OPUS₂

Scottish Covid-19 Inquiry

Day 10

November 15, 2023

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1 Wednesday, 15 November 2023 MR CASKIE: Well, the technical people are listening so they 2. (10.00 am) will be running through even as we speak. (Proceedings delayed) THE CHAIR: Sorry, I'm giving any plenty of indications that (10.05 am) I'm not very good at technology. It's justified . 4 4 5 THE CHAIR: Good morning, everybody. 5 Are they going to see what they do? They're fixing. 6 Right, now, unusual today because we're going to 6 Right. I apologise for that delay, but we'll see if have the first witness remotely and for that purpose we 7 it's better now. 8 have to have somebody who will do the vetting of it, so 8 You were asking about the witness' mother. 9 in case there's any mistakes, as those of you who were 9 MR CASKIE: Yes, I was asking you to tell us something about 10 here yesterday will remember, we can deal with it that 10 your mum. You said she was a science teacher. 11 way, and because the only way we can get a camera that 11 A. She was a teacher and worked, as well as bringing up her 12 can see whatever it requires to see for the YouTube 12 or their three children, myself and my siblings. She 13 channel, Mr Caskie is sitting up here beside me. 13 loved nature, she loved gardening, she knew an awful lot 14 MR CASKIE: I've not been promoted! 14 about the scientific names of plants. As well as THE CHAIR: So that's fine. With that introduction. 15 working, she was quite a home bird, I would say. She 16 Mr Caskie. 16 loved cooking and baking and dress-making and knitting. 17 Witness HSC0037 (called) 17 I don't think I've picked up many of those skills from 18 Questions by MR CASKIE 18 her. She was quite sociable, she loved sailing, when 19 MR CASKIE: Can I firstly check that the witness is able to 19 she was younger, in dinghies. She loved dancing, she 20 2.0 hear me? loved playing bridge. She was very sociable and 21 A. Yes, good morning. 21 a lovely mum. 22 Q. Good morning. It's nice to see you. I should say at 22 Can you tell us a bit about your dad? 2.3 the beginning there is a restriction order made by 23 Dad worked for the same company all his life, which 2.4 2.4 Lord Brailsford to ensure that basically no one is named I think is quite unusual these days. He was a research 25 25 in the hearing today. So the hearing is about your mum scientist . Dad was also very sociable. He loved 1 and your dad and I'll simply be referring to them as 1 spending time with his family and spending time with his 2 your mum and dad and there is also reference to a care 2 friends and blethering perhaps over a whiskey or two. 3 home and I'll be referring to that simply as "the care 3 He had a great love of literature, he had a great love home"; okay? 4 4 of history and he was particularly interested in 5 A. Okay. Scottish history, Scottish music. He spoke a little bit 6 Q. If you could do likewise, that would be very helpful. of Gàidhlig and was very proud of his Scottish heritage. 7 As I understand it, your mum was born on 7 Q. Now, I understand you live in South-West Scotland? 8 9 September 1927 and she's now -- is she now 96 or is 8 A. I do, yes. 9 she about to become 96? 9 Q. And latterly your parents lived in North-West Scotland? 10 A. She was 96 in September just past, yes. 10 A. They lived there for about 30 years, yes. Q. Your father was born on 25 April 1928 and he sadly died 11 11 Q. On Google Maps it tells me that you lived about 12 on 30 May 2022; is that correct? 12 220 miles apart. 13 A. That's right, yes. 13 A. Yes, that might well be right. It was certainly about 14 Q. Okay, firstly, can you tell us about your mum before she 14 five hours' drive one way. 15 became ill? 15 Q. And I think towards the end of your father's life both 16 your mother and your father were in the same care home. 16 A. Mum was, I would say, a very traditional mum. She was 17 17 A. Correct. Mum went in first and Dad, for a while, sort a teacher. She taught science at secondary school and 18 she loved nature -18 of managed at home with the help of carers and then, 19 Q. I'm sorry, can I interrupt a second? The volume in 19 latterly, he was in the same care home as Mum, and 20 20 that's where he passed away. 2.1 THE CHAIR: It's my fault. Can you all hear? Is there some 21 Q. Okay. Now, I'll ask you a bit more about that in equivocation about that? Yes, someone at the back 2.2 2.2 a moment, but, as I understand it from the witness 23 23 statement, your mum entered the care home in the spring shaking her head. I wonder if we can get the volume

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A. That would be right. She'd been in the local hospital

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turned up. Could you ask the technical people if we

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- 1 for about two months with ongoing infections and during
- 2 that time her physical health deteriorated to the extent
- 3 that she couldn't $\,--\,$ she wasn't able to return home to 4 Dad
- Q. Was there a specific incident that precipitated her 5 going into hospital? 6
- 7 A. Yes, yes. They were just about managing to be
- 8 independent at home. They were fiercely independent.
- 9 They didn't take help easily from social care. They'd
- 10 never -- we'd never had any interaction with social care
- 11 until the very late stages of my parents' life. And 12 Mum, who had osteoarthritis, had real difficulty
- 13 walking, must have tried to get out of bed one evening
- 14 during the night to the commode that was in her room
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- downstairs and she took a fall and, unfortunately,
- 16 wasn't found until the carers came in that morning and
- 17 she was on the floor of the room. And then she was 18
- taken to the hospital and actually after that she wasn't 19 able to return to her home or to Dad.
- 20 Q. You said that your mum went into the care home in the 2.1 spring of 2018. Is it correct that your dad went into
- 2.3 A. Yes. So Dad for a while managed somehow, with some
- 2.4 struggles, to remain at home. As I'd said earlier, they
- 25 were both very home-orientated and he managed one way or

- 1 the other for a wee while, while Mum was in the care
- 2 home. Unfortunately, with his dementia, he --
- 3 Q. Well, I'll come back to that.

the care home in 2019?

4 A. Right.

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- 5 Q. You said that your mum had gone into the hospital for
- 6 about two months. 7 A Yes
- 8 Q. Who was looking after your dad during that period?
- 9 A. I moved up for a while to be with him. I was very
- 10 worried about both Mum and Dad and so for a while
- 11 I spent half my time with my father and then half my
- 12 time back where I lived. While I was there, I did as
- 13 much as I could to look after Dad, as well as taking him
- 14 to visit Mum, and so I sort of commuted between the two 15 places.
- 16 Q. It's a long commute.
- 17 A. It is a long commute.
- 18 Q. Tell me about your dad's health problems.
- 19 A. Dad was -- I used to call them Tweedledee and Tweedledum
- 2.0 because Mum had severe physical issues and Dad had
- 21 increasingly severe mental health issues with vascular
- 2.2 dementia. So, latterly, when they were at home 2.3 together. Mum would do a lot of the planning and
- 2.4 thinking and Dad would do as much of the doing as he
- 25 could. They sort of managed very well. As I say, they

- 1 were very independent. I'm sorry, I've forgotten the 2 question. I'm sorry.
- 3 Q. You've answered it. It's fine.
 - So you've got a mum who has physical problems and a dad who has dementia problems. Between the two of them, they made a complete person?
- 7 A. They did. They managed so well between the two of them.
- 8 They did have some support from the home care team that
 - would come in and, certainly for Dad at that stage, they
- 10 would administer Dad's medication -- some of the home
- 11 care team were responsible for administering his 12 medication, which was very, very important, and would
- 13 also look after some of his needs. He latterly wouldn't
 - make food or drink for himself so they would try to make
- 14 15 sure that Dad had meals put in front of him. He didn't
- 16 always want to eat them, but they did their best.
- 17 Q. I think you said that your mum was in the hospital for
- 18 two months after her fall.
- 19 A. She was there over two months. She just -- she had
- sepsis $\,--\,$ she had ongoing infections, sepsis, urinary 20
- 2.1 infections, and they just couldn't seem to clear it for 22
- 2.3 Q. What happens at the point at which she's getting out of
- 2.4 the hospital in terms of her care?
- 25 We didn't actually know what to do. Where they lived,

- 1 there wasn't a huge number of care homes or respite beds
- 2 available, but it was very obvious that Mum at that
- 3 stage really couldn't stand, couldn't walk and was
- starting to have even restricted movement when she was
- 5 sitting down or in bed. And I think it was at that
- 6 stage that I first had my first contact with the social
- 7 care team, who were exploring her going into a care home
- 8 and were trying to find a care home that was in the
- 9 vicinity of where my father was so that obviously they
- 10 could continue to see each other.
- 11 Q. Was that the primary selection category for the care
- 12 home that your mum was going into?
- 13 A. I'm sorry, I don't know --
- 14 Q. That she was close to where your father was living?
- 15 A. At one point it seemed that wouldn't be possible. They
- 16 were keen to move her out of the hospital and there
- wasn't, as I said, an immediate availability close to 17
- 18 where my father was. But then, as these things tend to
- 19 happen, a bed became available in the care home that was
- 2.0 local to where my father was and so very quickly that
- 21 all swung into place. She was very reluctant to go but
- 2.2 really there was very little option for her.
- 23 Did your father have wider family living in the
- 24 vicinity?
- 2.5 A. Yes, yes, he had.

- Q. Without naming them, can you tell me what relatives they 2
- 3 A. My father had many uncles and so he had cousins, first 4 and second and a few third cousins very close and on 5 hand, so he was in familiar surroundings where he lived. and, yes, there was quite an extended family on hand for 6 7
- $\ensuremath{\mathsf{Q}}.$ So we know that your mum goes into the care home and 8 9 your dad is still living in the family home. He has 10 cousins in the vicinity . Are the cousins involved in some way in the care of your father? 11
- 12 A. Yes, ves. The days when I wasn't able to be with my 13 father, helping look after him, I actually had 14 a WhatsApp group of some of the core family, I guess 15 you'd say, and I'd ask them to help by maybe taking Dad 16 to see Mum or maybe doing some particular shopping for 17 him or taking him for one of the many medical 18 appointments that he needed. So we depended a lot on 19 local family and a few close friends who were also in 20
- 2.1 Q. In the area, was he well known?

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- 22 A. Yes, very well known and well respected and well liked.
- 2.3 Q. Over time, did his condition deteriorate?
- 2.4 A. Yes, it did. It did, and I was so worried about him. When I arrived to see him, if I was going up to stay for

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three or four nights -- and $I^\prime d$ go in the back door and he'd be sitting in the room by himself, sometimes sleeping, and, you know, Mum's chair would be empty. So he managed very well and he never complained, he never really complained, but he was always glad to see somebody when they walked in the door. The family would just knock and walk in the door and he was always glad to see people when they came in. But I really did worry about him being in the house by himself because at that point he was worried about Mum, he thought she was still in hospital, he never quite grasped that she was in the care home, so he did start to deteriorate.

The carers would leave a sandwich for him at lunchtime and they would return and the sandwich would be uneaten or they would make a cup of coffee for him and return and find the coffee was cold. He increasingly $\,--\,$ he always used to get out of bed early, but increasingly they'd arrive at maybe half nine in the morning and he'd still be in bed, which was not like him. He was always an early riser. So even at that point. Mum went into the care home. I think he missed her dreadfully and was very lonely because they had been so used to looking out for each other.

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- 24 Q. Did anything in particular happen to his weight?
- 2.5 A. Yes. He really wasn't eating very much at all and we

1 were concerned about the weight loss and he would always 2

brush it off. As I say, he was never one to complain 3 and he would say, "I don't have much of an appetite.

4 I'm not doing very much these days. I don't go out and

5 about. I don't have much of an appetite", but he was

eating very little . The carers phoned me one day to say 6

7 he'd nearly fallen down the stairs because his trousers

8 were so loose on him that even with a belt they'd nearly

9 fallen down and he'd nearly tripped down the stairs.

10 They were quite steep stairs and they were just very

11 concerned at that point that he was losing weight. He

12 was getting more frail and, although he had never

13 complained, I think the carers were starting to feel

14 that he was getting weaker and more frail and really

15 wasn't able to look after himself.

16 Q. When those events were developing, did social work and 17 the medics basically make a suggestion as to what should 18 happen with your dad next?

19 Yes. I think there was a difficult week or so when I - -

20 because of work, I think, I really couldn't get up there

21 for about ten days and I had been going up pretty much

22 every week. It was all a bit crazy, but there we are. 23 We do these things. He was starting not to even wash

2.4 his hands, wash his face. He'd stopped shaving. We

25 couldn't get him to a hairdressers and he started to

1 look quite weak and dishevelled and there was

2 a suggestion that he went into respite care, which -- as

I understand it, he was entitled to two weeks' respite

care. It was suggested that for his own well-being he

5 would go into a care home for -- initially for two

6 weeks' respite care, which was such a relief to know he

7 would be looked after.

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8 Q. At that stage in someone's life, it's quite often the 9 case that the social work department or the doctors will 10 seek to have the person assessed in terms of their 11 mental and physical capability and, quite often, people

12 go into hospital for a few weeks to do that. Did that

13 happen with your dad?

