

# OPUS2

Scottish Covid-19 Inquiry

Day 13

November 21, 2023

Opus 2 - Official Court Reporters

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Tuesday, 21 November 2023

1  
2 (10.00 am)  
3 THE CHAIR: Good morning.  
4 Good morning, Mr Gale.  
5 MR GALE: Good morning, my Lord.  
6 THE CHAIR: Now.  
7 MR GALE: Yes, my Lord. There are three witnesses today and  
8 these are the final three witnesses from the Care Home  
9 Relatives group.  
10 THE CHAIR: Yes.  
11 MR GALE: The first witness is Mrs Verona Gibson.  
12 THE CHAIR: Thank you.  
13 MR GALE: For the record, my Lord, her witness statement has  
14 the reference SCI-WT0452-000001.  
15 THE CHAIR: Very good.  
16 MRS VERONA GIBSON (called)  
17 THE CHAIR: Good morning, Mrs Gibson. Please take a seat  
18 and make yourself as comfortable as you can.  
19 Yes. Mr Gale, when you're ready.  
20 MR GALE: Thank you, my Lord.  
21 Questions by MR GALE  
22 MR GALE: Hello, Mrs Gibson.  
23 A. Hello.  
24 Q. Now your full name, please?  
25 A. Verona Anne Gibson.

1

1 Q. And your details and contact information are known to  
2 the Inquiry. You provided the Inquiry with a statement  
3 and I will take you through various parts of that  
4 statement, just to obtain a little bit more information  
5 from you. But you can confirm that the statement is  
6 your — in its entirety is your evidence to the Inquiry  
7 and you would agree that it can be published in due  
8 course?  
9 A. (Nods)  
10 Q. You are here, Mrs Gibson, to provide us with your  
11 account of the impact that the pandemic and the  
12 associated restrictions had on your daughter. As you  
13 are aware, there is a general restriction order, so  
14 whilst it may be very natural to call your daughter by  
15 her name, could you please avoid doing that? Similarly,  
16 any other family members, please do not name them.  
17 Similarly, will you also avoid naming the location where  
18 your daughter is and was in care?  
19 A. Yes.  
20 Q. I think we can, however, calculate from the information  
21 you've given us that your daughter is 39 years old.  
22 A. That's right.  
23 Q. And your daughter has been a resident in a care home,  
24 and the Inquiry obviously knows the location of that  
25 care home, and she's been there I think since

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1 December 2009; is that right?  
2 A. That's correct.  
3 Q. At that time, you, your daughter's father and  
4 a multidisciplinary team decided that she should be in  
5 full —time care?  
6 A. That's correct. She was actually in full —time care  
7 before that in a different setting, but that's correct.  
8 Q. In a different setting?  
9 A. Yes.  
10 Q. Thank you.  
11 I think the home where your daughter went and has  
12 been since provides support for adults with learning  
13 disabilities and complex needs?  
14 A. That's correct.  
15 Q. I don't intend to ask you any particular details about  
16 your daughter's condition, but perhaps just for the  
17 purposes of understanding the impact of the pandemic on  
18 her, just one or two matters perhaps we could just  
19 clarify. She is unable to walk, I think?  
20 A. That's correct.  
21 Q. And is confined to a wheelchair?  
22 A. Yes.  
23 Q. And she also suffers from anxiety?  
24 A. Significant anxiety, yes, and she has mental health  
25 challenges as well.

3

1 Q. And mental health challenges. She requires to be in  
2 a specialist unit, given those challenges?  
3 A. That's correct.  
4 Q. I think you and your daughter's father have a power of  
5 attorney in respect of her?  
6 A. That's correct, and her elder sister.  
7 Q. Her sister?  
8 A. Yes.  
9 Q. Prior to the pandemic, what were the circumstances of  
10 you visiting your daughter in her care home?  
11 A. There were absolutely no restrictions at all on visiting  
12 the care home. I was free to come and go at any time,  
13 so it was restriction —free.  
14 Q. And I think you say at paragraph 12 of your statement  
15 that your daughter's home is "an extension of my own  
16 home".  
17 A. Yes.  
18 Q. Can you just explain how you saw that operating?  
19 A. Well, my daughter has been obviously in a care home —  
20 well, it's 14 years now, so — I'm just so well known in  
21 the home. I've been involved in her life extensively,  
22 all of her life, and I was free to come and go, be in  
23 her room, be with her. I know all the staff. I know  
24 the handyman, the laundry lady, the ladies that prepare  
25 the meals, and I was free to go round the home, so, yes,

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1 I'm very well known in the home.  
 2 Q. I think you praise the home —  
 3 A. Oh, yes.  
 4 Q. We can see that in paragraphs 13 and 14.  
 5 A. Yes.  
 6 Q. You say that:  
 7 "The staff at my daughter's care home really care  
 8 about her ..."  
 9 A. They do.  
 10 Q. "... and she has a very good relationship with them."  
 11 A. She does. I can't praise the staff more highly,  
 12 particularly during the period of the pandemic because  
 13 the impact on my daughter and myself was bad, but it was  
 14 also bad on the staff. You know, they were having to  
 15 cope with a lot of the fall-out of these restrictions  
 16 and with the residents.  
 17 Q. And pre-pandemic your daughter was able to go out to, as  
 18 you say in paragraph 15, a day service. What did that  
 19 involve?  
 20 A. It's a service which is provided by the local council,  
 21 so it's a day service where people, you know, with  
 22 different needs will all go to socialise and carry out  
 23 activities. So she's been going there for a very long  
 24 time, although it did take a number of years for her to  
 25 settle down and be able to stay without being unwell,

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1 but we've got there now, which is good.  
 2 Q. You say the staff there are excellent and that they know  
 3 your daughter very well.  
 4 A. Absolutely. They've been caring for her for a very,  
 5 very long time.  
 6 Q. And she was also able to go out on social outings with  
 7 local clubs, where she was able to socialise with other  
 8 younger adults who have varying disabilities?  
 9 A. Yes, and they would go on — you know, they would go on  
 10 outings, they would go for coffee, they would go to the  
 11 cinema. They would do all sorts of things as a group,  
 12 and that was good for my daughter because, you know, she  
 13 was meeting younger adults and going out and socialising  
 14 normally, as we would all do.  
 15 Q. Yes. And I think one can infer from what you say in  
 16 paragraph 17 of your statement that your daughter was  
 17 able to socialise in local cafes, shops, the local bank,  
 18 and the local community became — were aware of her and  
 19 knew her —  
 20 A. Oh, she's quite a personality when she's well, and we've  
 21 got to know a lot of people from going out. There's one  
 22 particular shop that we go into where all of the girls  
 23 know her very well and as soon as she's in the shop  
 24 they're all round her and chatting to her and saying —  
 25 in the bank — they all know her in the bank. In fact

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1 I'm always surprised when I'm out with my daughter how  
 2 many people actually know her. So, yes, she's — and  
 3 the nice thing about that is that it makes her feel  
 4 valued. You know, people are really kind to her and  
 5 make her feel valued and she's welcomed when she goes  
 6 into these premises.  
 7 Q. And the arrangements for her visiting your own home  
 8 before the pandemic, what were they?  
 9 A. She was free to do that at any time. I would go and  
 10 collect her and bring her home and there were never any  
 11 restrictions on that at all.  
 12 Q. Now, you say in paragraph 19 that there was interest in  
 13 considering a move into a more community-based setting.  
 14 Can you just explain when that interest was taking place  
 15 and what it involved?  
 16 A. Well, it was definitely a subject that my daughter  
 17 brought up before the pandemic and it was a discussion  
 18 that we were having with her social worker about whether  
 19 that might be a possibility. Now, my daughter obviously  
 20 has her particular difficulties and so whether we would  
 21 have been able to realise that for her I cannot say, but  
 22 what I would say about that was that it was something  
 23 that she was quite excited about at the time and that  
 24 conversation has completely disappeared now. She does  
 25 not talk about it at all. I've confirmed that with her

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1 staff because obviously sometimes she might be speaking  
 2 to her staff about something different to me, but she's  
 3 not mentioned it for months and months, and another  
 4 relative also, who knows my daughter, mentioned to me  
 5 that she had not heard her talking about this, and this  
 6 used to be a big topic of conversation for her.  
 7 Q. I think you mention later in your statement that the  
 8 future is not something your daughter talks about.  
 9 A. No, she doesn't refer to it now at all.  
 10 Q. You tell us about the various things that you were able  
 11 to take your daughter to, for example, dental check-ups,  
 12 you took her to a hospital appointment. Presumably —  
 13 I think one of the other things we always hear about is  
 14 going to the hairdresser. You would be able to — she  
 15 would be able to do that or you would be able to help  
 16 her with that?  
 17 A. Yes, I took her to all of those things. In fact I was  
 18 in a meeting recently at her care home and somebody  
 19 asked, a member of staff, "What does Mum do for your  
 20 daughter?", and she said, "Everything".  
 21 Q. Your daughter was and is quite adept at using an iPad?  
 22 A. She loves technology. Her favourite things are her  
 23 Switch, her PS4, her iPad and she's able to use her iPad  
 24 to make video calls. She sends me voice messages, she  
 25 sends me little emails, she can email her manager in the

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1 care home, she emails people like her speech and  
 2 language therapist -- very simple emails but she can  
 3 navigate those and do those things so she's able to  
 4 communicate that way.  
 5 Q. Most of that is probably a mystery to me, but it's  
 6 obviously something that -- that was a way in which you  
 7 could keep in touch with her?  
 8 A. Yes, we'd been communicating like that before the  
 9 pandemic. My daughter communicates with me every day so  
 10 we were used to that form of communication and she was  
 11 comfortable with that. She could manage that perfectly  
 12 well.  
 13 Q. Yes. Would she communicate with you if she perceived  
 14 that she was having a problem or if there was anything  
 15 worrying her?  
 16 A. Oh, yes. Yes, absolutely. She looks to me to fix  
 17 everything. So if there's a problem, she'll tell me  
 18 about it and she'll want me to sort it for her.  
 19 Q. Okay. And in paragraph 26 of your statement, you say --  
 20 and this is something we've heard from many people --  
 21 that you considered yourself to be a part or a member of  
 22 the care team and involved in all meetings that take  
 23 place with a multidisciplinary team, including all  
 24 regular reviews.  
 25 A. I don't think there will ever have been a meeting that

1 I have missed in connection with my daughter in all of  
 2 her life, no.  
 3 Q. We'll go now to the initial events of the pandemic and  
 4 you tell us about how you became aware of the lockdown  
 5 of the home. You say in 27 that you didn't get the  
 6 opportunity to explain to her in person what was  
 7 happening. Was that important?  
 8 A. I think it was important because, when the lockdown  
 9 came, nobody foresaw what was going to happen in terms  
 10 of the length of time of that lockdown and I think in  
 11 the beginning there was, you know, rumour around that it  
 12 would be about three weeks. But I feel I should have  
 13 been able to sit down and speak with her and just  
 14 explain to her quietly what was going to happen because,  
 15 you know, if you put yourself in my daughter's shoes,  
 16 that's quite a frightening position to suddenly find  
 17 yourself in, and when you've got a learning difficulty  
 18 as well, trying to rationalise that is quite  
 19 a challenge. So I would have very much appreciated the  
 20 opportunity to sit with her and explain to her what was  
 21 happening at the time.  
 22 Q. Did you ask for that opportunity?  
 23 A. Well, no, I didn't get the chance because I was told the  
 24 home was locked down.  
 25 Q. You presumably would have had an opportunity, given your

1 daughter's abilities with technology, to tell her about  
 2 it online. Was that successful or do you feel that your  
 3 daughter didn't really appreciate what was being said?  
 4 A. Well, in the beginning -- what she understood was there  
 5 was a virus -- now, what a virus would mean to my  
 6 daughter I don't really know -- but that there was  
 7 a virus and we were all having to stay at home. I think  
 8 that she was -- I was really proud of her for accepting  
 9 that at the time, but as time went on and as the  
 10 lockdown increased and as we became aware or I became  
 11 aware that she wasn't going to be getting out any time  
 12 soon, I could see that this was having a really  
 13 difficult and detrimental impact on her because she  
 14 couldn't understand why she wasn't allowed to get out.  
 15 Q. And obviously you couldn't get in to visit her?  
 16 A. No, I couldn't get in to visit her. I didn't get in to  
 17 visit my daughter -- I think I got in to visit her maybe  
 18 in August, some point in August.  
 19 Q. You tell us about garden visits in paragraph 33, and  
 20 again we've heard from many witnesses so far about the  
 21 problems that are associated with garden visits, not  
 22 least the weather, the circumstances in which you were  
 23 having to communicate with people. So we are aware of  
 24 what you're saying --  
 25 A. Yes.

1 Q. -- and what you're saying is something we have heard  
 2 from a number of people.  
 3 The one thing that you do emphasise in paragraph 33  
 4 is the extent of the distress that this caused to your  
 5 daughter, and I appreciate -- and I don't want to go  
 6 into the detail of that, Mrs Gibson, but was that an  
 7 element of distress that was something that was unusual  
 8 for your daughter?  
 9 A. I would say so. I mean, my daughter -- obviously her  
 10 challenges in life mean that she does -- she can get  
 11 very distressed, but what we were in there was a very  
 12 unnatural situation. I mean, the most natural thing for  
 13 a child when they're upset -- and I know she's an  
 14 adult -- is to be consoled by her mother, and for me, as  
 15 a mother, the most natural thing for me to do was to  
 16 console my child. She found it very, very difficult to  
 17 cope with that.  
 18 Q. You also make the point that -- and I think it's  
 19 a specific point -- she hated you wearing a mask as she  
 20 wasn't able to see your face.  
 21 A. She hated masks. She found masks --  
 22 Q. Was she wearing a mask?  
 23 A. No. Because of her anxiety she wasn't able to wear  
 24 a mask.  
 25 Q. You say in paragraph 34 that you saw changes in her.

1 A. Yes.  
 2 Q. Can you just explain how these changes manifested  
 3 themselves? I presume these are through seeing her on  
 4 her iPad or on your iPad presumably?  
 5 A. Hmm.  
 6 Q. Can you just explain what these changes were?  
 7 A. It was kind of changes more, I would say -- I mean, it's  
 8 hard to remember absolutely everything --  
 9 Q. I appreciate that.  
 10 A. -- because it's such a long time ago now, but changes in  
 11 her mood. She would be a bit less maybe communicative.  
 12 She was often quite upset on these calls. She was  
 13 looking for me to sort out, you know, the problems that  
 14 she was experiencing in terms of not being able to see  
 15 me and not being able to get out of the care home. So,  
 16 you know, she just got really emotional.  
 17 Q. But you were aware that the staff within the care home  
 18 were giving her very good support?  
 19 A. Oh, yes. I don't know how she and I would have survived  
 20 what we went through if it hadn't been for the staff.  
 21 She had a fantastic staff team in that unit.  
 22 Q. You say that your daughter was video-calling you five or  
 23 six times a day.  
 24 A. Yes.  
 25 Q. Was that an increase on what had been the position

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1 pre-pandemic?  
 2 A. A huge increase. I mean, I would always speak to her  
 3 every day but this became -- this was on another level  
 4 of phone-calling. You know, I obviously was compelled  
 5 to speak to her. I was trying to keep her spirits up  
 6 and keep her going. I'm struggling to put into words  
 7 how upsetting those calls could be and how difficult  
 8 they were for both my daughter and myself.  
 9 Q. You did mention the question of essential visits.  
 10 A. Hmm--hmm.  
 11 Q. Was that something that was mentioned to you or did you  
 12 have to find out about that?  
 13 A. I had to find out about them. I can't remember how  
 14 I found out about them, but, no, no one ever spoke to me  
 15 about essential visits. And I did phone up and speak to  
 16 the clinical lead who was in the home at the time and  
 17 I remember his very words were, "End of life only,  
 18 Verona, end of life only".  
 19 Q. You say at paragraph 36 that you didn't take that any  
 20 further and that you wish you had.  
 21 A. Yes.  
 22 Q. You feel a bit guilty about that?  
 23 A. Absolutely I do. I should have definitely pushed on  
 24 that issue. But the problem was I think everybody was  
 25 becoming very entrenched in their beliefs about what

14

1 that meant and, as far as my daughter's care home was  
 2 concerned, at the time that was the way they were  
 3 interpreting essential visits.  
 4 Q. You say at paragraph 37 -- and it conveys the length of  
 5 time that you hadn't seen your daughter in person -- it  
 6 had only been for two hours --  
 7 A. That's right.  
 8 Q. -- since March through to August.  
 9 A. That's right.  
 10 Q. Then you moved on to indoor visits and, again, some of  
 11 these are rather unnatural. I think we've heard from  
 12 many witnesses. You were able to access your daughter's  
 13 lounge through a patio door to the garden, so you  
 14 weren't going in through any --  
 15 A. Yes.  
 16 Q. -- or any possibility of coming into contact with anyone  
 17 else?  
 18 A. No. Obviously, in the normal course of events, I would  
 19 enter my daughter's care home through the main door into  
 20 the unit, but I was escorted -- I had to be escorted  
 21 round the back and let into her room via her patio door.  
 22 And then I had to sit on a sanitised plastic chair,  
 23 which they wiped before I sat down, near an open window,  
 24 and my daughter was on the other side of the room. And  
 25 it was -- I mean, this almost felt dystopian, to be

15

1 quite honest with you. I had been in that room for  
 2 11 years, freely moving around, and it became very -- it  
 3 was just completely unnatural.  
 4 I have to say, I do feel for the staff as well  
 5 because I think the staff were maybe not comfortable  
 6 with some of the things I was being asked to do either  
 7 because they knew me very well, they knew I was -- to be  
 8 honest, I'm in with the bigs in my daughter's care home,  
 9 I had been going in there that long. So it was a very  
 10 awkward situation for all of us, to be honest.  
 11 Q. You say at paragraph 41 that at the end of July 2020 you  
 12 sent an email to the care home manager raising your  
 13 concerns about your daughter's mental and physical  
 14 health and asking for her to be allowed to get out to  
 15 visit your own home. Now, again, you may have already  
 16 given us an indication of this. You have mentioned  
 17 obviously your daughter's mental health and the extent  
 18 to which she was distressed when you had contact with  
 19 her in the way that you were able to do. What were the  
 20 changes in her physical health?  
 21 A. She -- well, she was -- of course it's difficult to see  
 22 somebody properly through an iPad but, she was very  
 23 tired, very black-eyed, her pallor wasn't great. She  
 24 was also -- I could see that she was putting on weight,  
 25 and of course that's a concern for me because anyone in

16

1 a wheelchair needs to mobilise to transfer and the  
 2 heavier you are, the harder that task becomes. So those  
 3 were the sorts of things that were of concern to me.  
 4 Q. And I think you'd also been given some information by  
 5 the staff as to what your daughter was or wasn't doing.  
 6 A. Yes. I mean, some of my interaction with the care home  
 7 was on the phone, and they were telling me that they  
 8 were concerned about her low mood, they were concerned  
 9 about the fact that she was opting out of, you know, the  
 10 kind of activities they were doing in the unit to keep  
 11 people occupied. She didn't want to get out of her  
 12 pyjamas sometimes. So she was kind of disengaging from  
 13 things, which of course is another concern.  
 14 Q. Yes. You say that staff had also reported concerns to  
 15 the managers as they felt that she was becoming  
 16 depressed.  
 17 A. Yes.  
 18 Q. Were these indications that you've just given perhaps  
 19 manifestations of her depression?  
 20 A. Yes, I would say so.  
 21 Q. And what you say is that the care home manager did  
 22 contact the local care home hub, seeking clarification  
 23 on home visits. Can you just tell us what the local  
 24 care home hub was?  
 25 A. I don't really know what the care home hub was.

