

# OPUS2

Scottish Covid-19 Inquiry

Day 12

November 17, 2023

Opus 2 - Official Court Reporters

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1 Friday, 17 November 2023  
 2 (10.00 am)  
 3 THE CHAIR: Good morning, everybody.  
 4 Now, Ms Bahrami.  
 5 MS BAHRAMI: Good morning, my Lord. Today we have four  
 6 witnesses. The first witness is Alison Walker.  
 7 THE CHAIR: Thank you very much.  
 8 MS BAHRAMI: For the record, her statement reference is  
 9 SCI-WT0427-000001.  
 10 THE CHAIR: Do you happen to know if it's Ms, Miss, Mrs or  
 11 anything else?  
 12 MS BAHRAMI: I believe it's Ms.  
 13 MS ALISON WALKER (called)  
 14 THE CHAIR: Good morning, Ms Walker. There is a slightly  
 15 problem, a technical problem, with a potential breach  
 16 which we've got to cut out of the transcript that's  
 17 taken the whole time so we'll have to wait a moment or  
 18 two before that's sorted. I'm not sure that that was my  
 19 fault, but if it was, I apologise.  
 20 MS BAHRAMI: I'm not quite sure.  
 21 THE CHAIR: I'm not sure either. It's all right. No  
 22 problem.  
 23 Ms Bahrami.  
 24 Questions by MS BAHRAMI  
 25 MS BAHRAMI: Good morning, Ms Walker.

1

1 A. Good morning.  
 2 Q. Please could you confirm your name for the record?  
 3 A. Alison Walker.  
 4 Q. Thank you. The Inquiry has your details. You're  
 5 a freelance sports journalist?  
 6 A. Yes.  
 7 Q. And you've given a statement to the Inquiry regarding  
 8 your mother and father?  
 9 A. Yes, and my brother.  
 10 Q. And your brother, yes. There is a restriction order in  
 11 place so please don't mention any of your relatives'  
 12 names, any of the care homes or hospitals that they were  
 13 in or any of the people involved in their care --  
 14 A. I understand.  
 15 Q. -- by name. Thank you.  
 16 Now, your mother and father were residing in a care  
 17 home when the pandemic started; is that right?  
 18 A. Yes, that's correct.  
 19 Q. Your father had been diagnosed with vascular dementia in  
 20 2012?  
 21 A. Yes.  
 22 Q. And that was the reason he'd moved into the care home,  
 23 but prior to that he'd been in a respite home --  
 24 A. It was the same home though.  
 25 Q. Oh, it was the same home?

2

1 A. Yes. The respite home was the same as the care home --  
 2 Q. Right, okay.  
 3 A. -- that he moved into initially without my mum.  
 4 Q. Okay, thank you. In 2015 your mum developed mild  
 5 Alzheimer's --  
 6 A. Yes.  
 7 Q. -- but she didn't have an official diagnosis and there  
 8 was also no medical reason at that point for your mum to  
 9 be in a care home.  
 10 A. No.  
 11 Q. But because it was rare for there to be two places in  
 12 that particular care home and because of the effect of  
 13 separation on your mum from your dad, it was decided  
 14 that it would be a good time for them both to move into  
 15 that care home?  
 16 A. Well, she largely decided it. It was up to her.  
 17 Q. Yes. The separation -- the time that your mother and  
 18 father were separate from each other while he was in  
 19 respite really had an effect on your mother; is that  
 20 right?  
 21 A. Yes, a terrible effect. She missed him terribly. She  
 22 missed looking after him. She just missed every aspect  
 23 of him. They'd been together at that point about  
 24 57 years --  
 25 Q. 57 years.

3

1 A. -- and they were devoted to each other and did  
 2 everything together, and she couldn't bear -- and she  
 3 was frightened on her own. She was frightened on her  
 4 own. She couldn't understand. She would phone me up in  
 5 the dark and say, "Is it 9 o'clock in the morning or  
 6 is it 9 o'clock at night?", so we knew she was really  
 7 struggling on her own. She would barricade the door and  
 8 wouldn't let anyone in because she was so frightened.  
 9 She missed him.  
 10 Q. Thank you. In paragraph 8 of your statement you say  
 11 that you'd seen a decline in your father when he moved  
 12 into a respite home -- from the time he moved into the  
 13 respite home.  
 14 A. Yes.  
 15 Q. So when they moved into the -- when they both were in  
 16 the care home together, you made a conscious effort to  
 17 try to keep them on the ball?  
 18 A. Yes, and that was really important. I think our family  
 19 learned a lot about dementia firstly through my dad's  
 20 condition. We learned that actually family contact,  
 21 socialising, getting them out, getting them to do  
 22 things, getting them walking, engaging in reading  
 23 newspapers, helping them along, talking to them -- we  
 24 knew how important that was to keep -- dementia is  
 25 a chronic condition and stability -- to keep some level

4

1 of stability in dementia, it's important to have that  
 2 regular, familiar family contact, hugging, touching,  
 3 socialising . It's absolutely critical because the  
 4 window of opportunity before that closes — you know  
 5 it's coming because we saw it with my dad — so we knew  
 6 especially with Mum that we had to keep that contact  
 7 going for her in particular . That was absolutely  
 8 critical to her health and well-being, and the family's  
 9 as well.

10 Q. It was in the belief that that could be kept up that she  
 11 went into the care home?

12 A. Yes, yes, and, you know, that first year she was in the  
 13 care home I even took her to Wimbledon. That shows the  
 14 level of cognitive ability she still had at that stage.  
 15 And we took her swimming, we talk her walking, we took  
 16 her out for lunch and engaged a lot with my dad when we  
 17 came back, so we kept her relatively stable. Maybe  
 18 I didn't see the decline as much because I saw her quite  
 19 a bit and others who visited less frequently in the  
 20 family saw maybe more of a decline, but we managed to  
 21 keep her fairly stable those first two or three years.

22 Q. Thank you. In mid-March 2020 the care home told you  
 23 that for a while, while residents would be allowed to  
 24 mingle and mix, the care home was closing to visitors,  
 25 and that was before the national lockdown; is that

1 correct?

2 A. It was, and I was away working and I missed actually  
 3 seeing them on the final day that was allowed, but we  
 4 still thought it was only temporary and I thought,  
 5 "That's great. The care home have done what they should  
 6 do. There's an infectious outbreak, you know, like  
 7 norovirus" — you know, we would never go in if we had  
 8 colds or coughs or anything anyway because families just  
 9 didn't do that. If you had a relative — an elderly  
 10 relative in a care home, if you were ill, you wouldn't  
 11 have gone near them anyway. So we thought, "That's  
 12 good, they've locked down, they've got plenty of PPE,  
 13 they've got good staff, they know what to do", and the  
 14 family were reasonably happy that the right action had  
 15 been taken at that point.

16 Q. Thank you. Were you able to call and get updates about  
 17 your parents at that point?

18 A. It was quite difficult because — and I know a lot of  
 19 others will have said this — we felt they were so busy,  
 20 they were under-resourced, it was like all hands to the  
 21 pump. Sometimes I would phone up and the phone would  
 22 just ring out and out and out and out, but, to be  
 23 honest, that happened before COVID as well. So the  
 24 contact information was quite difficult . And if they  
 25 quickly answered the phone, you'd say, "How are Mum and

1 Dad? How's Mum?", "She's fine", and that was more or  
 2 less it . You didn't get any more information. But  
 3 again we didn't want to hound them and pull them away  
 4 from people they might be caring for. So I stepped back  
 5 a wee bit and just kind of let them get on with it at  
 6 that point, at the start.

7 Q. Did you know how your mum and dad were finding that  
 8 initial lockdown?

9 A. Well, it was difficult — how would I know because they  
 10 never gave us any information. I only know because  
 11 I know my mum and I know she'll be asking, "Where's  
 12 Alison? Where is she? Why isn't she coming to see me?  
 13 What's happening? What's going on? I want to go home",  
 14 all of those kind of — I know she would be saying that.  
 15 Then when — we tried to set up some Skype calls and  
 16 she didn't know what was going — I mean, the technology  
 17 when you're in your late 80s and you've got dementia  
 18 just doesn't work. That was a ludicrous decision to  
 19 expect a lot of families who have relatives with  
 20 dementia to actually be able to connect with their  
 21 families like that. That was absolutely hopeless.

22 Mum would get the screen and, if she could hear and  
 23 see I was on it, she would stroke my face on the screen,  
 24 and then she'd say, "Where is she? Where is she?", and  
 25 she would get distressed and start pacing around the

1 room, saying, "Where is she? Why isn't she coming in?  
 2 What's going on? Why are you on the television?", you  
 3 know, questions like that, and I could hear it through  
 4 the Skype.

5 Q. Did you find that quite distressing?

6 A. Really distressing . I've actually recorded some of  
 7 that. I look back and I just think, "How on earth could  
 8 anyone think that was an acceptable form of contact?",  
 9 because it was more distressing than not doing it.

10 The only thing, I could actually see if she looked  
 11 all right and that was — but it was crumbs. It was  
 12 getting crumbs of comfort. And telephone calls were the  
 13 same because with dementia you need face to face, you  
 14 need to hold hands, you need physical contact. So phone  
 15 calls, especially when they're deaf as well — you know,  
 16 that's just — everybody's shouting and that's not an  
 17 acceptable form of contact either. So it was difficult .

18 Q. Difficult . Did you ever contemplate taking your mother  
 19 out of the care home?

20 A. I did, I did, and I discussed it with my brothers, and  
 21 I thought, "You know, Mum would benefit from being out.  
 22 I'm not working at the moment", because I'd lost a lot  
 23 of work through COVID, "I could actually look after  
 24 her". I discussed it with my brothers. They thought it  
 25 would be too much for me, but actually more of us

1 thought the one bit of comfort she is getting in the  
 2 care home is that she's still with my dad. They were  
 3 still together. And that was the overriding reason that  
 4 I didn't take her out. They still at that point had  
 5 a great connection with each other and that was really  
 6 important to them, so ...

7 Q. Thank you. You've said that you couldn't have any video  
 8 calls or -- well, you tried to have video calls and  
 9 telephone calls but they just wouldn't work. You say in  
 10 paragraph 13 of your statement that the care home set up  
 11 a WhatsApp group for residents and families to try to  
 12 keep them updated. How did you find that?

13 A. Again, it was quite generic because there's 32 residents  
 14 so they obviously couldn't take photos of everybody all  
 15 day every day and what they were doing, so it was basic  
 16 at best. You know, I ended up getting sent pictures of  
 17 other people's relatives and I'm not that interested --  
 18 it's not that I didn't care but I didn't want to see  
 19 other people's relatives. I wanted to see Mum and Dad,  
 20 I wanted to know what was happening with them and what  
 21 they were doing. It was mainly updates about, you know,  
 22 maybe what was happening with the guidance or -- rather  
 23 than anything hugely personal, so it was pretty useless.  
 24 Latterly in COVID it was better because it was more  
 25 tailored and there was less pressure on the staff --

9

1 Q. So they continued that the whole way through?

2 A. Yes, and they still do actually. It's still -- it was  
 3 a good thing to do in the long term.

4 Q. Thank you. Now you had your first window visit on  
 5 19 March 2020.

6 A. Yes.

7 Q. Could you tell us about that?

8 A. Yes. Well, the way the care home is, it's an old  
 9 building and it's -- you have to go round an alleyway  
 10 that nobody walks down and it's a window, and it was the  
 11 only window that was the right level for residents to be  
 12 able to sit on the other side and for you to be on the  
 13 other side, to be able to see in, so they were sitting  
 14 there with a member of staff.

