

Life and work in a UK care home

2 May 2006

The following account was sent in by a WSWs reader.

For the last seven months, I have been working in two residential care homes in the Dorset area belonging to the same employer. Dorset is a seaside county in the south of England known for its large elderly population and a place where hundreds of care homes have sprung up.

The drastic conditions that exist in the two care homes I work in give a clear picture of the situation when profit-making rules the fate of vulnerable adults in the UK and of the exploitation experienced by care workers in this field.

There are 25 dementia patients, all over 65 years old, in these two homes. Although most of them are partially or totally dependent for help in their daily activities, few of the care workers have the right qualifications or skills to look after them. Most of the care workers do not have any experience in care work, let alone knowledge and experience in geriatric care and dementia. They have come from Africa, Asia and countries that have recently entered the European Union, in search of better wages and working conditions. They have faced enormous difficulties in the immigration process and naturally miss their families and friends.

Most of them were trained in totally different work from what they are doing now. For instance, we have two Zimbabwean people who used to be teachers in their own country, two from Poland (one of whom used to be a sales assistant and the other an administrator) and one from Uzbekistan who worked in the computer field.

Even though some have emigrated to flee the dire poverty, debts and poor working conditions they faced in their own countries, they now face extremely long hours of work, harsh working conditions and meagre wages from our employer.

We have two shifts of work; one covers 11 hours of the day and the other shift covers the remaining 13 hours. There is a nominal lunch break, but the carers have to fulfill certain tasks whenever directed by the employer during their lunch breaks as well. Lunch is supplied, but having a biscuit or a sandwich outside this time is an offence. The lunch break is the only opportunity care workers get to sit down for a while during these long hours of work.

Senior Health Care Assistants get only £6 per hour, and even those who have been serving the employer for seven years get only £6.50 per hour. The Care Assistants and the cleaners get even less. There is something called a fixed rate for night shifts, and it means that though we work 13 hours and should be paid

£78, we only receive £68.

To earn enough money to live in the UK with its comparatively high cost of living, pay off debts and have some left over to send back to our own countries to help with family expenses, we have to work at least five days a week. After tax and rent deductions, most of us get less than £800 per month.

To boost their earnings, some carers work in other places, but they face numerous difficulties such as having to change clothes in toilets between jobs. They describe similar dire conditions in the other care homes they work in to the one I am in. Two carers I know have to look after two-dozen patients, and it involves continuous hard work, for which they get scanty wages.

We often hear about people being dismissed in other places without any compensation. Last month, a Sri Lankan nurse was dismissed after being employed for only three weeks. It turned out the employer could hire workers for even less money than he was paying her. And the agency had charged her more than £3,000 for processing her work permit application!

Dozens of jobseekers either visit or contact the care home I work in every month. The proprietress uses the situation to intimidate and threaten us. "If you can't work under my terms and conditions, you can leave," she says. Job contracts are changed according to her own wishes. During a meeting to try and get us to speed up work, she boasted that she had sent 98 care workers home during the last five years. And in the last seven months, whilst I have worked there, she has sacked five workers without any compensation. Every one says that there is no job security at all in UK and feels they are working under slave conditions.

According to the policy documents in the home I work in, there should be one care worker to look after every three residents, but there are only three or four care workers for the day shift and just two for the night shift to look after the 14 dementia residents. As there are no cooks, one care worker has to carry out the kitchen duties along with the care work.

The plight of the patients is no less pathetic. All seem malnourished and have dry skins. Several patients are losing weight. Some are in untidy tatters. The home imposes restrictions on washing patients' clothes. We are not allowed to start the washing machine until it is full with dirty clothes, and then we are restricted to using three quarters of a tiny cup for the whole tub. As a result, patients are dressed in the same clothes for several days. Also, dirty clothes are taken to the

sluice room through the kitchen, and the kitchen cloths are washed with the soiled clothes.

As if to prove that care home residents eat too little, 2,000 care homes failed to meet minimum nutrition standards last year. Often, the cheapest and poorest-quality foodstuffs are bought for cooking. And, even then, running short of porridge, bread, jam, biscuits, skimmed milk and vegetables is very common in the home I work in.

Three months ago, evening drinks for the patients were cut down. The reason given was rather disgusting. "Patients wet their pads and the linen and the laundry has become high," we were told. But fabrications are carried out to mislead the social workers who visit for inspections. I can still remember that during one inspection, we had to offer evening drinks to the patients with lots of alternatives closely supervised by the proprietress.

One patient is kept starving for most of the time. We are not even supposed to give him a cup of tea if he refuses to come downstairs for his meals. The employer justifies this treatment with, "If he can go to the pub, why can't he come downstairs for meals?"

By nine o'clock in the morning, all the patients should be in the lounge dressed, fed and medicated. Because our shift only starts one hour earlier and the care workers have to work so quickly, the personal hygiene of the patients is compromised and their own abilities to look after themselves have become blunted as a result. Last month, the bathroom was broken, and the patients have not been given baths since.

Because of the nature of dementia, it is vital that person-centred activities are carried out, but due to the lack of training and shortages of staff, that is not possible. All of the patients receive the same uniform attention in their daily activities, ignoring completely their own abilities, choices and desires. What is entertained, however, in both our care homes are only the profit interests of the employer.

A further note by the WSWs on the NHS:

The National Health Service was created as part of the post-World War Two welfare reforms, but from the start a distinction was made between "nursing" care and "personal" care. This meant that a cancer patient, for example, was entitled to free treatment and care, but dementia patients unable to feed or wash themselves had to pay for "personal" care according to means, whether they received help in their own home or in an institution.

Following the election of the Thatcher government in 1979, the wholesale privatisation of care homes began, using the fact that many elderly people owned their homes and should be made to pay for their care.

Between 1981 and 1991, the UK's elderly population increased by less than 5 percent, the number of NHS elderly care beds fell by 17 percent, but the number of private care and nursing home beds rose by 500 percent. Huge numbers of people were sent to care homes that did not need to be there.

An abiding image of the era were the media reports of 16-year-olds on youth-training schemes being used to catheterise elderly people in private care homes in Liverpool.

In 1997, Tony Blair told the Labour Party conference that he did not want a country where "the only way pensioners can get long-term care is by selling their home. Where people who fought to keep this country free are now faced every winter with the struggle for survival, scrimping and saving, cold, alone, waiting for death to take them."

Following its election, the incoming Labour government set up a Royal Commission. In 2000, it published its report, saying there were "huge ethical, conceptual and practical difficulties in distinguishing the nursing from the personal care of ill and disabled older people." It recommended that personal care, such as bathing, feeding, dressing and help with medication, should also be free after an assessment based on need.

However, the government ignored the recommendations, continued with the distinction between nursing and personal care, and expanded the private sector's role in both types of care. Then-Health Minister Paul Boateng warned local authorities that sought to provide care homes that this would "not be tolerated.... If a local authority seeks persistently to undermine the private sector, that local authority will answer for it."

Within five years of the Labour government, the number of care places provided by local authorities dropped from 54,610 to 37,310. Nearly 150 residential and day care centres for the elderly were sold off. Anyone with assets of more than £20,500 has to pay for personal care, and £500 a week for a place in a care home is typical.

Now, nearly 90 percent of care homes are privately run. Two thirds of people living in those homes are paid for by local councils that are under pressure to cut costs. It is no wonder that the conditions recounted by the *World Socialist Web Site* reader are so horrific.



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