

C 15a

Ymchwiliad i effaith Covid-19, a'r modd y mae'n cael ei reoli, ar iechyd a gofal cymdeithasol yng Nghymru

Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales

Ymateb gan unigolyn

Response from an individual

Senedd Cymru Welsh Parliament Health, Social Care and Sport Committee inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales.

I wish to submit my further observations for the committee's consideration on the impact of the Covid-19 outbreak, and its management, on health and social care services in Wales.

My observations are informed by my engagement with the staff of my mother's care home where she lived for the two years before her death in xxxx. For three years before her admission to residential care in xxxx 2018 I managed her Direct Payments budget and employed her Personal Assistant(PA). I liaised with the management of the team of domiciliary social care staff who worked alongside the PA, observing their practice. I also liaised with, and observed the work of the local authority social care team that provided daily support to my brother in the months before his death in xxxx.

To place my experience in its broader context, from xxxx I spent my career as a local authority social work practitioner and manager working across the range of client groups. The last nine years of my career was as a Welsh Government civil servant working on substance misuse policy. For the past xxxx years since my retirement I have been a member of the board of trustees of a residential treatment and rehabilitation facility for people with drug and alcohol dependence and Alcohol Related Brain Damage.

Despite being a board member of a residential care home registered with the Care Inspectorate Wales (CIW) I only became aware that the committee was undertaking its inquiry when I was informed of this by xxxx Chief inspector CIW in her reply to my correspondence to her. My experience would suggest that the existence of the inquiry is not widely known in the social care sector. I urge the committee to actively promote the inquiry to the social care sector and moreover to proactively seek out the testimonies of front line social care workers. Without these testimonies the committee will have an incomplete picture of the response of services.

This view is reinforced by my perception that the current pattern of service is inherently problematic in terms of communication. When I started work as a social worker 48 years ago the boundary between health and social care was understandable as a single interface. The county councils assessed for and delivered residential and domiciliary care, health care was delivered through the NHS and lines of accountability were clear. From my experience the organisation and delivery

of health care remains broadly recognisable from previous decades but this is not the case for social care. There is now a mosaic of domiciliary care services overlain by a patchwork of residential providers on which sits a jigsaw of commissioning, planning and regulatory bodies. The boundaries between these layers are not coterminous and lines of reporting, accountability and communication resemble Spaghetti Junction rather than the horizontal and vertical matrix of the classic organisational chart.

This pattern of provision in social care also ranges from public, to third sectors and private for profit organisations and varies in scale from the service of which I am a trustee delivering a specialist service with one establishment of twenty bed spaces, to those with over four times that number of beds with multiple units. What is common across domiciliary care and residential services is that they are financially fragile. This fragility may manifest itself in working practices, of long days, zero hours contracts, poor conditions of employment, and salary levels that do not approach the Welsh living Wage that the First Minister referred to in his oral statement in November 2019 to mark Living Wage Week.

This is the context in which the impact of the pandemic on the social care sector and its clients is being experienced. It is crucial that you seek the testimonies of social care staff as to whether the NHS has been relatively protected whilst social care has been overwhelmed, that supplies of PPE to social care providers have been unavailable and testing in the sector has been patchy or non-existent.

Furthermore that you seek any evidence that patients have been discharged from hospitals into care homes without being tested and proceeded to spread the virus. This evidence will help the committee to determine whether there has been a differential response to COVID-19 between the two sectors with social care services being treated very differently in terms of the availability of testing, PPE, and even in the ways deaths are recorded and counted.

Another reason that you should take face to face evidence is that you can then see for yourselves the quality of the staff that I have encountered. From my direct experience as a family member of someone who has died from Corona virus whilst in residential care I applaud and praise the social care staff who provided our mother with outstanding care. Without doubt this sentiment must be shared by all relatives of those in mortal danger from this disease who are being cared for by our social care staff.

The staff who cared for our mother for the past two years are now faced with the challenges of providing palliative end of life care to people, with no family at their bedside, a situation that they could never have anticipated. The staff where my

mother lived are also caring for people with dementia whilst at the same time meeting the needs of other more mobile and alert residents; a demanding and at times seemingly overwhelming responsibility. They do so with courage and a devotion that one can only marvel at.

Staff stayed at their post day after day providing the highest quality of care. Such actions go well beyond the call of duty, more so because some are mothers whose children are in the care of relatives and isolated from them as they care for our desperately ill family members. Such circumstance must be a cause of almost unbearable anxiety for our care staff and their families but unflinchingly they stay at their posts. Their experiences related first hand to you is crucial for your understanding of what they have faced and will continue to face.

There is one more reason that I feel that you need to seek these testimonies. It will reveal the reality of the situation that we face and bolster demands for an immediate Public Inquiry because this amounts to a situation that requires accountability to be identified and justice being seen to be done. The best way to address this is through a Public Inquiry under the Inquiries Act 2005 convened by the First Minister of Wales to find out the following. What happened, why did it happen, who is responsible and what can be done to prevent this happening again.

I urge the committee to secure the staffing resources to proactively seek out and obtain the unfiltered views from the front line workers of these services. I understand that the Care Standards Inspectorate has a staff complement of 283 across Wales and given its purpose is to action to improve the quality and safety of services for the well-being of the people of Wales, it would seem that it would be well placed to undertake fieldwork across Wales in support of the committee's work. These times call for new ways of working and a laser like focus on learning the lesson from this phase of the pandemic.

With your evidence of front line staff as its bedrock the committee should be able with one voice to say loudly and clearly that it is insufficient for the Welsh Government to suggest that these matters can be addressed in the fullness of time; they are too urgent for that.