15 Q. Would they take it in turns to sit there? This wasn't  
 16 in anyone's bedroom?

17 A. No, no, it was in a corridor. It was in a corridor  
 18 where the window was. So the staff would bring them and  
 19 they'd sit them down in some chairs and the staff member  
 20 would stand there. For the first window visit, the  
 21 window was actually very slightly open so I was able to  
 22 slip my hand underneath and Mum would hold my hand.  
 23 She'd pull it -- she'd pull it and try to pull me in.  
 24 I said, "Mum, I can't come in, I can't come in"; "Why  
 25 can't you come in?". I said, "I can't come in". I just

10

1 said, "There's a bug going round and I don't want to  
 2 give you the bug". She said, "Oh, that doesn't matter.  
 3 We'll shake it off. It's fine. I'd rather see you, I'd  
 4 rather be with you. Come in, please come in", and then  
 5 she would get distressed and then my dad would get  
 6 distressed because he could see her getting distressed,  
 7 and again she'd end up pawing the window and banging the  
 8 window, saying, "Come in, come in. Why can't you come  
 9 in?". She couldn't understand what was going on and why  
 10 I couldn't get in.

11 Then, as window visits did progress and restrictions  
 12 became even more severe, they shut the window and they  
 13 locked it so that you couldn't even have the contact  
 14 with the hand, and they actually -- nobody could open  
 15 that window and I was worried about it as a fire risk as  
 16 well. I think that was the wrong -- because windows are  
 17 meant to be able to be opened but there were nails in it  
 18 so that I couldn't pull the window open.

19 Q. Did that affect your ability to communicate with your  
 20 parents?

21 A. Completely. I think even the touch -- even the touch  
 22 for me was really important; very important for Mum as  
 23 well. I could feel her hand tightening on mine.  
 24 I think she felt abandoned and that was one way of  
 25 connecting.

11

1 Q. Thank you. And did it affect your mum being able to  
 2 hear you at all?

3 A. Yes. Yes. Well, she kept taking her hearing aids out  
 4 and, you know, the hearing aids got lost and, you know,  
 5 I would have to shout through the window and, if it was  
 6 closed, you know, so I'd have to bang to get her  
 7 attention. And, you know, sometimes I'd take my son's  
 8 girlfriend with me and sometimes the dog just to try and  
 9 make it a better visit so I could get a smile from them.  
 10 But it was just -- it was ... again it was crumbs, it  
 11 was crumbs of comfort, but the crumbs were just --

12 Q. But initially you were able to take someone else with  
 13 you to the window visits and the dog as well?

14 A. Occasionally -- I was allowed occasionally, but, no,  
 15 everybody found -- and the family found it just far too  
 16 torturous to go through that so it ended up a lot of the  
 17 time just being me and the dog, just to try to get some  
 18 reaction from them, just to see -- but at the same time  
 19 I could still see them, I could still see their faces  
 20 and their skin to see that they were all right because  
 21 we are -- relatives are also guardians and inspectors,  
 22 and when we go in to see our families, we check them, we  
 23 check that there's no bruises. We check all sorts of  
 24 things. We check that their nails are not too long.  
 25 I even used to take Mum's socks off to see if her feet

12

1 were all right because feet in the elderly is absolutely  
 2 critical , to see that the nails weren't rubbing into the  
 3 other toes and making them bleed and -- because that's  
 4 happened before, and I couldn't do any of that and  
 5 I worried about all of that.  
 6 Q. And you see that as being central to the role of  
 7 families --  
 8 A. Yes.  
 9 Q. I think you use the term "policing" in your statement to  
 10 describe that.  
 11 A. Yes.  
 12 Q. And you couldn't do that?  
 13 A. I couldn't do any of that, I could see just if they --  
 14 but what can you tell just by seeing someone's face when  
 15 they look really unhappy? And she was always -- Mum was  
 16 always getting UTIs. There was always something,  
 17 just --  
 18 Q. Did you feel guilty because you weren't able to do that?  
 19 A. I didn't feel guilty because it wasn't my fault --  
 20 Q. No, of course.  
 21 A. -- but I felt very angry. I felt they weren't being  
 22 looked after properly and I did -- we'll probably go  
 23 into this -- but I didn't feel valued as a member of the  
 24 care team, which I was.  
 25 Q. You told us that initially you were happy with the

13

1 restrictions . Your family believed that that was the  
 2 right action to take.  
 3 A. Yes.  
 4 Q. Did there come a point where your views changed?  
 5 A. Yes, that was round about the summer of 2020, and we  
 6 were there for an outdoor visit in the garden and the  
 7 care home had brought in -- actually brought in an  
 8 entertainer, a singer, which was great, and it was  
 9 a lovely day and everybody was outside and they phoned  
 10 us and said, "You can come -- you and one other can  
 11 come, but you'll have to stand behind the fence and just  
 12 watch", but we -- again, we thought "Brilliant". You  
 13 just accept any little crumb of any kind of contact. So  
 14 we did that and the entertainer was great, but Mum saw  
 15 me and she started to come towards me and of course they  
 16 pulled her away, and that was really, really  
 17 distressing . Do you know what it felt like? It felt  
 18 like I was going to the zoo and watching animals on  
 19 display in the zoo, "Don't touch, don't touch. Don't go  
 20 near them, don't go near them". These were my parents.  
 21 These were my parents. Looking back, I was angry at the  
 22 time and I'm still angry that that happened.  
 23 Q. Yes.  
 24 A. And my dad knew I was there and he waved, but he was  
 25 a bit more passive in his dementia whereas Mum was still

14

1 relatively on the ball and she knew -- but she couldn't  
 2 understand why she couldn't come near me and eventually  
 3 she just went inside and that was the end of the visit .  
 4 Q. Were you all wearing masks outside?  
 5 A. No, and the rest of society at that point weren't  
 6 wearing masks either, and because we were so far away,  
 7 we weren't -- so she could actually see my face at that  
 8 point, she could see me smile, And, I had to yell , "Mum,  
 9 Mum, it's all right , it 's all right . Soon -- we'll be  
 10 in soon, we'll see you soon, I promise, I promise".  
 11 I kept telling her that to try and keep her going.  
 12 Q. And in paragraph 16 you say that you started being  
 13 concerned about the effects of COVID -- the pandemic  
 14 restrictions and masks on people with dementia at that  
 15 point and you raised concerns with both the care home  
 16 and the Care Inspectorate.  
 17 A. Yes.  
 18 Q. You also raised issues with not being able to see your  
 19 parents --  
 20 A. Yes, I wrote to everybody that was -- hundreds of  
 21 emails, hundreds of postings. I really -- that summer  
 22 incident really kind of propelled me into action.  
 23 I thought, "I need to do something here". And the other  
 24 thing that I just missed was the -- I had a friend whose  
 25 dad was in a care home in France and she said -- she

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1 said, "What's going on in Scotland? What are you doing  
 2 to all the ...". She said, "We stood outside the care  
 3 homes and we protested that we needed to be with our  
 4 loved ones who had -- especially ones that had  
 5 Alzheimer's because the impact of not being with them  
 6 would be a lot worse than COVID", she said, "and our  
 7 Health Minister listened to us and he reversed the  
 8 decision and we were allowed in from May 2020", and that  
 9 was without masks and without vaccinations. And I've  
 10 checked the stats and the death rate was no different  
 11 from the UK. So I just think why didn't -- why weren't  
 12 we doing that? And that precipitated me into the  
 13 campaign and action and trying to challenge everything  
 14 that I possibly could. So those were the two things,  
 15 and that included the masks as well.  
 16 Q. Were you referring to the French example when you were  
 17 contacting --  
 18 A. Yes, yes, in all my letters to Jeane Freeman, to  
 19 Kevin Stewart, to the Care Inspectorate, to the Mental  
 20 Health and Welfare Commission, to basically anyone that  
 21 I felt was in that decision-making position. The  
 22 evidence was there and nobody looked at it. You know,  
 23 all throughout -- all my correspondence with all of  
 24 these people, I sent a --  
 25 Q. And organisations that are to represent people with

16

1 dementia?  
 2 A. Yes, and nobody -- I don't even know if they -- well,  
 3 they listened and they probably read it, but I got copy  
 4 and paste letters back for --  
 5 Q. What were the responses?  
 6 A. Just that, "We're managing, you know, something that  
 7 we've never managed before and this is this --  
 8 Public Health", and it was all the kind of cop-out  
 9 lines, "We're just trying to keep everybody safe", all  
 10 of that.  
 11 THE CHAIR: Can I ask you for some clarification? You said  
 12 a moment or two ago that in May 2020 you heard about the  
 13 French or you were informed about the French  
 14 experience --  
 15 A. Yes.  
 16 THE CHAIR: -- and you then said you've checked the  
 17 statistics and the death rate was no better, no worse,  
 18 than it was in Scotland.  
 19 A. Yes.  
 20 THE CHAIR: Did you do that contemporaneously in May, the  
 21 current figures in May 2020, or is that something you've  
 22 done subsequently?  
 23 A. It wasn't. It was in July --  
 24 THE CHAIR: July, sorry.  
 25 A. -- because it was after, but it was my friend that told

17

1 me it was from May 2020 they were allowed into the care  
 2 homes --  
 3 THE CHAIR: I beg your pardon.  
 4 A. -- and then I kind of checked. I said, "Well, what are  
 5 the numbers like in France?". It was more anecdotal --  
 6 THE CHAIR: I understand that, but you checked  
 7 contemporaneously with --  
 8 A. At that time, in that summer of 2020.  
 9 THE CHAIR: You said that when you wrote to the various  
 10 bodies -- and I see who they are in paragraph 18 -- you  
 11 provided information. Did that make reference to the  
 12 French figures?  
 13 A. Not -- again, it was anecdotal. I said, "I don't know  
 14 numbers but I know the numbers are not as great as you  
 15 might think". I was trying to obviously make the point  
 16 that keeping people out doesn't necessarily -- keeping  
 17 family out doesn't necessarily mean you are saving  
 18 people from COVID.  
 19 MS BAHRAMI: Were you trying to alert them to the existence  
 20 of an alternative approach --  
 21 A. Yes.  
 22 Q. -- in the hope that they would look at this?  
 23 A. Yes, yes. Well, why wouldn't you look at good practice  
 24 somewhere else? Why wouldn't you look at the success --  
 25 not a success story -- but why wouldn't see that

18

1 actually -- you know, "Look, you've got evidence here.  
 2 Look at it. Please just look at it and maybe  
 3 reconsider". I said, "You keep telling us you'll let us  
 4 in. You'll let us in after we've been vaccinated,  
 5 you'll let us in after they've been vaccinated, you'll  
 6 let us in after the second vaccination, the third  
 7 vaccination", and they kept dangling us all along and it  
 8 was absolute torture, lurching from one decision to the  
 9 next. And I thought, "If they've got evidence here of  
 10 good practice somewhere else and they value these  
 11 elderly people in care homes, surely they must look at  
 12 it". I can't get my head round the fact that they  
 13 didn't.  
 14 Q. There was nothing in any of the responses to you to  
 15 suggest that they'd looked but there was a reason not to  
 16 follow that?  
 17 A. No.  
 18 Q. You say that you considered it unfair that people could  
 19 visit elderly relatives who lived at home but not in  
 20 care homes --  
 21 A. Yes.  
 22 Q. -- and you raised those concerns with all the  
 23 organisations too --  
 24 A. Yes.  
 25 Q. -- and there was still nothing?