17

1 I think -- I think -- it was set up by the Health and  
 2 Social Care Partnership, I think, and I think, because  
 3 I never got clarity on it, they were kind of like  
 4 a funnel for information, so if a care home had an  
 5 issue, they would maybe direct it through there first  
 6 and then it would be sent, I think, on to wherever it  
 7 was supposed to be sent.  
 8 Q. You say that you believed that there was contact with  
 9 Public Health --  
 10 A. Yes.  
 11 Q. -- but that nothing changed.  
 12 A. Nothing changed. When the guidance came out, I think  
 13 about the garden visits, there was a document that  
 14 I found which was -- it was entitled "Frequently asked  
 15 questions", and in that document it stated that in care  
 16 homes for people with learning disabilities, when can we  
 17 start home visits for residents who do this as part of  
 18 their care programme. That obviously applied to my  
 19 daughter because she would visit my home. It also  
 20 applied to my daughter because her home is registered as  
 21 a home for people with learning disabilities and complex  
 22 needs. So I kind of pounced on that, hoping that that  
 23 might be a mechanism we could use for her to be able to  
 24 get out of the home.  
 25 Q. This is what you tell us about in paragraph 42 --

18

1 A. Yes.  
 2 Q. -- of your statement.  
 3 A. Yes.  
 4 Q. And having alighted on that piece of guidance, did that  
 5 help you?  
 6 A. That piece of guidance? Well, it certainly raised my  
 7 hopes but they were very quickly dashed.  
 8 Q. But in practical terms did it help?  
 9 A. They were very quickly dashed because from my memory  
 10 I understand that Public Health refused the care home  
 11 manager for visits home at that time.  
 12 Q. Now, you make reference to a number of items of  
 13 correspondence that you had with Scottish Care and also  
 14 with the minister.  
 15 A. Yes.  
 16 Q. And we will be asking you to provide those --  
 17 A. Yes.  
 18 Q. -- and we will be looking at those --  
 19 A. Yes.  
 20 Q. -- in due course. But you say there was a response --  
 21 and I assume this is a response in relation to the  
 22 letter that you sent to Jeane Freeman -- and it came  
 23 from a policy adviser.  
 24 A. Yes.  
 25 Q. This is paragraph 45.

19

1 A. Yes.  
 2 Q. What was the response?  
 3 A. Well, they did respond to me and they told me that  
 4 obviously there was a report which the Government had  
 5 been looking at which I think gave the -- the result was  
 6 that, if you had a learning disability, you were more  
 7 prone to becoming seriously ill with COVID. But my  
 8 daughter doesn't have any other co-existing illnesses.  
 9 Her illness, if you want to refer to it as an illness,  
 10 is her mental health and her anxiety, and I felt that  
 11 that was almost like a justification for not progressing  
 12 things.  
 13 Q. Again, with the benefit of hindsight -- perhaps a great  
 14 thing -- is it possible that you could have pushed that  
 15 matter a little harder and focused on your daughter's  
 16 individual circumstances?  
 17 A. Well, I'm not convinced that would have really made much  
 18 difference because it seemed to me that, wherever  
 19 I turned, the answer was always going to be "No".  
 20 Q. Yes, okay. You then mention that your daughter's  
 21 father's partner died, and I get the impression that  
 22 this was a person who was also important in your  
 23 daughter's life.  
 24 A. Well, yes, she was -- I mean, my ex-husband had been  
 25 with his partner for 20 years so she was well known to

20

1 my daughter, yes.  
 2 Q. And this was something that your daughter was obviously  
 3 upset by?  
 4 A. Yes, because —  
 5 Q. And her father was able to go in and tell her this but  
 6 was unable to offer any comfort to her?  
 7 A. Her father's partner had been ill for about six months  
 8 but we decided not to tell her about this because we  
 9 didn't want to heap more anxiety on to someone who was  
 10 already struggling to manage their anxiety, and that  
 11 obviously came as quite a shock to her because she  
 12 didn't even know she was ill. But these were decisions  
 13 we made as a family to try to protect my daughter and  
 14 not exacerbate her anxiety and distress her any further.  
 15 So, yes, when she found out about that — and that was  
 16 some weeks after she had sadly passed away — those are  
 17 the circumstances around which she had to find out about  
 18 that. It was hard for her dad —  
 19 Q. I'm sorry.  
 20 A. Sorry. It was hard for her dad. It was very unnatural  
 21 for her father not to be able to console her either.  
 22 Q. Now, we know about inside visits, as they progressed,  
 23 and you tell us about those. Perhaps, if it's of any  
 24 comfort to you, some of what you say in there are not as  
 25 bad as some of the other accounts of inside visits that

21

1 we've heard. You were never supervised?  
 2 A. No, I was not supervised. I mean, the staff knew me,  
 3 they knew they could trust me. I always followed all  
 4 the requests that they made of me. So there was never  
 5 any question of them sitting beside me while I was  
 6 having visits with my daughter, absolutely not.  
 7 Q. How did your daughter react to these inside visits?  
 8 A. How did she ...?  
 9 Q. How did she react to these inside visits?  
 10 A. Well, again, they were completely unnatural. To be sat  
 11 on a chair, not allowed to move, not allowed to move  
 12 around her room, not allowed to go near her, not allowed  
 13 to cuddle her, not allowed to touch her even — I mean,  
 14 it's a completely unnatural position to find yourself in  
 15 and for her — it was difficult for her to appreciate  
 16 why those things were going on.  
 17 Q. Now, in paragraph 48 you mention another member of your  
 18 family — please don't name her — but it's your sister.  
 19 A. Hmm—hmm.  
 20 Q. We don't need to have her name, and you say that she  
 21 is — was very close to your daughter, spoke to her  
 22 every day on the video calls and she — this is your  
 23 sister — was sufficiently concerned that she started to  
 24 express concern about the decline in your daughter's  
 25 mental health.

22

1 A. Yes, she did.  
 2 Q. And I think you quote from what your daughter had told  
 3 your sister, which was that she was "on the floor", and  
 4 your sister observed that every day she, your daughter,  
 5 looked more and more unwell and had talked to her of  
 6 giving up.  
 7 A. Yes.  
 8 Q. Were those thoughts she had also shared with you?  
 9 A. No, she never said that, those specific things to me.  
 10 Those were obviously — she maybe didn't want to upset  
 11 me, I'm not sure, but she was expressing those to my  
 12 sister. In fact, I was speaking to my sister about this  
 13 the other night and, you know, even discussing this with  
 14 my sister, she was in tears about this whole situation.  
 15 She hadn't said that to me, but she said plenty of other  
 16 things which I hope we'll go on to.  
 17 Q. Yes, we'll get to those in a moment, Mrs Gibson.  
 18 I think you go on to make the point that there were,  
 19 by September 2020, changes for the general public which  
 20 obviously didn't apply in your circumstances or those of  
 21 your daughter.  
 22 A. Yes. I mean, that's just something I find really  
 23 difficult to rationalise. I mean, to me, it was out and  
 24 out discrimination that she was unable to enjoy the  
 25 freedoms that everybody else was just because she had

23

1 the misfortune to have to stay in a care home because of  
 2 her difficulties. That was really tough to accept and  
 3 I couldn't really see the logic of that. I couldn't  
 4 understand it. The care home staff were coming in and  
 5 out, going home to their families, doing all these  
 6 things, coming back in, looking after my daughter, and  
 7 I couldn't understand why she was restricted in that  
 8 way. I couldn't — could not get the logic of that at  
 9 all.  
 10 Q. You make reference of obviously — I get the impression,  
 11 Mrs Gibson, that you were somebody who was certainly  
 12 au fait with the various changes in the guidance as it  
 13 was progressing —  
 14 A. Yes.  
 15 Q. — and I think we understand why that would be the case.  
 16 You do say that Scottish Government guidance came out  
 17 in October 2020 — this is paragraph 50 of your  
 18 statement — outlining that visits could be up to four  
 19 hours with touch, but you ascertained that the chief  
 20 executive of the local Public Health area confirmed that  
 21 he was not in favour of this aspect of the new guidance.  
 22 What was your reaction to that?  
 23 A. Well, first of all I was hugely upset and disappointed  
 24 in that. I couldn't really understand why he was saying  
 25 that because — he said because there was a COVID —

24

1 a high amount of COVID in the community, but the people  
 2 who were caring for my daughter were living in the  
 3 community. They were the people who were going in and  
 4 out. So, for me, I couldn't understand why my arrival  
 5 in the care home would have made such a difference to  
 6 the level of risk that was being taken at the time, and  
 7 all my daughter wanted to do was have a hug from her  
 8 mum.  
 9 Q. You, I suppose, emphasise this point from your  
 10 perspective in paragraph 52 -- and again it's a point  
 11 we've heard from many witnesses --  
 12 A. Yes.  
 13 Q. -- and it is that you would be the last person to put  
 14 your daughter's health at risk.  
 15 A. Yes, I would be the last person to put any of the other  
 16 residents that live with my daughter at risk either.  
 17 So, you know, we were -- I was living at home, I live in  
 18 the country, I was living with my husband. We were  
 19 obeying all the rules that were going on at the time and  
 20 I think I was testing even by that stage. So there were  
 21 mitigations in place as well that I -- I just couldn't  
 22 understand why the decision was being made to not allow  
 23 me to at least hug my daughter.  
 24 Q. Are you aware -- you may in fact go on to this -- but  
 25 are you aware of where that decision to prevent that

25

1 contact with your daughter was emanating from?  
 2 A. I believe it was emanating from Public Health and  
 3 I believe it was emanating from the head office of the  
 4 care home provider.  
 5 Q. Can you explain how you've come to that view?  
 6 A. Because -- well, I have a copy of a letter that was sent  
 7 to the care home managers and I also have a copy of the  
 8 letter that was sent to me from the head office of the  
 9 care home provider.  
 10 Q. I think in paragraphs 53 and 54 you talk about the  
 11 increasing concern that you had about your daughter's  
 12 mental health at that time. I think you say in 53 that  
 13 the deputy care home manager sent a risk assessment to  
 14 Public Health outlining the impact --  
 15 A. That's correct.  
 16 Q. -- of not getting out of the care home to visit you was  
 17 having on your daughter.  
 18 A. That's correct, yes.  
 19 Q. So that care home manager was sufficiently concerned  
 20 about it to write?  
 21 A. Yes, they were. Everybody was concerned about her.  
 22 Q. And you go on to talk about your daughter's social  
 23 worker --  
 24 A. Yes.  
 25 Q. -- who similarly had concerns.

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1 A. Yes, so my daughter was very lucky. She had a fantastic  
 2 social worker who was in touch with my daughter all  
 3 through the pandemic on video calls, weekly or  
 4 fortnightly, and so he was seeing and he was also aware  
 5 of the impact that this was having, so he also contacted  
 6 the care home to outline his concerns about that.  
 7 Q. And I think, just so that we get the context of that, in  
 8 paragraph 54 you say that what the social worker,  
 9 I think it is, was confirming was the disruption to your  
 10 daughter's normal routines were at a critical level.  
 11 A. Yes, and that was a view shared by all the professionals  
 12 and family members in attendance at her online MDT  
 13 review, which is a multidisciplinary team review that we  
 14 were able to have because obviously everybody was aware  
 15 that she was struggling with her mental health through  
 16 this time.  
 17 Q. As I take it from paragraph 55, you were not aware of or  
 18 you didn't see a reply to those communications?  
 19 A. No, no.  
 20 Q. Can you just read what you say at the second sentence of  
 21 paragraph 55, beginning, "It felt ..."?  
 22 A. "It felt like the local public health department was  
 23 taking no notice of the risks to my daughter's mental  
 24 and physical well-being by ignoring risk assessments and  
 25 emails and continuing to apply blanket bans to

27

1 residents. I feel that they showed no regard for my  
 2 daughter's mental or physical welfare. There was still  
 3 no progress."  
 4 Q. You're now three years on from that. Are you still of  
 5 that same view?  
 6 A. Absolutely. Absolutely.  
 7 Q. You then talk about the circumstances of Christmas  
 8 2020 -- and I think we can see that -- the fact that  
 9 presents had to be sanitised, et cetera. I think you  
 10 say in paragraph 57 that your abiding memory of  
 11 Christmas that year was your daughter sobbing --  
 12 A. Yes.  
 13 Q. -- while she was trying to open her presents.  
 14 A. Yes. That was a particularly distressing moment, I have  
 15 to say. And, again -- I know that this has been raised  
 16 by other people -- but at the end I say, "It was so  
 17 distressing to see a carer consoling her when that is my  
 18 job as her own mother!!". I just struggled with that.  
 19 Q. Yes. In March 2021 you were permitted to take her out  
 20 for a walk along a country lane --  
 21 A. Yes.  
 22 Q. -- near the home where, as you say, you were unlikely to  
 23 meet other people. You say it was very -- it was  
 24 extremely undignified for both of you. Again, could you  
 25 just explain why you say that?

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1 A. Well, in order to be allowed to do this, I had to be  
 2 completely covered in PPE, so I had a mask on, I had  
 3 gloves on and I had a plastic apron on. So I was  
 4 walking around outside fully PPE'd up, outside in the  
 5 fresh air. I mean it was — you know, I felt, "I'm her  
 6 mum, I'm not — this is just not appropriate".  
 7 I couldn't see that being outside for a walk in the  
 8 fresh air was a high-risk activity.  
 9 Q. And you then tell us about contacting the  
 10 Care Inspectorate. This is at paragraph 61 of your  
 11 statement. You say they were of great support.  
 12 A. Yes, they were.  
 13 Q. What did they do?  
 14 A. Well, they got involved in meetings with myself and the  
 15 care home manager at the time, and we were talking about  
 16 how we were going to enable [redacted] to get out of the  
 17 care home. Sorry.  
 18 THE CHAIR: We will delete that from the tape. Can I simply  
 19 remind everyone in the room to dismiss that from their  
 20 minds, please? (Pause)  
 21 Right. Problem solved. On you go, Mr Gale.  
 22 MR GALE: Thank you, my Lord.  
 23 Mrs Gibson, we were talking about the contact with  
 24 the Care Inspectorate —  
 25 A. Yes.

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1 Q. — and the support they gave you.  
 2 A. Yes.  
 3 Q. Subsequent to that, as I understand it, there was  
 4 confirmation that your daughter could have visits to the  
 5 dentist and the hairdresser —  
 6 A. Yes.  
 7 Q. — that they could proceed.  
 8 A. Yes. I had been struggling with the question of getting  
 9 my daughter out of her care home for many, many months.  
 10 You know, this was April 2021 and I still hadn't managed  
 11 to get her out, and I knew that other people were  
 12 getting out of their care homes so it was just  
 13 a complete anathema to me about why I was having all  
 14 this difficulty. So I decided — at that point, you  
 15 wonder where you're going to turn next, so I turned to  
 16 the Care Inspectorate and I have to say that they were  
 17 a huge support to me. One of the inspectors there,  
 18 I think her responsibility was in connection with people  
 19 with learning disabilities, so, you know, she was very,  
 20 very constructive and we set up meetings with the care  
 21 home manager to find out about how we were going to  
 22 present the risk assessments in a way that would allow  
 23 my daughter to get out of the care home.  
 24 Now, the other point I want to make about this is  
 25 that, when other people were getting out of the care

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1 home, no one else was having to produce these risk  
 2 assessments. I seemed to be the only one out of my care  
 3 home — my core group that was having to go through all  
 4 these hoops simply to get my daughter out to get her  
 5 hair cut.  
 6 Q. Are you able to hazard a guess as to why that was the  
 7 case?  
 8 A. No — well, I think, again — I say "No" — I think  
 9 again all of these barriers were coming from the head  
 10 office of the care home provider, quite honestly.  
 11 I think that's where — the main — and then  
 12 Public Health also were taking their time about signing  
 13 these risk assessments off. Nobody seemed to have any  
 14 sense of urgency at that time, which was really  
 15 difficult for me to swallow as, you know, it was over  
 16 a year since my daughter had been unable to leave her  
 17 care home.  
 18 Q. You say in paragraph 64 that you understand that the  
 19 Care Inspectorate got in touch with the care provider  
 20 based in England.  
 21 A. Yes, that's correct.  
 22 Q. Can I just ask, was there any difficulty so far as  
 23 understanding the extent and nature of the guidance  
 24 being issued by the Scottish Government when one was  
 25 dealing with a care home provider based in England as

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1 opposed to one based in Scotland, to your knowledge?  
 2 A. Well, yes, because what was happening was the  
 3 company head office was in England and they were  
 4 applying English guidance to Scottish guidance — you know,  
 5 as opposed to Scottish guidance. This was a huge  
 6 problem, not just for myself but for other people whose  
 7 relatives were in care homes where the head office was  
 8 based in England. And from the correspondence that  
 9 I have, I'm able to deduce that that was one of the real  
 10 problems for me, was this barrier.  
 11 The other point I would like to make is that, you  
 12 know, they were aware at the head office of the  
 13 circumstances around my daughter, they were aware of the  
 14 difficulties that she was experiencing, and nobody  
 15 seemed to want to find any kind of creative approach to  
 16 try to lessen the problems for her, in my view. You  
 17 know, everybody spent their time telling us what we  
 18 couldn't do but nobody seemed to want to, you know, flip  
 19 the record and look at how we could make things happen  
 20 for people. I think there were probably many  
 21 opportunities missed there for my daughter to be able to  
 22 have got out of the care home but nobody seemed to want  
 23 to take responsibility for it. Nobody seemed to want to  
 24 make the decision. Everything seemed to get passed  
 25 around like a parcel, quite frankly.