14 A. Yes. Yes, it did. That was actually before he went in 15 for respite care. As I say, he had vascular dementia

16 and he was starting to display -- he'd had it for many,

17 many years. It was a very slow -- a very slow, gradual $\,$

18 decline. He was quite canny about dealing with it and,

19 to be honest, hiding it as much as he felt he could, but

2.0 because his behaviour started to change and he was

2.1 uncharacteristically cross and -- he started actually

2.2 hallucinating and so he was taken into a geriatric

23 psychiatric residential —— I find that hard to say ——

2.4 geriatric psychiatric residential ——

25 Q. Unit, yes.

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- 1 A. -- hospital for assessment, which was in a different part of Scotland. So again I was then trying to drive 2 3 to see Mum and then drive to a different location to see 4 Dad. I was hugely concerned at that point, but with 5 hindsight that was a good thing because he then had a full psychiatric assessment of his dementia, which 6 7 he'd never had before. Really at that stage he had had very little help with his dementia because they were 8 9 seen to be managing one way or another. So, yes, he 10 went into a geriatric hospital for I think about 11 ten days
- 12 Q. At the conclusion of that ten-day period, was the 13 suggestion that he simply return home?
- 14 A. It was. It was. He was given some medication for the 15 dementia or for the impact of the dementia, which 16 actually did seem to pacify him and keep him calm, so he 17 returned a bit more to the lovely. lovable, kind-hearted 18 character that he had, and he returned home for a short 19 while, but, as I've said before, he really then 2.0 continued to deteriorate, so -- but by then he'd had the 21 full diagnosis and I think it was on his record that he 22 was becoming less and less able to manage in his home by 2.3 himself, even with my care and even with the home carers 2.4 going in. He was almost getting beyond that.
- Q. So at that stage was it decided that he also should go

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- 1 into a care home?
- 2 A. I think at that point then they suggested that he go in 3 for respite care. It was such a relief. It actually meant for a wee while I didn't feel I had to go up all 5 the time because I knew he was actually in 24-hour care 6 and, amazingly, he was in the same care home as Mum, and 7 that was just -- he actually thought he was in a hotel, 8 but never mind. He was in the same place, the same 9 building, as Mum and that was just lovely. They would 10 sit together. Sometimes they would both be asleep in 11 the armchairs but at least they were together. It was 12 such a relief to the family to know that they were back 13 together and, to be very honest, it was a relief for me to know that I really didn't have to go up all the time 14
- 16 Q. So both of your parents are now in the same care home.

and arrange things for Dad and try and look after him.

- 17 A. Hmm-hmm.
- 18 Q. Can you describe the care -- well, sorry, your dad went 19 in for two weeks' respite. Did he ever come out?
- 20 A. No

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- 21 Q. No?
- 22 A. No.
- 23 Q. So the respite became his permanent residence?
- $24\,$ $\,$ A. Yes. Again, it was just the way that care homes work,
- $25\,$ $\,$ that beds become available and it was just the way that

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- a bed became -- a permanent bed became available for
- Dad. Some people said, "Are they in a double room?",
- 3 and I said, "Care homes don't work like that. They
- $\ \ \, 4\qquad \ \ \, don't\ have\ double\ rooms".\ \, They\ were\ in\ individual\ rooms$
- but they could spend their day beside each other, which
 was wonderful for the family and for them.
 - Q. Was it a nursing home or a care home?
- 8 A. I believe it was a care home, so that there were carers9 rather than nursing staff, I believe.
- $10\,$ Q. And can you describe the home, just physically?
- 11 A. It was a small care home. It was a care home that was
- 12 local to where my parents lived and where my father's
 - family were. I felt very fortunate, once I'd started,
- 14 as many of us did, to learn more and more about care
- homes. It was a small care home. There were some local
- staff there who also had some knowledge of local history
- $17\,$ $\,$ and the local area, which -- Dad thoroughly enjoyed
- $18 \hspace{1.5cm} \hbox{talking to them. He really blossomed in the care home} \\$
- for a short while because he had the social interaction that he so much enjoyed. I was always happy with the
- that he so much enjoyed. I was always happy with thecare that Mum and Dad were given, always happy. There
- were some very dedicated carers that went above and
- 23 beyond and, until COVID struck. I was so happy with the
- 24 care and it was such a relief to know that they were
- both together again and some of the care, I -- you know,

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- was given to them and, as I say, the family and —— we didn't have to organise so much for them.
- $\ensuremath{\mathtt{3}}$ $\ensuremath{\mathtt{Q}}.$ Tell me about the staffing levels in the care home at
- 4 that time.
- $5\,$ A. At that time it was so difficult for the care staff .
- There were often shortages of staff and the staff would often do extra hours to fill in the gaps out of sheer
- 8 goodwill and dedication. I was very grateful for that.
- 9 They would often call in bank staff, who were sort of
- on—call, as it were, to come in, so that would be people
- 11 that would come in to cover shifts. I believe the
- 12 situation with the shortage of staff was because there
- 13 was a shortage of local housing, so staff -- people
- $14\,$ couldn't move into the area to take up the jobs because
- $15 \hspace{1.5cm} \hbox{there was a shortage of housing, particularly affordable} \\$
- housing or rented housing or local authority housing,
- 17 and that was across the whole health and social care in
- 18 that part of North-West Scotland, that, because of the
- shortage of affordable housing, it meant the whole
- 20 healthcare system really was struggling with a shortage
- $21\,$ of staff . And that definitely affected the care home
- 22 and at times I think they struggled with cover and it
- 23 was only the goodwill of the staff to do extra hours
- that they always, one way or the other, managed to
- get -- the great thing was I could go in and I could

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- help sometimes help Mum to eat or I could sit with
 Dad and keep him company or I could do a jigsaw with Dad
 or I could help Mum. So at that time, you know, I was
 happy to go in and help look after Mum and Dad the way
 I always have done. So but there was a shortage of
 care staff, even before COVID.
- Q. At paragraphs 15 and 16 of your witness statement you talk and name a number of staff at the care home. I'm going to ask you not to name any of the staff. But reading those two paragraphs short, it appeared to me that the management of the care home was in a state of flux. Would that be a fair summary?
- 13 A. It was, it was. It was like a double whammy that, just 14 as COVID was starting, there were, for different reasons 15 and different circumstances, two or three managers 16 across the period of pre-COVID and into COVID, again 17 just through circumstances, and that was —— that didn't 18 help the situation during COVID, that there were 19 different people coming in and -- yes, there were 20 different staff, different managers, coming in.
- Q. When your dad went into the care home, what were his
 immediate needs? I mean, he had just come from
 hospital.
- A. Dad had left the psychiatric hospital and was at home
 for a couple of weeks before he then went into respite

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- care. As one carer said, he looked a bit dishevelled,
 he looked a bit dishevelled. He needed a good shave, he
 needed a hair—cut, he needed a good feed, and they
 looked after him, they tempted him with different food,
 and he sort of made friends with one of the other
 elderly gentleman and they would sort of sit —
- 7 Q. Did you see an improvement? Did you see an improvement after he arrived?
- 9 A. He did, he did. A short-term improvement, but I think 10 he so much liked being where Mum was. He loved the 11 social interaction. Latterly, when he was at home, he 12 didn't really get out and about that much. He became 13 quite insular and withdrawn, and now he had people 14 around him that he could talk to. He enjoyed word games 15 and dominoes. Even with his advanced dementia, he still 16 retained the capacity to play dominoes and he enjoyed 17 blethering with some of the other residents who had 18 a similar connection with the area that he did.
- Q. You described yourself travelling up to see him
 frequently. What about your siblings and his wider
 family in the area, would they go to visit your parents?
- shortbread, the odd ... my siblings live even further away than I do so I tended to be the sibling who took

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photos and sent them round the family and, when I was
there, I would phone one of my brothers and we would
have a sort of three—way discussion. They weren't able
to visit as much as I could, just again through
circumstances.

So, yes, Dad did have friends and family that would come in to visit him and he would go out — he would go out and — with one of the carers he would go out, not by himself — but he would go out and they would — they were very good. They would take him maybe to a local cafe or there was a local community resource centre where he would go once or twice a week and there would be various activities. So I was very happy with the care he got pre—COVID in the care home, very happy.

- 15 Q. Now, in March 2020, lockdown happened. Presumably visits and so on just came to an end?
- 17 A. Almost overnight.
- 18 Q. Immediately.
- 19 A. Almost overnight. The doors were locked and that was20 that.
- Q. And people that he did see, presumably they would be wearing masks?
- 23 A. Yes. All the carers -- I mean, it was awful for the 24 carers being in what was quite a warm building wearing

25 masks and to this day I think that Dad's last year

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- $1 \hspace{1.5cm} \mbox{really} \; , \; \mbox{he rarely saw a smiling face}. \; \mbox{With his}$
- dementia, he never quite understood why people were
- 3 wearing masks and he would always -- almost every day he
- 4 would say "Why are you wearing masks? Why are you
- 5 wearing masks?", so he never understood.
- 6 Q. Were your parents hard of hearing? Had they become hard 7 of hearing?
- 7 of hearing?
 8 A. Dad's sight and hearing were quite good. My mum, even
 9 before she'd gone into the care home, was slightly deaf
- and had combined macular degeneration and cataracts. So
- 11 even before the care -- before she went into the care
- $12 \hspace{1cm} \hbox{home, she had hearing and sight \ difficulties \ and the} \\$
- 13 masks just made that ten times worse.
- 14 Q. Well, tell me about that. Why were masks such 15 a significant interference?
- $16 \quad \text{A. They really limited Mum's communication or Mum's} \\$
- $17 \qquad \quad \text{hearing. Even with her eyesight } -- \text{ she I think learnt}$
- some element of lip—read or she could look at people's
- expressions and she was quite sharp mentally, Mum, until
- 20 latterly, so she picked up on people's expressions, even 21 though her evesight was limited. But the hearing — we
- though ner eyesignt was limited. But the hearing w had to really raise our voice and speak quite loudly to
- get her to hear, and with the mask, you know, that
- 2.5 get her to hear, and with the mask, you know,
- 24 became more difficult.
- $25\,$ $\,$ Q. Those visual cues as to what someone was saying, they

1 would be taken away by your mum wearing a mask; is that 2 correct? 3 A. By the carers wearing a mask. 4 Q. Aha, and also later visitors? A. Yes. Yes, she was continually having to say, "What?", 5 "Pardon?", "What are you saying?", so it just became 6 7 quite a struggle to say anything. We persevered but the masks -- I think, for my dad, not seeing a smiley 8 9 face -- and, as I've said, Dad was such a sociable 10 person —— and not to see faces and for my mother not to 11 be able to readily hear conversation and hear what was 12 being said to her made everything very difficult. 13 Q. A moment ago we referred to carers and also visitors. 14 How did you regard yourself, a carer or a visitor? 15 A. I wasn't a visitor, I was a carer. I was a care-giver in the true sense of the word. I for years had looked 16 17 after Mum and Dad as best I could, living away, but

I would spend a lot of time looking after them,

organising their care, giving them their care, helping

them with all sorts of personal care, emotional care,

well-being care. My brother had power of attorney but

he made it very clear to the social and healthcare $--\,$

the health team that I, in his place, was his deputy, so

I considered myself a care—giver. I cared for them and

I looked after them and helped them and was happy to do

- 1 so because they looked after me.
- $\ensuremath{\mathsf{Q}}.$ So at this stage both parents are together in the care 2. 3 home but visits have stopped?
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- 5 Q. Were any effort made to try and organise technology to 6 allow you to speak, FaceTime or anything like that?
- A. A lot of people were FaceTiming at that time, I think, not just those in care homes, but friends and family all over the country were FaceTiming. That was very alien 10 to Mum and Dad. They didn't have broadband in their house. They didn't have mobile phones. They just weren't the generation that used technology. So everybody was saying to me, "It must be great that you can FaceTime Mum and Dad", but I couldn't. The care home's wifi was very weak and very intermittent and really only worked in the main office area, where 17 I suppose the modem was, and Mum and Dad couldn't go 18 into that area because it was a communal area. So although we tried initially , it just wasn't possible. 2.0 The wifi signal wasn't strong
- 2.1 Q. And who was responsible for the wifi?
- 2.2 A. I never quite understood. There seemed to be some 2.3 to-ing and fro-ing between the local authority and the 2.4 local NHS because of the status of the care home, and

25 they seemed to -- when I asked about it -- pass

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responsibility to one or the other and then I was told

by email that the care home wasn't a priority to improve

3 the wifi, given the COVID situation. There were

4 other —— a local authority, maybe the hospital or ——

5 that the wifi was more of a priority. It was very

difficult. We tried to get wifi set up, but Mum would 6 7 fall asleep while it was being set up, Dad could not

8 understand what I was doing on the television,

9 I couldn't hear, they couldn't hear, and then the wifi

10 would collapse and that was that.

THE CHAIR: Can I ask a question about that? I'll be very 11

12 careful because I don't want to disclose anything 13

I shouldn't. But you've said that your parents' care

home was in the north-west of Scotland. Was it in 14

15 a geographical area where wifi was, as a matter of 16

generality, difficult to obtain or there were obstacles 17 to it? I say this as someone who lives in a rural area

18 so I know about these problems.

19 A. Yes, yes. Where the care home was and where my parents

20 had lived would exactly be in that rural area where wifi

2.1 was limited. The availability of wifi providers was

22 limited and the strength of the signal was limited.

2.3 THE CHAIR: Right. So might I say that there were

2.4 possibly —— and I understand fully that you don't have

2.5 the detail of this -- but possibly wifi connection

1 presented more of a problem in the area where the care

2 home was situated than it would have, for example, in

Edinburgh or Glasgow?

A. Initially , yes. Yes. As the pandemic went on, it was 5 realised that there were ways around that, with boosters

and other technology. 6

THE CHAIR: Yes. 7

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A. And it eventually improved, but, initially , yes, the 8

9 wifi signal -- I eventually asked for us not to do the

10 FaceTime because Dad would get upset, Mum would get

11 upset, I'd get upset, we all got upset, and it was just

12 worse than not trying. So eventually I said to the care

13 home, "I can't -- I can't put Mum and Dad through this",

14 so initially it caused more problems and more upset than

15 any of us wanted.

16 MR CASKIE: In February 2021 I understand that changed to

17 some extent. I'm looking at paragraph 25 in your

18 witness statement.