19

1 A. Yes. The discrimination was blatant for me and a real  
 2 human rights abuse.  
 3 Q. Yes. You say in paragraph 19 that you felt the  
 4 Scottish Government didn't listen to the science on the  
 5 issues. Could you expand on what you're referring to by  
 6 the science there? What was it that they were --  
 7 A. Yes, I've got quite a lot of people that work in the  
 8 medical side of things and they kept sending me things,  
 9 particularly about mask-wearing. You know, mask-wearing  
 10 for me, unless you wear them properly in specific  
 11 circumstances -- well, a lot of the staff weren't even  
 12 wearing the masks properly. But it was more -- the  
 13 mask-wearing was more because of communication issues.  
 14 My mum was deaf, you know. And also, if you're  
 15 surrounded by -- if you're surrounded by a group of  
 16 people 24/7 wearing masks and you don't see people smile  
 17 for up to two years, what kind of effect is that going  
 18 to have on your mental health and well-being? And they  
 19 were wearing masks -- some of them -- some care homes  
 20 are still wearing masks.  
 21 You know, it was that aspect of it and various  
 22 contacts and Social Work that sent me links about the  
 23 impact of mask-wearing in particular. I get that, you  
 24 know, at the start, they didn't understand how the virus  
 25 spread and I got all that, but as time went on, we never

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1 seemed to hear about the other research, about the other  
 2 evidence that was out there. It was only just the one  
 3 track, that, "We're trying to keep your parents safe",  
 4 always, "trying to keep your parents safe". And I think  
 5 that -- it didn't matter if they died from anything else  
 6 as long as they didn't get COVID. That was the whole  
 7 reason for everybody, you know, working in a care home  
 8 at that time.

9 Q. Then you go on to say that, from 4 July 2020, you were  
 10 able to have outdoor visits. Where did those take place  
 11 and what was the set-up?

12 A. Again, that was -- every resident in a care home appears  
 13 to be cold all the time so they would wheel my dad out  
 14 in the wheelchair and it was like the length of  
 15 a table--tennis table and I'd be at one end and Mum and  
 16 Dad would be at the other and there was a clear screen  
 17 in the middle, you know, high enough, and the staff from  
 18 the care home would come out and stand and watch --

19 Q. So you didn't have privacy?

20 A. No privacy and I had a mask on at that point. And of  
 21 course Mum saw me and the first thing she wanted to  
 22 do -- she would get up and she'd come towards me and  
 23 she'd be pulled back again. And that was -- and again,  
 24 distress caused for her and also distress for me. It  
 25 was absolutely awful. So, again, what is meaningful

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1 contact? That certainly was not meaningful contact. It  
 2 was awful. The only thing I could see is that she was  
 3 still moving, she was still mobile and I could see her  
 4 face. So, you know, that was the crumbs I got from  
 5 those visits, but they were tough as well.

6 Q. And then after that it reverted to window visits  
 7 again --

8 A. Yes.

9 Q. -- which you've already told us were not beneficial --

10 A. No.

11 Q. -- for you or your parents.

12 A. And the weather got colder for us outside and invariably  
 13 it would be raining. In the pouring rain you'd be  
 14 standing outside, so it was difficult for family, you  
 15 know, in the winter.

16 Q. Were your parents allowed to see each other at this  
 17 point?

18 A. Yes, yes.

19 Q. That continued --

20 A. Yes, most of the time they seemed to be together,  
 21 sitting together, holding hands, so that was the  
 22 consolation the family had, that they were together and  
 23 they weren't alone in that sense.

24 Q. And did the care home keep you updated of the guidance  
 25 or is that something you had to find out for yourself?

22

1 A. No, we found -- I found out mainly through the Care Home  
 2 Relatives or from my own contacts, just --

3 Q. Not through the care home?

4 A. No. Sometimes I would know before them and I would say,  
 5 "Well, this is happening"; "Well, we haven't had it  
 6 through yet, we don't know yet, we can't do anything --  
 7 we can't allow that until we hear officially from  
 8 Public Health".

9 Q. Was that quite frustrating?

10 A. Very frustrating because we knew what was coming. You  
 11 know, when you're 89 and 90, time is not on your side.  
 12 Every day could be your last day. You cannot say, "Oh,  
 13 this time next year we'll let you in". Well, Mum and  
 14 Dad might not be here next year. Every moment counts  
 15 for those in care homes like that, every second counts.  
 16 You never know when that call is going to come, you  
 17 know. That was the frustrating aspect, and then you're  
 18 thinking, "I haven't actually touched my mum and dad.  
 19 Is that the last time I'm ever going to touch them  
 20 before they die?". Those thoughts go through your head  
 21 all the time. It's tough.

22 Q. You say that in November 2020 you were able to have  
 23 visits in the care home conservatory.

24 A. Yes.

25 Q. How were they set up? Were they more effective?

23

1 A. That was -- in the conservatory they also had a plastic  
 2 screen between us again, so it was the same situation,  
 3 and then they had the conservatory door open and, as  
 4 long as you were 2 metres behind, and -- you know, Mum  
 5 and Dad would sit -- again, it was like visiting the zoo  
 6 and Mum would try and stretch out and there would be  
 7 somebody hovering, watching, just keeping an eye that we  
 8 didn't actually make physical contact.

9 Q. Were you standing outside the conservatory --

10 A. Yes.

11 Q. -- and your parents were inside?

12 A. Yes, but the door was open so -- but there was  
 13 a barricade, there was a barricade, so I did not step  
 14 over that line of, "Do not return, do not pass go".

15 Q. Of course you said many times the masks created  
 16 difficulty. Did you or the care home give any thought  
 17 to clear masks? Did the care home at all talk about  
 18 providing clear masks or visors so that --

19 A. They didn't, but in one of the emails back from  
 20 Kevin Stewart, he did say -- when I was challenging him  
 21 about the mask-wearing, he said "Well ..." -- and the  
 22 communication, the fact that Mum couldn't see because  
 23 she did some lip-reading, he said, "Well, we are  
 24 beginning to get the clear masks and we'll get them sent  
 25 out to the care homes". That never happened.

24

1 Q. Now, in paragraph 25 you say that in January 2021, at  
 2 9.00 pm, you received a call from the care home. They  
 3 asked you —  
 4 A. It was 9 am. It was in the morning. It was in the  
 5 morning.  
 6 Q. 9.00 am?  
 7 A. Yes.  
 8 Q. Thank you. They said — they asked you to go over  
 9 because your father wasn't responding; is that right?  
 10 A. Yes.  
 11 Q. What were you thinking at that point?  
 12 A. Well, as I said earlier, you're always on tenterhooks  
 13 for that call, and my dad was just 89, so you're  
 14 always — you always think at some point you're going to  
 15 get that call and I thought — and the care home never  
 16 make that call to you unless they think it's —  
 17 especially during COVID, there's no way they would have  
 18 phoned me if they didn't think this was perhaps the  
 19 moment he was going to die. So I got — and of course  
 20 I was the only one that was allowed so I didn't have  
 21 anybody with me.  
 22 Q. Sorry. So even though they thought it was the end of  
 23 his life, they didn't allow the rest of your family to  
 24 join you?  
 25 A. No, no. And I phoned my brother on the way over to

25

1 prepare him. He said "Just keep me posted". So I got  
 2 to the care home and I got suited and booted up and the  
 3 member of staff took me to my dad's room. And as soon  
 4 as I got into the room, I took everything off and they  
 5 stepped out and they gave me the respect of being  
 6 alone with him. And he looked terrible and I thought,  
 7 "Gosh ..." — because I'd never seen anybody die before  
 8 and I thought, "Is this what it looks like?". It was  
 9 just all new to me. And he was unmoving, he was grey,  
 10 his eyes were glazed over, his skin just looked awful,  
 11 and I thought "Oh, gosh". So I started to talk to him.  
 12 I started to shout, "Dad, it's me, Dad, it's me, it's  
 13 Alison, it's Alison", and I thought — I put my hand  
 14 under the cover and I held his hand and I said, "Dad,  
 15 Dad, if you know me, squeeze my hand", and he squeezed  
 16 my hand. And after that I said, "Dad, come on,  
 17 don't you leave now, don't you leave now", and I saw his  
 18 tongue come out licking his lips, so I said, "Do you  
 19 want a drink?". So I got him a cup and I just got him  
 20 to sip the drink and his tongue came out and he  
 21 brightened up and he smiled.  
 22 After that I just — I mean, he's not great at  
 23 communicating, he's quite advanced with his dementia,  
 24 but I knew — I knew he was engaging with me, and after  
 25 that he rallied and he's still here today. And I am

26

1 convinced that, had I not gone in that day as a valued  
 2 member, as his daughter, he would not be here. And  
 3 I tell this story to illustrate the importance and the  
 4 value of family because he was very frail, but he  
 5 clearly still wanted to live if family were around him  
 6 and it made all the difference that I was there.  
 7 I couldn't actually believe it. I couldn't believe it,  
 8 that he came round. It was actually — it was like  
 9 rising from the ashes, so ... and it was a great  
 10 feeling.  
 11 Q. Thank you. When you said that your family weren't  
 12 allowed, you were the only one, did that include your  
 13 mum? Was she offered the option of being by your  
 14 father's bedside at that point as well?  
 15 A. I don't know if they brought Mum in — you know, I don't  
 16 know. I think I was so consumed with him, I didn't  
 17 even — gosh, I didn't even think of Mum at that point.  
 18 We tried to — you know, her dementia was — she still  
 19 knew him but I'm not sure how much — it's difficult to  
 20 gauge how much she would have understood about what was  
 21 going on, but she always asked, "Where is he, where is  
 22 he?", but then she was so forgetful that — sometimes  
 23 she would forget latterly that — "Is that my husband  
 24 over there?", and there would be somebody else —  
 25 another man in the care home, and we'd say, "No, that's

27

1 not Dad. Dad's over there". So that's the kind of  
 2 condition of dementia. So it would be hard to gauge but  
 3 I'm sure she would have felt it definitely.  
 4 Q. Did that strengthen your resolve to contact people and  
 5 try to fight for access?  
 6 A. Yes, yes. This is — they are not just people to be  
 7 dispensed with. They are important and family are  
 8 important and, you know, care for me means kindness, you  
 9 know. There was very little kindness of any kind shown  
 10 to families, you know, and that — there was no  
 11 compassion. The compassion disappeared.  
 12 Q. Yes.  
 13 A. Yes.  
 14 Q. You go on to mention that your dad turned 90 on  
 15 22 January 2021 and you were allowed to visit him that  
 16 day.  
 17 A. Yes.  
 18 Q. But you were the only one?  
 19 A. I was the only one, yes.  
 20 Q. And your mum was quite distressed that day?  
 21 A. Yes.  
 22 Q. Was there a particular reason for that or ...?  
 23 A. She was just very agitated and just — I think there's  
 24 a lot of confusion when you've got dementia and trying  
 25 to get — she wouldn't sit down and she kept saying,

28



1 "I want to leave, I want to leave". I said, "Don't  
2 leave, Mum, it's Dad's birthday". You know, it's quite  
3 difficult celebrating your dad's 90th birthday on your  
4 own and no other family allowed. But I'd pushed for  
5 essential care status at that point so that's why  
6 I think I was allowed in and it was good to be with him.  
7 Then actually I had to go and --- I can't remember  
8 whether it was actually the day of his birthday or  
9 before because he got a cake at a different time and  
10 I wasn't allowed to go to that celebration with other  
11 residents. I wasn't allowed to go into the care home  
12 for that. I was just allowed to see him to say "Happy  
13 birthday" and that was it.