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1 Q. Well, the parcel eventually was passed around  
2 sufficiently , I suppose, to allow your daughter to go to  
3 the dentist and to the hairdresser .  
4 A. Yes.  
5 Q. That ---  
6 A. That's something she should have been able to do the  
7 previous summer. I mean, if they weren't --- I kept  
8 pointing out, if these venues weren't safe for us --- for  
9 my daughter, then they weren't safe for us because, you  
10 know, people were asked to follow the guidance ---  
11 whatever the business was, they were asked to follow the  
12 guidance and provide mitigations for the spread of  
13 COVID. So, because all of those things were happening,  
14 I just couldn't understand why it was more of a risk for  
15 my daughter to get her hair cut than it was for me.  
16 Can I also say that having her hair cut really  
17 became problematic for her? She has long hair and  
18 I used to watch her on the video calls struggling to put  
19 her hair up, and that would be another thing that would  
20 be distressing for her. It was also another way of  
21 taking away her independence because she was able to put  
22 her hair up herself. And it might seem a small thing to  
23 people, but it's not a small thing to somebody, you  
24 know, who is struggling to do that and can't understand  
25 why they're being put in that position.

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1 Q. She was eventually allowed to visit your home in  
2 I think May ---  
3 A. Yes.  
4 Q. --- taking it backwards --- in May 2021?  
5 A. Yes.  
6 Q. But this again was subject to an agreement that you had  
7 to have ---  
8 A. Yes.  
9 Q. --- in relation to the circumstances?  
10 A. Yes.  
11 Q. Can you just tell us about that, please?  
12 A. Well, I --- sorry, where am I? I'm kind of losing my  
13 place here.  
14 Q. Sorry, my fault. You're at paragraph 67.  
15 A. Okay, yes. So:  
16 "From [my] memory the agreement was that she was not  
17 allowed to come into my home but could be in the garden.  
18 I recall it started to rain and my husband, me and her  
19 twin sister had to stand inside the entrance to my house  
20 and my daughter had to be placed on the doorstep with an  
21 umbrella over here. I did this as I was just so  
22 relieved to have got her home at last and didn't want to  
23 break the trust with the care home manager. When I look  
24 back at this, I can't believe I agreed to it."  
25 Q. And as you say in paragraph 68, your daughter didn't see

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1 any other members of her family in person except for her  
2 father, I think, on the incident you refer to ---  
3 A. Yes, that's right .  
4 Q. --- since --- until 19 June 2021.  
5 A. And her twin sister had had a baby and she didn't see  
6 the child until she saw her on 19 June.  
7 Q. My Lord. That's an hour. I wonder if we might --- we  
8 don't have another witness this morning so there isn't  
9 the usual time pressure and there are a few things that  
10 I would like to still go through with Mrs Gibson, so  
11 perhaps we could take a break.  
12 THE CHAIR: Yes. Will 15 minutes be enough?  
13 MR GALE: That would be fine, my Lord. Thank you.  
14 THE CHAIR: Very good. We'll come back at 11.15.  
15 (11.00 am)  
16 (A short break)  
17 (11.20 am)  
18 THE CHAIR: When you're ready, Mr Gale.  
19 MR GALE: Thank you, my Lord.  
20 Mrs Gibson, we got to the section in your statement  
21 at paragraph 69 where you set out the impact on your  
22 daughter. Some of this obviously you've prefaced in  
23 what you've said already so forgive me if I don't go  
24 through all of it , but you use again some of the phrases  
25 that we've heard in paragraph 61. Apparently you say

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1 that your daughter felt her home now felt more like  
2 a prison .  
3 A. Yes, she referred to feeling like a prisoner very often,  
4 and we'll come on to that, I know, that --- you'll hear  
5 that through her words.  
6 Q. And you refer to her low mood ---  
7 A. Yes.  
8 Q. --- her being depressed ---  
9 A. Yes.  
10 Q. --- which we've touched on already. Perhaps then 71 is  
11 perhaps a significant or perhaps detailed point, "she  
12 had no access to speech and language therapy". Is that  
13 something that she required and had been having?  
14 A. Yes, my daughter has a speech and language therapist  
15 that she saw regularly before COVID. She would see her  
16 online and she still sees her now but she goes obviously  
17 out to meet her now. And she was going to music therapy  
18 because that was something that people felt was a safe  
19 space for her to be able to express the things that were  
20 upsetting her at the time. Those things were all done  
21 on Zoom and of course that's not the same at all. She  
22 couldn't bang her piano or bang her tambourine or shout.  
23 She wasn't able to express herself in the way she could.  
24 All of these services were stopped for people, but  
25 I got --- when I got the final report from her music

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1 therapist, you know, he did refer to the fact that, you  
 2 know, it wasn't the best way for her to interact with  
 3 him.  
 4 Q. Did your daughter express that to you, that she found  
 5 that frustrating?  
 6 A. She expressed that in one of her recordings.  
 7 Q. Right. We'll come to that.  
 8 A. I'm not sure if I've put that -- if I included that  
 9 particular recording in the words, but --  
 10 Q. Well, you can tell us about it --  
 11 A. Yes.  
 12 Q. -- if it's not there.  
 13 You also say her independence and freedom of choice  
 14 was completely taken away from her.  
 15 A. Yes, it was. She wasn't free to leave her home. She  
 16 wasn't free to choose what she did with her day. You  
 17 know, she was beholden to a set of rules that were being  
 18 applied across the board, forgetting that at the end of  
 19 these rules was actually a person and a person who was  
 20 struggling.  
 21 Q. Again something perhaps you haven't mentioned directly,  
 22 paragraph 73, she was struggling to sleep at night?  
 23 A. She was and, in point of fact, when I was going through  
 24 all my emails that I have a folder of, one of them to  
 25 the Care Inspectorate was -- referred to the fact that

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1 she hadn't slept for eight nights and she was becoming  
 2 more and more anxious, and she was also taking --  
 3 becoming more and more dependent on the sleeping  
 4 medication, which was a real concern to me because  
 5 obviously you can become reliant on those things. It  
 6 used to be as prescribed as she required it for any  
 7 reason but she was asking for it every single night, and  
 8 that was a huge problem for me, that she was on this  
 9 additional medication that she didn't need to be on  
 10 before in that way.  
 11 Q. Perhaps we can combine paragraphs 74 and 75.  
 12 Essentially what, as I understand, you're saying is that  
 13 she struggled with the changes in the world.  
 14 A. Oh, she did. She found that -- when she got locked  
 15 down, she'd probably been out the day before and life  
 16 was normal, and then, when she came out, everything had  
 17 changed, even -- you know, every single thing had  
 18 changed -- even the fact that her mum taking her out in  
 19 the car -- when I finally got her out, I had to wear  
 20 a mask. All of these kinds of small changes were quite  
 21 problematic for her.  
 22 Q. The other point in 75, which is the one we touched on  
 23 earlier --  
 24 A. Yes.  
 25 Q. -- that she doesn't talk about her future.

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1 A. No, it's a conversation that's just disappeared. I feel  
 2 it was a lost opportunity. You know, there was an  
 3 opportunity to develop that for her but it's a complete  
 4 lost opportunity now. The traction is lost.  
 5 Q. Do you feel there's any possibility of that returning?  
 6 A. I mean, it may do. It took a long time for her to even  
 7 get to that point where she would even mention something  
 8 like that because she had come from a service that had  
 9 let her down badly before and, you know, she used to  
 10 talk about that and not want to go back there. But she  
 11 did -- she'd been working really hard -- and so had all  
 12 the staff and all the professional people involved with  
 13 my daughter -- working really hard to get her to a point  
 14 where she was able to express more of her feelings and  
 15 what she wanted to do. So I feel what happened there  
 16 was, if there was to be an opportunity for that -- and  
 17 of course there was no guarantee of that because life  
 18 can change every day with my daughter -- but I do feel  
 19 it was a missed opportunity because the traction on that  
 20 discussion just disappeared.  
 21 Q. Now -- again, we've heard all of this before -- your  
 22 daughter has recorded some of her thoughts which you've  
 23 taken down --  
 24 A. Yes.  
 25 Q. -- and you've set down for us. These date from

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1 4 September, so just a few months into the pandemic,  
 2 right through to 18 January 2022. Given that this is an  
 3 opportunity for your daughter to set out her thoughts to  
 4 the Inquiry, I wonder if you would read them out for us,  
 5 please.  
 6 A. Sure. So these are my daughter's words. They would be  
 7 recorded at various times. It might have been when she  
 8 was on a call with me on her iPad, it might have been  
 9 when I was sitting with her. So they've been recorded  
 10 at all different times. So I'll not read out the dates,  
 11 I think. I'll just go through the words, if that's all  
 12 right.  
 13 Q. Yes.  
 14 A. "I'm not alright because I feel like I'm stuck in here  
 15 and I would like to get my freedom back."  
 16 "I would like to go out again and be back to normal  
 17 because I feel like I'm stuck in here."  
 18 "This is shocking because I can't do what I used to  
 19 do like go out with you and my Aunty."  
 20 "This is a piece of nonsense because it's making me  
 21 sick anxious."  
 22 "I really want a life like not staying in here all  
 23 the time and it's not giving me a life staying in the  
 24 house all the time."  
 25 "[I feel] like it's setting me back."

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1 "It's affecting me in a big bad way."  
 2 "It's keeping me back."  
 3 "I feel like this problem is never going to end."  
 4 And then my daughter was aware, with my connection  
 5 with Care Home Relatives Scotland, that I was attending  
 6 meetings in the Government and in point of fact she did  
 7 attend a couple of meetings with the Government  
 8 officials. So this was the first message that she sent  
 9 to the Government:  
 10 "I feel like I'm down on my knees and it's  
 11 destroying my life, and it feels like I'm getting  
 12 nowhere."  
 13 "And it's making me feel unwell and I'm fed up  
 14 because I feel stuck and it's getting too much now."  
 15 "It feels like I'm getting nowhere by asking my mum  
 16 questions and my mum can't give me the answers I want to  
 17 hear because my mum has got no answers to give me."  
 18 Then her second message to the Government:  
 19 "It feels like I'm a prisoner and not able to do  
 20 things like go out shopping with my mum."  
 21 "And I'm not able to get home. And I would like it  
 22 back to normal and I feel stuck in here and it's hard to  
 23 keep it together and I'm not able to get cuddles from my  
 24 family."  
 25 "I feel like I've lost my family."

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1 "I would like to do something about it. I would  
 2 like to tell somebody how I'm feeling."  
 3 "Somebody in the Government."  
 4 "I feel angry and fed up."  
 5 Then this last recording was once she'd been able to  
 6 get out and then they got COVID in the home:  
 7 "Why should I stay at home if I've not got Covid?"  
 8 "It's not doing my health any good and it's making  
 9 me feel low."  
 10 "Why can't I have a test every day to let me out the  
 11 same as staff."  
 12 "It feels that if someone else has got Covid it is  
 13 stopping me from doing the things I want to do."  
 14 "When Covid is here I can't see people who help me,  
 15 and it feels like I'm locked up again."  
 16 "It feels like I'm back to square one again."  
 17 "It feels like I'm a prisoner again and I don't  
 18 think that's fair on me."  
 19 "What is the point of me speaking up if no-one is  
 20 listening to me!"  
 21 Q. I think you know that Lord Brailsford and I will be  
 22 seeing and meeting your daughter next week --  
 23 A. Yes.  
 24 Q. -- so we can obtain information directly from her, but  
 25 thank you very much for recording those and providing us

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1 with them.  
 2 Can I just ask you about one of those observations  
 3 she makes? It's immediately above February 2021. It's  
 4 from 16 January 2021, and she says:  
 5 "It feels like I'm getting nowhere by asking my mum  
 6 questions and my mum can't give me the answers I want to  
 7 hear because my mum has got no answers to give me."  
 8 How did that make you feel?  
 9 A. Well, it was really hard because I was working in the  
 10 background all the time doing everything I possibly  
 11 could think of to try to get results for my daughter,  
 12 and it was -- it made me feel sad because she obviously  
 13 didn't understand that. She didn't understand what  
 14 I was doing even though I would tell her that I was  
 15 meeting with the Government. So it was very difficult  
 16 to hear that, you know. At that stage -- I mean, when  
 17 was that? Sorry. When was that? January?  
 18 Q. That was January 2021.  
 19 A. Yes, I'd been fighting this issue since I first wrote to  
 20 the head of Scottish Care and Jeane Freeman at the  
 21 beginning of August, so -- yes, it was pretty  
 22 devastating to feel that she felt that, but obviously it  
 23 was hard to try to explain to her what was going on  
 24 because -- and I had to be careful what I said because  
 25 certain things could trigger anxiety for her and also

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1 she would pick up -- because of the way she understands  
 2 things, she might pick up something incorrectly and then  
 3 that would of itself become a trigger for anxiety.  
 4 Q. Yes. I think we can read the remaining comment you have  
 5 about visits in paragraphs 77 to 80. I don't think it's  
 6 necessary to go through that. Much of it is -- and it's  
 7 not a criticism, Mrs Gibson -- a lot of it is  
 8 repetition --  
 9 A. Yes.  
 10 Q. -- of what you've said and what others have said. You  
 11 make the point in paragraph 83 that she hated meeting --  
 12 seeing people wearing masks. That would not only be you  
 13 but other members of those caring for her presumably?  
 14 A. She never saw a member of staff without a mask on for  
 15 two years and, you know, for people like my daughter and  
 16 some of the other residents that were living with her,  
 17 facial expression and communication are very, very  
 18 important aspects of their support. So that was  
 19 something in my view that was quite -- I understood they  
 20 needed to wear them, but I feel that people needed to  
 21 understand there was also another problem with people  
 22 wearing masks for someone like my daughter or some of  
 23 the other residents in her unit.  
 24 Q. You tell us about evidence at paragraphs 86 through  
 25 to 91, and can I just say to you, Mrs Gibson, that the

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1 Inquiry team will be contacting you through your  
 2 solicitors to obtain material from you and we're very  
 3 grateful to you for preserving that and making that  
 4 available to us.  
 5 You also tell us about your connection with PAMIS  
 6 and also with Care Home Relatives Scotland. I think  
 7 it's perhaps interesting to note in paragraph 94 that  
 8 you came across other mothers who were in similar  
 9 situations.  
 10 A. Yes.  
 11 Q. This is through PAMIS?  
 12 A. It was, yes. They're called -- I call them "the PAMIS  
 13 mums". I was introduced to PAMIS because I originally  
 14 contacted Scottish Care when I was struggling to know  
 15 where to go to get help and they referred me to the  
 16 Scottish Council for People with Learning Disabilities  
 17 and they then referred me to PAMIS. And that was where  
 18 I really discovered the kind of communal feeling that  
 19 our adult children were invisible to the Government.  
 20 Every mum that I knew through there was feeling exactly  
 21 the same thing. We were all trying at that time to be  
 22 seen as, you know, part of the care team. That was the  
 23 clarion call that was going out there.  
 24 Q. That led you to Zoom meetings with politicians --  
 25 A. Yes.

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1 Q. -- which was cross-party --  
 2 A. Yes.  
 3 Q. -- engagement and it also led you to being interviewed  
 4 by the media?  
 5 A. That's right.  
 6 Q. Is that a comfortable experience?  
 7 A. Not at all, no. I hated it, but I felt I had to -- at  
 8 that stage we were all so desperate to try to see  
 9 movement on this that, you know, I did get involved in  
 10 it, but it was not a comfortable experience for me at  
 11 all.  
 12 Q. You go on to your involvement with Care Home Relatives  
 13 Scotland and I think in particular you talk about the  
 14 engagement with Jeane Freeman to ask -- this is  
 15 paragraph 101 -- whether you could join in on their  
 16 online meetings.  
 17 A. Yes.  
 18 Q. You say that you've been "fully involved as a core  
 19 member of the group since then attending many meetings  
 20 with the Government policy advisors and ministers".  
 21 A. Yes.  
 22 Q. Is that something you've continued up till now?  
 23 A. Yes, we're still involved and still involved in  
 24 meetings, yes.  
 25 Q. And is a lot of what you're concentrating on now your

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1 campaign for Anne's Law?  
 2 A. Absolutely. Yes, that is -- I don't think that we will  
 3 stop our campaigning until we have Anne's Law into --  
 4 enshrined into law.  
 5 Q. And I think to pay tribute -- obviously you would want  
 6 to pay tribute to PAMIS but also to pay tribute to the  
 7 core group of Care Home Relatives Scotland who you say  
 8 have been a great support to you.  
 9 A. Yes. Yes. To be quite honest, until I met PAMIS and  
 10 met the mums, I was struggling myself with how to cope  
 11 and manage with the situation. So, yes, those  
 12 connections have been invaluable to me and have allowed  
 13 me, you know, to cope with everything that was going on,  
 14 yes.  
 15 Q. You then go on to deal with some other issues with the  
 16 pandemic, and perhaps this is something we've already  
 17 touched on, but in paragraph 104 you say, midway down  
 18 that paragraph:  
 19 "However, I feel that the care home provider whose  
 20 head office was in England was just not prepared to  
 21 change things for my daughter despite being informed on  
 22 many occasions about the impact the restrictions were  
 23 having on her."  
 24 A. Yes.  
 25 Q. Were you ever given an explanation through the care home

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1 or indeed through anyone else as to why those changes  
 2 could not be accommodated for your daughter?  
 3 A. No, not at all. I got no feedback at all. You see,  
 4 obviously, when I was dealing with the care home  
 5 manager, I wasn't then party to any further discussions  
 6 that were going on with anyone else, but because nothing  
 7 was changing -- I mean, they knew about it. They knew  
 8 about my daughter, they knew about how upset and  
 9 distressed she was, and I just feel that there should  
 10 have been an opportunity to work out how to make things  
 11 easier for her, but they weren't.  
 12 Q. Paragraph 106, you acknowledge -- I think again we're  
 13 hearing this -- that managers were inundated with  
 14 guidance from Government, Public Health and providers  
 15 coming at them from all angles. You say:  
 16 "... I felt that often providers' guidance took  
 17 precedence."  
 18 A. Yes.  
 19 Q. Again, can you explain that a little bit? How did you  
 20 come to that view?  
 21 A. I come to the conclusion because all of the evidence  
 22 that I've got would point to that, that -- it didn't  
 23 seem to matter what got presented, nothing changed, and  
 24 I know that the manager was trying their very best to  
 25 make things change for my daughter. They just didn't.