19 A. It took a while, it took a while, but, yes, that's

2.0 right, February 2021, this wonderful thing called "MiFi"

21 was introduced. I'm really not sure where it came from.

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2.2 I think it was through some charity. And that made

23 a difference because then it was so easy to get on to 2.4

wifi and, amazingly, having said that Mum and Dad 25 weren't really into technology, Dad very readily

1 accepted that I was on the television screen and Mum 2 readily accepted that I was there, and it was great 3 because I could see them. I could see that they had 4 a piece of cake or they had some shortbread. I could 5 see what jumper Mum was wearing. Mum could see me. And 6 it made such a huge difference that I could actually see 7 them and talk to them, even though we still had to sort 8 of speak quite loudly. It was an amazing difference. 9 Q. Did you regard the year that you were waiting, as it

10 turned out, for the wifi to be installed as a wasted 11 year? 12

A. I lost a year of communication with Mum and Dad, yes. and I worried about them. They must have worried about me because, as I said, I was the one that kept them up to date with all the family news and they weren't getting that, so they were not only geographically isolated, they were isolated from news about their family. Phone calls were difficult because Mum couldn't hold the phone because of her osteoarthritis. She couldn't hold a phone and the carers would prop it up on her pillow and it would fall away and -- so a whole year they lost news and contact and connection with loved ones and we lost connection with them.

2.4 Q. I'm still working through the statement, but I want to 25 try to take the next part of your evidence relatively

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shortly. You indicate that you were keeping track of 1 2. all guidance issued by the Scottish Government.

A. Yes.

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4 Q. How? How were you doing that, initially and 5 subsequently?

A. I was -- I think, like many of us who were separated from loved ones, I was looking a lot at websites, particularly the Scottish Government website or websites. I found that hugely confusing. I like to think I'm fairly au fait with technology and business-speak and terminology, but I found it very confusing trying to find the specific piece of guidance or the specific piece of information that referred to the care homes, and it was at that point that I stumbled upon or I was referred to or somebody told me about Care Home Relatives Scotland, and to this day I --

17 Q. Did you find that a useful resource?

18 A. Night and day. Hugely. Hugely. And I've said time and 19 time again, I feel for the many hundreds, thousands, of 2.0 people that never found Care Home Relatives Scotland. 21 They were such a fantastic resource for information.

2.2 They clarified the guidance, they provided support, and

2.3 time and time again I found information clarified

2.4 through them that I would have struggled to from the

25 Government website, which I found very confusing.

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1 Endless links and just ... so Care Home Relatives

Scotland, night and day, what a difference it made to

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4 Q. Now, we know that there was a process -- and I'll ask 5 you about the specific process in a moment —— but a process by which visits were introduced. We said 6 7 earlier that you lived about 220 miles from where your 8 parents were living . Was any allowance made for that

9 500-mile round trip in terms of visits once they were 10 authorised?

11 A. I don't think it was, to be honest. The -- as I say, 12

the care staff were always wonderful, but the 13 restrictions that were placed on them meant we had to

14 book an appointment to see Mum and Dad, and I had to

15 phone and make an appointment and make sure that I was

16 there for the appointment. I did ask for weekend

visits . I did -- I'm self-employed so I was doing some 17

18 work from home during lockdown and I had some

19 flexibility . But when I was busy with work, I wanted to 2.0

travel up at the weekend or maybe drive up on the Friday 21 and go home on the Monday and visit Mum and Dad at the

22 weekend. But I was told specifically for that care home

that wasn't possible and it had to be during the week, 23

2.4 almost like a 9.00 to 5.00 visit, and that was difficult

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1 Q. Why was that? Were you given an explanation as to why 2 that was?

3 A. I did query it and I had and still have a good

relationship with the care home. I was told it was

5 because they didn't have the full staff at the weekend,

6 so maybe some of the catering staff or the cleaning

7 staff or -- the staff weren't there, so the carers that $% \left(1\right) =\left(1\right) \left(1\right) \left($

8 were there had to take on extra duties and they couldn't

therefore be there to let $\,\mathrm{me}\,--$ to unlock the door and

10 let me in and sit with me or do my COVID test, and so

11 I had to try and manage my time to be there during 9.00

12 to 5.00 during the week.

13 Q. Now, at paragraph 30, you describe a visit.

A. Yes 14

15 Q. Can you tell us about that visit? Firstly, was that 16 a formally arranged visit in terms of the guidance that

17 had been issued?

18 A. Yes. I think this was when -- this was the first time

19 I actually got to see Mum and Dad in some sort of

2.0 face-to-face capacity. When I say "face to face",

21 I think this was the time of the window visits and Mum

2.2 was on the ground floor and she actually had a small 23 single door to the outside, and so I would again have to

2.4

book the visit and several times -- and I've got 25

photos $--\ I$ would be standing outside the door, about

a metre away, Mum and Dad were about a metre inside the door, Mum was swathed in blankets, Dad was covered in blankets. Being in that part of Scotland, it was always blowing a hoolie and often raining. I would be in my cagoule. I had to wear a mask.

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It was a small opening, I was about 2 metres from Mum and Dad, I could see them, but with the mask and probably the wind and rain, I was having to sort of raise my voice. I was glad to see them but it wasn't a satisfactory visit because I couldn't reach out to them. Dad kept saying, "Will you not come in?", Dad kept saving "Come and have a cup of tea". Mum kept saying, "You look cold, come on inside", and that was all they wanted to say, was "Come on inside". And although I could see them, I couldn't really have a conversation with them because I had my mask and we were 2 metres apart. They were inside. I was outside. I suppose I was reassured that I could see them. Then Mum would say she was very cold and she'd have to go back inside and then Dad wanted to go and be with Mum and I'd have to go away again.

- 2.2 Q. I get the impression from what you're saying that they were unsatisfactory, the visits, at that stage, although there was a great relief to see them.
- 25 A. I did those visits because it was better than nothing,

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- but in a very strange way almost the Zoom calls that we did were almost better because I could communicate more easily and it was a more warm atmosphere for Mum and Dad. So I did continue those window visits but I didn't feel we could communicate easily. I didn't feel we
- $\ensuremath{\mathsf{Q}}.$ At the time, did you think what you've just said, that the FaceTime contact was better than seeing them in the flesh in terms of your communication?

could have conversations. It wasn't satisfactory, no.

- A. Well, the window visits or that open-door visit --I think they were sometimes called "garden visits". It wasn't a garden. It was just like the back of the care home -- yes, in a way it was easier because $\operatorname{\mathsf{Mum}}$ and $\operatorname{\mathsf{Dad}}$ were more relaxed. Mum could even be in her bed and Dad would be sitting beside the bed, so Mum was more relaxed, Dad was more at ease. We could have a conversation. It was quieter. In a strange sort of way -- although I was so grateful to see Mum and Dad, in a way I could communicate better with them over the ${\sf Zoom}$ calls, the FaceTime calls. However, I did continue to do those garden visits for a while because it was --
- Q. Did you continue to do the FaceTime as well?
- 23 A. Yes, ves, we still did FaceTime. So I would maybe visit 2.4 them during the week and then have a FaceTime call at 25 the weekend, so I did my best to try and keep up the

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1 contact because I was worried that they would think we'd 2 all forgotten them.

- 3 Q. You say that the next thing which happened was being 4 able to sit outside with them.
- 5 A. Yes. So at some point Dad would come outside and I would sit, again, a wee bit apart from him with a mask 6 7 on, but I think this was — the weather had improved by
- this point and I could sit near Dad outside. It was 8 9 difficult for Mum with her osteoarthritis. She was in
 - great pain, she didn't like being in the wheelchair, it
- 10 11 was uncomfortable for her and she could really only
- 12 tolerate about 15 minutes in the wheelchair. So, again,
- 13 although it sounded great that they could come outside
- 14 and sit with me, Mum could really only sit for about
- 15 15 minutes and then she would go inside. But at least
- 16 I could sit with Dad for a bit and blether away to him.
- 17 which was lovely. It was lovely.
- 18 Q. The next thing, the next development, was visits in the 19
- 20 A. Yes
- 21 Q. Tell me about those. Tell me about the physical layout 2.2 of the place the visits took place.
- 2.3 A. You know, there —— I feel for the care home at these 2.4 different stages because they really had to work the
- 25 best they could to organise things. There was

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1 a conservatory that Mum and Dad could enter through the 2 care home and I would enter through the outdoor. There 3 was a perspex plastic screen between us and I would sit on one side of the screen with a mask on and Mum and Dad 5 would sit on the other side of the screen. Mum was in 6 the wheelchair, and they would have a cup of coffee and 7 some cake or biscuits with them. Again, it was good to 8 see them, but Mum again could only tolerate about 15 minutes in the wheelchair and Dad just didn't like being

9 10 behind the screen. He kept asking the carers to move

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- 12 Q. You also say that you had a concern about there only 13 being one visitor allowed, ie yourself.
- Yes, there was -- I had a strong understanding that the 14
- 15 guidance said "Up to two visitors", and sometimes my 16 husband would drive up with me, and that was great
- 17
- because he could do the drive and I could just sit there 18 and it took some of the strain away from the drive for
- 19 me, but he wasn't allowed in at the same time as me and
- 2.0 that was very difficult because he and Dad got on so
- 21 well. And Dad would ask -- I'm sure Dad probably
- 2.2 thought we'd got divorced or something because he never
- 23 saw my husband and he would ask after him and -- you
- 2.4
- know, it was just -- Dad just loved to see people and 25

during that time that was another relationship that he

- 1 had gone -- he was very fond of my husband and he asked 2 after him and Mum asked after him and yet he was never 3 there, so it was difficult . And I had understood the 4 guidance said that my husband could be there but the 5 care home said that that was not possible, so that 6 didn't happen.
- 7 Q. So you were receiving conflicting information?
- 8 A. I think the guidance was so confusing and -- yes, so it 9 was conflicting. I never blamed the care home because 10 they were doing their best to try and interpret it, but 11 the guidance was very confusing. There was no clear 12 instruction about what to do. There was endless links 13 and you had to go to different pages and this had been 14 updated and that had been updated. I certainly didn't 15 want to cause any friction with the care home. I didn't 16 want to cause any problems because they had Mum and 17 Dad's life, so I just accepted it.
- 18 Q. You say -- I'm looking now at paragraph 38 -- that you 19 requested essential visits in relation to your father on 20 19 February 2021. What was the response to that?
- 2.1 A. Do you know, I don't actually -- it was through 2.2 Care Home Relatives Scotland that I'd heard about 2.3 essential visits . I honestly don't recall any 2.4 communication from the care home about that, that 25 wording. I was concerned that Dad was getting more

- 1 vague. He was more withdrawn. He would give shorter 2 answers to my questions and he wouldn't follow up with 3 questions of his own. So he'd stopped asking about the wider family, he stopped asking about what I'd been up 5 to, he stopped referring to other members of the family. 6 He was just getting more withdrawn and he looked more 7 vague. He looked like he was becoming more -- yes, more 8 vague and I just felt he was -- his mental awareness was 9 declining. He just wasn't himself, he was getting more 10 withdrawn, and at that point I asked if I could come in 11 and make a visit and I don't recall a reply to that.
- 12 Q. You say something about infection control. At 13 paragraph 43, you make reference to different approaches being taken to infection control. 14
- 15 A. Hmm-hmm.
- 16 Q. Can you tell me about your experience of that? 17 A. This was to do with the testing, the COVID testing. 18 Again, I was very happy that Mum and Dad were being 19 tested and the staff were being tested, whatever the 2.0 regime was then. I of course would always test before 21 I left home because I wasn't going to make a five—hour drive and then find I had a negative test, so I would 2.3 always test before I left home and then the care home 2.4 would ask me to do a test once I got on the premises. 25 Different staff would handle it differently . So some
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2 themselves, so they would put the swabby thing either up 3 my nose or into my mouth. They had masks on and gloves 4 and aprons; some of the carers would sit and watch me do 5 the test: some of the carers would ask me to sit in the car park and do the test; other carers would let me sit 6 7 in that conservatory area and do the test; some of the 8 carers would just say, "Have you done the test?", and 9 I'd say "Yes"; some of the carers would ask to see 10 evidence from the COVID app thing to say that you'd 11 submitted the test; some of them didn't. It was quite 12 a wide variety of different ways of checking whether I'd

staff would want to administer the test, my test,

- 14 Q. So there was quite a lot of inconsistency?
- 15 A. Yes. Yes. I mean, I myself was always very certain 16 that I had tested and got a negative test both before
- 17 I left home and at my visit, so I was very happy, but 18
- there did seem to be a range of different methods used 19
- by the care home staff as to what they were doing. $\ensuremath{\mathsf{I}}$ was happy to go along with it because $\ensuremath{\mathsf{I}}$ knew at the 2.0
- 21 end of that, whatever method they were doing, I would
- 22 get in to see Mum and Dad, so I just went along with it.
- But, yes, different care home staff had different ways 2.3 2.4 of testing.
- 2.5 Q. Now, during this period where you're having some visits,

- 1 are any siblings getting any visits at all?
- 2 A. One of my siblings didn't visit at all. He found the
- 3 whole thing very distressing and upsetting and didn't
- visit at all, and I would relay photos and messages from
- 5 him and he would speak on the phone, but he didn't. My
- 6 other sibling, the one with power of attorney, did make
- 7 some visits. He had a considerable travel to make and
- 8 again he was working and he had a fairly essential job,
- 9 you might say, during COVID and -- but he made some
- 10 visits . But I was the one that did most of the
- 11
- 12 Q. What do you think the impact of that isolation from his 13 family was on your father and mother?
- 14 A. They never outright complained because they were the
- 15 generation that didn't complain. They were quite stoic
- 16 about things. But they would worry. I could see -- and
- 17 they said they were worried. They didn't understand
- 18 what was going on. As I say, Dad became more withdrawn
- 19 and vague and then Mum worried about my father. They
- 2.0 worried about each other. I think the lack of
- 2.1 contact — particularly for my father who enjoyed social
- 2.2 contact, I think it was particularly difficult for him.
- 23 Even when I wasn't visiting, I made reference I think to
- 2.4 the fact that he had some -- he made friends in the care

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25 home. He had to sit apart from his -- they weren't

- friends before he went in. He made friends with some of 2 the residents. He would have to sit apart from them. 3 They couldn't sit round the same table and have their 4 meals. They would have to sit at separate tables. They couldn't play their dominoes. They had to sit apart 5 from each other. I think that had an awful impact on 6 7 him, that he didn't have that social contact with 8 anybody during those last stages of his life .
- 9 Q. And then you said at the outset that some time later 10 your father died. We have the date of that.
- 11 A. He did. That was after the Open with Care came into 12 play, the next endless stage of whatever was happening 13 on the guidance, and he had a very rapid decline. The 14 family, his close family, had stated that we'd rather he 15 wasn't transferred to hospital unless it was an absolute 16 emergency and the way of his decline meant that he died 17 in the care home. He was well looked after. I was 18 grateful to the staff.
- 19 Q. At the end of your witness statement you have a section 20 headed "Lessons to be learned" and in paragraph 53 you 2.1 essentially say emails are not as good as phone calls; 2.2 is that your view?
- 2.3 A. No, absolutely. Absolutely. We did get fairly frequent 2.4 emails and I've passed them all to the Inquiry.