14 Q. Okay, thank you.

15 Now, at some point visits were allowed inside again.  
16 How many people could visit at that point?

17 A. That was when Mum and Dad were --- the visits in their  
18 own room, and we would go in through the emergency exit,  
19 which was quite near to their bedroom, so we didn't have  
20 footfall through the home, so we weren't traipsing  
21 through the home, and literally somebody would let us in  
22 and guide us to the room, and generally it was only me.  
23 And I think at the start it only had to be me. I think  
24 it was only one visitor. I can't remember how long ---  
25 Q. Did you go with your brother and switch?

29

1 A. Yes, that was just before that, before the room visits  
2 actually. That was following on from the visit inside  
3 with the screen. Then there was kind of an interim  
4 period where, if two of us wanted to visit, we couldn't  
5 see Mum and Dad together, so my younger brother would  
6 visit my dad and I'd visit my mum, but we were  
7 travelling in the same car.  
8 Q. What were your thoughts on that sort of artificial  
9 separation at that point?  
10 A. It was just --- we couldn't be together --- they wouldn't  
11 allow us to be together as a family. We'd been tested  
12 and vaccinated. We were --- at that point we were still  
13 wearing masks, so ---  
14 Q. And you'd been with your brother in the car ---  
15 A. Yes.  
16 Q. --- sharing a space?  
17 A. Yes, yes.  
18 Q. But you weren't allowed to be in the same space in the  
19 care home?  
20 A. Yes, so that was like that period and then there was  
21 a period in the room where Mum and Dad were together and  
22 I could go in but my younger brother didn't come at that  
23 point so I'm not sure whether he would even have been  
24 allowed in at that point. It's funny, I could see them  
25 together but the four of us couldn't be together. And

30

1 I thought, "Where is the science in this? Where's the  
2 logic? Where's the rationale here?".  
3 Q. In paragraph 28 you go on to say that in March 2021 you  
4 were able to take your mother out on day trips ---  
5 A. Yes.  
6 Q. --- but you both had to wear masks ---  
7 A. Yes.  
8 Q. --- for that to happen.  
9 A. Yes.  
10 Q. Were you happy with that condition?  
11 A. No, but once I got her out, I took the mask off so it  
12 was just a matter of getting her out at that point. But  
13 I was still quite concerned about --- the difference when  
14 I took her out --- it took her about 20 minutes in the  
15 car and then I could see her coming round again, I could  
16 see a bit of the old Mum coming back, and then, by the  
17 end of the visit --- "visit" is the wrong word --- by the  
18 end of whatever we were doing, I could see her getting  
19 anxious because she was going back in again, into  
20 prison, and I could see her body deflate.  
21 So those were quite --- once we were out, it was  
22 great, but taking her back was really hard. We just  
23 wanted to run away together but then we couldn't leave  
24 Dad so ... and whenever she said something like that,  
25 I said, "But you can't leave Dad", and she said, "No,

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1 how are we going to take him with us?". I said, "Well,  
2 it's difficult, but this won't go on for too much  
3 longer, Mum, and we'll all be back together again".  
4 I kept saying that to her all the way through to keep  
5 her going, to keep her --- so she didn't give up. So she  
6 didn't give up. Then that escalated because obviously  
7 I stopped wearing a mask and they wouldn't let her come  
8 out unless --- they wouldn't let me pick her up to take  
9 her out unless I was wearing a mask.  
10 Q. And you told them that the guidance had an exception on  
11 the basis of communication needs; is that correct?  
12 A. Yes.  
13 Q. Did they accept that?  
14 A. No, that was a very difficult day and that's a day  
15 I will not forget in a long time because I said, "I have  
16 an exemption for communication" --- I didn't even need to  
17 explain that. But they said, "No, no, no. You have to  
18 wear a mask if you're taking your mum out". I said, "No  
19 I don't", I said, "and I don't even have to argue about  
20 this". I said, "It's my right not to wear a mask.  
21 I have an exemption". Then they got somebody else in  
22 more senior to talk to me about it and I got a whole  
23 list of people --- "Well, such and such is wearing  
24 a mask. Nobody else is doing what you're doing", and  
25 you know, I said, "But Mum needs to see me smile and Mum

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1 needs to hear me speak. She needs to see my lips move.  
 2 I've been vaccinated. I've been tested". I said,  
 3 "I will not put my mum in any danger"; "No, you can't  
 4 take her out". And they brought somebody even higher up  
 5 who said, No, we're going to phone Public Health".  
 6 I said, "Well, I think you'll find that I'm right".  
 7 I said, "I want to take my mum out now"; "No, you can't  
 8 take her out now".

9 So then I got really upset and I started to cry.  
 10 I said, "Why are you doing this? Why are you separating  
 11 me from my mum? Why are you being so difficult about  
 12 all of this?". I challenged absolutely everything. Mum  
 13 was getting distressed. Eventually they took her  
 14 away -- they pulled her away from me and I left the care  
 15 home sobbing and crying because I felt abused -- I felt  
 16 bullied and I felt abused on that day.

17 There's that saying, isn't there, that you can never  
 18 forget how -- what people did or what they said, but you  
 19 will never forget about the way they made you feel, and  
 20 the way I felt that day, I thought, "This is --  
 21 everything about this is wrong. Everything about this  
 22 is wrong", and I felt I had very little support anywhere  
 23 apart from the -- the Care Home Relatives group was the  
 24 only way I could vent some of my anger because nobody  
 25 else seemed to listen.

33

1 THE CHAIR: Also, the protocol on the basis that if you'd  
 2 put the mask on, taken your mother out, taken it off the  
 3 minute you're in the car and you could have spent the  
 4 rest of the day with her.  
 5 A. And the care home never had COVID. You know, they  
 6 were -- we were doing all the right things, you know,  
 7 and it wasn't --  
 8 THE CHAIR: Plainly you wouldn't have done anything to harm  
 9 your mother and therefore, if you had been in any doubts  
 10 about (a) the propriety of not wearing a mask or the  
 11 danger, for example, if you had any doubts about the  
 12 fact you may have had COVID or anything like that or  
 13 even another infection, you wouldn't have done it, I've  
 14 no doubt, but if you were satisfied that you were  
 15 correct and you had no reason to suspect there was  
 16 anything that you could communicate infection-wise to  
 17 your mother, as I say, "Go in the car. Take your masks  
 18 off".  
 19 A. Yes, and it was the inconsistencies all the way through.  
 20 THE CHAIR: Illogicality?  
 21 A. All of that, just really -- I know you'll probably go  
 22 into it, but the testing -- the testing side of it,  
 23 I would go in, get my test with the designated person  
 24 and sit and wait for 20 minutes for it to be clear,  
 25 which it always was, and I watched in the other room as

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1 staff were tested, didn't even wait for the outcome of  
 2 the test and went straight into work. And they're  
 3 pulling me away from my mum. They were endangering my  
 4 mum much, much more than I was, and I think it was the  
 5 unfairness of all that. The illogicality, the science,  
 6 everything about it was wrong, and I just felt like  
 7 I was fighting this battle and nobody was listening.  
 8 Did they not see it for what it actually was? That was  
 9 hard to get your head around. I think we all felt that  
 10 as the relatives' group.

11 MS BAHRAMI: You say that you were effectively banned from  
 12 the care home at that point.

13 A. Yes.

14 Q. And the following weekend you actually had to take your  
 15 youngest son to -- what felt to you sneak your mum out  
 16 of the care home?

17 A. Yes, escape from the care home take two. I thought,  
 18 "I'm going to get Mum out, she needs to get out", so  
 19 I asked my younger son -- I said, "Would you come with  
 20 me? Would you go in and get your gran?".

21 Q. You parked round the corner?

22 A. I parked round the corner because I was persona  
 23 non grata at that point. And I -- and bring her out.  
 24 He didn't object quite so much to the mask-wearing. He  
 25 says, "I'll just use it to get -- I'll just wear it to

35

1 get Gran out", and it was at weekends as well and they  
 2 weren't as stringent -- they weren't as strict at  
 3 weekends. It was often different staff and they weren't  
 4 as strict. And he got in and I saw them -- I remember  
 5 the moment when I saw them walking round the corner and  
 6 they appeared on the horizon and he'd got her out, he'd  
 7 got her out! And we got her into the car and we went  
 8 away to the park and we had a coffee and we had a walk  
 9 about and it was a really lovely, lovely afternoon.

10 Then of course we had to get her back, you know, we  
 11 had to sneak her back in and she didn't want to go back.  
 12 But he got -- he put the mask back on and he dropped her  
 13 off and then he came back. Obviously I was hiding in  
 14 the car round the corner so nobody would see me. That  
 15 was a small sense of achievement that I actually managed  
 16 to get Mum out and give her some proper family value  
 17 time. But it was -- trying to break your mum out of the  
 18 care home, I mean, really? I'm smiling about it but it  
 19 was a ludicrous situation. It really was.

20 Q. And subsequent to that you were actually contacted by  
 21 the care home and they apologised --

22 A. Yes.

23 Q. -- and said that Public Health had confirmed that you  
 24 were right?

25 A. Yes, that I had an exemption and that was my right not

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1 to wear a mask. But I think they were getting grief  
 2 from other relatives, if anybody around was not -- but  
 3 I wasn't in contact with any other, you know, residents  
 4 so I don't know why that was an issue.  
 5 Q. But after that they allowed you to take your mother  
 6 without a mask?  
 7 A. Yes, yes.  
 8 Q. And did that make a big difference?  
 9 A. Although -- they did, but I still had to say to a lot of  
 10 the staff -- because they would still say to me, "You  
 11 don't have the mask on", and I would say, "Yes, I don't  
 12 have a mask on, I've got an exemption", so I don't know  
 13 if the message got all the way round.  
 14 Q. So every time you had to repeat this?  
 15 A. Yes.  
 16 Q. Then you go on in your statement to say that  
 17 in July 2021, in paragraphs 33 and 34, that your brother  
 18 returned home from Thailand but he unfortunately had  
 19 cancer at that point. Did he attempt to visit your  
 20 parents?  
 21 A. He was guided by me on a lot of it and he was very, very  
 22 close to our parents and I -- because he lived abroad,  
 23 I think I did -- a lot of the caring I did was to really  
 24 help him connect, you know, so we'd do video calls  
 25 pre-COVID, we would do all sorts of try and -- so that

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1 he still felt part of the family and the relationship  
 2 with Mum and Dad. But he was really very weak when he  
 3 came back that July and I think he potentially knew that  
 4 he might not have all that long and he was keen to see  
 5 Mum and Dad before something happened or indeed before  
 6 something happened to them because he hadn't seen them  
 7 for 18 months.  
 8 Q. Yes.  
 9 A. So we tried, but it was just -- he couldn't -- he  
 10 couldn't walk very well, he needed to be accompanied  
 11 because he was quite -- and he also -- he was a bit  
 12 concerned about infection because he'd had 40--odd  
 13 chemotherapies, so he was worried about infection.  
 14 I said, "Care homes are probably the safest place you  
 15 could go", and I said, "You're probably the safest  
 16 person to go in as well".  
 17 But there were all these other factors put in his  
 18 way. He wasn't allowed to be accompanied and he  
 19 couldn't go in on his own. So I just felt they made  
 20 life and the possibility of a visit too difficult for  
 21 him and he never saw them and they never saw him before  
 22 he died.  
 23 Q. So even though -- were they aware of the circumstances,  
 24 your brother's circumstances?  
 25 A. The care home?