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1 Q. Go to paragraph 107. You refer to the 14 months that  
 2 you were denied permission to have your daughter leave  
 3 the care home and you made the point about the differing  
 4 guidance in Scotland and England and the provision —  
 5 and providers applying English guidance in care homes in  
 6 Scotland. We will come in due course in this Inquiry to  
 7 look at the detail of the guidance and to compare how it  
 8 may fall with the guidance that was applicable in  
 9 England, but did you come across any particular examples  
 10 where it was apparent to you that what was applicable in  
 11 Scotland was not being applied because there was a view  
 12 that the English guidance in some way took precedence?  
 13 A. One of the examples for that would probably be about —  
 14 you know, when Open with Care came out and getting my  
 15 daughter out. I was struggling to get her out. And  
 16 I know that people would always have to defer to — had  
 17 to refer to their head office all the time. They had to  
 18 refer everything to the head office. So that would be  
 19 an example. Other people were getting their relative  
 20 out in a car and I was still struggling to get  
 21 permission for that, and despite the care home manager  
 22 obviously doing her best to get permission for me to do  
 23 that, that permission had to come from the head office.  
 24 Q. You also make reference in 107 to the inconsistent  
 25 application leading to what you say was a postcode

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1 lottery.  
 2 A. Yes.  
 3 Q. Can you give an example of that or are you aware of  
 4 situations where that might have been apparent?  
 5 A. Well, I suppose again, when I was trying to get my  
 6 daughter out, I knew that other people had been able to  
 7 get their relative out of a care home and I still was  
 8 struggling to do that. So why was that? Why would that  
 9 have been the case? I don't understand that.  
 10 Q. And I think again you make a point in 108, which is  
 11 a point we've heard before, that the Government was able  
 12 to enforce guidance in relation to other types of  
 13 businesses and institutions but couldn't enforce it when  
 14 it came to care homes.  
 15 A. That's right. The problem with the guidance was the  
 16 guidance would come out and then it could be down to  
 17 Public Health or the Health and Social Care Partnership  
 18 or a care home manager or a care home provider as to  
 19 what they chose to implement and when, and that led to,  
 20 I think, quite a lot of chaos and confusion around  
 21 guidance.  
 22 THE CHAIR: It begs an important question, whether, if it  
 23 was only guidance, there was a matter of law entitled to  
 24 enforce it and they might have been open to challenge,  
 25 but for reasons that I have expressed views on in court,

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1 far less here, that doesn't seem to have happened.  
 2 Perhaps we'll look at that, Mr Gale.  
 3 MR GALE: We will, my Lord, yes.  
 4 You make a number of references to your daughter's  
 5 "human rights were completely thrown under a bus". We  
 6 understand that from what you've said and you've put it  
 7 in trenchant terms there.  
 8 Just a few more points. You pose in paragraph 112  
 9 a serious question, and that is, "what was the plan if  
 10 there had been no vaccinations".  
 11 A. Yes.  
 12 Q. And you say, "Would residents have been confined  
 13 forever?"  
 14 A. Yes.  
 15 Q. Is that —  
 16 A. Yes. If we hadn't got vaccination, what was to have  
 17 happened? Who was coming up with the plan to — you  
 18 know, to make life better for people in care homes?  
 19 I just couldn't — I couldn't understand why there was  
 20 no other plan that I could see at the time.  
 21 Q. Could I go to the other end of that spectrum, if I may,  
 22 Mrs Gibson, and take you back perhaps to the beginning  
 23 of the pandemic. Were you concerned that there may  
 24 have been insufficient planning for the specific  
 25 circumstances of your daughter's situation in

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1 a care home?  
 2 A. Well, I think one of my colleagues has made the point  
 3 that there was no one person in Government who seemed to  
 4 have overall responsibility for care homes. I think  
 5 that there was a lack of understanding of how care homes  
 6 operated, that they're not clinical settings, they are  
 7 people's homes. I'm not sure what amount of work would  
 8 have gone into identifying what would have happened to  
 9 different vulnerable groups in line with all of the  
 10 restrictions that were being put in at the time. So  
 11 when I got involved with Care Home Relatives Scotland,  
 12 what I was trying to do was alert the Government to the  
 13 fact that, you know, it's not just elderly people that  
 14 are living in care homes. Even though I understand the  
 15 majority of people are and I think the average length of  
 16 stay in a care home is probably around two years, but,  
 17 you know, for someone like my daughter, who had been  
 18 living in her home for 11 years and was a younger person  
 19 and was, I understood, less at risk of becoming  
 20 seriously ill with COVID because she was a younger  
 21 person, I'm not sure — and had all those  
 22 vulnerabilities, I'm not sure what work had gone into  
 23 thinking through the impacts on people because what  
 24 happened was guidance came out, there were rules —  
 25 there were a one-size-fits-all set of rules, and I think

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1 what people forgot was at the end of these rules was  
 2 a person, and every person was suffering in a completely  
 3 different way.  
 4 Q. You make also the point that — you say that certain  
 5 organisations who you name — who were there or should  
 6 have been there to protect vulnerable groups were  
 7 conspicuous by their absence.  
 8 A. Yes, I think as a group we felt that. Why was it down  
 9 to five/six women to be kind of pushing on all of these  
 10 issues? I mean, if they were, I wasn't aware of it.  
 11 I'm not aware of how visible these organisations were.  
 12 And in point of fact, I seem to recall that we had  
 13 a meeting with the Human Rights Commission at one point  
 14 and all they wanted to talk about was things going on in  
 15 the future, and I remember saying to them, "But we're  
 16 dealing with the present. We need to sort out the  
 17 present now, not the future. The future is for another  
 18 day". I can't remember when that meeting was, but some  
 19 of us from our organisation were in that meeting.  
 20 Yes, I don't feel that these organisations were  
 21 visible enough and were pushing enough on the harms that  
 22 were affecting people. To me, there was no balance.  
 23 There wasn't a great balance of harms. Everything was  
 24 seen through the prism of COVID and nobody else seemed  
 25 to really focus on what the harms were, even though

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1 I remember, when I got a reply from the head of  
 2 Scottish Care in August 2020, he said in that reply that  
 3 the Health Secretary and the Clinical Professional  
 4 Advisory Group were aware of adults like my daughter and  
 5 that obviously that was something that would need to be  
 6 looked into and consistent guidance would have to be  
 7 produced around how to manage those situations. I think  
 8 in that email as well, from memory, he also spoke about  
 9 the balance of harm.  
 10 Q. Balancing of restrictions is something you mention  
 11 in 114, and I think we understand where you're coming  
 12 from on that point. You do also say that your role as  
 13 her mother and POA was compromised.  
 14 A. Yes.  
 15 Q. Explain that, please.  
 16 A. Well, I have power of attorney, as you know, for my  
 17 daughter.  
 18 Q. Yes.  
 19 A. Part of my responsibilities under the power of attorney  
 20 is responsibility for her care and responsibility for  
 21 things like, you know, her socialisation. Now, those  
 22 responsibilities I believe were taken away from me  
 23 because my daughter then was subjected to the rules that  
 24 were coming from everyone else. So, you know, the rules  
 25 were coming from the Government, I wasn't free to alter

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1 those rules in any way, so therefore that's why  
 2 I believe that my POA was compromised.  
 3 I wasn't able to take her to the den — you know,  
 4 all of these things that we do as power of attorney, you  
 5 know, go in the room, check everything is okay, check  
 6 her toothbrush doesn't need a new head, check her hair  
 7 is okay, check what clothes she needs — all of these  
 8 things for the beginning were compromised, and even when  
 9 I got in, I wasn't allowed to walk around her room so  
 10 I couldn't have checked anything.  
 11 Q. The last sentence of paragraph 114 probably in a way  
 12 sums up an awful lot that you've said. Perhaps you  
 13 would just read it, please.  
 14 A. "Her life pre-Covid was completely dismantled."  
 15 All of the things that had gone into, you know,  
 16 helping my daughter, supporting my daughter, I felt that  
 17 a lot of those things were just taken away from her, and  
 18 all of the work that had gone in — I mean, there were  
 19 very real risks for her that things would have got  
 20 really very, very bad. To be quite honest with you,  
 21 Mr Gale, I don't know how my daughter survived and got  
 22 through that, but she did and I'm grateful for that.  
 23 Q. Indeed. Mrs Gibson, again, there's a certain element of  
 24 summary in what you say. I'd be grateful if you would  
 25 read paragraph 119 to the end of 124, please.

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1 A. "Throughout this entire experience I have felt anger,  
 2 exhaustion, [frustrated] but mostly powerlessness even  
 3 though I was involved as a core member of CHRS and never  
 4 gave up on trying to be a voice for my daughter. It  
 5 seems to me that my daughter got lost in the minefield  
 6 of guidance and freedom that various agencies had to  
 7 interpret and implement guidance in the way that they  
 8 saw fit. [Scottish Government] did not [write] their  
 9 guidance on the back of a cigarette packet. It was  
 10 informed by scientific and medical experts, so it was  
 11 hard to accept that others felt they knew better!  
 12 "I felt as if there was always barriers in place  
 13 preventing my daughter getting out of the care home or  
 14 to get essential visits despite all my effort.  
 15 "The authorities, which included the  
 16 Scottish Government, Public Health and the care provider  
 17 were all aware of the impact that continued imprisonment  
 18 was having on my daughter's mental and physical health.  
 19 "Tests and vaccines did not seem to be making much  
 20 difference in respect of [her] getting ... out of the  
 21 care home.  
 22 "I would like to know why people who knew how the  
 23 restrictions were affecting her thought it was okay to  
 24 lock my daughter up for 14 months.  
 25 "The Covid pandemic took a huge toll on everyone.

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1 I never expected to be involved in campaigning and it  
 2 has had a significant effect on me personally. Being in  
 3 the public eye has never been comfortable for me. It  
 4 has been the most challenging exhausting experience of  
 5 my life. I truly believe it should never have been this  
 6 hard!!"  
 7 Q. Thank you. You look to thoughts for the Inquiry and  
 8 I think these are thoughts that we've heard from your  
 9 colleagues in the core group. They centre around the  
 10 necessity for "Anne's Law as a matter of urgency".  
 11 A. Yes, absolutely.  
 12 Q. The situation and recognition that "what happened to  
 13 those ... in care homes must never be allowed to happen  
 14 again" --  
 15 A. Yes.  
 16 Q. -- and also the respect that should be accorded to  
 17 individuals , rather than -- I'm paraphrasing -- well,  
 18 I'm not paraphrasing because you mention "blanket bans"  
 19 further in that paragraph.  
 20 A. Yes.  
 21 Q. So it's concentration on the individual?  
 22 A. Yes. Person-centred care was missing in my view.  
 23 Q. Yes, and you mention imprisonment in a care home --  
 24 A. Yes.  
 25 Q. -- which is an expression obviously we've come across

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1 many times and we've now heard it from your daughter.  
 2 A. Yes.  
 3 Q. And you also say that you believe that "all residents  
 4 should always have access to a relative or friend no  
 5 matter what the circumstances".  
 6 A. Absolutely.  
 7 Q. I think that probably takes us back to the essential  
 8 visitor that you've referred to earlier in your  
 9 evidence.  
 10 A. Yes.  
 11 Q. Mrs Gibson, is there anything that you would like to say  
 12 further to what you've already said and what is  
 13 contained in your statement so that we have it for the  
 14 record and for the Inquiry to consider?  
 15 A. Well, for me, the important thing in all of this is that  
 16 my daughter's voice is heard and what happened to her is  
 17 recognised by the Inquiry.  
 18 MR GALE: Well, as I said, Lord Brailsford and I will have  
 19 the pleasure of meeting your daughter next week and  
 20 hopefully, through what you've said, her voice has been  
 21 heard, so we're very grateful to you. Thank you very  
 22 much indeed.  
 23 A. Thank you.  
 24 THE CHAIR: Very good. Thank you, Mrs Gibson.  
 25 A. Thank you.

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1 MR GALE: 2 o'clock.  
 2 THE CHAIR: Can we make it 1.45?  
 3 MR GALE: I'm sure we can, yes.  
 4 THE CHAIR: Let's try and do that. Thank you.  
 5 (11.56 am)  
 6 (The short adjournment)  
 7 (1.57 pm)  
 8 THE CHAIR: Right. Good afternoon, everybody.  
 9 Mr Gale.  
 10 MR GALE: My Lord, the next witness is Morven Palmer. Her  
 11 witness statement reference is SCI-WT0382-000001.  
 12 THE CHAIR: Very good. Thank you.  
 13 MRS MORVEN PALMER (called)  
 14 THE CHAIR: Ms Palmer, please take a seat. Thank you.  
 15 Right. When you're ready, Mr Gale.  
 16 MR GALE: Thank you, my Lord.  
 17 Questions by MR GALE  
 18 MR GALE: Hello, Mrs Palmer. Can you give the Inquiry your  
 19 full name, please?  
 20 A. It's Morven Anne Palmer.  
 21 Q. Your details and your contact details are known to the  
 22 Inquiry and you provided the Inquiry with a statement.  
 23 I've given the reference to that statement. It will  
 24 come up on the screen in front of you as we need to go  
 25 through it. But can you just confirm that the statement

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1 that you provided the Inquiry with is the evidence you  
 2 wish the Inquiry to consider and that it's as accurate  
 3 as you can make it?  
 4 A. Yes, I do.  
 5 Q. And you accept that it can be published?  
 6 A. Yes.  
 7 Q. Right. You're married and we're here for you to talk  
 8 about the experience of the pandemic as experienced by  
 9 your daughter. Now, there is a general restriction  
 10 order in effect so, please, if you can not mention the  
 11 name of your daughter or indeed the names of other  
 12 family members. Also I'd be grateful if you wouldn't  
 13 mention the name of the care institution that your  
 14 daughter is resident in. What we can I think do is note  
 15 that your daughter is 23 --  
 16 A. That's right.  
 17 Q. -- and she has complex medical needs; is that right?  
 18 A. That's right.  
 19 Q. You've set some of those out in your statement, but  
 20 I think it's relevant that she was in a care home during  
 21 the period of the pandemic.  
 22 A. She was.  
 23 Q. We can see from paragraph 11 of your statement that your  
 24 daughter's condition is such that she can do nothing for  
 25 herself --

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1 A. No.  
 2 Q. -- and that she is completely reliant on the care team  
 3 that is around her.  
 4 A. Hmm--hmm.  
 5 Q. She is, I think, non-verbal --  
 6 A. That's right.  
 7 Q. -- and has visual impairment?  
 8 A. Yes.  
 9 Q. And she also has difficulty to control epilepsy?  
 10 A. Yes.  
 11 Q. And I think, as you say, she's very rarely seizure-free.  
 12 Now, your daughter went into the particular care  
 13 home that she is currently in -- I think, as you explain  
 14 at paragraph 18 of your statement, that it was a care  
 15 centre that you identified first of all with a view to  
 16 interim care for her.  
 17 A. Yes, we just -- I was looking for respite care for her,  
 18 you know, maybe a couple of weeks a year, and this name,  
 19 this centre, came up.  
 20 Q. And you took her there and, as you say in paragraph 18  
 21 of your statement, when she visited it, as you put it,  
 22 she was "in seventh heaven".  
 23 A. Aha, she loved it. It was a bit of a shock.  
 24 Q. That came as a bit of a shock to you?  
 25 A. Yes.

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1 Q. A good shock obviously.  
 2 A. Although we'd been to lots of other places that were far  
 3 more vibrant and exciting and, oh, she just didn't like  
 4 them, but when I took her there -- I don't know what it  
 5 was -- she was just absolutely relaxed.  
 6 Q. Was there any particular reason that you could identify  
 7 for that?  
 8 A. No, there was no reason -- no rhyme nor reason at all.  
 9 Q. She went in there initially on an interim basis, as  
 10 I understand it, and then the decision was taken that  
 11 she should go there on a full-time basis?  
 12 A. Yes, we did shared care for a few months and it went  
 13 quite well but you could see her getting fed up with  
 14 this four days there and three days at home, and she has  
 15 a way of communicating by looks and just general  
 16 demeanour so it became obvious that she would just quite  
 17 happily stay there, so that was me told.  
 18 Q. And having been so told, you went with the decision that  
 19 she was indicating to you?  
 20 A. Yes, we did.  
 21 Q. Now, you describe the unit that she went into -- and  
 22 again please don't name it -- but you describe the unit  
 23 at paragraphs 21 and following of your statement. As  
 24 you say in paragraph 21, it is a complex care unit --  
 25 A. Yes.

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1 Q. -- and there are 11 residents there.  
 2 A. Hmm--hmm.  
 3 Q. Your daughter is the youngest of those residents --  
 4 A. Yes.  
 5 Q. -- and all the residents are under 65. As you say, the  
 6 care there is excellent.  
 7 A. Yes.  
 8 Q. And that has been your view notwithstanding the  
 9 pandemic --  
 10 A. Yes.  
 11 Q. -- and the restrictions that followed?  
 12 A. I can't compliment the care staff and the nursing staff  
 13 in that unit enough. They are well trained and they get  
 14 to know the residents really well, who -- quite a few of  
 15 them are non-verbal so that can be challenging in  
 16 itself.  
 17 Q. Can I ask you just a little bit about your contact with  
 18 your daughter pre-pandemic? How often would you see her  
 19 before the pandemic?  
 20 A. Every day. I couldn't let go. So it was every day we  
 21 would probably be over and we would be out doing things  
 22 or, if she wasn't that keen on going out, I would just  
 23 potter about her room, getting stared at and sighed at.  
 24 So, yes.  
 25 Q. And you were able to take your daughter out?