25 I struggle to look at them now. There was so many of

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them and often there were emails referring us to the guidance and I would be looking at it and thinking, "That's not my understanding of the guidance", and the guidance can be interpreted different ways. I would phone at times the care home, sometimes -- I was only allowed to speak to the manager. The carers were asked always to refer to a manager rather than -- both $\ensuremath{\mathsf{my}}$ parents had specific carers but we always had to speak to the manager, but, as you'd said, there were changes in management staff. They were so busy at that time. They were short-staffed. They themselves said they had endless video team meetings with Infection Control and Public Health and NHS and Social Health, so it was really hard having a conversation and trying to find -even if I'd said, "I'll phone at 2 o'clock in the afternoon", I would phone and find that there was an emergency meeting or somebody had been called or something had happened. I really felt it was difficult to keep up to date with Mum and Dad's care. I was restricted on how I could visit and an email saving. "Your mum and dad are fine, they're doing well", that kind of email just didn't give me any insight into how

2.4 Q. When you did speak to them, did it seem that they had time to talk to you?

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1 A. They didn't have time. They were rushing from one thing 2 to the next. They tried -- the manager tried, but they

3 were rushing from one thing to the next and it wasn't

4 through lack of want but they just did not have time to

give me an explanation of how Mum and Dad were doing, 5 6 and, again, I felt so cut off from my mum and dad's

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 $\ensuremath{\mathsf{Q}}.\ \ \ensuremath{\mathsf{I'm}}\ \mbox{now looking at paragraph 57, where you talk about}$ 8 9 new guidance coming out and then it taking time to 10 filter down

11 A. Yes.

12 Q. What was your experience of that?

13 A. I knew the guidance before the care home seemed to hear 14 the guidance, so there were one or two occasions when

15 I would be phoning up and saying, "I believe I can now do a garden visit", "I believe I can now come in" or, 16

17 wonderfully. "I believe I can actually now come into

18 Mum's room with all my PPE on", and the care home

19 manager would say, "We haven't yet had the latest

2.0 guidance" or "There's a meeting on Thursday when we will

21 have the nearest guidance". So, again, because of my

22 attention to the Scot Gov website and because of Care

23 Home Relatives. Loften knew about the changes before

2.4 the manager did. And no disrespect to the manager, but

25 she would have to wait until there was a meeting or

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1 several meetings had taken place before she then had 2 a — when I say "meeting", I mean a Teams meeting. So 3 I often knew the guidance before they did.

No criticism of the care home, but it took about a week for it to be filtered down and then it would often take some time for the care home to make the arrangements, like setting up the plastic screens or setting up the visitors ' or care-givers' tests. So it took a while. It wasn't always instant.

10 Q. Could you read paragraph 58, please, aloud?

11 A. "Throughout the pandemic I was treated as just

12 a visitor ."

13 Q. Before you came in, you told me that if you get upset, 14 I should push you to finish.

15 A. Yes.

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16 Q. I'm pushing you to finish.

17 A. Yes. It's three sentences:

18 "Throughout the pandemic I was treated as just 19 a visitor . I was my mum and dad's carer and [I was] an 2.0 important part of their care. We shouldn't have just 21 been removed from our relatives' lives.'

2.2 I shouldn't have been removed from my mum and dad's 23

24 Thank you very much. I don't have any other questions 25 for you apart from one. Do you feel as though you've

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- 1 said everything that you need to say? 2 A. I do. I feel I've had the chance to care about Mum and 3 Dad in telling this story and I think that's my role as their carer, to tell their story and to tell our 4 family's story, because I am their carer. I was my 5 dad's carer. So thank very much. 6 7 MR CASKIE: Thank you very much. THE CHAIR: Yes, thank you very much indeed. Thank you. 8 9 Right. We'll take a break now until 11.25. 10 MR CASKIE: Perfect. 11 THE CHAIR: Very good. Thank you, all. 12 (11.08 am) (A short break) 14 (11.26 am) 15 MR CASKIE: Could you bring the witness in? One more 16 witness this morning, sir. In fact one more witness 17 18 THE CHAIR: The witness' name? MR CASKIE: The witness' name is Kristin Duncan. 19 20 MS KRISTIN DUNCAN (called) 21 THE CHAIR: Ms Duncan, please take a seat. 22 A. Good morning. 2.3 THE CHAIR: Good morning. When you're ready, Mr Caskie. 2.4 MR CASKIE: Thank you. 25 Questions by MR CASKIE
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- 1 MR CASKIE: Could you tell Lord Brailsford your full name, 2 please?
- 3 A. I'm Kristin June Duncan.
- Q. The Inquiry has details of your address and date of
- 5 birth and so on. You have very helpfully provided
- 6 a witness statement for the assistance of the Inquiry
- 7 extending to I think 24 pages. Before you signed that,
- 8 had you read over it?
- 9 A. Yes
- 10 Q. And are you happy that the content of it is true?
- 11 A. Yes, I am.
- $12\,$ $\,$ Q. And although you'll provide some oral evidence today,
- $13\,$ you would want Lord Brailsford, I assume, to take
- account of all of the parts in your statement?
- 15 A. Yes, I would.
- 16 Q. Good. We're here principally to talk about your mother.
- 17 A. Yes.
- 18 Q. Who was ...?
- 19 A. Catherine Christina June Scott.
- 20 Q. Known as ...?
- 21 A. June Scott.
- 22 Q. And she was born in -- I can't read my writing --
- 23 13 June 1929?
- 24 A. 9 June 1929, yes.
- 25 Q. 9 June -- sorry about that -- and died on 22 March 2021?

- 1 A. That's correct.
- 2 Q. Okay. We're going to talk about her care and ultimately
- 3 her demise, but before we do that, tell us a bit about
- 4 your mum
- $\,\,$ $\,$ A. Well, Mum lived to a grand old age of 91 years and for
- 6 most of her adult life she was a mother and she reared
- 7 her four children, but she juggled that with a career in
- PE teaching. She had qualified from the Irene Marsh
 College of Education in Liverpool in about 1950 and she
- taught for most of her adult life , along with balancing
- the act of bringing up a family. But she was also
- 12 passionate about Scottish country dance and she will
- perhaps be remembered as a great teacher and adjudicator
- 14 of Scottish country dance.
- $15\,$ $\,$ Q. In that, I see from the witness statement at
- paragraph 7, she led a group of Scottish country dancers
- 17 at the Jakarta Highland Gathering.
- 18 A. Yes. Yes, she presented candidates for the Scottish
- 19 Country Dance Teaching Certificates, and that was back
- 20 in 1982, and she was also appointed as an adjudicator to
- $21 \hspace{1cm} \hbox{the Royal Scottish Country Dance Society, so it was} \\$
- through that role that she was given wide responsibility
- $23 \hspace{1cm} \hbox{for adjudicating and teaching in Scotland and England} \\$
- $24\,$ and her adjudicating took her to very exotic places like
- 25 Jakarta.

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- 1 THE CHAIR: Highland Dancing, the same thing?
- 2 A. No, no, sorry -- a very big difference, Royal Scottish
 - Country Dance Society and Scottish country dancing, yes.
- 4 THE CHAIR: What's the difference?
- 5 A. How long have you got?
- 6 THE CHAIR: Well, we're not going to ...
- 7 MR CASKIE: Can we go to paragraph 10 of the witness
- 8 statement, please? Can you just read that?
- 9 A. Yes.

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- $10\,$ "In 2008 she was awarded the highest honour from the
- Royal Scottish Country Dance Society The Scroll —
- for her encouragement of others to appreciate and enjoy
- Scotland's heritage of dance and music."
- 14 Q. And that played an important part in her life?
- 15 A. A huge part. I mean, she'd been teaching Scottish
- 16 country dance since earliest years, when she was just
- $17\,$ a postgraduate, so that's all of her adult life , until
- of course arthritis took over, and she took this group
- 19 at Nethy Bridge for 19 years and was very fondly
- 20 remembered by them for her contribution, but eventually
- 21 arthritis took its toll.
- 22 Q. And she lived with her husband in Badenoch & Strathspey?
- 23 A. Yes
- $24\,$ $\,$ Q. Tell me about the home that they made there.
- 25 A. Well, they retired to Badenoch & Strathspey in the late

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- 1 1980s and they created a dream retirement home. It was 2 a very rural setting and had large grounds and my father 3 was really responsible for the construction along with 4 the help of builders and also the garden. He played a huge role in that. They lived there very happily and 5 looked after each other well until their old age. 6
- 7 Q. Until 2012?
- 8 A. That's correct.
- 9 Q. What happened then?
- 10 A. Well, my father died suddenly of a heart attack and --11 unexpected really, but that left our mother now widowed 12 and a huge challenge then of being on her own, living 13 alone in a very rural setting, about three miles outside 14
- 15 Q. After she was widowed, did she get support to continue 16 to live at home in the community?
- 17 A. Yes. I mean, this was her wish and we very much rallied 18 round her from the word "Go". We recognised, with her 19 not being able to drive anymore, her challenges of 2.0 living alone multiplied, so we, the four of us -- the 21 four children -- we worked through what we needed to do 22 and we provided support for her at weekends essentially, 2.3 because we worked, but we actually managed to keep
- 2.4 a system going for the next seven years and we devised 25
- a rota where we set out our -- it was called "Mother

- 1 duty", but obviously with great love and affection we 2 gave this duty, and we would set out our rota for the 3 full year so we knew which weekends we were actually doing to help with all the things that she needed to let 5 her stay at home alone.
- 6 Q. So that's her weekends taken care of. During the week 7 what was happening in terms of support for your mum?
- 8 A. Yes, so quite quickly she had to be reassessed by social 9 services. Both my parents had had -- they were on the 10 radar of the Social Services team and they had been 11 receiving free personal care. There were things they 12 needed help with. So she was reassessed when she was on 13 her own and gradually over the years -- and I'll try to 14 give you a picture that concertinas that -- but over the 15 vears gradually the Social Services had to keep on 16 reassessing her and add in more and more help.
- 17 Q. So it started out, as I understand it, at two days per 18
- week? 19 A. She was getting a visit two days per week -- no two 2.0 visits per day, sorry. Two visits per day. When she 21 needed help with things like getting up, getting 2.2 dressed, taking pills, remembering to eat, prompts, 2.3 that's when the Social Services put in home carers. So 2.4
- we had the Care at Home team at first and then
- 25 Highland Home Carers latterly. These two sets of teams,

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- 1 over several years, were putting in that care through 2 the day, and the visits started at two per day but
- 3 incrementally it came to three or four per day.
- 4 Q. Right, okay.
- 5 You spoke about the -- gladly accepted family responsibility , going up at the weekends. Did you have 6 7 an acronym for that?
- A. We did. We took the four of our initials and they come 8 9
- 10 Q. What were they? What are the four names?
- 11 A. You want the whole names?
- 12 No. just the four names.
- 13 F-E-C-K. FECK.
- 14 Q. So this was the fecking rota!
- 15 A. This was the FECK initiative. It was very much -- it
- 16 was the mainstay of ensuring that she could stay at home 17 because the Care at Home teams had not enough time to
- 18 prepare meals. They would heat up a meal, but they had
- 19 lots of other people to visit and lots of other things
- 2.0 to do. So we planned the menus for her whole week so
- 21 that she had nutritious food every single day, and the
- 22 carers were delighted to have that because they could
- 2.3 take it from the fridge or the deep freeze and there she
- 2.4 had some fabulous quality food. I think that -- between
- 25 us and the care team, it was an army of people who

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- 1 really helped her to stay at home alone for seven years.
- 2. Q. In addition to that, during the week, did she also 3 attend day care?
- A. Yes, she did, and that was again something that she was
- 5 reluctant to do, a very independent lady, but she
- 6 finally saw the benefits of that. She was fairly
- 7 isolated where she was and this gave her that company
- 8 and the Social Work Services, they had provided this day
- 9 care in a little -- it was actually the Wade Centre in
- 10 Kingussie, a local authority provision, and she was -
- 11 a little bus would come and pick up her and other people
- 12 from the rural community and take them into Kingussie,
- 13 and then she got help from 10 o'clock in the morning
- 14 through till about 3.30 in the afternoon, and that
- 15 I think was four or five days a week and then us at the
- 16 weekends. So her days were filled with people keeping
- 17 an eye on her, giving her food, helping her with her
- 18 medication and generally helping her, and remarkably
- 19 this system survived for seven years, right up until her
- 20 90th birthday.
- 21 So she never got any peace?
- 2.2 None whatsoever!
- 23 However, during that time, what's happening with her 2.4 health?
- 2.5 A. Well, she had peripheral vascular disease, which is an

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1 illness, very unfortunate, where blood is just not 2 getting to the periphery; hands, feet, and she was at 3 risk of things like amputations. We were always 4 concerned that might happen. It didn't ever. We were lucky. She was lucky. But one of the other things with 5 PVD, as it's called, is vascular dementia. So she was 6 getting that and it was not rapid or aggressive, it 8 wasn't of the Alzheimer's type. It was vascular 9 dementia, which meant that gradually her cognitive 10 skills were declining and also memory loss and ability 11 to do things and balance. So things were going and 12 that's -- it was slow. We would see it gradually 13 increase over that sort of seven-year period. 14 Q. I'm asking this question as a kind of placeholder --15 I'll come back to it --

A Yes 16

Q. — but what was happening to her hearing?

17 18 A. She had suffered hearing loss because of probably 19 primarily the PVD for quite some time and had been given 20 hearing aids and had a lot of help from the services 21 that provide hearing aids, but invariably with elderly 22 people, they lose them, they don't like them, they get 2.3 background noise, it doesn't work, and she stopped 2.4 herself eventually, didn't want them, couldn't be 25 bothered with them, and with so many other things to

1 deal with, almost the hearing was -- it was in there but 2 it wasn't the top priority

3 Q. And what about her -- well, talking of top priorities, what about her ability to walk, to remain vertical, not 5 fall? What happened to that?