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1 Q. Yes.  
 2 A. Oh, yes, because he was -- when he was diagnosed he  
 3 stayed in Scotland for treatment for quite a while so he  
 4 would always come to the care home with me pre-COVID.  
 5 So they knew him and they absolutely -- they absolutely  
 6 knew the situation with my brother.  
 7 Q. But they weren't willing to make any exceptions to allow  
 8 someone with him?  
 9 A. No, no.  
 10 Q. And unfortunately you say he died without having seen  
 11 your parents?  
 12 A. Yes.  
 13 Q. And you didn't -- you decided not to tell your parents  
 14 at that point, owing to their dementia; is that right?  
 15 A. Yes, I don't think Dad would have got it and Mum would  
 16 have got too distressed and then would have forgotten  
 17 and then we would have had to tell her again, so -- even  
 18 to this day we still -- for Mum and Dad we still pretend  
 19 he's still alive, if they mention his name, just to give  
 20 them comfort, but it's quite hard for the family to do  
 21 that.  
 22 Q. You say at paragraph 35 that on 15 October 2021 you had  
 23 your first normal visit -- first normal inside visit.  
 24 What do you mean by that?  
 25 A. Yes, I still had -- it wasn't normal because I remember

39

1 I still had to wear a mask -- I still had to put a mask  
 2 on to enter the room, I think, but as soon as I got into  
 3 the room I took it off. I suppose it was normal in the  
 4 sense that I could take -- I could have taken somebody  
 5 else with me, I was able to chat with them, but I still  
 6 wasn't allowed to take them out of the room so it wasn't  
 7 really normal. Again, there's a bit of progress, but  
 8 it's -- when was that? October 2021. You know, that's  
 9 a year and 18 months later. So, again, it's still  
 10 nowhere near normal, but it was better, and, you know,  
 11 the families, we all felt we are finally making some  
 12 progress here. But I think we all viewed the fact that  
 13 the rest of society seemed to be completely opening up  
 14 and there was still all these restrictions, there was  
 15 still the testing, everything, so it wasn't -- it wasn't  
 16 really normal --  
 17 Q. Yes.  
 18 A. -- but it was better.  
 19 Q. Thank you. And in January 2021, a few months later,  
 20 your mum contracted COVID?  
 21 A. 2022.  
 22 Q. Sorry, yes, 2022. Your mum contracted COVID --  
 23 A. Yes.  
 24 Q. -- and was isolated for ten days?  
 25 A. Yes.

40

1 Q. Do you know if the staff provided her with any  
2 activities and stimulation during those ten days?  
3 A. How do I know?  
4 Q. They weren't telling you that --  
5 A. No.  
6 Q. -- they were doing anything?  
7 A. No, and I know how busy they are and I think -- I was  
8 going back to that time, just trying to imagine Mum  
9 sitting in that room all by herself with only one kind  
10 of staff allowed to go in and see her, in the full white  
11 suit, the booties covered up, the mask, everything, so  
12 she couldn't see a face, she couldn't hear, she's in  
13 this fog of dementia anyway, you know, she's sitting in  
14 a chair for ten days on her own. I just -- all of that,  
15 I can't get my head round. And she had no symptoms --  
16 she had no actual -- she wasn't ill from COVID. She'd  
17 just tested positive. And also, being separated from my  
18 dad for the first time in a long, long time, I just  
19 thought, "That is a terrible, terrible thing to do to an  
20 individual, especially at that age".  
21 I got in to visit her but she -- and I had to wear  
22 the full suit as well and she just -- you know, and  
23 after that -- I think that was the week that broke her  
24 spirit. I think that was the week that -- I kept  
25 telling her, "Don't give up". I think that was when she

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1 kind of gave up and accepted -- almost accepted her  
2 fate --  
3 Q. Okay.  
4 A. -- and I felt it. I felt it.  
5 Q. You say in your statement that you were able to see her  
6 once during that time; is that correct?  
7 A. Yes.  
8 Q. Did she appear -- is that what you're basing your  
9 description on?  
10 A. Yes. But also post it, when I saw her start to move  
11 again, she was very stooped -- the day she came out --  
12 I went the day after she came out of isolation and she  
13 was very stooped and she could barely -- she didn't have  
14 the strength to kind of move her legs and her cognitive  
15 ability was ... I mean that came back a wee bit once she  
16 was in the real world again -- the real world, whatever  
17 that is when you've got dementia. But she significantly  
18 deteriorated during that phase and that was far too long  
19 to be isolating somebody of that age and with  
20 a cognitive disability.  
21 Q. Do you think that that decline could have been  
22 prevented?  
23 A. Yes, with a shorter isolation, yes, and I think there  
24 are other ways of doing it. They can still, you know --  
25 I think it depends what the care home is like. There

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1 were other ways of -- maybe some other people could have  
2 gone in. Maybe -- there was definitely a better way of  
3 managing that. But it starts with the length of time of  
4 isolation and that should have been -- and it did  
5 latterly go down to five days, I think, after that, but  
6 she missed that. She was in for ten.  
7 Q. When you say that there could be other ways of managing  
8 that with other people going in, do you mean people  
9 going in to spend time with her --  
10 A. Yes.  
11 Q. -- provide her with activities --  
12 A. Yes.  
13 Q. -- that kind of thing?  
14 A. But, I think there was staff -- obviously staffing  
15 issues there. But then I could have done that. I could  
16 have gone in every day to help her but they wouldn't let  
17 me. I was available. I wanted to. I even applied to  
18 be a volunteer in the care home so that I could see Mum  
19 and Dad and help out, and that was rejected for  
20 confidentiality issues. They wouldn't allow that  
21 either. Honestly, the care home was ruled with an iron  
22 fist. It was an iron fist. No family. And I think  
23 they became more and more entrenched as time went on.  
24 It was like us against them in my care home. That's  
25 what I felt.

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1 Q. Thank you.  
2 Now, moving on to the issue of DNACPRs --  
3 A. Yes.  
4 Q. -- you say that your father had a notice in place prior  
5 to the start of the pandemic but your mother didn't have  
6 a DNACPR notice.  
7 A. Yes.  
8 Q. You say in paragraph 40 of your statement that you  
9 received, on 20 March 2020, very early on, a phone call  
10 from your mum's GP --  
11 A. Yes.  
12 Q. -- and then a letter stating that a DNACPR notice had  
13 been placed on your mum's file. After receiving the  
14 letter, you telephoned her GP.  
15 A. Yes.  
16 Q. Could you tell us about that conversation?  
17 A. Yes, and I also have the letter here as evidence as  
18 well, where they talk about my "relative". They don't  
19 even mention my mum's name. She was just another  
20 statistic, another figure, another old person that was  
21 collateral damage.  
22 And I challenged the GP. I said, "You cannot  
23 enforce this on my mum without a proper assessment".  
24 I said, "I might have agreed to this but you cannot run  
25 it past -- you cannot just enforce it without seeing

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1 what she's like. You barely know her. You don't know  
 2 the condition she's in". I said, "Is it my mum you're  
 3 talking about because you've said it's 'a relative'".  
 4 So I challenged all that and he said, "No, this is ..."  
 5 --- basically he said --- I've got a quote in my diary as  
 6 well --- "We can't risk using an ambulance for your mum".  
 7 That was basically ...  
 8 Q. ... what he said to you. Did he explain to you that  
 9 a DNACPR notice should only relate to cardiac arrest and  
 10 CPR, the administration of CPR rather than other  
 11 treatments?  
 12 A. No, he didn't clarify that at all.  
 13 Q. He told you that you couldn't, not just in the situation  
 14 of cardiac arrest but in any situation, call an  
 15 ambulance for your mum.  
 16 A. Yes.  
 17 Q. If she needed any other treatment, that wasn't going to  
 18 be provided?  
 19 A. No.  
 20 Q. And that's because of the DNACPR notice?  
 21 A. Yes. That was the --- maybe I was a bit worked up about  
 22 it. I can't honestly remember. I was just so appalled  
 23 that somebody could actually issue this kind of notice  
 24 without assessing somebody. You know, that was my main  
 25 gripe, because she did go to hospital when she had

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1 a fall so --- but she was sent to hospital on her own in  
 2 an ambulance with nobody with her and I wasn't allowed  
 3 to go so that was another --- and, to be honest, I didn't  
 4 want anyone to go to hospital because hospitals were  
 5 generally hot-beds of COVID anyway, so there was some  
 6 slight issues connected to that. But I was so appalled  
 7 with this notice that I got and I thought that  
 8 everything --- I've got power of attorney --- everything  
 9 about that is wrong.  
 10 Q. So despite challenging the GP, he or she refused to come  
 11 out to the care home?  
 12 A. Yes, they didn't visit the care home.  
 13 Q. Okay, they told you that they couldn't --- that GPs  
 14 weren't allowed to visit care homes?  
 15 A. Yes.  
 16 Q. Thank you.  
 17 Now, you go on to talk about PPE and testing.  
 18 A. Yes.  
 19 Q. You mention that the care home provided relatives with  
 20 tests ---  
 21 A. Yes.  
 22 Q. --- but that the procedure for relatives and staff was  
 23 quite different ---  
 24 A. Yes.  
 25 Q. --- and you found that both frustrating and concerning;

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1 is that right?  
 2 A. Unfair and wrong and actually endangering Mum and Dad  
 3 a lot more than I was. I even talked to the chap that  
 4 was doing the test. I said, "What is that? They're not  
 5 waiting. They're not waiting for the outcome of the  
 6 tests?", and he just went [shrugs].  
 7 Q. What did they do if they'd gone into the care home and  
 8 the result turned out to be positive?  
 9 A. [Shrugs]  
 10 Q. Did everyone --- all the carers have to self-isolate at  
 11 that point or was it just the ---  
 12 A. I don't know, I don't know, but I know care workers were  
 13 off at various times. I think if they tested positive  
 14 they didn't come in or --- but I genuinely saw that  
 15 happening on two occasions and I said to the guy doing  
 16 the test --- I know his name but I won't mention it ---  
 17 "What are they doing?". I said, "They don't know  
 18 whether they're negative" --- he said, "Oh, but they're  
 19 needed in there. They need to get in there. They need  
 20 to get to work".  
 21 Q. You say that if they tested positive they wouldn't come  
 22 in, but if they're already in the care home with all the  
 23 other staff on duty that day, well ---  
 24 A. Yes.  
 25 Q. --- they could potentially infect everyone and then there

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1 would be no staff?  
 2 A. And also a lot of the staff have children and were going  
 3 to supermarkets. I live on my own. I was much less of  
 4 a risk than, you know --- the kind of follow-on from  
 5 that, if you're following the logical scientific  
 6 pattern, it was ridiculous. It really was. But I think  
 7 it was all to do with resources. I don't think there  
 8 was anything malicious about it at all. I think they  
 9 just needed to get in and get to work and help, and  
 10 I think that was the main reason. They were kind of  
 11 under-resourced as a lot of the care homes are anyway,  
 12 so ...  
 13 Q. Thank you. You say that in terms of PPE, though, they  
 14 were quite well resourced for that.  
 15 A. Yes, yes.  
 16 Q. Stocks of PPE were good?  
 17 A. Yes.  
 18 Q. And you say that they were used appropriately?  
 19 A. Well, yes, you would see them here [indicates], you  
 20 know.  
 21 Q. So they wore them under their mask ---  
 22 A. Yes, and I felt for the staff because they were wearing  
 23 them ---  
 24 Q. Under their nose, sorry.  
 25 A. --- all day, every day, and care homes are the hottest of

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1 places, they're like tropical buildings, and wearing  
 2 those masks all day, every day, must have been really  
 3 hard for them and I -- and do you know the staff all  
 4 looked so tired all the time. I really felt for them as  
 5 well. But they were all terrified as well and I think  
 6 underlying everything was fear. All -- everything they  
 7 did was because of fear, and they were terrified that  
 8 they were going to be the one. But on the same matter,  
 9 if you're taking a test and not waiting for the outcome,  
 10 you know, that's a decision you're making that might end  
 11 up causing COVID, so, again, so many inconsistencies, so  
 12 many kind of -- it just doesn't add up.

