

# UK social care system faces collapse amid spike in coronavirus deaths

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The daily COVID-19 death toll in the UK reached an unprecedented 938 on Monday, bringing the country's total to 6,227 fatalities, with more than 50,000 confirmed infections. The country's woefully underfunded social care system is rapidly becoming a second major front in the fight against the pandemic, alongside acute and intensive care units in National Health Service (NHS) hospitals.

Mass deaths and runaway infections have begun to rip through residential and nursing home facilities across the country, bringing adult social care services to the brink of collapse. These include the following grim figures from care facilities across the UK:

- Burlington Court Care Home in Glasgow has been the worst hit to date, where 16 elderly residents have died in barely over a week. Fourteen other residents are displaying symptoms and two staff members have been admitted to hospital, where they tested positive for the virus.

- Eight residents have died at Castle View Care Home in Dumbarton in the west of Scotland after developing coronavirus symptoms.

- Nine residents have died of suspected coronavirus infections at the Oak Springs Care Home in Wavertree, Liverpool. Carers there are functioning with a skeleton staff, after 50 staff members developed symptoms or were unable to work due to underlying health conditions.

- Seven residents of the Hawthorn Green home in Stepney, east London, have died with coronavirus. The home houses 48 people and a further 21 residents there are displaying Covid-19 symptoms.

- Fifteen residents have died during the pandemic at Castletroy Residential Home in Luton, with five of those confirmed to have died of COVID-19.

- Four deaths have been reported at Harry Sotnick House care home in Portsmouth and concerned workers at the Summerhill care home in Kendal, Cumbria, have contacted a local newspaper to report multiple suspected COVID-19 deaths among residents and dozens of infected staff.

- At least two care workers have lost their lives after contracting the virus—Carol Jamabo, 56, who worked at Cherish Elderly Care in Bury in Greater Manchester and Catherine Sweeney from West Dunbartonshire, Scotland.

Care workers and service users have been placed in terrible danger by the belated and inadequate response to the pandemic orchestrated by the British government and devolved parliaments in Scotland, Wales and Northern Ireland. This comes on the back of decades of austerity cuts and widespread privatisation, which has cut adult care services to the bone and left them deeply fragmented, without the central organisational structures required to fight the contagion systematically.

Most care homes remain without adequate personal protective equipment (PPE), including a number of facilities where residents have already died from the disease. Of the 482 UK care providers surveyed recently by the BBC, 381 reported having inadequate supplies of masks, gloves, hand sanitiser and aprons, while another quarter of respondents reported having less than a week's supply left.

Nadra Ahmed, executive chair of the National Care Association, has warned that care homes are desperate for protective equipment: "Once you run out, it is a question of being down to Marigolds [household rubber gloves] and bin liners. Government has not reacted quickly enough to build confidence in the sector that PPE is available."

The deplorable absence of systematic testing, months into the global pandemic, has made it impossible to assess the true extent of contagion in care homes. It is likely far more widespread than is presently recognised given the long gestation period of coronavirus, which is also infectious among pre-symptomatic and asymptomatic carriers.

This was underscored as the Office for National Statistics (ONS) released figures showing that the number of deaths reported by the government each day was likely to be an

underestimate, as it only included those who had died in hospital. According to the ONS, in the week up to March 27, while 501 deaths from coronavirus were recorded in hospitals in England and Wales, 38 deaths occurred outside hospital, in the home or in care and residential homes, amounting to 7 percent of the total.

Despite nursing and residential homes being home to nearly half a million elderly, disabled and chronically ill people—those whose lives are most in danger—no testing at all has been carried out in these facilities.

Widespread understaffing, low pay and job casualisation are adding to the danger of rapid transmission of the virus across care services.

Already dire staff shortages—there are 122,000 unfilled vacancies in the sector—have been compounded as workers are forced to self-isolate when they present symptoms or due to underlying health conditions. This has heightened reliance on agency staff, who frequently cover shifts across several care facilities as well as private households, leading to concerns that they may already be a major source of transmission for the virus.

Approximately 60 percent of the UK workforce that provide care to people in their own homes are on zero-hour contracts. Such carers who become infected have no access to sick pay from their employer and are being forced to decide between applying for poverty-level Statutory Sick Pay (SSP) of £95.85 per week or continuing to work whilst potentially infected with COVID-19. Many labour agencies in the sector are known to levy financial penalties if carers call in sick.

There are also widespread reports of care homes denying sick pay for vulnerable workers with underlying health conditions, even where the government has instructed them to self-isolate for 12 weeks. Hundreds of carers have been recorded as taking authorised unpaid leave and thus do not even qualify for SSP. As key workers, they do not qualify for the government's 80 percent wage guarantee—conceived primarily to cover the wage bills of private businesses during the pandemic lockdown—and many will therefore be pressured to work at acute risk to their own lives.

The situation is set to deteriorate further as the Conservative government is now instructing care homes to make available beds for the rapid discharge of non-critical elderly patients from hospitals to relieve pressure on the NHS. In lieu of adequate PPE and testing to ensure discharged patients are free of the virus, the government is consciously preparing the ground for rapid contagion and mass fatalities among service users and staff.

The monstrous incompetence of the Johnson administration, as well as its murderous contempt for the lives of the working class, is betrayed by the latest guidelines issued to care homes. They advise that patients admitted from hospitals “may have COVID-19 whether symptomatic or asymptomatic” but can be “safely cared for in a care home” if cursory hygiene measures

are observed.

The government knows full well that residential care homes have neither the medical equipment nor nursing staff qualified to isolate and treat the very ill, who are unlikely to be readmitted back into overstretched NHS facilities. Hospitals are already being forced to ration limited oxygen and ventilators, with doctors facing the horrific task of deciding who lives and who dies.

Although able to rapidly marshal hundreds of billions of pounds to indemnify the wealth of the corporate and financial elite during the pandemic, the Tory government has provided only a pittance to mobilise health care resources. Its approach to the chronically ill, elderly and disabled borrows far more from the fascist pseudo-science of eugenics than it does from the scientific disciplines of epidemiology and medicine. No longer of use as labour for capitalist exploitation, the vulnerable are being left to die en masse.

Leading medical authorities, including the British Medical Association and the Royal College of General Practitioners, recently drafted health care prioritisation guidelines for health care professionals advising that “do not attempt to resuscitate” (DNAR) forms be “proactively completed” for patients in high-risk groups, including the elderly. There was public outcry as several GP surgeries and care homes across the country attempted to issue blanket DNAR protocols without proper consultation with the individuals or their families.

Donald Macaskill, chief executive of Scottish Care, which represents hundreds of independent care providers and services, has labelled the guidance “misplaced, immoral and illegal.” Underscoring the consistency of this policy with the efforts of the British ruling class to eviscerate the Human Rights Act as well as compliance with the European Convention on Human Rights, Macaskill denounced the government for its “historical failure to realise where the modern system of human rights came from, which inescapably was the horrors of the second world war.”



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