A. Well, she had always been of a strong build. She'd been 6 7 a PE teacher and she carried herself very well. 8 Deportment was her thing with the country dance. So she 9 was a strong lady and despite that she was getting old 10 and frail, so then falls became an issue and she would 11 fall over small things in the home. We lifted carpets 12 and mats to try and make sure she didn't, but they 13 happened, and carers would find her prone on the ground when they came to do their visits. And of course this

14 15 became more frequent as it got ... 16 Q. And in terms of the carers and presumably also the

17 doctors in the vicinity, did they suggest a way forward 18 for your mum ultimately?

19 A. Yes, ultimately. Ultimately the carers would have 2.0 a logbook in the kitchen and they would fill in every 21 visit what they saw and what happened so we were able to 2.2 read and see what was going on. We knew what was going 2.3 on because very often I was called or my brother was 2.4 called. She had the red help button. We were going 25 out, you know, increasingly in the middle of the night

to answer things. And so --

- Q. Do you live in the vicinity?
- 3 A. I was seven miles away and my brother was about 17 miles 4
- $\ensuremath{\mathsf{Q}}.$ And you were getting increasingly frequent calls? 5

A. Increasingly, and others who were on the list because we 6 7 had a list of six people who would answer that call. So

8 it was increasingly difficult and, to cut a long story

short, ultimately we tried to keep her at home for her 10 90th birthday, that is what she wanted. That was where

11 she wanted to be.

12 That was her target?

13 That was her target and we could see her -- and we knew 14 from the Christmas that it was getting nigh-impossible,

15 so we teetered on the brink for six months with this.

16 Q. And during that six-month period, did you do anything 17 about finding somewhere for her to go?

18 A. Denial in our heads, hoping that miraculously it might

19 not be needed but realising it would be, thinking about

20 it, I would have a look at places locally without

2.1 actually going to them, but nearer June, when she had

22 her 90th birthday and the writing was on the wall, 2.3

clearly on the wall, I did go and look at several in the 2.4 vicinity and did my search further than what I would

25 have liked, but I just wanted to get a feel for what

1 they were like.

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 $Q. \;\; \mbox{In the vicinity} \;\; \mbox{was important, I get it} \; .$ 2.

3 A. Absolutely, absolutely.

Q. Why? Why for your mum was the vicinity important?

5 A. Well, she had established a fantastic network of friends

6 in Badenoch, she had done an awful lot for

7 Arthritis Care in Badenoch and had -- with her teaching

hat on, she would take classes -- even when she could no

9 longer do Scottish country dance teaching, she would

10 take a class for elderly people, frail people -- maybe

11 not so elderly, but people who were suffering from lack

12 of mobility. She would teach whether they were sitting 13

in their seats or standing. She would give them

14 mobility and fun.

15 So she had a huge network of friends, from her 16 country dancing, from Arthritis Care, from people in the

17 village in Kingussie. You know, they were all there.

18 So we felt, if she's going to have to go into care,

19 let's get somewhere where these people can still visit

2.0 her, because they would.

21 Q. And in terms of selection, where did you select?

2.2 A. There wasn't a big choice. Badenoch & Strathspey is

23 a very long, narrow, old county. There are two or three

2.4 main towns in it and there were only three care homes in

25 the district . So we didn't want to go outwith Badenoch

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- 1 & Strathspey, where her heart was, where her home was, 2 where her people were and her friends, so we had 3 a limited choice.
- 4 Q. Can I take you to paragraph 24 in your witness statement? 5
- "We put Mum into care against her will however. 6 7 This was devastating, both for us and us [as] children."
- 8 Let me ask you a couple of questions about that. 9
 - Did she need to go in?
- 10 A. Yes, she did. We had no choice. We had a strong steer 11 from the medical practice that it was -- time was up and 12 she was at risk at her own safety of staying at home 13 alone any longer.
- Q. You said that she had a target, which was to stay at 14 15 home until her 90th birthday. Did she get there?
- A. She did. We did it and she went into care on the 19th. 16 17 Her birthday was the 9th.
- 18 Q. So ten days after?
- 19 A. Yes

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- 20 Q. So she worked to her target?
- 2.1 A. She did. She did. That would be typical.
- 2.2 Q. Again, I'm going back to the statement. Can I take you 2.3 to the end of paragraph 27? What you say there is, just 2.4 the final sentence:
- 25 "Our parents had been very organised in how they

- 1 sorted out what was to happen to everything in the event 2 of their demise/death."
 - Then you begin that same paragraph by saying:
 - "With regarding to DNACPRs, both my parents had put that in place many years previously and I believe this was held by the Kingussie Medical Practice."
- 7 And then it gets transferred to the care home. So 8 they had made plans for their future?
- 9 A. They had, they were very organised, and I remember the 10 day when we were all called to have a meeting with them 11 to talk about this, all these aspects, and of course it 12 was hard to take it so seriously then but we did and 13 they made us take it seriously . And I would have to say 14 they were just highly organised in that respect.
- 15 Q. At paragraph 28 you talk about a deterioration in your 16 mum's condition. Tell us about that.
- 17 A. Well, yes, she had been going in and out of a day care 18 centre in Kingussie for the last three or four years for 19 day care and therefore, when she was put into somewhere 2.0 new, completely new, all of a sudden that was a bit 21 confusing. Her memory loss -- sorry, her memory wasn't 2.2 that great. So, I mean, she wouldn't have been all that 2.3 aware of time and she wouldn't have remembered who had
- 2.4 popped into see her necessarily when she was at home, so
- 25 going to a care home, it would have added to the
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- confusion, but there was confusion there anyway because 2 of short-term memory loss, if that makes sense
- 3 Q. At paragraph 29 you say that the next eight months were 4 an adjustment period. Was that really your mum coming
- to accept that this was where she was going to be? 5
- A. I think she didn't like it. She always said, "When 6 are you taking me home?" or "Take me home". That was 7
- 8 always a request or a plea. So did she accept it?
- 9 I don't think so, but she had to adjust to it.
- 10 Q. Now, in terms of visits into the care home, let's start 11 with how much freedom you had to visit.
- 12 Hmm-hmm.
- 13 Q. How much freedom did you have to visit?
- A. It was very good, excellent. I think the care home was 14
- 15 very enlightened in its approach to ensuring that the
- 16 family felt that this home for their loved one was their
- 17 home as well and we were welcomed with open arms. We
- 18 had access to the pad -- the pad for the key to the
- 19 door, so there was no restrictions on that. We could
- 2.0 visit when we wanted to, any time of day.
- 2.1 Q. You say, "We could visit when we wanted to". Who are the "We"? 2.2
- 2.3 A. We as a family, so this was her four children, but also
- 2.4 her grandchildren and her great grandchildren and any
- 25 friends from the ones I've described previously from her

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- life further up the valley, from the Arthritis Care or
- 2 her neighbours, her nieces, her gardener. Her
- 3 hairdresser even came down from Kingussie to see her and
- her home help. Anybody and everybody whose lives she
- 5 had touched, who were within travel distance -- and even
- 6 nieces from Edinburgh came. You know, anybody could
 - come and visit her in the care home.
- 8 Q. Could you read paragraph 32, please?
- 9 A. You want me to read it?
- 10 Q. Yes

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- 11 A. Yes
- 12 "Mum's health slowly deteriorated, nothing new, just
- 13 gradual deterioration, she was after all slowly reaching
 - life's end. Had it not been for a strong heart, or
- 15 perhaps a zest for life and a will to continue to see
- 16 her family, all of whom she always recognised, she might
- 17 perhaps have passed away sooner."
- 18 Q. At paragraph 36 you say that you received an email from
- 19 the managing director of the company that owns the care
- 2.0 home. What did that tell you?
- 21 A. Paragraph 36?
- 2.2 Q. Yes.
- So this was -- yes, the pandemic was upon us and we were $% \left(-\right) =\left(-\right) ^{2}$ 23 2.4
 - all very aware of that across the country and the care
- 25 home actually had already $--\,$ my sister tried to visit on

- 1 13 March and she was -- she phoned in advance and they 2 said, "No, don't come". So there had been almost like 3 a two-week closure, if you like, of relatives, friends 4 being told not to come. But 20 March was a singular moment when we did receive an email from the managing 5 director saying that there was to be a lockdown from 6 7 that day, not unexpected, but apart from that there was 8 very other detail -- there was very little detail.
- 9 Q. And at paragraph 37 you talk about the care home putting 10 in place attempts to facilitate communication by iPad. 11 Did that work for your mum?
- 12 A. No. Absolutely it couldn't. It never would. She was 13 old school. She had never had a mobile phone herself. She didn't know what an iPad was. And she -- they were 14 15 great actually. There was an activities co-ordinator 16 who really, really tried to get us to have contact with 17 her using an iPad, but she couldn't understand what the 18 talking head was on an iPad, so this didn't work and we 19 gave up on it. We agreed to give up on it very early 20
- 2.1 Q. Tell me about communications from the care home to you 2.2 and the wider family.
- 2.3 A. So generally, in the first couple of months of the 2.4 pandemic, when nobody really could move anywhere and we 25 were all confined to our houses -- and I think there was

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- 1 a lot of acceptance around that state as we waited for things to change -- the only way to communicate, to find 2 3 out how she was, was literally to phone up and ask. So we would do that and phone and just say, "How is she? 5 How's she getting on?", so that there was always an ability to make questions and ask about her welfare. 6 7 Q. And what responses were you getting when you were
 - phoning up to say, "How is my mum?"?

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- 9 A. So if the person who happened to answer the phone at the 10 time had just seen her earlier that day, that would be 11 great. They could say, "Oh, yes", and they would give 12 you a quick report. But nine times out of ten you would 13 get somebody perhaps who was maybe doing more of 14 an admin job or who hadn't been out on the wings and 15 they would very helpfully say, "Yes, well, look, I don't 16 know, but I will get somebody to call you back who does 17 know", and they would. They would call back and give 18
- you that update. 19 Q. And that would be every time you made contact with them? 2.0 A. Yes. I didn't ever experience not getting any feedback 2.1 when it was asked for, but also very conscious of there 2.2 was only so much you could expect them to know or tell 2.3 you on the spot, coming in cold like that. We did 2.4 assume that if there was any emergency or any big 25 change, then they would contact us.

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2 picture of your mum's general condition, absent any 3 emergency?

Q. Did you feel as though you were getting an overall

4 A. No, not really because it would often be, "Oh, she's fine" or "She's asleep just now" or "Your mum's doing 5 well" or "She had a nice cup of tea", something like 6 7 that. It was quite lightweight, so we had increasing 8 anxiety around the fact that we weren't actually seeing 9 how she really was.

10 Q. Could you read paragraph 39?

11 A. "So, we became increasingly worried about her mental 12 health and how she was coping with the sudden 'removal' 13 of her nearest and dearest from her life. We all wrote 14 to her, including the grandchildren, and sent 15 photographs to help let her know we were still out 16 there. We could only hope that some kindly carer would 17 have time to read the letters out to her and maybe spend 18 a little time with the four memory books we had made up 19 for her in the past couple of years. That was the 20 2.1

- Q. Now, you describe a garden visit at paragraph 40 and 22 subsequently. Was that a formal visit in terms of COVID 2.3 guidance or was it an informal private arrangement, as 2.4 it were?
- 2.5 A. I hadn't heard anything in the news and I did watch

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1 every day to see what was being said, and so, therefore, I made an assumption that this was just an initiative 2 3 that the care home took to facilitate a visit outdoors, and, as it transpired, that's exactly what that was 5 because I got that in May. I was invited by phone by 6 the activities co-ordinator, suggesting if I came down, 7 they would wheel Mum out and we'd be able -- I would be 8 able to speak over the railings at a distance of 9 2 metres. And the actual guidance did come out from the 10 Scottish Government on 25 June. That was the formal 11 published guidance. So this was like a good month 12 anyway before there was published guidance, but we got 13

14 Q. You were on the other side of a fence. Was that the 15 boundary fence?

17 looked out on to lovely fields with ponies in it, 18 a rural setting. This was kind of a side part of the 19 care home, rather than the main garden, but nonetheless 2.0 it was an open space, a green open space, and it had 21 railings .