13 Q. Thank you. You then go on to talk about the impact on  
 14 your mum. Can you tell us the difference before the  
 15 pandemic started and after the pandemic, how she was?

16 A. Yes, well, she still knew who I was probably up until,  
 17 I would say, maybe -- sorry, know me by name, where  
 18 she'd say my name -- probably up until the summer of  
 19 2020, and after that, after that, I think, even though  
 20 I was trying as much as I could to do the window visits,  
 21 to do the garden visits, to even try the Skype so she  
 22 could see my face, mentally I could see her losing the  
 23 ability to articulate as well, not speaking as much.  
 24 I think that was a lot to do with the mask-wearing  
 25 because she couldn't lip-read so her speech began to

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1 decline. I could see from her mobility, from what  
 2 I could see from a distance -- I could see that  
 3 declining. She was becoming -- particularly after the  
 4 episode when she was confined to her room when she got  
 5 COVID, I could see that probably had the most  
 6 significant impact in terms of her overall health and  
 7 she just basically declined, mobility, mental ability.

8 She used to be able to hold a cup really strongly  
 9 before COVID and now it's ... and I get -- you know,  
 10 I get that it's a progressive condition, I get that,  
 11 and -- because we watched it with my dad, I understand  
 12 all that, but it was definitely speeded up because of  
 13 all the things that happened and the lack of being with  
 14 family and the interaction, and the social isolation had  
 15 a huge impact on her, on her speech, on her mobility, on  
 16 her spirit, on her physical -- do you know, her teeth --  
 17 she lost more teeth during COVID than she did, you know,  
 18 the five years before that. Were her teeth being  
 19 brushed? Her eyesight was failing, you know. We  
 20 couldn't get an optician in. There were all these other  
 21 things about -- physical things that can make life in  
 22 a care home just that bit more comfortable and easier.  
 23 They were all pulled away from her and that had  
 24 a detrimental effect on her overall health and  
 25 well-being.

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1 Q. Thank you. You mentioned before her feet --  
 2 A. Yes.  
 3 Q. -- and toe-nails.  
 4 A. Yes.  
 5 Q. Were podiatrists allowed into the care home?  
 6 A. No.  
 7 Q. What do you think the consequences of that were for  
 8 people in care homes and their ability to walk and get  
 9 around?  
 10 A. Yes, catastrophic. And I saw it because -- well, when  
 11 you visit a care home regularly, you get to know a lot  
 12 of the other residents as well and you chat to them --  
 13 especially if you've got the dog, and they loved the  
 14 dog. I got to know a lot of faces. Pre-COVID, I would  
 15 say maybe 70% of them were still walking. I go in now  
 16 and it's maybe 30%.

17 Q. Do you think a podiatrist could have made a difference  
 18 to some of them?  
 19 A. I think a podiatrist -- I just think getting them up and  
 20 walking them about, taking them outside, making sure  
 21 they're always moving. Don't just let them sit in  
 22 a chair all the time. I think all of those things. But  
 23 it would generally be family that would also get them up  
 24 and take them out and keep the mobility going. We were  
 25 part of that and that was taken away from them as well.

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1 So it's quite a sad, sorry place to visit now. And  
 2 I feel for the staff as well because I think they feel  
 3 it too. I think they feel worn out with it all,  
 4 completely worn out. So I can see it and, if they're  
 5 feeling down, it's going to transfer to the residents as  
 6 well, so it's not a great place to be. But I keep  
 7 trying, I will keep trying.

8 Q. Could you tell us the difference in your dad from before  
 9 and after the pandemic?  
 10 A. He was -- Dad's difficult because he goes through waves  
 11 and he had quite advanced vascular dementia before the  
 12 pandemic so he was largely -- he couldn't speak. He  
 13 would make lots of noises, but if you chat about things  
 14 and tell stories and put his headphones on with his  
 15 music, he would come to life. I think he was more  
 16 impacted by just being surrounded with people with masks  
 17 because my dad is a smiler, he's a great smiler, and if  
 18 you can get him to smile, he will start communicating.  
 19 But he didn't see anybody smile at him because everybody  
 20 was wearing masks and I do think that impacted on his  
 21 quality of day-to-day life.

22 They couldn't take him out. They used to go to the  
 23 football museum, they used to go to visit other museums.  
 24 He didn't get any of that. I think at that stage, at  
 25 90, you need to be doing things like that and that was

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1 all taken away from him. Some of it is beginning to  
 2 come back now. But I think he got a huge amount of  
 3 comfort just from being with my mum and sitting in the  
 4 same room as her and being with her. To this day he  
 5 still sits and looks at her and that's -- you know, out  
 6 of all of this, that's probably the most significant  
 7 thing in terms of us as a family trying to get some  
 8 consolation from a dreadful, traumatic experience, that  
 9 they still had that connection together and they were --  
 10 you know, hearing other families' stories, at least we  
 11 have that as a family.

12 Q. In terms of impact on you, do you feel that you've lost  
 13 time with your parents --

14 A. Yes.

15 Q. -- beyond the duration of the pandemic?

16 A. Yes. Yes. Now, if I want to take Mum out, I can't do  
 17 it on my own, I have to take a friend with me, whereas  
 18 before she could get in and out of the car. So I have  
 19 to rely on somebody else to come with me, you know,  
 20 another family member. So that's changed and that  
 21 should -- I would maybe have got another couple of years  
 22 out of Mum where we could have had that good family  
 23 relationship. She didn't meet her great-grandchild for  
 24 nine months. Now she's -- you know, she loves the wee  
 25 one and at least she's getting to see her now. But her

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1 ability -- the wee one gets frightened of her because my  
 2 mum will make random noises and be a little bit  
 3 unpredictable and I don't think she would have been in  
 4 that state had the pandemic and the restrictions not  
 5 happened. She might have got into it two years down the  
 6 line but it's that -- I go back to where I started.  
 7 That window of opportunity with dementia is so narrow  
 8 and we learned that from my dad, and when the pandemic  
 9 kicked in, I thought, "Oh, no, this is going to finish  
 10 Mum off because she can't cope with being without  
 11 family". And it's -- I mean, she's still physically,  
 12 I suppose, for her age really good, but mentally, you  
 13 know, she's destroyed with it.

14 Q. You then go on at paragraph 53 to speak about your late  
 15 brother's time in a hospice.

16 A. Yes.

17 Q. You say that his last days were badly managed and felt  
 18 like being in a prison.

19 A. Yes.

20 Q. And you say that, despite being at the end of his life,  
 21 he was only allowed to be visited by two named people.

22 A. Yes.

23 Q. And that meant that at one point your sons pretended to  
 24 be each other so that they could both see him --

25 A. Yes.

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1 Q. -- and the rest of your family didn't have a chance to  
 2 say goodbye?

3 A. No.

4 Q. Your brother --

5 A. From outside they did.

6 Q. From outside a window?

7 A. Yes.

8 Q. Now, you say that your brother's faith was important to  
 9 him.

10 A. Yes.

11 Q. He wasn't able to take any solace from that?

12 A. Yes, he was too -- we eventually got the minister in,  
 13 but we had to turn cartwheels and speak to all sorts of  
 14 people to make that happen, and eventually we got him  
 15 in, but by that time my brother was too far down the  
 16 line to really -- maybe he did, you know -- because he  
 17 held his hand through a glove, but I don't think he got  
 18 anything from it at that stage. And if it had been two  
 19 days -- even a day earlier, and again that was all  
 20 procedure and process and -- you know.

21 Q. So that's why the minister wasn't able to attend  
 22 earlier?

23 A. Yes.

24 Q. The procedures?

25 A. Yes.

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1 Q. What did they need him to do or what did they need you  
 2 to do?

3 A. It was more because of the number of people and he  
 4 wasn't one of the named people so we had to add him to  
 5 the list of named people and that meant somebody else  
 6 couldn't go in. It was all that and it was a terribly  
 7 traumatic time. And I think, you know, one of the worst  
 8 aspects was that he -- we weren't even allowed to stay  
 9 in the hospice overnight so we could have lost my  
 10 brother during the night and not been there.

11 Q. You say that usually does happen? Relatives are allowed  
 12 to stay in the hospice?

13 A. Yes, yes. That's part of being -- a hospice is normally  
 14 a sanctuary and it's normally about the whole experience  
 15 for the whole family. He just wasn't given that dignity  
 16 and support and neither were the family because of all  
 17 the tests. There was testing going on.

18 Q. They were still testing him every day for COVID?

19 A. Yes, and he was dying.

20 Q. And you were still required to wear PPE around him?

21 A. Yes, and every time we went out to the toilet, for  
 22 example, we had to change and put another set of PPE on  
 23 and it wasn't just -- it was the full suit, it was the  
 24 boots, it was everything. And actually we went out to  
 25 speak to the nurse and we were busy putting all our

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1 gear — all the PPE back on again, and we missed him  
 2 dying because we were putting on new suits.  
 3 Q. Oh gosh.  
 4 A. So, you know, these seemed like small things but at that  
 5 stage they were really important. It was just — it was  
 6 a very traumatic time and it was made even more  
 7 traumatic, if that were possible, by the restrictions  
 8 that were put on hospices. I don't blame the hospice  
 9 particularly because they were — they'd had fights with  
 10 the Government about even getting people in — you know,  
 11 family in at all, so I don't blame them at all. It was  
 12 just — but it needn't have been like that at all.  
 13 Q. To your understanding, this was down to Government  
 14 guidance?  
 15 A. Yes.  
 16 Q. It wasn't policy —  
 17 A. Yes.  
 18 Q. — set by the hospices?  
 19 A. Yes.  
 20 Q. And even having to change PPE every time you went in or  
 21 out the room that meant you missed your brother dying —  
 22 A. Yes.  
 23 Q. — that was down to Government policy?  
 24 A. Yes. One element that I don't think was — because my  
 25 brother lived abroad — he'd been in the country for six

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1 weeks at that point so — but they wanted to test for  
 2 some other infectious disease and they tested him every  
 3 day with that as well, so he was prodded and annoyed for  
 4 a full ten days — well, nine or ten days in the  
 5 hospice, and he should have just been left alone to be  
 6 comfortable, with family around him, holding his hands,  
 7 without all the scary stuff on. It was just — it was  
 8 just awful.  
 9 Q. You say that you were told that you would be given time  
 10 to gather his belongings?  
 11 A. Yes.  
 12 Q. But that didn't happen and you were handed his  
 13 belongings in a black bin bag?  
 14 A. Yes, yes. That was just like the final insult. It was  
 15 like — because we discussed with the nurse on the  
 16 evening that he died, and they said, "Look, you don't  
 17 need to do anything tonight with his stuff. You can  
 18 come back, sort it out in the morning", you know, "We'll  
 19 be there to help you if need be". That's what they  
 20 said. We came back in the morning and somebody just  
 21 brought back a bin bag tied at the top, "There's his  
 22 stuff", and that was it.  
 23 Q. Thank you. Could you read paragraph 57 of your  
 24 statement, please?  
 25 A. "This was a much worse experience than that of my