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1 A. Yes, aha. We went out, we would visit friends, go out  
 2 for lunch, go to the park, go for walks, do everything.  
 3 It was normal.  
 4 Q. How often would you go to see her at the care home? Was  
 5 that daily?  
 6 A. Every day.  
 7 Q. Yes, okay.  
 8 Now, you've indicated how your daughter perhaps  
 9 communicates with you, and I'm assuming that, because of  
 10 your experience with her, you are able to understand her  
 11 communications and presumably also you can communicate  
 12 to her certain things?  
 13 A. Yes.  
 14 Q. Would I be correct in that?  
 15 A. Yes. If you speak slowly to her and repeat, she will  
 16 understand things. She's very good at ignoring me as  
 17 well. But she can understand things if it's -- given  
 18 time and maybe shown as well, like you could use props  
 19 or use a soft toy to communicate with her.  
 20 Q. Right. And, again, you repeat at paragraph 27 of your  
 21 statement the care in this institution for your daughter  
 22 was "fabulous", you put it.  
 23 A. Hmm--hmm.  
 24 Q. I think you indicate perhaps some insight that there was  
 25 perhaps a degree of reticence on the part of the care

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1 staff in telling you how she was, but that did improve  
 2 with time --  
 3 A. Yes.  
 4 Q. -- and there was an element of trust that built up?  
 5 A. Yes, it was trust built up because I know that she can  
 6 be quite responsive in a negative way when it comes to  
 7 certain things, so she would scream and shout and cause  
 8 chaos generally. You know what care staff are like,  
 9 "Oh", they say "everything's fine. She's been great",  
 10 and you knew it just wasn't true. Eventually they said,  
 11 "Yes, they can be a bit screamy and shout", or whatever.  
 12 So, yes, we got there eventually.  
 13 Q. Then came lockdown and you tell us about that in  
 14 paragraphs 28 and following in your statement. I think  
 15 you had been out with your daughter on 16 March 2020 --  
 16 A. Yes.  
 17 Q. -- and when you got back to the care home, you could  
 18 tell that there was something different.  
 19 A. Yes, there was definitely a change. I think we had all  
 20 been expecting it at some point, so -- but I think they  
 21 had been told, "Look, I think this is imminent", so they  
 22 were just waiting for possibly all relatives to have  
 23 left before.  
 24 Q. Later that evening I think you got a phone call to tell  
 25 you --

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1 A. I did.  
 2 Q. -- that the home was closing, and that was from the  
 3 senior nurse at the home; is that right?  
 4 A. Yes.  
 5 Q. So obviously you had gone very suddenly from being able  
 6 to take your daughter out and being out with your  
 7 daughter to a situation where the home had closed. How  
 8 did you approach that with your daughter or how could  
 9 you approach that with her?  
 10 A. I couldn't. I couldn't say to her. I just remember  
 11 leaving her that night, knowing that -- actually I think  
 12 I said to her I loved her and that we wouldn't be in for  
 13 a while and it might be a couple of weeks or a few weeks  
 14 and that -- but that was no good for her. She doesn't  
 15 understand the concept of weeks or days or hours or  
 16 whatever. She just knows the people about her. So,  
 17 yes, it was just -- you can't -- you just can't explain  
 18 to her.  
 19 Q. This may seem very obvious, Mrs Palmer, but I take it  
 20 physical contact is important for your daughter?  
 21 A. Absolutely. Yes, [redacted] is very much a cuddles --  
 22 Q. Sorry. There's a -- don't worry. There was a naming of  
 23 the daughter. Don't worry.  
 24 (Pause)  
 25 Thank you, my Lord. Please don't worry, Mrs Palmer.

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1 These things happen and we've had it several times so  
 2 please don't be worried about it.  
 3 A. Okay, thank you.  
 4 Q. Yes, I was asking you about the situation where you had  
 5 to leave your daughter and she was in the care home and  
 6 she would not be able to have -- as you put it in  
 7 paragraph 30, she would have no understanding of why her  
 8 mother and father were not there being able to cuddle  
 9 her and be physically present with her. That must have  
 10 been very difficult for you.  
 11 A. It was. My daughter relies very much on touch and  
 12 facial expressions and being up close to her. Being  
 13 non-verbal and visually impaired, she needs to see you  
 14 up close. And I knew the nursing staff would give her  
 15 as much of that as possible, but then they started  
 16 wearing masks and of course that became an issue with  
 17 communication.  
 18 Q. We'll come to that in a little .  
 19 You did think of possibly having your daughter back  
 20 home with you at the beginning of the --  
 21 A. We did.  
 22 Q. You thought of it but you decided that wasn't  
 23 a realistic option?  
 24 A. We weighed it up and obviously we wouldn't have been  
 25 able to get care in so it would have been the two of us

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1 doing it, and I just don't think it would have worked.  
 2 She wouldn't have liked it because it would have just  
 3 been the three of us.  
 4 Q. I think you're very honest about that. You say just the  
 5 three of you, and she would have been "climbing the  
 6 walls".  
 7 A. Hmm--hmm, she would have. At least at the care centre  
 8 she had four sets of shifts coming in and out so there  
 9 was still a bit of a buzz about the place, people moving  
 10 about, so that's why we decided not to take her out.  
 11 Q. Yes. At paragraph 33 of your statement, which will come  
 12 up in front of you, you say that your daughter was  
 13 "happy but she seemed to be a bit more 'sleepy' than  
 14 normal as she wasn't assimilating the same way because  
 15 of the lockdown". Can I just pause there? I think in  
 16 the previous paragraph you acknowledged again the care  
 17 that was being given by the care home staff.  
 18 A. Hmm--hmm.  
 19 Q. Is that right?  
 20 A. Yes.  
 21 Q. But you say that she seemed a bit more "sleepy" than  
 22 normal. How were you able to identify that that was the  
 23 situation? Was that from what you were being told by  
 24 the care home staff?  
 25 A. What we were being told and also at that point I think

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1 we had window visits, so we were able to see her through  
 2 the window and she was just — not that she would have  
 3 engaged with us in a window visit because of her  
 4 condition, but she was very much just either in her  
 5 chair, just sleepy, or in her bed, sleepy, just not as  
 6 engaged as she normally is.  
 7 Q. I think you say that it was apparent that she wasn't  
 8 getting the same stimulation —  
 9 A. No.  
 10 Q. — although the staff were doing their best and trying  
 11 to keep things as lively as possible. I think you  
 12 describe again in paragraph 33 how your daughter could  
 13 be a bit passive, but once she absorbed a situation she  
 14 was in, she would be animated and display that —  
 15 A. Yes.  
 16 Q. — realisation to you.  
 17 A. Yes. So she wasn't getting anything stimulating so  
 18 there was nothing to be animated about.  
 19 Q. Obviously, as you say at the last sentence of  
 20 paragraph 33, "She doesn't understand why [you] were not  
 21 able to be with her or why she couldn't get out".  
 22 A. No, she would not have been able to understand that at  
 23 all.  
 24 Q. Yes.  
 25 A. Why we weren't in, why she wasn't getting out, and there

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1 was no way for us to communicate to her what was going  
 2 on.  
 3 Q. Yes. Also some of the access to other services such as  
 4 physiotherapy had stopped —  
 5 A. Hmm—hmm.  
 6 Q. — for her and also I think you mention about you having  
 7 to organise a hospital appointment, but that was I think  
 8 some time later in the pandemic and, as you put it, you  
 9 had to go through lots of hoops to be able to do that.  
 10 A. It was a bit of a farce, to be quite truthful.  
 11 Absolutely terrible. I had to take a member of staff  
 12 with me in the car with my daughter in the back, us  
 13 wearing masks, windows down, and then that member of  
 14 staff couldn't come into the hospital with me to the  
 15 appointment. It was ludicrous.  
 16 Q. Now could we look at some of your comments about  
 17 visitation? And, again, without trying to cut you off  
 18 in any way, Mrs Palmer, a lot of the observations that  
 19 you make are observations that we have already heard in  
 20 different contexts, but obviously it's important to get  
 21 this in the context of visitation or your attempts to  
 22 visit your daughter.  
 23 In paragraph 38 you say that you found that there  
 24 were different interpretations around the law and the  
 25 guidance that came out.

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1 A. Hmm—hmm.  
 2 Q. Could you give a little more explanation of that?  
 3 A. You — well, in different interpretations with —  
 4 offhand I can't remember exactly, but I just remember  
 5 there were some people in some areas getting — could  
 6 have visitation in — I think it was garden visits to  
 7 begin with, but we weren't, and then you could have  
 8 window visits, but you couldn't, and nobody was being —  
 9 you know, there was nothing straightforward. I think  
 10 I said in my statement somewhere it was like looking  
 11 through fog.  
 12 Q. Yes.  
 13 A. You couldn't see what applied to you or what applied to  
 14 care homes, if anything.  
 15 Q. You do make the point in 38 that the care centre in  
 16 which your daughter was resident was run by an  
 17 English-based company who didn't seem to realise that  
 18 different guidance applied in Scotland.  
 19 A. Hmm—hmm.  
 20 Q. Was that an issue?  
 21 A. It was when you would go to the care home and say, "This  
 22 has come out. Surely we can have visits of some sort",  
 23 et cetera, and they would defer to their head office and  
 24 then come back and say, "No, head office has said 'No'  
 25 to that", and they would make an excuse of, "because

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1 they're an English care provider". And you never really  
 2 got to the bottom of actually who was making the  
 3 decisions, who was saying what, what they were — where  
 4 they were getting their information from. Just  
 5 constantly going round in circles.  
 6 Q. I think you put it this way in paragraph 38, that you  
 7 were "told it doesn't matter because it is Covid".  
 8 A. Yes, that was —  
 9 Q. What did you take from that? That sounds like —  
 10 A. I don't know.  
 11 Q. — a rather general explanation. What was it that you  
 12 understood from it?  
 13 A. I didn't understand a thing from it, to be quite  
 14 truthful. You just got, "Okay, it's COVID. Yes, that's  
 15 what we're allowing in at the moment", but it seemed to  
 16 apply to everything. It just made no sense at all.  
 17 And — I don't know — you know when you walk away from  
 18 something and you go, "I did not understand anything",  
 19 well, that was me most of the time.  
 20 Q. You're not alone in that, that experience, I can assure  
 21 you, Mrs Palmer.  
 22 You do also say in the last sentence:  
 23 "It seemed that nobody knew, and nobody was willing  
 24 to look at, the rules in the context of this care  
 25 centre."

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1 A. No, nobody did.  
 2 Q. Do I take it from that that you're meaning that people  
 3 were not looking at the nature of the disabilities of  
 4 the people within the care centre and in particular your  
 5 daughter?  
 6 A. Aha, because when you have non-verbal --- people that  
 7 can't communicate --- better word --- normally, it is very  
 8 difficult and I couldn't understand how nobody in  
 9 a position of power was taking this up, starting with  
 10 the care home --- taking it up to Public Health, taking  
 11 it to the Government or whoever, saying, "Look, surely  
 12 there is a way we can facilitate contact with families,  
 13 you know, because this is the situation we're in with  
 14 these residents". I just don't think anybody was doing  
 15 that. I don't think anybody was looking out for people  
 16 in residential care.  
 17 Q. Right, we move on to window visits and garden visits  
 18 and, again, this is something we've heard quite a bit  
 19 about so far in the Inquiry. So much of what you say is  
 20 known to us, the problems about the weather and the  
 21 absence of any physical contact. These are familiar  
 22 refrains that we are hearing in the Inquiry. You make  
 23 the point in paragraph 41 that there was a restriction  
 24 on one named person and that one named person was you,  
 25 I think.

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1 A. Hmm---hmm.  
 2 Q. But you got round that slightly by --- I won't say  
 3 feigning illness, but you could ---  
 4 A. I did. I'll be honest.  
 5 Q. All right, I will say it. You feigned illness and that  
 6 enabled your husband to go?  
 7 A. Yes, my husband could go. Well, we're parents. What  
 8 can I say?  
 9 Q. I appreciate that.  
 10 A. We both want to see our daughter, and that was the  
 11 ridiculous situation we'd been put in.  
 12 Q. And I think --- again something that we are hearing ---  
 13 that within all this there were instances of  
 14 compassion ---  
 15 A. Yes.  
 16 Q. --- being shown by members of staff and realising the  
 17 situation and not necessarily adhering to everything  
 18 that was being dictated. You mention that in  
 19 paragraph 43. Were you able to touch your daughter in  
 20 that situation?  
 21 A. I could have but I didn't.  
 22 Q. You didn't. You say the communication between the care  
 23 home and you was good and that your daughter had one  
 24 key worker and she emailed you regularly and phoned you.  
 25 A. Yes. So she would tell me if my daughter needed toilet

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1 trays or anything, giving me a general update, and she  
 2 would email me as well. She would also facilitate  
 3 the --- it started off with the FaceTime on an iPad so  
 4 she would facilitate that as well. So did other staff,  
 5 you know, if the key worker was off. They were very  
 6 good.  
 7 Q. Now, you mention this thing called Facebook Portal.  
 8 A. Yes, that was a bit of a ---  
 9 Q. Can you just explain how this worked?  
 10 A. Well, we started off with the iPad with FaceTime, but  
 11 that didn't work with my daughter, so we decided to try  
 12 something else, which is Facebook Portal, which --- we  
 13 have a set on top of our television and she has one on  
 14 her television and it's like looking at both of us on  
 15 screen, so we could be sitting on our sofa at home and  
 16 she could be in her chair and we could talk to her. So  
 17 sometimes it worked and sometimes it didn't. It  
 18 depended just how interested she was or if the staff  
 19 could get her engaged with us. So it was better than  
 20 what we'd had, which was positive.  
 21 Q. You say at paragraph 45 that perhaps the important  
 22 aspect of this was that your daughter could hear your  
 23 voices.  
 24 A. Yes.  
 25 Q. And you say "that was something".

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1 A. Yes, a small thing, yes.  
 2 Q. You tell us --- I'll just skip a few paragraphs, if  
 3 I may, and go to paragraph 48. You tell us that the  
 4 first time that you got to see your daughter and to hold  
 5 her and to be close to her was 5 March 2021.  
 6 A. Hmm---hmm.  
 7 Q. So almost a year?  
 8 A. Hmm---hmm.  
 9 Q. And you, however, were unable to hold her 21st birthday  
 10 party, which should have been in August 2021, but you  
 11 were able to see her in her room on her birthday with  
 12 masks on, but you weren't able to touch her?  
 13 A. Hmm---hmm. There was a new restriction. I don't know if  
 14 there had been an outbreak of COVID somewhere in the  
 15 centre, but by that point I was just going along with  
 16 everything, as you do, so ...  
 17 Q. Right. I think possibly how you felt is reflected in  
 18 paragraph 50. I think you've mentioned this already,  
 19 "looking through fog". Would you just read  
 20 paragraph 50, please?  
 21 A. "The whole issue of visiting rights was like looking  
 22 through fog as there were such frequent changes and  
 23 different interpretations. I felt awful, just awful.  
 24 The thing I wanted to do was to be with [my daughter]  
 25 and you would hear about guidance changing but it

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1 wouldn't change for care homes. When the guidance  
 2 changed, and people were allowed to go out to pubs and  
 3 restaurants we were at home having a facebook portal  
 4 call with [our daughter] and chatting to the care staff  
 5 who were telling us that they were going out for meals,  
 6 meeting friends etc and we couldn't be with our  
 7 daughter. The irony of the situation was difficult to  
 8 swallow."

9 Q. Could you read paragraph 51 as well, please?

10 A. "It was wrong and I think especially this was the case  
 11 with care homes as there had been such a mess with the  
 12 discharges from hospitals to care homes without testing  
 13 and we were just putting them in cotton wool. That's  
 14 wrong. These residents are people and they need contact  
 15 with other people."

16 Q. So just taking what you say in paragraph 51, we do know  
 17 of the issue of discharging patients from hospital into  
 18 care homes without testing in the early days of the  
 19 pandemic. We're aware of that. You see that as being  
 20 causally linked to the restrictions on your access to  
 21 your daughter in her care home?

22 A. I do. I definitely do. I think they made a terrible  
 23 mistake. It was a knee-jerk reaction, what they did to  
 24 care homes, and, you know, residents have paid the price  
 25 twice.

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1 Q. You became aware of what we've heard about and what we  
 2 know as "essential visits". You say in paragraph 52  
 3 that this was something you didn't know about.

4 A. No.

5 Q. Do you feel you should have known about that? That's  
 6 not meant as a criticism of you, but do you feel that  
 7 somebody should have told you about it?

8 A. Aha, yes, I do, absolutely. I only came across it --  
 9 I think it's in an email from Public Health  
 10 correspondence I had with them about the tier system,  
 11 and they allowed me to go from one tier to another tier  
 12 to see my daughter and they said that it would be  
 13 classed as an essential visit, and I thought, "What's  
 14 this essential visit thing?". Anyway, then I found out  
 15 what an essential visit was.

16 Q. Did that improve the situation?

17 A. No, not really.

18 Q. Why not?

19 A. I only got the essential visit for June, that tier time,  
 20 and then rules changed again. It was just constantly  
 21 change -- trying to fit into all the changes.

22 Q. Right. Again, if we could just ask you to read what you  
 23 say at paragraph 53, please.

24 A. "I don't believe that the measures put in place around  
 25 visiting were proportionate or reviewed sufficiently

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1 regularly or properly understood when they were updated.  
 2 I also think that at least one person should have been  
 3 allowed to have contact with residents as part of the  
 4 care team."

5 Q. Again -- perhaps I should have asked you this before and  
 6 forgive me for not doing so, Mrs Palmer -- did you  
 7 regard yourself pre-pandemic as part of your daughter's  
 8 care team within the care home?

9 A. Yes, I did.

10 Q. And that would presumably be because of your knowledge  
 11 of your daughter and the way in which she reacted to  
 12 various things?

13 A. Hmm--hmm.

14 Q. But also we've heard from others that many people in  
 15 your situation do feel that you are affording the staff  
 16 within the care home an opportunity -- a break from the  
 17 care that they're giving the individual.