A. There were several boundary fences to the property. It

2.2 Q. How did your mum react to that meeting?

23 A. Well, it was very difficult because it was the first 2.4 meeting I'd had -- I hadn't seen her for well over 25 eight weeks or longer, maybe ten, and she hadn't seen

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1 any family member in that period and she was angsting 2 straightaway about "Taking me home". And because she 3 was peering at me through a railing -- because she was 4 sitting and the railings were at least a metre -- I was 5 crouched down to see her at her level, so she was seeing me through a railing and there were cars behind me so 6 7 she actually thought she was on a railway platform, bizarrely . There are no railway platforms where she 8 9 lived . She didn't remember that or know that. She just 10 thought she was on a railway platform and that I'd come 11 to take her home. And the whole conversation was around 12 going home and trains, and it was circuitous. 13 I couldn't get her off this —— and very difficult 14 because I couldn't get near her, I couldn't give her 15 a hug. I couldn't reassure her in any way. 16 Q. She was talking about going home?

17 A. She was talking about going home, and the trigger was 18 the railings and the cars behind.

19 Q. At paragraph 43 you say:

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"Copious guidance for Care Homes emerged from the Scottish Government ...'

Tell me how you think that worked, the issuing of guidance at that stage in terms of how the care homes dealt with that?

A. Yes, there's a couple of things in that. I think the

copious guidance actually at that time, early on in the pandemic, was more for the rest of us. There wasn't actually copious guidance, now that I read this properly, for care homes. The first guidance that came out from the Scottish Government that I recall for care homes was guidelines on outdoor visits, and that was in the June. But it always took a while, and that was maybe one of the easier bits of guidance for care homes to implement. It was outdoors. But other guidance that came later in the year for care homes, which was -we'll maybe come on to this -- about trying to ease some of the restrictions on visiting, there was very often quite a big delay in that guidance coming out and something happening on the ground that was meaningful.

15 Q. You talk about Care Home Relatives Scotland. How 16 did you make contact with them?

A. I came across them through another relative in the care home who I'd made friends with. We liaised a lot by phone, social media, and they suggested, "Get on to Facebook. There's a really good group there that's talking about all the issues we've been talking about and you'll find that what we're experiencing is across the country". So that's how it started for me. I just got involved through Facebook and reading everything

that was being said and finding there was this huge

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common cause and empathy.

2 Q. Did their website or Facebook page contain lots of 3 information?

4 A. Yes, always. It would be great. I mean, whether it was 5 giving you a link to a newscast that had been and you

could watch it again and see what was being said or 6 7 whether it was a steer or a heads-up on when there was

8 going to be some -- perhaps some discussion, maybe even

9 at Cabinet Secretary level, what to do, who to lobby,

10 the fact that the group was going to divide into regions 11

to become more focused —— so every step of the way,

12 every day just about, there was something from Care Home

13 Relatives Scotland to help guide me to focus my energy

14 into trying to help -- to help us but also to help the

15 wider cause as well.

16 Q. So you were being provided with information by Care Home 17 Relatives Scotland. Did you use that information? How

18 did you use that information once you'd got it?

19 A. So particularly where we were asked to put pressure, 20 political pressure, to try and effect change -- if there

21 was anything, whether it was to sign a petition or to

22 write to an MSP, I would do that, whatever was asked,

23 and I would use the framework of the focus they were

2.4 trying to make, which was to get meaningful access and

25 eventually to essential care-giver status. But these

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1 were objectives that were very clearly coming out of the

campaign group and, if they asked for help to lobby, 2.

then I would be doing that.

4 Q. Were you in communication at this stage with the care 5

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6 A. I was always in contact with the care home on a sort

7 of -- this business about phoning and asking how she 8

was, so I was -- that was at that level, but I wasn't 9

particularly flagging up things that were going on in

10 a national context. When I was dealing with the care

11 home, I was speaking about Mum.

12 Q. Right. Did you draw to the attention of the care home

13 any of the new guidance as it came out?

14 A. I did, latterly. It was in October, by which stage it

15 was a frustration, and from October onwards I didn't

16 ever hold back on drawing attention to any guidance that

17 had come out.

18 Q. You didn't hold back?

19 A. No.

2.0 Q. Really?

21 Politely, persuasively, hopefully. Α.

2.2 Q. So you're talking, at paragraph 46, about new guidance

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23 coming out on 12 October, but earlier in the same

2.4 paragraph you had referred to writing in the strongest

25 possible terms. Tell me about that.

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- 1 A. So this is -- my paragraph dates are slightly out of 2 sync here. On 30 October, that one, I wrote to the 3 manager of the care home and I copied in senior 4 management, asking when they would implement recently 5 updated Scottish Government guidance. Now, that guidance came out on 12 October and it was to give care 6 home residents more meaningful visits and the guidance 8 said it would be four hours of visiting contact in the 9 resident's room and with touch. So this was 10 a significant change because prior to that there had 11 been these outdoor visits which had been dreadful I'm 12 sure for many. They were dreadful for us. So to get 13 this guidance and to see this guidance was a huge 14 relief. But I went in in October -- my sister went in 15 very early October and had the most distressful indoor 16 visit with our mother in an interview-style room and she 17 wrote it all down in an email to me to offload. It was 18 appalling. So it was on the back of that experience 19 that I wrote in very plain and strong terms on 2.0 30 October to ask when they were going to implement this 2.1 guidance that was allowing for four hours in the 22 resident's room with touch. 2.3 Q. And that was 18 days after the guidance had been issued?
- 33 Q. And that was 18 days after the guidance had been issued
- 24 A. Oh, yes, yes.
- Q. Okay. Did you write to anyone else around the same

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- 1 time?
- 2 A. I wrote to my MSP on 18 October. There was going to be
- a discussion, as I understand, at Cabinet Secretary
- 4 level, which was an important discussion because it was
- 5 to raise the awareness of the importance of the
- $\,$ 6 $\,$ care—giver in the resident's emotional health and
- 7 well—being and also it was to push for a Scottish pilot
- 8 scheme about testing a dedicated care home visitor. So
- 9 I wrote a letter to Mr Ewing to add his voice in support
- of getting these changes made and that recognition —
- 11 the important bit was the recognition of the role that
- $12 \hspace{1cm} \hbox{the essential care-giver had in the life of the} \\$
- 13 resident.
- Q. Now, at this point you've fired off two letters, the
- first one to the care home. What response did you get from them?
- 10 Holli them:
- $17\,$ $\,$ A. I didn't get a response at all . I very often would
- 18 write and fire off my letters, my strong letters --
- polite, strong letters but sometimes a letter like
- that would eventually result in a change for us, and the change for us. on the back of that letter of
- 30 October -- so that was at the very end of October --
- I was given and this term started to appear

 October "essential visits" So I was told I could
- 24 in October "essential visits". So I was told I could 25 get an essential visit to our mother's room, which is
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- what this 12 October guidance was all about anyway, but
 - I was granted. So perhaps my letter of 30 October
- 3 resulted —— it was a result.
- $4\,$ $\,$ Q. What about from Mr Ewing?
- 5 A. Yes --
- 6 Q. What response?
- 7 A. -- I got a reply, a polite reply, and very concerned for
- 8 his constituent and very supportive and to say that he
 - would be supporting and would raise it. But it was
- short and he just referred to another letter -- and he
- let me have a copy of it -- that had been issued by
- 12 Cabinet Secretary, but that letter had been written
- in July, so I just -- you get that feeling of, "Yes, you
- 14 know. I've asked you a question now. We're in October.
- This is urgent and you're supportive, you've given me
- a response". The Government had been discussing this,
- $17 \hspace{1cm} \hbox{had recognised the impact that separation was having on} \\$
- people in care, so this conversation had been going
- 19 since July and we were still trying to get traction and
- get meaningful visits inside care homes in October.
 Q. I'll come back to that phrase, "meaningful visits" —
- 22 A. Yes.
- $23\,$ $\,$ Q. $\,--$ towards the end of asking you questions. But at the
- 24 moment there was formal guidance on garden and window
- visits before indoor visits started. Did you have

6'

- 1 garden or window visits?
- 2 A. Window wasn't going to be remotely possible. Our mother
- $3\,$ could hardly stand. I mean, she did walk into care when
- $4\,$ $\,$ we took her in in that June, the nine months previously,
- 5 but by this stage, with the progression of her
- 6 conditions and aging and all the rest of it -- and she
- 7 was walking towards end of life -- she couldn't have got
- 8 near a window. She was impaired hearing. Visually, if
- 9 you have somebody outside a window, they're
- $10 \qquad \text{ silhouetted } --$
- 11 Q. That wasn't going to work?
- 12 A. That wasn't going to work. And the other one was
- garden. We had a few in the summer. I think all my
- 14 siblings got a chance to have a garden visit and all
- found it very distressful because she was on the other
- side of a large table, under a gazebo, eventually, and
- we were masked. She couldn't recognise us. She used
- lip reading to enhance her hearing. So really these
- were very distressing for us and her types of visiting .
- 20 Q. Okay. In the autumn of 2020 indoor visits start. Now,
- 21 at the care home your mum was in, did you have indoor
- visits in the way that they initially operated?
- 23 A. We did. In the initial operation —
- $24\,$ $\,$ Q. Tell me about the room in which they took place.
- $25\,$ A. Yes, yes. For everyone, visiting this care home, a room

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was set aside very near the front of -- the entrance to the building, and it was like a management room, small, office -style. It had one seat like the one I'm sitting on for me and Mother was brought along in a wheelchair at the appointed time, and there was yellow tape across the floor at 2 metres' distance, "You must not cross", and you were given instructions. Masks, gloves, pinny, and half an hour.

This was beyond distressful because our poor mum had had to be hoisted out of wherever she was comfortably. bed maybe, possibly at her recliner chair -- that's all she was doing at that point -- put in a wheelchair, wheeled along to a room and then wouldn't even recognise the person sitting there because we were masked up and she was seeing people in masks all day long.

So we -- part of the reason I wrote on 30 October. without threatening it -- but the point I was making was we ourselves were becoming the agents of distress for our mother and we were not prepared to do that any longer. So without saying it, it was almost like, "Unless we can get to see her in the comfort of her own room, we will not be putting her through this again".

- 2.3 Q. Could you read the final two sentences of paragraph 53?
- 2.4 A. From "They sat ..."?

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Q. No, "It was a room ...", the final two sentences.

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- 1 A. "It was a room with a glass door and watched over from
- 2 the outside by a staff member to ensure there was no
- 3 effort to touch or move closer. Could a room or
- situation be any more inhospitable and hostile?"
- 5 Q. When was this?
- A. That was 4 October. 6
- Q. So that was at the time of Eat Out to Help Out? 7
- A. Yes, I think so. Yes. 8
- 9 Q. Paragraph 55, what you say there is that any guidance 10 given out by Public Health Scotland was immediately trumped by a single positive COVID result, often from 11 12 a worker who might have picked it up outside. Did that
- 13 have -- how did that interfere with building
- 14 a relationship -- rebuilding the relationship between
- 15 vourselves and vour mum?
- 16 A. Well, we didn't see her very often because of the cycle 17 of long gaps between it being possible to go in and see 18 her and you were thinking you might get to see, but once
- 19 a week for an hour, it wasn't giving her the amount of 2.0 contact she would have needed anyway to retain that $--\,$
- 21 meaningful contact was all about nurturing her. The
- 2.2 whole of her was dependent on a reason to live. And so, 2.3
- when we were allowed in and then this would be 2.4 consistently taken away from us, all that was doing was
- 25 disrupting an already crumbling relationship we had with
 - 70

- 1 her. We were losing it. We were actually losing the
- 2 relationship with her. But despite all this, she would
- 3 still recognise us whenever we did manage to get close 4 enough.
- 5 Q. You talk about progressing into winter and your mum's health deteriorating and that being difficult . Can you 6
- 7 tell us about that? A. So we hadn't seen her properly really ever since the 8
 - start of the pandemic apart from a few garden outdoor
- 10 visits and a couple of disastrous indoor visits in that
- 11 interview room. We were given an in-house report on her
- 12 welfare. The care home did it. They had to do these,
- 13 and this was one they had to do in our absence and also
- 14 in the absence of her social worker. In that we noted
- 15 things like her BMI, her weight loss, and they'd talk
- 16 about her cognitive decline as well, the fact that two
- 17 carers are needed at all times to move her. So this
- 18 was October that was issued -- it was 12 October, the
- 19 same day as the first meaningful Government guidance on
- 20 getting people into care homes --
- 21 Q. I'll just help Lord Brailsford. This is spoken about at
- 22 paragraph 63.
- 2.3 Yes. So -- sorry. Α.
- 2.4 Q. So you're saving --
- 25 A. Yes. The in-house report. It was very clear to us. We

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- 1 didn't need that report to tell us that she was on
- 2 a decline. We could see from the little visits we had
- 3 that she was on a spiral down. But this welfare report
- 4 certainly consolidated it and summarised it for us and
- 5 we took huge, huge exception to this report.
- 6 Q. Why?
- 7 A. Because it started with saying she enjoys her garden
- 8 visits and I think, in October, we'd managed to have --9 her piper grandson came and played outside the grounds,
- 10 outside the communal window for her, and "enjoyed seeing
- 11 her family and enjoyed hearing the pipes", and yet my
- 12 sister's account of it and my own account and my
- 13 brother's account were that these meetings in the
- 14 garden, outdoors, and the ones in her room in October
- 15 were so distressful for her that we were not going to do 16 them any longer. We couldn't put her through it. So
- 17
- you had this huge "Yes, it's all alright" in the report
- 18 and the reality.
- 19 Q. In days of yore, when we were younger, we used to read
- 2.0 or see reports about Pravda, the Russian newspaper, and 2.1 the front page was always, "Tractor production is up".
- 2.2 It would always put a positive spin on everything.
- 23
- 24 Q. Was that what this was?
- 2.5 A. An unbelievably positive spin. There was a small bit

that said "Relatives' comments", and of course that was blank because we hadn't been consulted on this. So
I wrote what I thought was the situation about her decline in health, visible decline in health, and all the evidence is there in terms of the technical, the factual stuff —

- 7 Q. Was that written in terms which were polite but 8 forceful?
- 9 A. That was another polite but forceful but getting more 10 forceful than polite. No, I was never rude.
- Q. No. I'm going to ask you to read a couple of
 paragraphs I hope this isn't difficult for you but
 it's paragraphs 58 and 59.
- 14 A. Okay

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"For Christmas Day 2020, we asked if she could be brought in a wheelchair specifically to the large window of the communal area of her wing. The carers obliged and did their best to help her understand who was outside. This was a repeat of an approach that we had trialled in October with each family member holding a placard with large letters forming their name and held it to our chests. The carers read the names out to her as we approached the glass.