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1 parents — if we had to compare [them] — he was only 59  
 2 and had the most painful of endings physically and  
 3 mentally. It is hard to think how anything like this  
 4 could be made worse, but the Government restrictions  
 5 meant it was so. I guess I want Hospices to stand up  
 6 and explain their actions at some point too. I can't  
 7 even go there with the one we experienced."  
 8 Q. Thank you.  
 9 Now, moving on to the lessons that you think should  
 10 be learned, we have all of the points you've made and we  
 11 will take them all into consideration. At this point  
 12 I'd just like to highlight a couple of them.  
 13 A. Yes.  
 14 THE CHAIR: We'll have to stop in about five minutes.  
 15 MS BAHRAMI: Yes, my Lord, this is the end of the evidence,  
 16 thank you.  
 17 Please could you read paragraphs 58 and 59?  
 18 A. "I am unsure of the word 'lessons'. Why should my  
 19 parents and thousands of others have been 'the lessons'  
 20 from which Governments learn? Why should they be the  
 21 guinea pigs? Government should — could and should have  
 22 done better. My view is that surrounding residents of  
 23 care homes with people wearing masks for such a long  
 24 period had a huge impact on them. This, in conjunction  
 25 with isolating them from their loved ones, and

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1 everything they know, was catastrophic. I think one  
 2 person should have been let in from the start of the  
 3 pandemic and there was a precedent for that happening in  
 4 other countries like France. Why didn't we look at good  
 5 practice elsewhere? I think the care home thought they  
 6 were doing a great job by protecting people from getting  
 7 Covid but the other impacts on the residents didn't  
 8 matter. They operated under a veil of fear, not care  
 9 and compassion.  
 10 "My view is that I have spoken out but nothing has  
 11 changed. To feel so powerless and to watch as someone  
 12 else took the decision to stop me seeing my own parents  
 13 is devastating. I do not have any confidence that the  
 14 Scottish Government will listen to anything as they  
 15 would not even listen to something as tragic as this.  
 16 Even 6 months in, could the Government not have  
 17 listened, realised the impact even then and acted? For  
 18 me and other relatives, we cannot understand how  
 19 somebody could come to the decision to place such severe  
 20 restrictions on care homes, given the effect that those  
 21 restrictions would have on dementia patients AND over  
 22 such a long period. Did the decision makers just  
 23 dismiss them?"  
 24 Q. Thank you. Do you think you've been heard on everything  
 25 that's important today?

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1 A. I have some more notes. I know time is of the ...  
 2 We haven't mentioned Anne's Law but I know that's  
 3 been covered.  
 4 Q. That's right.  
 5 A. I just want to say, you know, I only wanted to get in to  
 6 maintain connection with my parents, to be with them, to  
 7 help. I wasn't looking for an open door policy and, you  
 8 know, we were the safest people on the planet, the  
 9 relatives, and to be dismissed, so ... it just -- it  
 10 gets me to the core, it really does.  
 11 Q. You believe that relatives were integral to the  
 12 well-being of residents and that care homes should have  
 13 worked with you?  
 14 A. Yes, and we were willing to work with them but we  
 15 weren't even given that chance, and look at the effects  
 16 now.  
 17 Q. Thank you.  
 18 A. Thank you.  
 19 MS BAHRAMI: I don't have anything further.  
 20 THE CHAIR: Thank you, Mrs Walker.  
 21 Good. Just before half past.  
 22 (11.14 am)  
 23 (A short break)  
 24 (11.30 am)  
 25 THE CHAIR: Mr Gale.

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1 MR GALE: Thank you, my Lord. The next witness is  
 2 Diana Montgomery. Her statement is SCI-WT0628-000001.  
 3 MRS DIANA MONTGOMERY (called)  
 4 THE CHAIR: Good morning, Mrs Montgomery. Please take  
 5 a seat.  
 6 A. Thank you.  
 7 THE CHAIR: Mr Gale.  
 8 MR GALE: Thank you, my Lord.  
 9 Questions by MR GALE  
 10 MR GALE: Hello again, Mrs Montgomery. Your full name is  
 11 Diana Hendry Montgomery, I think.  
 12 A. That's right.  
 13 Q. The Inquiry has your personal details and your contact  
 14 details. You're a retired teacher --  
 15 A. Yes.  
 16 Q. -- and you're here to talk about your husband, Ken.  
 17 A. Yes.  
 18 Q. You were married a long time. You were married for  
 19 45 years?  
 20 A. Almost 45 years.  
 21 Q. Almost 45 years. Your husband died on 24 October 2020?  
 22 A. Yes.  
 23 Q. I think he was 69 at that time.  
 24 A. Yes.  
 25 Q. I think also, as a matter of -- it was a matter of some

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1 comfort to you that he was able to die at home?  
 2 A. Absolutely.  
 3 Q. Yes. Just tell us a little bit about your husband.  
 4 I think he was also a teacher but I think it's described  
 5 as a "guidance teacher".  
 6 A. He was a guidance teacher, yes.  
 7 Q. And you had two daughters, have two daughters. We can  
 8 name one of them, and that's your daughter Lucy.  
 9 A. Yes.  
 10 Q. And Lucy -- the particular reason we are naming Lucy, to  
 11 give some context, is that Lucy is a doctor --  
 12 A. Yes.  
 13 Q. -- and a lot of comments that you can make about your  
 14 husband's illness and its progression is to a certain  
 15 extent informed by other comments your daughter has  
 16 made?  
 17 A. Yes, absolutely.  
 18 Q. You are also, as I read it, quite a musical family.  
 19 A. Yes.  
 20 Q. You are a pianist?  
 21 A. Yes.  
 22 Q. And both daughters are violinists?  
 23 A. Well, one is a cellist, but she plays the violin, and  
 24 the other one is a violinist.  
 25 Q. And your husband was an accordionist?

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1 A. Yes.  
 2 Q. I think really at all stages of his life music was  
 3 important to him?  
 4 A. Yes, music and sport.  
 5 Q. And sport?  
 6 A. And sport, yes.  
 7 Q. Okay.  
 8 He was also, I think, quite an active man?  
 9 A. Very. Very active.  
 10 Q. And very fit?  
 11 A. Very fit, yes.  
 12 Q. I think at paragraph 111 -- it's not necessary to look  
 13 at this because it's towards the end of your  
 14 statement -- the one thing that was important to him was  
 15 his family.  
 16 A. Yes, most definitely.  
 17 Q. And I think, when he died, he'd become a grandfather or  
 18 was a grandfather?  
 19 A. Well, we had six grandchildren, yes, and they absolutely  
 20 adored him.  
 21 Q. Slightly on the darker side of things, your husband had  
 22 a very aggressive form of dementia.  
 23 A. Yes.  
 24 Q. I think it's called "frontotemporal dementia".  
 25 A. That's right, yes.

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1 Q. I don't think we need to go into any of the details of  
2 that, but you have provided us with some information  
3 about it. That was diagnosed in 2016?  
4 A. Yes.  
5 Q. Things became particularly difficult with his condition,  
6 as you tell us, in about Christmas 2019?  
7 A. Yes, it did.  
8 Q. The position was that in January of the following year,  
9 so just before the pandemic struck, your husband was  
10 admitted to hospital?  
11 A. Yes, to the dementia ward at Glen O'Dee Hospital.  
12 Q. Glen O'Dee, yes. And that was for initial assessment?  
13 A. Yes, and to sort out his medication.  
14 Q. I think at that time you envisaged that he would be  
15 coming home?  
16 A. Oh, I did, yes, yes.  
17 Q. But sadly that didn't prove to be the case?  
18 A. No, sadly.  
19 Q. And to a certain extent I think probably your daughter,  
20 with her medical hat on, was able to give you a little  
21 more realistic appraisal of the amount of care that your  
22 husband needed?  
23 A. Well, yes. The doctor said he put a CPR on Ken and that  
24 was just -- he'd only been there for a very short time  
25 and he did say he was surprised I kept him at home so

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1 long. I was shocked at the CPR, but my daughter said,  
2 "That's right, Mum, because, you know, he could never  
3 survive", and she said, "Anyway, he's so fit, he won't  
4 get a heart attack. That's not what's going to kill  
5 Dad".  
6 Q. I think you talk about this at paragraphs 10 and 11 of  
7 your statement.  
8 A. Yes, that's right.  
9 Q. I think you say that you were told that it would be the  
10 dementia that would kill your husband.  
11 A. Yes, no doubt.  
12 Q. Thereafter your husband was moved from the hospital,  
13 I think; is that right?  
14 A. He wasn't moved to hospital until -- oh, sorry, he was  
15 in that hospital --  
16 Q. Yes.  
17 A. -- and then lockdown came.  
18 Q. As you say, lockdown was announced in March 2020 --  
19 A. Yes.  
20 Q. -- which we all know, and you weren't allowed to see him  
21 and you didn't get to touch him for six months?  
22 A. Yes, sadly.  
23 Q. And you tell us about the visits that you were able to  
24 have, such as they were, but these involved seeing your  
25 husband through a window?

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1 A. Yes, that's right. We made an appointment and we could  
2 see him through a window, but it didn't really mean very  
3 much to him. He wanted to put out his hand and he  
4 couldn't touch him.  
5 Q. Was he able to recognise you?  
6 A. I think at that stage he did, yes.  
7 Q. And I think there was also -- another thing that was  
8 offered was FaceTiming, but, again, was that any use to  
9 him?  
10 A. No use for Ken at all. He just -- no. The only thing  
11 that would be -- you know, face to face.  
12 Q. Yes. And then eventually, as you say, in July 2020 you  
13 were allowed into the hospital.  
14 A. Yes.  
15 Q. This is paragraph 17.  
16 A. Yes.  
17 Q. But you never got near him to touch him?  
18 A. No, no, no. And it was only me.  
19 Q. And it was only you?  
20 A. I was the only one who was allowed in, yes.  
21 Q. What was the basis of allowing you in to see him, do you  
22 know?  
23 A. Well, I think the rules had changed slightly by that  
24 time and, you know, I was allowed to see him at  
25 a distance.

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1 Q. Yes.  
2 A. But only me.  
3 Q. And your daughters weren't allowed to see him, as  
4 I understand it?  
5 A. No. No, they were actually never allowed to see him  
6 again until he came home to die -- not through a window.  
7 My elder daughter, Lucy, she got to see him outside for  
8 15 minutes a week but not every week.  
9 Q. You are very complimentary about the care towards Ken  
10 while he was in Glen O'Dee Hospital.  
11 A. I couldn't say a word against them. We knew them all,  
12 they were very friendly and when lockdown came -- and  
13 they knew Ken as well. That was important too. When  
14 lockdown came, someone who knew Ken -- she'd been -- the  
15 psychiatric nurse's assistant, she did move into  
16 Glen O'Dee and we were happy knowing that she was  
17 spending quite a lot of time with Ken, and that was  
18 a comfort to us that -- you know, we knew that he knew  
19 her because he had taken -- she had taken him for walks  
20 sometimes prior to him going into hospital.  
21 Q. You tell us about that in paragraph 23 and you make  
22 a comment in paragraph 24 saying:  
23 "The staff in Glen O'Dee ... were superb; I would  
24 never criticise them."  
25 A. Yes.

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1 Q. Then you make a comment which I think is one we're  
2 starting to hear quite frequently. Perhaps you would  
3 just read that last sentence, please.

4 A. On paragraph 24?

5 Q. 24.

6 A. "The staff in Glen O'Dee Hospital were superb; I would  
7 never criticise them. It had nothing to do with the  
8 staff and everything to do with the rules."

9 Q. At that time, Mrs Montgomery, what view had you taken  
10 about the restrictions that were being placed on your  
11 ability to see your husband?

12 A. Well, it actually got worse later on because, the longer  
13 it went on, the worse it seemed.

14 Q. I appreciate that, but I'm just trying to get -- at that  
15 early point in time.

16 A. I guess we didn't think it was going to last for all  
17 that time. That's number one. We thought it was a very  
18 sort of temporary measure. As I say, as it went on, it  
19 got far worse because you realised that this was not  
20 just having a -- you know, a short time. No, we didn't  
21 like not being able to see him, obviously, but we didn't  
22 know that worse was going to come.