18 A. Yes, hmm--hmm.

19 Q. Just under the heading of "Infection Control and  
 20 Prevention", read what you say there. Obviously you  
 21 make the point in paragraph 56 that your daughter really  
 22 needs to see somebody's face, and that is  
 23 notwithstanding her visual impairment. She needs to be  
 24 able to see the face; is that correct?

25 A. Yes, she does. She needs to be able to -- well, if you

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1 smile, she knows that's a good thing. If you put an  
 2 angry face on, she knows that you're not best pleased  
 3 with her. You know, so she does pick up these things.

4 Q. Yes. And the presence of masks was pretty distractive  
 5 of that, I think?

6 A. Yes, very much. She doesn't engage. You have to really  
 7 work at her getting her to give you eye contact now.

8 Q. Now can I take you on to paragraphs 59 and following  
 9 because this relates to an incident where you were  
 10 informed that your daughter had been tested for COVID  
 11 and that the result had come back negative. This was in  
 12 the early part. This was in June 2020.

13 A. Hmm--hmm.

14 Q. I think you were concerned that you hadn't been informed  
 15 in advance that she was going to be tested; is that  
 16 right?

17 A. Hmm--hmm. I'd had no communication from them at all  
 18 about the possibility of testing. I am more than  
 19 certain I had a conversation on the phone with the  
 20 manager where I had said that I didn't want her tested  
 21 without phoning us first.

22 Q. Can I just understand? Was that in advance of being  
 23 told --

24 A. Yes.

25 Q. -- of the fact that she had been tested?

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1 A. Yes, so that was way before, but it was a phone  
2 conversation.

3 Q. And you found out that your daughter's reaction to being  
4 tested — well, tell us about your daughter's reaction  
5 to being tested.

6 A. Well, she was hysterical and we knew that she would be  
7 hysterical because, well, how do you explain to somebody  
8 who is non-verbal, visually impaired, et cetera, "Look,  
9 we're going to put a swab down your throat and up both  
10 nostrils"? So I knew that there would be a way of doing  
11 it if we had time and distraction. You know, I could  
12 even — I could have talked them through it. And anyway  
13 she was distraught so — and hysterical, and I think the  
14 nurse that phoned me was phoning me to tell me it was  
15 negative because she wanted me to know it happened.  
16 I don't think they had intended to phone me.

17 Q. I see.

18 A. But that's my opinion.

19 Q. That's your surmise of it.

20 A. But I think she was really upset about what had happened  
21 and she wanted to alert me.

22 Q. At paragraph 62 you say — well, taking paragraphs 61  
23 and 62 together, you say that this was obviously not  
24 just a distressing experience for your daughter but you  
25 say it was also distressing for the staff and that they

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1 were very anxious about it.

2 A. Yes. I asked them — I said, you know, "How was it?",  
3 and she said, "It was awful". I said, "Are you okay?".  
4 She went — "No", she said, "I'm really, really upset  
5 about it". I thought, "Well, if you're upset, my  
6 daughter is definitely upset, you know, this is  
7 ridiculous", and I just can't believe the people that  
8 did this didn't see that there was a problem here.

9 Q. Now, forgive me again, Mrs Palmer, one thing I forgot to  
10 take from you at the beginning of your evidence was that  
11 you and your husband have a joint welfare and financial  
12 guardianship of your daughter.

13 A. We do.

14 Q. And that comes into play here, doesn't it?

15 A. Well, I would have thought so, but obviously COVID, it  
16 doesn't.

17 Q. And I think you say, as far as you were concerned, this  
18 was an assault on your daughter.

19 A. Yes, well, she must have been restrained in some way.

20 Q. And, as you say, you would have thought that consent was  
21 required and obviously you would have been the person  
22 who could have given that consent if you were so minded?

23 A. And I wasn't so minded.

24 Q. No. I take it the care home knew of the existence of  
25 your guardianship?

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1 A. Yes. It's in my daughter's care plan.

2 Q. Yes. Okay. What was the position regarding any further  
3 tests for COVID on your daughter?

4 A. I emailed them and told them that there would be no  
5 further tests unless it was absolutely necessary and  
6 they had to get our consent for it.

7 Q. More recently, has your daughter been tested for COVID?

8 A. Yes.

9 Q. And what were the arrangements made for that?

10 A. I did it. She is not — she's been a bit poorly  
11 recently and I had said to staff, "Do you want me to  
12 test her?", and they went, "Oh, that would be great,  
13 thanks", and it was done with a Teletubby.

14 Q. Okay. Right. Just looking at your comments on  
15 isolation, you say that the whole experience was very,  
16 very isolating for your daughter. It was difficult for  
17 her to understand the situation and you say that you  
18 felt that she had "receded within herself because she  
19 couldn't understand why her world had shrunk and the two  
20 most consistent people in her life, [her] mum and dad,  
21 were not seeing her".

22 A. Hmm—hmm.

23 Q. How did she manifest that to you?

24 A. She was just withdrawn a wee bit. You have to be with  
25 her for quite a while for her to — what you would call

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1 "come out her shell", interact with you. It just takes  
2 more time to get her to respond to either being out or  
3 being with you or doing things.

4 Q. And I think you indicate in paragraph 70 that your  
5 husband, your daughter's father, felt a little bit left  
6 out, and I think you say that your daughter is a daddy's  
7 girl.

8 A. Hmm, very much so.

9 Q. Looking at the impact on your daughter — well, perhaps  
10 you would just read that to us so we have it in your  
11 words. So paragraph 71.

12 A. "The impact of all this on [my daughter] has been and  
13 how she was not able to keep up her progress and  
14 development. We have had to start again in many ways,  
15 and we now find that if we take her out, a simple car  
16 journey, lunch, walk, can be overstimulating for [her]  
17 and she will have seizures. Sometimes this happens when  
18 we are with her, but it can also happen when she has  
19 returned to the care centre. It's like taking a step  
20 back."

21 Q. Would you carry on, please?

22 A. "It has had a knock-on effect with [our daughter] and  
23 I also because we are now having to do ... work to get  
24 [her] back to where she was pre Covid and that means we  
25 can't do things that we might have wanted to do like go

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1 away for a weekend. We will carry on and hope we can  
 2 achieve it, but this might be the way it is for now and  
 3 for a long [time]. If not for ever.”  
 4 Q. I don't really want to upset you, Mrs Palmer, but I have  
 5 discussed this with you —  
 6 A. Hmm—hmm.  
 7 Q. — and you are in agreement that I can ask you about  
 8 this. Your daughter's life expectancy is limited?  
 9 A. Yes.  
 10 Q. And in that context can you just indicate how you feel  
 11 about what one might call "the lost days"?  
 12 A. Those are precious moments that have been taken away  
 13 from us. We are very blessed that our daughter has  
 14 lived this long, the condition doesn't normally allow  
 15 for that and every day is precious for us.  
 16 Q. And could you finish off on this part of your evidence  
 17 by reading paragraph 73, please?  
 18 A. "Covid changed our lives completely and we need to  
 19 recover and that is around [our daughter] and it takes  
 20 up a lot of time. We had thought that residential care  
 21 would give us more time, but it hasn't, and that is  
 22 because of Covid. And the lack of support for young  
 23 adults with complex needs."  
 24 Q. Can we go on to the "Lessons to be Learned"? Again,  
 25 I think I can't do any better than ask you to read

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1 paragraphs 76 through to 79, please.  
 2 A. Okay.  
 3 "I think the lessons are that the most vulnerable in  
 4 our society have to be looked after but they cannot be  
 5 locked away. That came about partly because of the  
 6 decision to move patients untested out of hospitals into  
 7 care homes and that was not a good idea and yet they  
 8 were still doing that up to November 2020.  
 9 "I also wonder why the Scottish government is making  
 10 guidance when every single care home and Public Health  
 11 authority were doing things differently. That needs to  
 12 be looked at and it needs to be understood by all.  
 13 "There was also a total lack of thought and common  
 14 sense of people making these decisions that then had  
 15 such an impact on so many vulnerable people. Even  
 16 having gone to court to get guardianship that stipulates  
 17 the need to be in contact and we have this power. All  
 18 of that was taken away from myself and [my husband] and  
 19 I just don't understand it.  
 20 "It is absolutely essential that Anne's Law is put  
 21 in place. During the pandemic no one helped residents  
 22 or residents' families. This includes professionals and  
 23 charities."  
 24 Q. And you express your hopes for this Inquiry and, again,  
 25 I think it's probably — I simply ask you to read

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1 paragraphs 80 and 81.  
 2 A. "I hope the Inquiry will understand that it is  
 3 absolutely necessary that no matter what, when you have  
 4 a loved one in a residential or care home setting, that  
 5 at least one person from the family is deemed part of  
 6 that care team and if that person becomes ill there is  
 7 a substitute. There should be no ifs, buts or maybes,  
 8 and if the resident wants that or needs it then it  
 9 should be allowed. I think that is a small, tiny thing  
 10 to come out of this and it is not much to ask in the  
 11 bigger picture of what went on.  
 12 "Above all, common sense has to prevail, and we have  
 13 to learn the lessons from this."  
 14 Q. Now, you also make reference to various emails that you  
 15 have between various organisations —  
 16 A. Yes.  
 17 Q. — seeking advice, clarification, et cetera, et cetera,  
 18 and also emails regarding the COVID test that your  
 19 daughter had without consent and you say you're happy to  
 20 share these with the Inquiry.  
 21 A. Yes.  
 22 Q. The Inquiry team will be in touch with your solicitors  
 23 in order to obtain these documents as soon as we can, if  
 24 I can put it that way, so we will be obtaining those and  
 25 adding them to the bulk of your evidence that you've

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1 given.  
 2 Now, Mrs Palmer, is there anything further that  
 3 you'd like to tell the Inquiry?  
 4 A. I would just like to say I don't want to live in fear of  
 5 this happening again, that we're going to be locked out  
 6 from my daughter and she's imprisoned. I just couldn't  
 7 live like that. That's why we need Anne's Law.  
 8 Q. Okay. Mrs Palmer, that's all I have to ask you. Thank  
 9 you very much for giving your time to the Inquiry.  
 10 A. Thank you.  
 11 Q. We are very grateful to you.  
 12 THE CHAIR: Yes, thank you, Mrs Palmer. That's all of the  
 13 questions. Thank you.  
 14 MR GALE: A change of counsel, my Lord.  
 15 THE CHAIR: A change of counsel, I know, but we'll give the  
 16 stenographer a break now, and I think also the other  
 17 witness isn't due quite yet, but I think there's  
 18 a prospect we might be able to start about 3.10, so can  
 19 I ask you to be back for 3.10? I can't promise we'll be  
 20 ready to start then, but with a bit of luck we might be  
 21 able to. Thank you.  
 22 MR GALE: Thank you, my Lord.  
 23 (2.50 pm)  
 24 (A short break)  
 25 (3.10 pm)

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1 THE CHAIR: Mr Caskie.  
 2 MR CASKIE: Thank you, my Lord. I have one more witness  
 3 today.  
 4 MRS JANE COOPER (called)  
 5 THE CHAIR: Now, Mrs Cooper, please come in and take a seat.  
 6 Make yourself as comfortable as you can.  
 7 A. Thank you.  
 8 Questions by MR CASKIE  
 9 MR CASKIE: Do you have your statement?  
 10 A. I do.  
 11 Q. Good. Would you tell the Inquiry your full name,  
 12 please?  
 13 A. My name is Jane Cooper.  
 14 Q. And the Inquiry already has your contact details and  
 15 personal information to allow us to identify you. We're  
 16 here this afternoon to talk about your sister.  
 17 A. Yes.  
 18 Q. Would you tell us her name?  
 19 A. Anne MacDonald.  
 20 Q. And you've provided us with a very full and detailed  
 21 statement. So far as you recall, is the content of that  
 22 statement true?  
 23 A. Yes, it is.  
 24 Q. And do you want Lord Brailsford to take account of all  
 25 of that statement in reaching his conclusions?

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1 A. Yes, please.  
 2 Q. Okay. Now, unusually in this case, it's my intention to  
 3 go directly to the conclusions that you draw at the end  
 4 of your witness statement, which begin at paragraph 227.  
 5 If you can just flick that up. I should explain that,  
 6 although we'll go through the conclusions, we will then  
 7 go back and work out how you reached those conclusions  
 8 so you will have the opportunity to explain all of that.  
 9 A. Okay.  
 10 Q. Paragraph 227 indicates a problem with communications  
 11 from the care home. Can you tell us a little bit about  
 12 that problem?  
 13 A. There was actually no communication from the care home  
 14 with regards visiting. I was never told when anything  
 15 was changing. The only thing I was ever told — and it  
 16 was verbal, verbal communication and only if I asked —  
 17 was when I could visit, and I was allowed to visit once  
 18 a week and that was it. There was nothing — there were  
 19 no emails, there were no letters. There was never any  
 20 other form of communication other than me instigating  
 21 the communication.  
 22 Q. So they never contacted you at their instigation at all?  
 23 A. Never, no.  
 24 Q. At paragraphs 228 and 229, if you could look at those  
 25 together, you would be met at the door, someone would

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1 see you in and see you out but not have any engagement  
 2 with you?  
 3 A. No.  
 4 Q. It felt as though they just wanted rid of you?  
 5 A. Yes, definitely, so they could have the next person in.  
 6 Q. Could you read paragraph 230?  
 7 A. "There seems to have been no consideration for the  
 8 impacts caused by losing all family contact and  
 9 communication, especially on those in a care home. No  
 10 understanding of what happens when people in care homes  
 11 lose contact with people that are [the] most important  
 12 to them. You just exacerbate their sense of isolation  
 13 which affects their health and wellbeing."  
 14 Q. Does that express your view as to what happened to your  
 15 sister?  
 16 A. Yes, absolutely.  
 17 Q. Okay. Paragraph 231, you talk about it affecting not  
 18 just your sister but others. Can you say a bit about  
 19 that? And I'll ask you about individual family members  
 20 in a moment.  
 21 A. Yes. It affects the whole family — as it says, it  
 22 affects the whole family and not just the person in the  
 23 care home because you lose — especially with dementia,  
 24 you're losing the contact with the person, the physical  
 25 contact, which can mean a lot more than anything, and

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1 you don't have the reassurance. And I didn't have the  
 2 reassurance that I was looking after my sister properly  
 3 and then I would leave there feeling that I had  
 4 abandoned her, and that was just a horrible feeling.  
 5 Q. At 232 and 233, you talk about the person who is  
 6 visiting being absolutely fixed and there being no  
 7 flexibility there.  
 8 A. Yes.  
 9 Q. Was that correct?  
 10 A. Yes, absolutely. Yes.  
 11 Q. Could you read 234?  
 12 A. "I was happy that it was me, but how did it make my  
 13 brother feel? Or my aunty? If Anne had had [the]  
 14 capacity to choose herself, how could she have chosen?  
 15 It's an impossible choice. How would it have made Anne  
 16 feel to choose? Who is your favourite brother or  
 17 sister? Or, worse; who is your favourite child?"  
 18 Q. At 235 and 236 you contrast the position of you and your  
 19 family with the position of care home staff. What  
 20 impact did that contrast have on you?  
 21 A. It was horrible. On Anne's birthday — I stood at the  
 22 window on her birthday, we had our hands on the window  
 23 together and a care — member of the care home staff  
 24 came in, in a family car, she got out the car and just  
 25 walked into the care home. And I was standing at the

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1 window, you know, on the other side of the window from  
 2 my sister, just wishing that I had got out that -- been  
 3 able to get out the car and walk in to see my sister on  
 4 her birthday and give her a hug.  
 5 Q. At 237 you say something about the level of precautions  
 6 that you would take. Can you tell us what you're  
 7 passing on in 237?  
 8 A. It was that if the care home staff were doing -- were  
 9 allowed the same freedoms as I was within, you know,  
 10 lockdown or whatever, then why would they be more  
 11 careful about what they were doing when they went into  
 12 work there than I would be more careful looking after my  
 13 own loved one and being in to visit her? What would be  
 14 the difference? Why would they be taking more care than  
 15 me?  
 16 Q. You talk at paragraph 238 about an individual who this  
 17 Inquiry has heard from --  
 18 A. Yes.  
 19 Q. -- as a witness and about her taking her mum out in her  
 20 car and sharing a picture on Facebook. What was your  
 21 reaction to that, your personal reaction? I'll ask you  
 22 what you did in a moment --  
 23 A. Yes.  
 24 Q. -- but your personal reaction?  
 25 A. My reaction was I couldn't believe that that was

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1 happening. I thought it was wonderful for her that that  
 2 was happening, that she was getting that level of access  
 3 to her mum. They were in the car. I wasn't even  
 4 allowed to hold my sister's hand. I was absolutely --  
 5 I mean, whilst I was so pleased for her, I was  
 6 devastated for myself. You know, I couldn't understand.  
 7 I was confused and frustrated that, you know,  
 8 I wasn't -- why was I not allowed to do that?  
 9 Q. Was there an inconsistency of approach between different  
 10 care homes in your knowledge?  
 11 A. Yes, definitely. When I realised that was anyway, then  
 12 there was definitely a difference in the approach. And  
 13 since finding out that the guidelines that were given  
 14 were obviously -- they were only considered guidelines  
 15 and were not adhered to. The care homes could do what  
 16 they like and nobody was able to stop them if they  
 17 wanted to do that.  
 18 Q. At the end of the conclusions at paragraphs 239 to 241  
 19 you say some things. Could you read those for us?  
 20 A. "This is ... what makes me most angry. I get there were  
 21 restrictions, I get there were reasons to protect people  
 22 in ... care [homes]. I understand it.  
 23 "But it was as if they didn't think with any more  
 24 than the tunnel vision of protecting the reputation of  
 25 the care home. It was simply as if they were not going