"We all took turns of coming up to the window, in our family groups, and a grandson played some stirring

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reels on his bagpipes which she surely heard. The great—grandchildren danced. I pressed my face close to the window, I saw her tear—stained face and I could see her raise a finger and point, weeping and saying to the carer inside, 'that's my family'."

Q. It continues:

"Our time was up, we had to leave the grounds after a bit, but we didn't get inside on this her last ever Christmas, we had opted to all be there and to try to be 'with her' from the outside. It was harrowing to see her like this, separated by glass from her loved ones, no possibility to speak or hug. Was this a better option for her than seeing just one of us indoors? We will never know. It was probably marginally better for us all to be together, seeing her from the outside, but it was nonetheless a very emotional ... day."

17 A. Yes.

18 Q. I think we can understand that.

At paragraph 62 you talk about the downwards spiral of your mother's health and you say at the end of paragraph 62:

"We firmly believe lack of meaningful contact with her loved ones was having a profound effect on Mum's mental and physical health & well—being."

Tell us about that.

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A. I think from what we could see of her through the window at Christmas, from what we read about -- from the 3 internal report and from the three visits that -4 I managed to get three visits indoors from November up until 15 December, and this was on the back of my strong 5 letter about "We need to get in", and I was granted 6 7 essential visitor status, so --Q. How did you find out about essential visitor status? 8 9 A. I only heard of it through Care Home Relatives Scotland.

- This again was another the fountain of all good information for us to actually use as a tool to try and
- information for us to actually use as a tool to try and make the case we needed to make with our care home.
- 13 Q. And you didn't get it from the care home?
- 14 A. No, no.
- $15\,$ $\,$ Q. And you didn't get it from the Scottish Government?
- 16 A. I think eventually you're hearing words through
- 17 Scottish Government guidelines but maybe not until about
- 18 the February of 2021. But back in October, after I'd
- $19 \hspace{1cm} \text{written, after the guidance came out saying we should} \\$
- $20\,$ get more meaningful visits of four hours with touch --
- 21 and I pressed to get in and I used the words because I'd
- picked it up from somebody else, and somebody else had heard it from Care Home Relatives Scotland. I heard it
- 24 too -- I used that term almost as if it was a right for
- us or for her actually to have a relative going in with

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 $1 \hspace{0.5cm} \text{an essential \ visit} \hspace{0.1cm} . \hspace{0.1cm} \text{So I had three essential \ visits} \hspace{0.1cm} \text{, \ if} \hspace{0.1cm}$

you like, some time in November to about 15 December, but only three, and it was just once a week, which

but only three, and it was just once a week, which

4 really was not ever going to be sufficient for our

5 mother.

6 Q. And were they timed? I mean, were you told start at 7 2.00 —

8 A. Yes. Yes. It was an appointed time and for an hour,
9 which again wasn't helpful, and I wrote at another point

to say, "Great. Thank you so much for allowing this",

 $11 \qquad \text{ always very positive} \,, \,\, \text{"Thank your staff for how much} \,$

 $12\,$ they've helped to facilitate this, but ...", and the

"but" was, you know, the time of day that I was

appointed to go might not have been a good time for her.

15 Q. Tell me about that.

 $16\,$ $\,$ A. So she might have been asleep and very asleep by this

17 stage, semiconscious, that kind of deep sleep, so if

18 I was to go in and see her, she might not have been all

that alert or awake, but other times of the day she

20 might have been having a better time and the carers did 21 say. "Yes. your mum is sometimes more alert and in

better form at other times of the day". It's almost

like, "It's a pity you couldn't have been here then".

 $24\,$ $\,$ $\,$ It's kind of like, ''Well, that's the problem. You've

given me an appointed time on an appointed day. It may

2 her life where that was more likely than not, that it 3 might not have been a great time to visit, but --4 Q. Was there any flexibility? A. Well, you'd made your appointment so that was it. In an 5 ideal world it would have been great if a carer could 6 7 have seen that she was in good form that morning and got on the phone to me and say, "Can you get here in half 8 9 an hour?". That would have been ideal, but it didn't 10 work like that 11 Q. You then move on, at paragraph 69, to talk about your 12 mum becoming very weak. Then at paragraph 71 - - sorry. 13 give me just a second. Yes, 70, you talk about 14 essential visits for care homes frequently mentioned in 15 the Government agenda. Although it was mentioned in the

or may not work". And it was getting to that stage in

18 A. No, I didn't, and this is actually a very important point. I had managed to get granted essential visitor status in November but only got three visits, but that was better than had been. On 15 December the care home asked us what arrangements we were wanting to make for Christmas Day because there was going to be a huge

Government agenda, could you see real progress in that

demand and there was an awful lot of things to factor 25

into that and they couldn't have everybody in the care

1 home, so I -- we, as a family, opted to say, "Look, 2 we've actually at least had essential visits for a bit 3 of November and a bit of December. Let's get Christmas and New Year over with and we'll pick it up again 5 in January. We will do instead this outdoor at the 6 window thing", which we did.

7 Q. With the piper?

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regard?

A. With the piper, we did. 8

> But on 23 December we got an email from the managing director of the care home to say that as of the 26th, so from Boxing Day, the whole country was moving into Tier 4 and that meant visiting with loved ones in care homes should be limited to essential indoor visits only. And that was further qualified by saying essential indoor visits only would only relate to people at end of -- who are needing end-of-life care or experiencing

18 Q. Right. Let's unpack that a little bit. You had been 19 granted the status of essential visitor back 2.0 in November?

2.1 A Yes

2.2 Q. Were you ever told what the definition of "essential 2.3

2.4 A. I wasn't ever told it. I think my own understanding was 25 that everybody was getting or trying to get an indoor

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2 to get an essential visit was what we should have been 3 getting anyway because that's what the 12 October 4 guidance was suggesting, but an essential visit was into 5 the resident's own room and it was time-limited and it was all caveated with all the usual stuff around PPE and 6 7 not hugging. But essential visitor status, in my interpretation of what I was allowed, although I was 8 9 never told this -- I never saw a policy, but I was -- my 10 understanding was that I would get into our mother's 11 room for that visit to prevent her having to be hoisted 12 and wheeled to somewhere else. Does that make sense? 13 Hmm-hmm. Were you ever given a definition of what was 14 meant by "end of life"? 15 A. No, never, and I only thought to ask that when it was 16 clear that that's where we were at And it became clear 17 to me -- even in October I was thinking -- looking at 18 her frailty, her weight loss, her general cognitive 19 skills , the fact that she had to be fed in tiny little 2.0 pieces. I knew that we were somewhere on the journey to 21 end of life, but it's defining the indefinable. It's 22 very hard to know when somebody is going to be at -- and I have no experience of that from previous. Clinicians 23 2.4 probably do, but, for me, we didn't know. We hoped we 25 would be told. We were all aware it was nigh.

visit and that was generally in this interview room, so

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THE CHAIR: Actually the words "end of life" and indeed, for 1 that matter, the word "essential" in the context of 2 3 visitor status are both -- would you agree? -- entirely 4 subjective?

5 A. Yes

6 THE CHAIR: And you're very correct that you have no 7 experience of medical matters and therefore your view of 8 end of life is probably even more subjective than 9 a clinician's view.

10 A. Yes

11 THE CHAIR: And "essential" applies to everyone. You would 12 have thought that it would have been helpful if an 13 attempt had been made to define these terms. Now, 14 I fully accept that an attempt to define those terms is 15 itself wrought with difficulties, one that I might 16 unfortunately have to wrestle with in a period of time 17 after I've heard all this evidence. But do you agree 18 that the subjective nature of the terms makes it 19 probably desirable that some effort should have been 20 made to define them in a way that at least would have 21 been consistent? 2.2

A. I would have so welcomed that and I did ask actually 23 several times once we got into January because I saw 2.4 that that -- "end of life" was almost a qualifier for 25 getting essential visitor status.

November 15, 2023 Scottish Covid-19 Inquiry Day 10

- 1 MR CASKIE: The other qualifier for getting that status was 2 extreme distress?
- 3
- 4 Q. Was that defined, as far as you were aware?
- A. Not to me, and -- I was aware of that with another 5
- resident actually and I was aware that they got 6
- essential visits on the basis of extreme distress, and
- our mother was not in that category of extreme distress. 8 9
- She would have been in extreme distress when hoisted and 10
- that then put her into a frame of mind and disposition
- 11 that we could not have a meaningful engagement with her, 12 no matter, but she wasn't frequently experiencing, as
- 13 far as we know, the sort of distress one might imagine
- 14
- 15 Q. So that -- arising from what Lord Brailsford has asked 16 vou, that's another subjective term?
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- 18 Q. Except it wouldn't be a subjective term if someone had 19
- THE CHAIR: Well, it might have been subjective but at least 20
- 2.1 there would be a basis specified by someone who had
- 22 authority to make such a definition, and that would have 2.3
- been of some -- I think to be fair, you're saying that 2.4 that would have been of some assistance.
- 25 A. It would have helped.

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- 1 THE CHAIR: You might have cavilled against the definition,
- 2 but theoretically you would have had a chance to
- 3 challenge that, perhaps, but nevertheless it would have
- been something.
- A. Yes, and there was nothing.
- MR CASKIE: And the other group that it would have helped 6
- 7 was care homes --
- 8 A. Yes.
- 9 $Q. \ \ --$ because they presumably were struggling with those 10 definitions as well?
- 11
- 12 THE CHAIR: Well, actually, in fairness, I now see, since
- 13 it's come up on my screen, you wrestle with that problem 14
- at paragraph 78 or you attempt to, so you're well aware 15 of it
- 16 A. Yes.
- THE CHAIR: I see also you draw my attention to a number 17
- 18 of other highly subjective statements, "extenuating
- 19 circumstances" and so forth. It's all entirely 2.0
- subjective.
- 21 A. Well, that "extenuating circumstances" came up on the
- 2.2 letter $\,\,--$ the email that came out on the day of
- lockdown, very short, to say, "We will be locking down 23
- 2.4 but we will of course [it said, something like that]
- 25 allow visits under extenuating circumstances". Now at

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- the time I had no need to worry about that because we 2
- weren't at that point, but "extenuating circumstances"
- 3 was -- when you think back to the very start of the
- 4 pandemic, people were not getting into hospitals and
- 5 loved ones were dying, whether it was children,
- husbands, wives, so I think that was -- that might have 6
- 7 been a good intention there, but, in reality, I very
- 8 much doubt that anybody was getting into a care home 9
- because they weren't getting into any other place of 10 help, whether it be a hospital or anywhere else, for the
- 11 first months.
- THE CHAIR: I agree, yes. 13 MR CASKIE: Can I take you to paragraph 77 and ask you if
- 14 there's anything that you want to say about what's said
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- 16 A. Do you want me just to read it?
- 17 Q. No. I want you to tell -- Lord Brailsford is capable of
- 18 reading it, so do you have anything to add to it
- 19 usefully or is it simply an effective stand-alone
- 20 paragraph?
- 2.1 A. I think in some ways we have covered it in that the care
- 22 home wasn't prepared for defining "end of life" or
- 23 "essential visits" and it surprises me in a way because
- 2.4 that is their job. This is what they do and this was
- 25 now almost a year into the pandemic. They must have had

- 1 many, many people at the end of their life and passing
- 2 away and they must have had to grapple with that. So
- 3 it's just perplexing that this hadn't been brokered
- 4
- 5 Q. Now, the next things that you provide are details of
- 6 what you head "Closing stages".
- 7 A Yes
- 8 Q. Can you read the second sentence in paragraph 81?
- 9 "I was granted 'unlimited' access from that point, and
- 10 I visited every second day for the next 11 days."
- 11 Keep going?
- 12 Q. Hmm-hmm.
- 13 A. "Even at that late stage in her life, she recognised me
- 14 and while she couldn't talk much, what she did say
- 15 really surprised me. At times she was lucid and
- 16 appreciative and reflected with great fondness on her
- family." 17
- 18 Q. Any other relatives visiting at this point?
- 19 A. No. It was me. This unlimited access was granted to me
- 2.0 on 26 February, although I'd been given -- we'd been
- 21 given a heads—up two weeks earlier, round about the
- 2.2 middle of February, that they were concerned that she
- 23 really wasn't eating very much or drinking much and that
- 2.4 they would monitor it. So we were pretty frantic by
- 25 that stage, particularly because, although I had been

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given essential visitor status back in October/November and had gone for the voluntary break over the festive period, when it came to early January and I tried to re-establish my essential visitor entitlement, if you want to call it that, I got an email saying that, because of the levels of COVID circulating in the community, that was being suspended.

