**Opinion**

**Keeping the Elderly and Workers safe in Nursing Homes, during a Pandemic**

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**Abstract**

During the Covid-19 pandemic in 2020/21 the safety of elderly residents in nursing homes and the workers who cared for them was seriously compromised by policy decisions made by the British government and the National Health Service (NHS). Hundreds of nursing home residents and the workers who cared for them died during the early stages of the pandemic. This article explores why these deaths happened and what can be done to stop this happening again in the future.

**Keywords**: Care; COVID-19; Elderly; Health & Social care workers; NHS; Nursing homes; Pandemic; PPE; Social care; United Kingdom.

**Introduction**

When the National Health Service was organized in the United Kingdom (UK) in 1948 its purpose was to provide free [1] health care for everyone. Because the population received good health care mortality and morbidity rates were reduced, however with the population living longer more people required care for chronic [2] illnesses such heart disease, cancer, stroke, diabetes, and dementia; and some of these people needed nursing home care. When the budgets for Health and Social care were drastically reduced by the Conservative-Liberal Democrat coalition Government during the years of ‘austerity’ [3] (2010-2020), private companies were encouraged to ‘bid’ for contracts to provide these services. Currently eight [4] out of ten care home beds in the UK (over 50,000 bed spaces) are provided by private companies.

During the Covid-19 pandemic, the UK government’s public health campaign [5] could be summarized in one phrase, ‘Stay at home, Protect the NHS, Save lives.’ On 19th March 2020, a new government policy was developed which instructed the NHS to discharge [6] elderly patients from hospitals into nursing homes to ‘free up beds’ to treat Covid-19 patients. This policy led to the unnecessary deaths of many elderly nursing home residents. Patients were discharged from hospitals without being tested for Covid-19, and without adequate consultation with nursing home managers. This policy was changed four weeks later after the media put pressure on the UK government; but the damage had already been done. In April 2020 deaths [7] in nursing homes were 159% higher than at the start of the Covid-19 outbreak. One of the tragedies of this time-period was that even though the decision was made to ‘push’ [8] nursing home managers to accept patients from hospitals, most of these managers were not given adequate help or support.

For several weeks in May 2020 nursing homes managers had no [9] access to Covid-19 testing kits for staff or residents, so they did not know who needed to be isolated to prevent the spread of the virus. The government also failed to supply nursing homes with adequate Personal Protective Equipment (PPE) [10] even though the Health Minister Matt Hancock insisted that nursing homes were receiving both these items. Some workers who suspected they had caught the virus had to drive [11] hundreds of miles to get a covid test, then they had to wait two days for the results. Even if nursing homes had received enough testing kits [12] the time it took to receive the test results back was unpredictable and inadequate. While waiting for test results to come back some of the staff and residents who were infected had inadvertently infected other people. Another problem was that the government only supplied a limited number of testing kits to nursing homes, so they did not have enough kits to test staff and residents weekly [13].

It soon became obvious that the decision to use nursing homes as an ‘over flow’ facility, thus reducing the strain on the NHS was based on the belief that the NHS was more valuable than nursing homes were, and that the lives of young and middle-aged people were more valuable than those of the elderly. Another new policy made by the government during this time-period was to refuse [14] to provide anything but the most basic medical care to nursing home residents. General Practitioners (GP’s) were instructed not to visit nursing homes and nursing home managers were instructed not to call GP’s or request an ambulance if a resident became ill (including if they were ill with Covid-19). Hospitals were also instructed not to admit nursing home residents into hospital for treatment. Most nursing homes and hospitals were also instructed to place ‘Do Not Resuscitate’ orders (DNR’s) [15] on the medical records of their elderly residents or patients without their consent, and without the knowledge of their family.

Yet another decision made by the government during this time-period was to introduce a small green badge [16] that social care workers could wear on their uniforms that said ‘care.’ To add ‘insult to injury’ the workers had to purchase these badges themselves at a cost of £1.20. This plan was quietly dropped a few days after it was announced because there was a public outcry. Why the government would think that wearing a badge that says ‘care’ on it would help workers feel valued is beyond belief. These workers have always ‘cared’ about the elderly people they work with. This is demonstrated by the fact that they could easily leave their jobs in nursing homes and earn a higher hourly wage stocking shelves in a supermarket; yet they choose to stay and work in a profession they love, even though the UK government seriously undervalues their worth financially and professionally. During the pandemic these workers risked their own health and the health of their families to care for nursing home residents. Some of them left their families temporarily and lived [17] ‘on site’ to reduce the possibility of bringing the virus into the nursing home. Tragically, some of them paid the ‘ultimate price’ for this decision and lost their lives while caring for others. During the height of the pandemic (April-June 2020) 312 ‘social care’ workers lost [18] their lives to Covid-19 in addition to 293 ‘health care’ (NHS) workers.

**Conclusion**

We need to show that we care about staff who work in nursing homes. Paying them the same salary as those who work as healthcare assistants in the NHS, would be a good place to start. During the pandemic the government’s public health campaign ‘Stay at home, protect the NHS, save lives’ led indirectly to the death of many elderly people living in nursing homes. We need to place a higher value on the lives of elderly people living in nursing homes, and we need to value and acknowledge the significant contribution social care workers make when they choose to work in nursing homes. Wearing a green badge on their uniform that says ‘care’ is not the way to achieve this.

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