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1 to have covid in the home, regardless of how that was  
 2 achieved or how that affected anybody.  
 3 "That's just my feeling, but it makes me so angry."  
 4 Q. Can you go on to 242?  
 5 A. "The rules were disproportionate. The longer a person  
 6 is in a care home, generally, the worse their health is  
 7 going to get. It's just a fact. All that's different  
 8 is the rate of decline. Add lockdown and isolation on  
 9 top of being elderly and having dementia, then it means  
 10 you and they have lost all that precious time, which you  
 11 will never get back, even if they [don't] die. You will  
 12 never get that time back."  
 13 Q. I will read the next bit:  
 14 "The COVID pandemic was unprecedented but death in  
 15 care homes wasn't. However, between the period of  
 16 initial lockdown and my sister dying (12 months later)  
 17 there appeared to be little or no change to care home  
 18 rules with respect to the needs of the dying or the  
 19 loved ones of that person. They did not adapt well to  
 20 changes in circumstances, to try and make it better for  
 21 residents and their families. It was just like 'keep it  
 22 all locked down as much as we can so that we look good  
 23 and in doing so, manage the risk to our reputation ...'.  
 24 "So, for me, the inquiry has to help identify  
 25 realistic restrictions, across the board, which cannot

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1 be changed or ignored, to stop individuals making their  
 2 own judgments on what and [on] what is not allowed and  
 3 what their individual rules are.  
 4 "How would we ... feel if we just put all our old  
 5 and frail people in prison rather than a care home?  
 6 Because that's basically what we did.  
 7 "We left them, like they were in prison, but without  
 8 any rights. No access rights whatsoever, no ability to  
 9 appeal for changes so I could see the sister I loved."  
 10 Is that how you feel?  
 11 A. Absolutely.  
 12 Q. You talk about -- and this is a phrase which recurs at  
 13 this Inquiry -- about it being as if your sister was in  
 14 prison. Is that how you feel?  
 15 A. Oh, completely. She might have had more rights if she  
 16 was in prison. I might have had more rights to visit  
 17 her if she was in a prison.  
 18 Q. Okay. I said we would start with the conclusions in  
 19 your evidence. We've done that now. I want to go back  
 20 in the witness statement and go back to paragraph 4.  
 21 Here you tell us a bit about Anne. You explain that she  
 22 was born on 4 June 1954 and is the oldest of four  
 23 children and you're the youngest.  
 24 A. Yes.  
 25 Q. There was another sister and a brother between you but,

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1 sadly, as you explain later, your sister died —  
 2 A. Yes.  
 3 Q. — but not in any way connected to this.  
 4 You then explain about Anne having a son, and we're  
 5 not going to name him today, but she became a single  
 6 parent.  
 7 A. Yes.  
 8 Q. Did she move out of the family home when that happened  
 9 or did they stay there for a period?  
 10 A. She stayed there for a short period of time, but when  
 11 she went back — she went back to work and then she got  
 12 a house of her own and looked after both her and her  
 13 son.  
 14 Q. And when her son was initially born, were you still  
 15 living in the family home?  
 16 A. Yes, yes.  
 17 Q. And what's the age gap between you and her son?  
 18 A. Seven years.  
 19 Q. Seven years?  
 20 A. Yes.  
 21 Q. What did that do with your relationship?  
 22 A. Oh, he's just like a little brother to me. We grew up  
 23 in the same house for a while and, yes, he's just like  
 24 a brother.  
 25 Q. Now. Tell me, where is he now?

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1 A. He lives in Dubai.  
 2 Q. And how long — when did he move there?  
 3 A. The year 2000.  
 4 Q. And was he there throughout the relevant period?  
 5 A. Yes.  
 6 Q. Throughout the pandemic period?  
 7 A. Yes.  
 8 Q. Okay, I'll ask you some more questions about him.  
 9 Paragraph 8 — and I'll take this part quite short  
 10 because you explain it so well in the witness  
 11 statement — you explain that your parents' health  
 12 deteriorated and that was because they developed  
 13 dementia.  
 14 A. Yes.  
 15 Q. And then your sister gave up her job in order to look  
 16 after her parents, but ultimately your father died in  
 17 2007, you then had the sister who died in 2010 and then,  
 18 six weeks later, your mum died.  
 19 A. Yes.  
 20 Q. Could you read paragraph 10?  
 21 A. "Because Anne lived by herself for many, many years,  
 22 I always thought Anne would need my help eventually.  
 23 There were no signs of any dementia or other overt  
 24 physical or mental health issues. It was simply that  
 25 she had always been by herself and I always thought that

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1 she probably wouldn't cope as she got older."  
 2 Q. Did her health deteriorate subsequently?  
 3 A. Yes, it did.  
 4 Q. And ultimately what was she identified as suffering  
 5 from?  
 6 A. Dementia.  
 7 Q. Dementia. Roughly what age did that kick in?  
 8 A. 60.  
 9 Q. Now, you explain again in the witness statement and in  
 10 considerable detail how it was that you were able to  
 11 identify that that was developing, in particular during  
 12 two trips abroad.  
 13 A. Yes.  
 14 Q. Can you tell us what you saw?  
 15 A. She was unfamiliar when we went over to Dubai — she had  
 16 been in her son's house in Dubai a number of times. She  
 17 used to go over and visit regularly — but she became  
 18 unfamiliar in those surroundings. She wasn't sure what  
 19 she was doing, she couldn't make herself a cup of tea  
 20 there anymore, and that's when I realised something was  
 21 wrong, because within her own house, in her own  
 22 surroundings, people with dementia can cope quite well,  
 23 but take them out their own surroundings and — yes, she  
 24 was well out her comfort zone, and because I had  
 25 experienced dementia with both my mum and my dad,

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1 I realised that something was wrong.  
 2 Q. Was home important to your sister?  
 3 A. Very much so.  
 4 Q. I think it was around about that time in 2014 you took  
 5 a power of attorney.  
 6 A. Yes.  
 7 Q. Things continued to deteriorate until 2017?  
 8 A. Yes.  
 9 Q. What was it that happened then?  
 10 A. That's when she broke her arm. We were on a trip to  
 11 Dubai and she fell and broke her arm. We got her home  
 12 and she had to have an operation when she got home and  
 13 then she suffered a delirium as a result but she had  
 14 taken — I'd gone to see her because I wasn't sure that  
 15 she was okay and I eventually managed to get into the  
 16 house — she'd taken her cast off and she had wires —  
 17 because they'd wired up her wrist — and she had wires  
 18 hanging out and she was in a state. The house was in an  
 19 absolute mess —  
 20 Q. And was that unusual?  
 21 A. Oh, very much so, yes. There was something drastically  
 22 wrong.  
 23 Q. Can you go to paragraph 24 and read that for us?  
 24 A. "I managed to get Anne to hospital in Dunfermline where  
 25 she remained for three months. I visited every day and

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1 initially just walked her round the ward. As time went  
2 by, we went further and further around the hospital  
3 [and] then eventually outside.”

4 Q. And 25?

5 A. “This really happened her recovery, gradually expanding  
6 her world all helped in getting back a bit more  
7 independence.”

8 Q. Did the Social Work Department put in place a care  
9 package for her?

10 A. They did initially, but it was only initially. But,  
11 no — they did initially, but they withdrew a lot of the  
12 care once they felt that she had settled in and I’d come  
13 back from a holiday, and then all they had in place was  
14 two 15-minute visits per day when she got back home.

15 Q. And until very close to her moving into a care home, is  
16 that all the support that she got?

17 A. That’s all she got. I asked Social Work repeatedly for  
18 help and all she ever got were two 15-minute visits per  
19 day.

20 Q. What was your role in Anne’s life at that time?

21 A. I tried to put in place — I didn’t live in Kirkcaldy so  
22 I wasn’t on the doorstep. I tried to — I put her in  
23 various day centres where they would pick her up and  
24 drop her off, so I knew she was being looked after  
25 during the day. So I think I managed to get her into

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1 three per week. I put alarms in place and everything  
2 that I could do, that was within my power to do, I put  
3 those in place, and obviously visited her as often as  
4 I could, did the laundry, you know, all of these things.

5 Q. How was her continence at that time?

6 A. It wasn’t good, it wasn’t good, and that’s why she —  
7 that’s why I had to visit regularly to do laundry and  
8 make sure — that was one of my biggest fears, that she  
9 wasn’t able to look after herself very well and, as far  
10 as from a health point of view, it wasn’t fair for her.

11 Q. Did she have a shower in the house?

12 A. She had a bath and I organised for a wet room to be put  
13 in the house.

14 Q. Aha, and was she able to use that on her own?

15 A. No, she wasn’t. She didn’t understand — she didn’t  
16 understand what it was at all and it was left to me to  
17 give her a shower, which I had to probably spend about  
18 three hours discussing it with her and trying to —  
19 before she would actually — I could persuade her to  
20 actually go for a shower. It wasn’t nice. I didn’t  
21 want to have to shower my sister — I was just her  
22 sister — but I did it for her, yes.

23 Q. You said that you got alarms put in.

24 A. Yes.

25 Q. What kind of alarms?

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1 A. The alarms that — a community alarm. I had a community  
2 alarm put in and door alarms, so that if she’d opened  
3 the door at certain times during the day, there would  
4 be — it would come through a system in the house that  
5 somebody would say, “What are you doing?”, you know,  
6 “Why are you going out?”, and they would speak to her  
7 through that.

8 Q. So by this stage had the Social Work Department provided  
9 you with a key worker or someone to co-ordinate whatever  
10 services she required?

11 A. Never. She was never given a social worker of her own.  
12 I repeatedly asked, but they said they don’t — they  
13 just don’t provide that. So any time I did speak to  
14 Social Work, when I was asking for help, I spoke to  
15 somebody different. I spoke to like a locum, as it  
16 were, every time.

17 Q. I think in your statement you indicate that eventually  
18 you required respite from the care that you were  
19 providing.

20 A. Yes.

21 Q. You have respite — did you go away?

22 A. I wasn’t given any help. I went on holiday and wasn’t  
23 given any help from Social Work whatsoever.

24 Q. No, but what happened to your sister whilst you were on  
25 holiday?

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1 A. I just tried to — my sister stayed at home and I just  
2 tried to contact everybody that I knew to look in on  
3 her, but I couldn’t expect anybody to do anything for  
4 her. That was just too much. So it was — any time  
5 I went away was really, really stressful for myself and  
6 my husband.

7 Q. Sorry?

8 A. For myself and my husband it was really stressful.

9 Q. You talk in your statement about the Social Work  
10 Department contacting you by telephone after a period of  
11 respite. Can you tell us about that?

12 A. I had been on holiday and it wasn’t long after my sister  
13 had got out of hospital so Social Work had been there to  
14 help her get out of hospital, and that’s when they put  
15 quite a bit of help in, when she was first out. And  
16 I went away on holiday, they knew I was going on holiday  
17 and the day I got back from holiday, I was actually in  
18 the supermarket, as you do when you come back, and I got  
19 a phone call from them saying they were withdrawing the  
20 extra care that they’d put in now that I was back from  
21 holiday. I wasn’t even at home yet, but now that I was  
22 back from holiday they were withdrawing the extra care  
23 and just started sort of signposting me as to what  
24 I should be doing and giving me a whole list of  
25 telephone numbers and —

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1 Q. In the supermarket?  
 2 A. In the supermarket. And I actually just burst into  
 3 tears in the supermarket. I just couldn't cope. I was  
 4 looking for help and I was getting nothing.  
 5 Q. Now, you said that you had had alarms put in the  
 6 house --  
 7 A. Yes.  
 8 Q. -- so that, if she went out at a particular time or  
 9 particular times, you would be notified of that. Tell  
 10 us about occasions when that occurred, if it occurred.  
 11 A. What happened one time was I got a phone call from the  
 12 police at I think it was 3 o'clock on the Saturday  
 13 morning. The police called me and said that that was  
 14 the number they had and was Anne MacDonald my sister,  
 15 and they had found -- a worried member of the public had  
 16 phoned the police because my sister had been wandering  
 17 at 3 o'clock in the morning. It was in the winter, she  
 18 was drenched through, literally to her underwear,  
 19 because the alarm hadn't worked and she'd just walked  
 20 out.  
 21 Q. Okay. Did you then have contact with the Social Work  
 22 Department?  
 23 A. It was the only time Social Work ever called me because  
 24 the police called them and they have to do something  
 25 about it then.

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1 Q. So what did they do?  
 2 A. They don't -- they just make sure that she's -- the  
 3 alarms are in place. They don't really do anything,  
 4 Social Work. For me, they didn't do anything at that  
 5 point. They just wanted to know that -- what was the  
 6 situation. Oh, well, I was there and that was basically  
 7 about it. Social Work didn't do anything other than  
 8 make the call to come round, make sure everything was  
 9 okay and took no more interest at that point.  
 10 Q. Did you make decisions at that stage about where Anne  
 11 should be living?  
 12 A. Yes, I realised that --  
 13 Q. Tell us about that.  
 14 A. I realised that I couldn't look after Anne on my own  
 15 anymore, that I needed to keep her safe and I couldn't  
 16 keep her safe under these circumstances and I was having  
 17 to make the decision about putting her in a care home.  
 18 I had to do it. I didn't want to do it. I knew Anne  
 19 still had enough capacity to tell me she didn't want to  
 20 go there as well. But for her own health, her welfare,  
 21 I didn't want her to wake up in a dirty bed in the  
 22 morning. Do you know, she needed to be safe and she  
 23 needed more than I could give her and more than two  
 24 15-minute visits from Social Work.  
 25 Q. Tell me about the selection process for the care home

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1 that she eventually moved into.  
 2 A. I went to a few care homes myself, walked -- I had  
 3 a look round them and I looked at the -- I didn't  
 4 realise the difference between residential and nursing,  
 5 and I had gone round a few of the care homes and --  
 6 I went round the care homes, had a look, and then  
 7 I phoned Social Work and I said, "I've come to the end  
 8 of it, I can no longer look after my sister, I'm going  
 9 to have to put her in a care home", and then Social Work  
 10 took an interest at that point.  
 11 Q. Now, was it a care home or a nursing home --  
 12 A. It was a residential. I didn't realise that at the time  
 13 until the social worker told me that she would not be  
 14 going into a nursing home; it would be a residential  
 15 care home she would be going into.  
 16 Q. When she moved into the care home, were you happy with  
 17 it?  
 18 A. Yes, I was, very happy with it.  
 19 Q. What was good about it?  
 20 A. Anne never sat down. She was always up, she always  
 21 walked back and forward, she walked to the shops every  
 22 day, she loved movement and being around, so what was  
 23 really good, it was a big room. They had a big lounge  
 24 with -- their dining area was part of it and it meant  
 25 that she could wander round, she could look out, there

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1 was big windows and people could see her, staff would be  
 2 able to see her as well, which was important to me. She  
 3 wouldn't be sort of hidden in a small lounge. So, yes,  
 4 that's -- it was just perfect for her.  
 5 Q. And when she went into of the care home, was there  
 6 a key worker in the care home for her?  
 7 A. There was, yes.  
 8 Q. And did that make communication with you better, easier?  
 9 A. Oh, definitely. It made it easier. There was one --  
 10 when I went into visit Anne, I could go straight to the  
 11 key worker and, you know, say, "Right, what's been  
 12 happening?", and, you know, you would get all the  
 13 information then, or if I had any concerns, I could go  
 14 straight to the key worker and discuss it with her.  
 15 Q. Visits in terms of pre-pandemic, what happened?  
 16 A. I could go in any time I like. I used to go in -- there  
 17 was -- at first I didn't -- because Anne went in  
 18 in January, when she first went in, I didn't want to  
 19 take her out initially, you know, for coffees and  
 20 things. I needed to make sure she was settled where she  
 21 was. But I would go in, they would have music on, we  
 22 would dance -- she loved music, she loved dancing -- we  
 23 would have fun. We would go and -- I would always ask  
 24 her to show me her room, just so that she knew that  
 25 I knew that it was okay to be there, you know, that she

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1 had my support to be there, she had my confidence of  
 2 being there. She would show me her room and I would ask  
 3 things about her room and then I would ask her to show  
 4 me back to the lounge just so that I knew she knew her  
 5 way about as well. So, yes, I was quite happy with the  
 6 care home.  
 7 Q. And I think, in terms of things like routine medical  
 8 treatment that she might require, she was diabetic; is  
 9 that right?  
 10 A. Yes, she was, yes.  
 11 Q. How was that being dealt with? Was she on pills or  
 12 insulin?  
 13 A. No, the district nurse would come in and give her  
 14 an insulin injection every day.  
 15 Q. Right. What about if she had to go out to the opticians  
 16 or I think she had hearing aids --  
 17 A. That's right. Then I would have to take her.  
 18 Q. So you would do that?  
 19 A. Yes, aha.  
 20 Q. Did you take a power of attorney at that time?  
 21 A. I did. I had a power of attorney from 2014 for welfare  
 22 and finance.  
 23 Q. Now, you've described frequently going in to the care  
 24 home for visits pre--pandemic. When the pandemic  
 25 happened, what happened to your visits?

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1 A. Well, they just stopped. They just stopped. I had no  
 2 contact from the care home other than there would be no  
 3 visits. I probably phoned them to find out because they  
 4 never called me. So I would call them to find out what  
 5 was happening. There were no visits, and that's all  
 6 that happened for quite a while until they started the  
 7 window visits, but I was never informed of the window  
 8 visits until I phoned them and asked.  
 9 Q. Well, I'll come back to that. Was there telephone  
 10 contact before the window visits?  
 11 A. There was but my sister couldn't do telephone contact.  
 12 She didn't understand. She couldn't hear well and she  
 13 would get confused and her speech was -- she couldn't  
 14 always say a proper sentence and, over the phone, when  
 15 she had nothing to focus on, then -- they were not good.  
 16 They would leave you worse than when you spoke to her.  
 17 I felt that I'd no -- no, they were just horrible.  
 18 Q. Did the care home try to organise iPads or anything like  
 19 that?  
 20 A. Never. They never. One of the carers took in her own  
 21 iPad once and I was able to see Anne and it was on  
 22 Christmas Day, but the care home themselves didn't have  
 23 any iPads.  
 24 Q. The next thing which happened were window visits. Tell  
 25 me about those for Anne.