My essential visiting status was suspended and effectively I hadn't been in there since 15 December. The reason it was was in early January, in our community, there was a sufficient level of COVID circulating that meant Public Health Scotland probably had given a direction about suspending all visits, and that included me, so I didn't really have any special status at all. My visits were just no greater value than suspending people who were visiting in the interview room, so I didn't get in in early January.

Beyond that I was told, "The COVID vaccination is coming soon to our care home. Hopefully, once we get everybody vaccinated, we will be able to relax things again". But that, again, took another few weeks, and so we got to the stage here in February where I'd been alerted to say, "She ain't eating much", and there was a few frantic emails then to say, "When are you going to let us in?". So we were at end of life and I still

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- 1 wasn't getting in for all these other drivers out there.
- 2. Q. You talk next about effectively a window visit by 3 a number of family members --
- 4 A. Yes.

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- 5 ${\sf Q}.\ --$ and you bring the piper again.
- A. Yes, the piper. Do you want me to read anything there 6 7 or --
- 8 Q. Well, just give us a summary of it. What happened?
- 9 A. So it was 19 March and I had managed to get my visiting 10 as an essential visitor reinstated when I think they 11 must have recognised this was end of life, and I was 12 going in, as I said, every second day for about 11 days, 13 and I reached a bit of a burnout with that emotional 14 burden, but also very conscious that my siblings had not 15 seen their mother pretty much for a whole year. I mean. 16 some very fraught and distressing outdoor visits and 17 a couple of room visits that were awful, but they hadn't 18 seen her. And because we knew -- I knew, we all knew --19 this was end game, I pleaded with the care home to let 2.0 my two siblings, who had seen least of their mother,
- 21 take my place for a few -- a visit, and they agreed to 2.2 that. So a brother and my sister took over from me. So 2.3
- it wasn't as well as me, it was instead of me, and they 2.4
- got a visit each --

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Q. Not simultaneously?

A. Not simultaneously -- or did they get one where they were allowed in together? I can't remember what the rules were then around families who weren't -- you know there was all bubbles things. That played into this as well. But they each got a visit and we agreed with the care home that, you know, for the time being we would continue with that to give them a bit more time. And my elder brother had stepped back to let them have it because he was the one that lived closer and had seen

just a little bit more. So that's where we were at with

12 Then on that day, that 19 March, my sister was -- it 13 was going to be her turn to come up, one of two visits 14 in the week, and she couldn't come because she was 15 unwell from her COVID vaccination so I stepped in to do 16 that visit . And I'd arranged for one of the grandson 17 pipers to come and play again at the window, like we'd 18 done before, which was all organised and agreed and set 19 up, and I was so conscious from my other brother that 2.0 this was very close to the end that I encouraged him to 21 come along with his wife and his daughter and her 22 partner and the two great-grandkids just so stand beside 23 the piper, to give the piper a little bit of support, to

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give me a bit of support on the inside and to see his

1 Q. And what time of day did that happen?

mother for the last time.

- 2. A. 2 o'clock in the afternoon.
- 3 Q. When did your mum die?
- A. Well, she died on the Monday. But when we were outside
- 5 her room, the piper started, and somebody from the care
- 6 home came in and told me that these people hadn't been 7
 - authorised to be at the window, so I was --
- 8 Q. Was the window open?
- 9 A. No, no. She was lying in her bed well away from the 10 window and she was dying at this stage. But I was told
- 11 to tell them to leave, so that's what I had to do.
- 12 I had to say to them, "You've been asked to leave", and
- 13 they had to leave the premises. They were ordered off
- 14 the premises because that had not been part of the plan
- 15 or hadn't been approved by somebody senior enough.
- 16 Q. And was there no one there who could just take
- 17 a decision there and then?
- 18 A. No, no. The manager of the care home didn't work on
- 19 a Friday, so the person who was left to assess what was
- going on here, all they saw was, "This hasn't been 2.0
- 2.1 approved. These people have to go. They're not
- 2.2 authorised to be here".
- 23 You say at paragraph 92 that you weren't happy about the 2.4 end-of-life plan. Can you say a bit more about that?
- 25 A. Sorry, I'm not quite sure what you're asking me to ...

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1 Q. Sorry. 2 THE CHAIR: It's possibly background for me to use 3 (inaudible). MR CASKIE: Okay, that's fine. 4 THE CHAIR: It seems clear. 5 MR CASKIE: Let's move on to paragraph -- well, at the end of paragraph 98, there's a heading, "Outcomes Sought 8 from this Public Inquiry", and you list those. As you 9 can see, Lord Brailsford can read that. There are 10 a couple of questions that I want to ask you about 11 paragraphs 102 and 103 -- could you read paragraph 102? 12 "This fact is so often overlooked in the media ..." --13 Q. Sorry, I need to go back --14 A. Go back a wee to the fact. 15 Q. -- to which fact. A Yes what fact 16 17 Q. Aha, about the importance of family. 18 A. Which paragraph? Q. Sorry, if you look at $101 \, --$ 19 20 A. Yes. 2.1 $Q. \ --$ there's a request to the Scottish Government to 22 publish figures, and they're about the number of people who died not of COVID --2.3 2.4 A Yes 25 Q. -- in care homes. 89

- A. Yes.
 Q. And
- Q. And then you say, "This fact ..."
- 3 A. The fact that so many people died in care homes
- 4 throughout the first 12 months of the pandemic --
- 5 I believe the figure is something around 16,000 died.
- 6 300 were dying per week in care homes in Scotland. Not
- 7 all of these people but the vast majority will have died 8 from reasons other than COVID and. I think that figure
- from reasons other than COVID and, I think that figure should be articulated at some point as a result of this
- Inquiry or to help inform this Inquiry because it's an
- 11 awful lot of people -- right? -- that they were in care
- homes, they had no meaningful contact, and for us it was
- a whole year of no meaningful contact, it was
- meaningless contact, with their loved one, and these
- 15 people died alone and lonely, effectively imprisoned in
- their care home, and that was for the remainder of their
- 17 lives .
- 18 Q. And their death was not related to COVID?
- A. Yes, and I'd like to know, of the 16,000 people who diddie in that first year, you know, how many suffered and
- had to endure this, no meaningful contact, and then they just passed away.
- 23 THE CHAIR: Well, actually all of them because everyone in
- $24\,$ a care home, to a greater or lesser extent, depending on
- 25 $\,$ the care home -- but they all experienced -- I'll use

- a non-emotive word for obvious reasons --
- 2 A. Yes.
- 3 THE CHAIR: -- they experienced the restrictions that were
- 4 imposed on them as a result of COVID --
- 5 A. Yes

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- 6 THE CHAIR: —— and therefore all of them went through that 7 experience.
- 8 A. They all went through that experience, yes.
 - MR CASKIE: At paragraph 106 you make positive comments
- 10 about Care Home Relatives Scotland. Why was an
- $11 \hspace{1cm} \hbox{organisation like Care Home Relatives Scotland needed in} \\$
- 12 your view?
- 13 A. It was a voice. There was no voice at all to champion
- $14 \hspace{1.5cm} \hbox{the cruelty around withdrawing meaningful contact from} \\$
- people in residential care, be they young or old. The
- Care Inspectorate even talk about the fundamental
- 17 importance of meaningful contact in your life and the
- 18 withdrawal or removal of that has a significant
- $19 \hspace{1.5cm} {\sf detrimental \ effect \ on \ your \ mental \ health \ and \ well-being,}$
- and indeed, in many elderly people, the will to leave.
- 21 Q. Tell me about Anne's Law.
- 22 A. So Anne's Law --
- 23 Q. I know what it is.
- $24\,$ $\,$ A. Yes, Anne's Law is something that we must have. We must
- avoid this ever happening again. And Anne's Law would

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- 1 give the resident the right to have one designated
- 2 $\,$ $\,$ care-giver, an essential care-giver -- and that's the
- 3 important word -- the right to enter the care home and
- 4 give that essential care in the same way that a staff
 - member would.
- 6 Q. Could you read paragraph 112?
- 7 A. Paragraph ...?
- 8 Q. 112.

5

- 9 A. 112:
- 10 "The Scottish Government should provide a definition
- or articulation of 'meaningful contact' for anyone in
- care, be they old or young, and should enshrine this in
- Scot's law alongside Anne's law, or as part of
- 14 Anne's Law."
- 15 Q. And then continue on to 113.
- 16 A. "As a family we have struggled to come to the terms with
- the loss of our mother in this way, knowing that until
- 18 the very end she was still with us, thinking about the
- family and never knowing or understanding why she had
- 20 lost us. Images that we have re-told for this Public
- 21 Inquiry still haunt us. Our mother lived a long, happy
- 22 life, until that very last year when everything changed
- and we were unable to reach out to her and support her
- 24 when she needed us most. It is painful and difficult to
- 25 celebrate an extraordinary life when the emotions around

2 died, are still so raw." 3 Q. You then summarise or state what you consider are the 4 key parts of your evidence. I think I've been through all of your evidence. Can I ask you to look at certain 5 of those paragraphs in particular? 118, 119, 123, 124 6

the dire circumstances of her final months, and how she

- A. Can we scroll back down? Can I read because that's --8 9 I can read and discuss. 118 first?
- 10 Q. Yes. We can go back through that. 118.

and 125 together, and then 126.

- 11 A. Right. Yes, this is a point that I really want to come 12 across loud and clear. It's about meaningless contact. 13
- "[The] combined impact of isolation from family and 14 15 meaningless contact sped up cognitive decline which 16 contributed significantly to deterioration in both 17 physical and emotional health & well—being."
- 18 Q. And then 119 is about Anne's Law, and I don't think that 19 adds to the evidence that you've already provided, 20 although if I'm wrong, please correct me.
- 21 A. No, that's it . Anne's Law is essential . The right to 2.2 have a family member enter the care home and provide 2.3 that essential care, whatever form that takes during 2.4 a lockdown, the same way that staff do.
- 25 Q. 123 --

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- 1 THE CHAIR: Before you get there, stop at 121. You ask --2 your view is that meaningful contact should be enshrined 3 in law. As a result of the discussions -- you giving your evidence and the discussion that has ensued during it, would you like to add other terms to "meaningful 5 contact"? Would you like to revise your statement? You 6 don't need to do it. I'm to some extent teasing you, 8 but it flows out of the discussion we had only a few 9 moments ago about the subjective nature of many terms. 10 A. Well, yes. Yes, I mean I could sit here --THE CHAIR: Of course you could. 11 A. -- and paint a picture of what meaningless contact
- 12 13 looked like and I hope I've described meaningless 14 contact.
- THE CHAIR: Yes, you have. 15
- A. So we need the corollary of that. We need to have -- we 16 17 must document what meaningless contact -- never forget 18 what that looked like, but we also must write down what 19 meaningful contact should be, and that would be for 2.0 perhaps lawmakers too, and to get the right words for 21 it, and it's subjective, as is "essential visiting", as 2.2 is "end of life". But all of these -- we have learned 23 the lessons here, we're learning the lessons, but we 2.4 have to have this better $\,--\,$ as best can be articulated

so that the ambiguity can be removed and the doubt and

- that people could pick up on this instantly should we be 2 faced with this again.
- 3 THE CHAIR: I can assure you these are extremely difficult 4 questions but you've posed them.
- 5 MR CASKIE: 123, you've made that clear.
- 6 A. Yes
- 7 Q. 124 and 125, read together, is really what you've been 8 talking about --
- A. Yes. 9
- 10 Q. -- about, the need for definitions. And then 126. 11
 - guidance isn't enough, to summarise that.
- 12 A. Yes.
- 13 THE CHAIR: Another very difficult question but one that
- 14 you've put in front of us. Not you alone, I should
- 15 stress, but the other witnesses as well.
- 16 A Yes
- 17 MR CASKIE: I only have one more question for you, and
- 18 that's this: do you feel as though you've said all you
- 19
- 20 A. Yes, I think I do. I think we've covered all the points
- 2.1 and they're difficult and very hard to go through, but
- 2.2 I'm just very grateful to be able to help in any small
- 2.3 way, to give voice to the many thousands of people who
- 2.4 haven't had the privilege to have a platform to do this,
- 25 and I hope that what I'm saying helps in some way to

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- 1 articulate what the problems were so that we can review
- 2. and progress and learn as a society, so that if this
- 3 ever happens again, we don't make these mistakes.
- MR CASKIE: We are the ones who are grateful. Thank you.
- 5 A. Thank you, Lord Brailsford, for listening to me.
- THE CHAIR: Thank you, Mrs Duncan. The only thing I can say 6
- 7 is that -- you're quite right to pose all these
- 8 questions and I'm sure it's meant as help and it is
- 9 help, but you make it more obvious how difficult this
- 10
- 11 A. Thank you.
- 12 MR CASKIE: We've got plenty of people to help us.
- 13 THE CHAIR: Thank you, all. Tomorrow morning, 10 o'clock.

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- 14 MR CASKIE: Yes, but not me!
- (12.45 pm) 15
- 16 (The hearing adjourned until
- 17 Thursday, 16 November 2023 at 10.00 am)

18 19 2.0

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