 19 who need hospital treatment need help to breathe, yet we are leaving elderly people in care homes and home care to die without any oxygen or treatment. This is not DNR after death, this is denying medical treatment resulting in death.

Eileen Chubb