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1 A. The window visits, Anne couldn't hear properly and -- so  
 2 she couldn't hear through the double glazing what I was  
 3 saying. And apart from, you know, the sort of hand  
 4 gestures of, you know, "Your hair's nice. How are your  
 5 nails?", then that was about it. I used to ask the  
 6 staff if they could open the window at the bottom -- the  
 7 window opened that way from the bottom -- "Could you  
 8 open the window so Anne could hear me?", but I was told,  
 9 "No, she'll put her hand out", and I said, "Well,  
 10 I won't touch her hand if she puts it out. I just want  
 11 her to be able to hear me", but they wouldn't open the  
 12 window.  
 13 Q. How many people could visit Anne through a closed  
 14 window?  
 15 A. One.  
 16 Q. And that one was you?  
 17 A. Was me.  
 18 Q. Could you read paragraph 90?  
 19 A. "I thought that this was mad. I was outside a closed  
 20 window. Why [was] it always just me that's only allowed  
 21 to go? There were others who wanted to visit Anne, but  
 22 the home's rules about standing outside a closed window  
 23 prevented any of them from doing that."  
 24 Q. And 91?  
 25 A. "It was so ridiculous, in fact, that when my cousin from

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1 Jersey was allowed to come and stay with us, so that she  
 2 could visit Anne, for a window visit with me and my aunt  
 3 too, the home insisted that only two people were allowed  
 4 at the window and it always had to be the same named  
 5 people. So my cousin was forced to stay [in] the car  
 6 park area, shouting and waving at Anne."  
 7 Q. At 92 you say:  
 8 "... Anne had no idea they were there ..." --  
 9 A. No.  
 10 Q. -- "... because of her dementia."  
 11 A. Yes.  
 12 Q. "She [could only] focus on who was at the window."  
 13 Is that correct?  
 14 A. Yes.  
 15 Q. Could you read 93, please?  
 16 A. "It was utterly ridiculous, we could all be in the car  
 17 together but weren't allowed, by the care home, to stand  
 18 at a closed window together to see Anne."  
 19 Q. And 96, could you also read that?  
 20 A. "The whole thing was just like we were being policed,  
 21 staff remaining around and about to make sure we  
 22 remained as we were meant to [be]."  
 23 Q. And then at 97 you say:  
 24 "The result was that there was just no conversation,  
 25 she couldn't hear me through the double glazed window."

112

1 She wears hearing aids, she just couldn't hear, and this  
 2 was all ... too difficult for her and me. You couldn't  
 3 speak. I ended up just saying how nice her nails were,  
 4 or asking if she had had her hair done?  
 5 "It was all just horrendous. One time, when it was  
 6 her birthday, we just had our hands on the window,  
 7 either side of the pane. She just did not understand  
 8 what was going on. With Anne, the only way of  
 9 reassuring her, properly engaging with her, was with  
 10 hugs."  
 11 A. Yes.  
 12 Q. But you weren't allowed to do that. And at 100, "But at  
 13 least ... I could see her".  
 14 A. Yes.  
 15 Q. You then describe garden visits and I'm not going to go  
 16 through that in the same detail --  
 17 A. Yes.  
 18 Q. -- but can you just tell us a bit about garden visits?  
 19 A. The garden visits were worse than the window visits.  
 20 They were out -- because you were outside, apart from  
 21 the noise of the traffic -- on one occasion they were  
 22 actually cutting the grass as we were trying to have  
 23 a visit -- and they always had them with a member of  
 24 staff sitting beside Anne, so Anne was actually --  
 25 because of her dementia, because -- just the way that

113

1 she -- she couldn't focus. She focused on the person  
 2 who was sitting beside her. She didn't even properly  
 3 see me. I was wearing a mask, I was 2 metres away from  
 4 her with the mask on, and she was actually more  
 5 interested in the person that was sitting beside her.  
 6 She just -- there was too much going on --  
 7 Q. Who was the person sitting beside her?  
 8 A. A member of staff.  
 9 Q. Okay. During this period you say at paragraph 111 that  
 10 Anne's health was deteriorating.  
 11 A. Yes.  
 12 Q. Is that correct?  
 13 A. Yes.  
 14 Q. And how did that manifest itself at that stage?  
 15 A. She -- her son had had -- his wife had had twins and  
 16 I took in my iPad to show the twins -- to show her  
 17 photos of the twins and handed them to the member of  
 18 staff who then handed -- showed Anne the pictures on the  
 19 iPad. But she didn't -- she couldn't comprehend that  
 20 she'd become a grandmother. She didn't understand that.  
 21 She started carrying around a baby with her, a doll, and  
 22 called it her baby, and I think she thought from the  
 23 pictures that I was showing her that it was actually her  
 24 baby. I just knew then she was -- things had got -- she  
 25 really, really didn't understand what was going on.

114

1 Q. Okay. You then move on to talk about indoor visits.  
 2 A. Yes.  
 3 Q. Can I take you to paragraph 116, where you talk about  
 4 masks.  
 5 A. Yes.  
 6 Q. Can you tell us about masks for your sister?  
 7 A. When we did -- when we had the indoor visits, which were  
 8 much better than the other visits, but I still had --  
 9 I was in a room with her and I had to stay 2 metres away  
 10 from her, but I had to wear a mask, but I wasn't sure  
 11 that when I walked into that room that she knew it was  
 12 me. She just knew it was somebody and I wasn't sure she  
 13 knew. So I wasn't allowed to, but what I used to do was  
 14 when I got into the room I'd say "Hello" and I would  
 15 actually just take my mask off and say "It's me" and  
 16 then put it back on again so she could see my face, so  
 17 that she would know it was me that was in the room with  
 18 her.  
 19 Q. Were you permitted to do that --  
 20 A. No.  
 21 Q. -- and did you discuss that?  
 22 A. No.  
 23 Q. Would you have discussed that with the care home?  
 24 A. No, no, they would have told me "No". They would have  
 25 told me "No".

115

1 Q. Okay, paragraph 121, you describe the end of a visit and  
 2 how difficult you found that.  
 3 A. "Just like in the garden, Anne would understand that  
 4 I was leaving and she would always come towards me for  
 5 a hug.  
 6 "I had to back away from her. It [was] just such  
 7 a horrible feeling, so distressing."  
 8 Q. And at 125 you talk about Christmas Day --  
 9 A. Yes.  
 10 Q. -- and it would appear that the care home hadn't been  
 11 able to organise visits for each resident.  
 12 A. Yes.  
 13 Q. Because ...?  
 14 A. They didn't -- they only -- they didn't have enough  
 15 space in the day, not enough time in the day. Everyone  
 16 wanted to visit.  
 17 Q. And, again, at 127, you talk about January 2021. This  
 18 is about, what, three months before Anne died?  
 19 A. Yes.  
 20 Q. Is that right?  
 21 A. Yes.  
 22 Q. You talk about her condition deteriorating really  
 23 quickly.  
 24 A. Yes.  
 25 Q. She stopped eating and drinking by herself?

116

1 A. Yes.  
 2 Q. Why do you think that happened?  
 3 A. Obviously Anne's dementia was getting worse but Anne's  
 4 life had been turned upside down with the lockdown, with  
 5 the lack of physical contact, with her whole — not only  
 6 had her routine at home changed but her relationship  
 7 with me had changed massively. I mean, she wouldn't  
 8 have been able to understand why, why I was backing away  
 9 from her, why I wouldn't give her a hug, why I wouldn't  
 10 even just sit and have a cup of tea with her as we  
 11 always did. She wouldn't have been able to understand  
 12 any of that and I just think she went into a world of  
 13 her own.  
 14 Q. At 132 you say:  
 15 "From this point, it was clear that Anne was on  
 16 end-of-life care, so I was visiting quite often for as  
 17 long as I wanted."  
 18 A. Yes.  
 19 Q. "Anne's room was too small to keep 2 [metres] distance  
 20 so I had to remain in a mask and I think gown and  
 21 gloves. I was not even allowed to touch her."  
 22 Then at 134 you say what?  
 23 A. "This was just mad. Were they concerned that I was  
 24 going to give her Covid? She was dying. She was not  
 25 leaving her room. She was no risk to anybody."

117

1 Q. And then at 135?  
 2 A. "And even though Anne was clearly dying, those same  
 3 visiting rules were imposed by the home. Nobody else  
 4 from her family was allowed in, it was only ever me  
 5 allowed through the doors."  
 6 Q. You say that nobody else from the family was allowed in.  
 7 She had a brother?  
 8 A. Yes.  
 9 Q. Did he see her during the last year of her life?  
 10 A. No.  
 11 Q. Could you take me to 140 and 141?  
 12 A. "I said that Anne and her brother were really close and  
 13 that he would want to come [to] visit.  
 14 "When she replied that the home didn't know Anne had  
 15 a brother, I was so upset. I asked her how could they  
 16 ever have known? He had been excluded completely, he  
 17 was never allowed to come and visit."  
 18 Q. 143?  
 19 A. I then asked if instead of my husband coming with me, if  
 20 I could bring my brother and aunt instead. Neither of  
 21 them had been allowed to visit Anne at all, which upset  
 22 them both terribly.  
 23 Q. And the answer was ...?  
 24 A. "No".  
 25 Q. 145?

118

1 A. "So, as my sister was lying in her bed, dying, this  
 2 manager was telling me who it was that was allowed to  
 3 visit my sister, it didn't matter that Anne was dying  
 4 and all her family wanted to come and see her."  
 5 Q. At paragraph 150, you refer to someone else.  
 6 A. Yes.  
 7 Q. Tell us about that. Tell us about your contact with  
 8 that person on this occasion.  
 9 A. It just so happened that there was a Facebook picture  
 10 come up and it was somebody in the car with their mum  
 11 who was in a care home, in Fife as well, and, as I said  
 12 earlier, I was absolutely delighted for her but couldn't  
 13 understand how these two things could be happening in  
 14 parallel, two completely different things, different  
 15 forms of contact. And so we privately messaged and  
 16 I just explained the situation. She asked how Anne was  
 17 and I explained the situation and she put things into  
 18 motion for me.  
 19 Q. Did she contact a senior official at the local  
 20 authority?  
 21 A. She did.  
 22 Q. And what was the consequence of that, as far as the care  
 23 home were concerned?  
 24 A. The care home backtracked on everything that they had  
 25 said about the visiting. They backtracked on the fact

119

1 that it was only going to be two people who they decided  
 2 the people were going to be. Those two — they decided  
 3 that those two people would only be able to visit once.  
 4 They backtracked on that. They backtracked on the gown,  
 5 the gloves, the mask, the touching. They backtracked on  
 6 everything.  
 7 Q. And they backtracked at a time when your sister was on  
 8 end-of-life care?  
 9 A. Yes.  
 10 Q. And we know from the guidance that those things should  
 11 not have been imposed at a time of end-of-life care.  
 12 A. Yes.  
 13 Q. Are you aware of that now?  
 14 A. I am now, yes.  
 15 Q. How did you become aware of that?  
 16 A. Well, I became aware through the emails that had gone  
 17 back between the people that put it in place for me and,  
 18 when I read those emails, that's when I realised that  
 19 that shouldn't have been put in place. The care home  
 20 never contacted me about it.  
 21 Q. And even after — and did that result in changes —  
 22 A. I ...  
 23 Q. — for you in terms of visiting your [sister] [sic]?  
 24 A. Yes — for me, yes, it did. It resulted in a change  
 25 straightaway, the very next day. So when I contacted

120

1 the person through Facebook on the Tuesday night, by the  
 2 Wednesday morning everything had changed.  
 3 Q. In what way had it changed? How was it now?  
 4 A. I was allowed as usual to go in but I didn't — I only  
 5 wore my gloves, mask and apron as I was walking through  
 6 the care home, which was understandable. When I got to  
 7 my sister's room, I then was able to take off the PPE  
 8 and speak to my sister, hold my sister's hand. My  
 9 brother was allowed in, my aunt was allowed in and my  
 10 husband was allowed in, but unfortunately Anne died and  
 11 we weren't — we couldn't get anyone else in to visit  
 12 her because Anne had died very shortly after that.  
 13 Q. So not her son?  
 14 A. No.  
 15 Q. 163 and 164, could you read those, please?  
 16 A. "Overall, the home denied not only me, but others that  
 17 loved Anne, time to spend with her, so she could hear  
 18 their voices, even just for half an hour once a week.  
 19 "They denied it because they wanted to. I accept  
 20 there were lockdown rules but the care home went over  
 21 and above the rules."  
 22 Q. And then impact on you. Could we go to 169? What does  
 23 it say there?  
 24 A. "I just felt I could not be there for Anne. Yet, when  
 25 my mum was in hospital with her dementia and dying,

121

1 regardless that there were no Covid then, I was in  
 2 hospital all the time, I was there for days. Because  
 3 it's family and that's what you do."  
 4 Q. At paragraphs 170 and 171, you speak about the care  
 5 home. Could you just read the final sentence of 171?  
 6 A. "And they never supported me in any way whilst I was  
 7 there."  
 8 Q. Sorry, give me a moment.  
 9 At 183 you talk about being aware that Anne was  
 10 about to die and speaking with the care home and asking  
 11 the care home to contact you if the moment was imminent.  
 12 A. Yes.  
 13 Q. What happened?  
 14 A. I got a phone call from the care home about 2 o'clock in  
 15 the morning to say that Anne's breathing — she just  
 16 wanted to let me know that Anne's breathing had changed.  
 17 So I called my brother and we both went to the care home  
 18 straightaway. When I got there, I said to a member of  
 19 staff — I said, "Thank you so much for calling me. It  
 20 was really important because I need to be here", and she  
 21 said, "Oh, that was fine. It was just that Anne's  
 22 breathing changed and I thought you might want to know",  
 23 and I said, "No, I asked specifically to be called if  
 24 Anne's condition had changed in any way. I wanted —  
 25 I needed to be there for Anne", and she said, "Well,

122

1 I didn't know that. I just gave you a call because  
 2 I thought that I should maybe do that". She said,  
 3 I didn't realise that you specifically had asked for  
 4 it".  
 5 Q. At 196 you describe the funeral arrangements and you  
 6 found those difficult.  
 7 A. Oh, very.  
 8 Q. What specific things caused you problems?  
 9 A. Having to invite people to the funeral and tell people  
 10 they couldn't come to the funeral.  
 11 Q. Is that because the numbers were restricted?  
 12 A. Because of numbers — yes, because of numbers. That was  
 13 really bad. But one of the things that I'd done for my  
 14 mum and my dad and my sister, when they had died, was to  
 15 hold a cord for them to lower the coffin and I wasn't  
 16 allowed to do that because of COVID. I couldn't hold  
 17 a cord for my sister.  
 18 Q. When was it your sister died? Just remind us.  
 19 A. March 2021.  
 20 Q. Did you feel as though you'd had the opportunity to  
 21 grieve at the funeral?  
 22 A. No, no, we weren't allowed to hug. Even the funeral  
 23 directors were acting a bit like COVID police at the  
 24 time and we were under strict instructions that we  
 25 weren't allowed to hug. And people were coming up to me

123

1 and, again — it was like my sister all over — you're  
 2 backing off from people who just want to comfort — who  
 3 are grieving themselves and just want to comfort you and  
 4 want to be comforted themselves.  
 5 Q. You speak about the overall impact and talk about at 213  
 6 and 214 — could you just read that?  
 7 A. "My sister was dying and receiving end of life care, the  
 8 Care Home insisted on me being 2 [metres] apart [from  
 9 her]. They decided that only 2 others could visit and  
 10 that they could only visit once."  
 11 Q. The next one?  
 12 A. "They also chose who those visitors would be."  
 13 Q. Next one?  
 14 A. "There is nothing in the guidelines showing this."  
 15 Q. And then your conclusion you give at 217.  
 16 A. "It would appear that these rules were made up by the  
 17 staff at the time with no reference to guidelines or the  
 18 needs of the families."  
 19 Q. And 218?  
 20 A. "It felt like neither my sister nor I had any rights.  
 21 We were at the mercy of whatever the Care Home decided."  
 22 Q. And then you say something more generally at 220, again,  
 23 and 221. Can you read those?  
 24 A. "It was like I was made to walk away from her, as though  
 25 she had been taken away and put in prison and I couldn't

124



1 get to her.  
 2 "It makes me angry that because of decisions made  
 3 either at head office, or in the home, which far  
 4 exceeded what the lockdown rules were, I was prevented  
 5 from being with my sister more."  
 6 Q. Did that have an impact on her wider family? You talk  
 7 about that at paragraph 22.  
 8 A. Yes -- I mean, yes, my brother only was allowed to see  
 9 my sister and, like me, touch her in the last few hours  
 10 of her life. And my brother especially -- I mean,  
 11 I only got to touch her probably six or seven hours in  
 12 the last days of her life and my brother in the last  
 13 hour of her life, and that was within the last year.  
 14 Q. You say something at 224. Again can I ask you to read  
 15 that?  
 16 A. "Anne went into the home on 13th January 2020 and by the  
 17 end of March that same year, it was like I abandoned  
 18 her. When she tried to give me a hug, I walked away  
 19 from her."  
 20 Q. Have you said everything you wanted to say?  
 21 A. I feel -- and like, as you said before, recurring  
 22 themes, but guidelines can be ignored and they  
 23 absolutely were.  
 24 Q. But guidance can be ignored in two different ways. You  
 25 can ignore the guidance by having guidance which you

125

1 don't apply or it can be ignored by adding to the  
 2 guidance.  
 3 A. Yes.  
 4 Q. What happened in your sister's case?  
 5 A. They just didn't apply the guidance. They didn't make  
 6 it any better. They just decided they were just going  
 7 to do what they wanted to do and make it as rigorous as  
 8 they could, and that's what they did.  
 9 Q. I asked you this before we came in. Why do you think  
 10 they did that?  
 11 A. I think they did it to protect themselves. I think they  
 12 did it -- I feel they did it to protect a reputation of  
 13 not having COVID in the care home. I think that's what  
 14 they did. They certainly didn't make any changes to  
 15 those guidelines or even conform to those guidelines for  
 16 any benefit of the family or any benefit of certainly  
 17 of -- definitely not of the residents. They did it --  
 18 I feel that they did it to protect themselves.  
 19 Q. Now have you said everything that you wanted to?  
 20 A. Yes, thank you.  
 21 Q. If you haven't, tell us now. Have you said everything?  
 22 A. Yes, thank you.  
 23 MR CASKIE: Thank you. I don't have anything else for you.  
 24 Thank you very much.  
 25 A. Thank you.

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1 THE CHAIR: Thank you, Mrs Cooper. That's all.  
 2 Very good. Tomorrow morning at 10 o'clock.  
 3 MR CASKIE: With someone else.  
 4 (4.04 pm)  
 5 (The hearing adjourned until  
 6 Wednesday, 22 November 2023 at 10.00 am)  
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