23 Q. Right. He was transferred to Deeside Care Home?

24 A. Yes.

25 Q. I think that was a decision that was made but without

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1 reference to you?

2 A. Yes, I mean, I was just told that -- I understood he had  
3 to be moved because he'd been in hospital longer than  
4 would be normal if it hadn't been for lockdown, so  
5 I knew -- and I also knew that, for my safety as well,  
6 he couldn't come home, sadly, and my daughters were  
7 worried about me as well. But I was just told he had to  
8 move and he had to go to an EMI unit -- not just a care  
9 home, but a nursing home really. They had found one,  
10 which I don't think I'm allowed to name -- oh, I think  
11 it is named.

12 Q. You can.

13 A. Yes, Deeside Care Home -- and that we would have to pay  
14 £1,850 a week for two years. And when I asked, "What  
15 happened if we couldn't afford that?", I was told,  
16 "Well, he could go anywhere". And in my naivety,  
17 I thought, if he was close, I could go and visit him  
18 every day. This is what I envisaged.

19 Q. An EMI unit, as you say in paragraph 29 of your  
20 statement, is a specialist unit --

21 A. Yes.

22 Q. -- for people with a specific type of dementia.

23 A. Yes, and I think it's important to say it wouldn't  
24 necessarily be for older people. You know, people think  
25 dementia is older people, but it's not. The more

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1 aggressive forms are actually in younger people.

2 Q. And your husband was in his late 60s?

3 A. Yes, and he was -- apart from having dementia, he was  
4 very fit.

5 Q. I think your doctor daughter was able to effectively  
6 give you some advice about Ken's life expectancy --

7 A. Yes.

8 Q. -- and I think that was to the effect that he wasn't  
9 going to live for more than two years.

10 A. Yes, I think both our daughters, you know, knew that --  
11 although I had to be able to say I could pay that every  
12 week, they knew it wasn't going to last that long, and  
13 I think if I had known that he wasn't going to live as  
14 long, I would have asked if I could go in and pay the  
15 fees just to be with him -- if I had known that he was  
16 going to be treated the way he was, I would have paid  
17 and known I could afford it because it wasn't going to  
18 be for very long.

19 Q. Yes, you say that at paragraph 32 of your statement.

20 A. Yes, yes, that's right.

21 Q. But, unfortunately, as you say in paragraph 33, you  
22 weren't allowed to be near him.

23 A. No. I wasn't allowed to be near him when he went into  
24 a place he'd never seen in his life before, never met  
25 anybody there before.

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1 Q. Again, the transfer of him into Deeside Care Home took  
2 place in August 2020.

3 A. That's right.

4 Q. You've said these points, but you weren't allowed to be  
5 with him when he was actually physically transferred  
6 into the care home?

7 A. No, I thought I would be allowed to take him, but, no,  
8 no, an ambulance took him and I was not allowed to be  
9 near him.

10 Q. Do you know what the basis for that restriction was?

11 A. Well, I don't really know because I guess he was being  
12 tested, you know, at the hospital and -- I don't know --  
13 and then he was put into isolation for two weeks.

14 Q. You say at paragraph 37 that you were actually able to  
15 see him being transferred --

16 A. Yes, I decided to drive down to the home and wait  
17 outside till he arrived.

18 Q. And you could see that he was smiling at least?

19 A. Well, he was -- I mean, I took a photograph of him the  
20 day before and he was looking really -- I saw him the  
21 day before and he was looking really quite healthy and,  
22 you know, knew my name, I think. And -- well, I just --  
23 you know, I wasn't allowed to be near him. That's the  
24 thing. I just saw him go in, he smiled at me, as he  
25 always did, and -- well, that was a fortnight when we

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1 had no contact other than a failed Facebook and he spent  
 2 his birthday, you know -- not Facebook, FaceTime -- and  
 3 he spent his birthday, his last birthday, in total  
 4 isolation .  
 5 Q. You did manage to hold up his accordion for him?  
 6 A. Well, I handed the accordion to the people.  
 7 Q. I see.  
 8 A. Well, I left it at the door and I think it would have  
 9 been put away for isolation . I don't know if he ever --  
 10 I just don't know because I never was inside the place  
 11 so I don't know.  
 12 Q. But he was put into isolation for two weeks, as you say?  
 13 A. Yes.  
 14 Q. Notwithstanding the fact that he was there, you say you  
 15 didn't actually meet the carers and the nurses there?  
 16 A. I just met them outside, you know. I didn't see inside  
 17 the home or anything like that. And, you know, he was  
 18 put into isolation for two weeks and we don't know what  
 19 went on, but he was used to walking around, he always  
 20 did, and then when he was in Glen O'Dee he walked  
 21 around. And there was him just confined to one room  
 22 with -- I don't know -- well, we just don't know. And  
 23 on his birthday we arranged a FaceTime but it was just  
 24 so awful and he looked so awful. I phoned his twin  
 25 brother and said not to FaceTime him because it wouldn't

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1 do any good, it wouldn't, it would just upset him,  
 2 because he had not been allowed to see him either.  
 3 Q. Again, please don't name his brother, but I think he had  
 4 a twin brother and another brother.  
 5 A. Yes, yes, that's right.  
 6 Q. You did have difficulty communicating with nurses on the  
 7 phone. Very often it just wouldn't be answered, as  
 8 I understand it?  
 9 A. Well, yes, and when the Care Inspectorate went --  
 10 because I'd written to them as well as everybody else --  
 11 the day that we knew he was dying, they actually visited  
 12 and then they went back to do an inspection later on and  
 13 found there was only one main phone, which was why it  
 14 was difficult to get through, yes.  
 15 Q. You say you wrote to the Care Inspectorate --  
 16 A. I did.  
 17 Q. -- and others.  
 18 A. Well --  
 19 Q. I think you had become quite a correspondent at this  
 20 time.  
 21 A. Well, yes, I sent over 100 emails to different people,  
 22 just trying everything to get to see Ken.  
 23 Q. Yes. I think the one thing was that the care home  
 24 wasn't that far from your home --  
 25 A. Yes.

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1 Q. -- and you envisaged I think that you would be able to  
 2 go and see him in the care home, have cups of tea with  
 3 him --  
 4 A. That's what I thought, yes.  
 5 Q. -- spend time with him.  
 6 A. Yes.  
 7 Q. But, as you say, this never materialised?  
 8 A. Never, no.  
 9 Q. How was the restriction or the isolation of your  
 10 husband -- how was that communicated to you?  
 11 A. Well, I think we knew before he went in because we were  
 12 told he would be isolated for two weeks. We didn't  
 13 really fully understand why, I think, but we were told  
 14 that, yes.  
 15 Q. You say at paragraph 45 of your statement that you think  
 16 the isolation is why he deteriorated so quickly.  
 17 A. Yes.  
 18 Q. He was kept in his room, confined to one room. How  
 19 did you appreciate the extent of his deterioration?  
 20 A. Well, you know, I would phone most days and, if I didn't  
 21 phone, either of my daughters would phone. And I think  
 22 it was -- I got -- now I can't remember if I phoned or  
 23 they phoned me -- he got a UTI and I would believe at  
 24 that point I should have been allowed to be in as an  
 25 essential carer because I know he would have been very

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1 distressed, and he never had a UTI in his life before  
 2 and I know I would have picked up the signs -- you know,  
 3 I would have known. So he got two UTIs and he lost  
 4 weight. Everything went wrong from then on really.  
 5 Q. And your contact with him at this time was I think  
 6 restricted to FaceTime; is that right?  
 7 A. Well, we didn't do FaceTime anymore because what was the  
 8 point? He couldn't understand any of that.  
 9 Q. So you weren't able to physically see him?  
 10 A. No.  
 11 Q. Okay. And obviously you feel that, had you been able to  
 12 see him, you would have recognised the changes in him?  
 13 A. I definitely would have because I knew when he needed  
 14 the toilet, I knew -- you know, he got agitated and  
 15 I would have known there was something wrong with him.  
 16 I have no doubt about that at all.  
 17 Q. Okay.  
 18 A. And I tried everything to get to see him.  
 19 Q. Again you tell us that you really had very little idea  
 20 of what life was like for him in the care home.  
 21 A. No idea. No, not really.  
 22 Q. When and if you did get through to the nurses at the  
 23 care home, what was their comments about Ken's  
 24 condition?  
 25 A. Well, they would tell me roughly what he was eating and

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1 things, and I remember one of the nurses said she told  
 2 him he was a handsome man -- which he was, he was very  
 3 handsome -- she'd been cutting his toe-nails. But I did  
 4 notice, when he went into the hospital, his nails were  
 5 very long, in fact -- I particularly noticed that -- and  
 6 I took his scissors in to cut them. But that's for  
 7 later on, I guess.

8 Q. Paragraph 58 of your statement, you found out that you  
 9 could get a 15-minute slot to see him outside --

10 A. Yes.

11 Q. -- and that you could take your daughter Lucy with you?

12 A. Yes, but nobody else.

13 Q. And that was after the two weeks of isolation?

14 A. Yes. Well, some time -- I'm not sure exactly because  
 15 Aberdeen had a COVID outbreak, and that's --

16 Q. Yes, you mention that in 59, the football team in the  
 17 pub.

18 A. Yes.

19 Q. As you say, that --

20 A. It punched everybody, yes.

21 Q. So you had 15-minute visits with him once a week. They  
 22 had to be arranged in advance and were supervised?

23 A. Oh, yes, we knew we couldn't touch him, you know. We  
 24 were supervised all the time, yes.

25 Q. And you knew that if you did touch him, then he would

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1 have been put back into isolation -- you phrase it as he  
 2 "would have been punished".

3 A. Yes, yes.

4 Q. Is that how you saw it?

5 A. We did see it that way, yes. We wouldn't have dared  
 6 touch him because he would have been punished, not us.

7 Q. You also mention being able to see Ken outside, but  
 8 again -- and this is a recurring thing that we're  
 9 hearing in this Inquiry about -- you were in Aberdeen.  
 10 Scottish weather is not known to be particularly clement  
 11 at that time of year.

12 A. And we got a real shock the first time we saw him  
 13 because he had deteriorated so much since -- you know,  
 14 since I had taken the last photograph at Glen O'Dee and,  
 15 you know, he had a hat on and he was wheeled out in  
 16 a wheelchair, and, I mean, Lucy just burst into tears  
 17 because it was just so horrible to see her dad so  
 18 deteriorated.

19 Q. The deterioration that you noticed then, can you just  
 20 explain what that deterioration was?

21 A. Well, he was wheeled out in a wheelchair and that was  
 22 quite a shock for a start. You know, we didn't really  
 23 feel he was with us, not really. You know, what he  
 24 needed was a hug, you know, or a hand touch and -- no,  
 25 we just didn't get any of that at all.

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1 Q. Did you feel his cognitive functions had deteriorated or  
 2 were they the same but there was an issue about him not  
 3 being able to have any physical contact with you?

4 A. Well, he wasn't smiling anymore. That was --  
 5 everybody -- you know, all the letters that were written  
 6 afterwards, they all mentioned his lovely smile, and he  
 7 wasn't smiling and he just looked utterly, utterly  
 8 miserable, and it was a real shock to us, I think, to  
 9 see him like that.

10 Q. And that was particularly upsetting --

11 A. It was very upsetting.

12 Q. Well, it would be obviously upsetting for you and for  
 13 your daughter.

14 A. Very upsetting, and to know we couldn't comfort him,  
 15 that was the awful thing.

16 Q. Did you receive any indication from the care home that  
 17 your husband was deteriorating?

18 A. I wouldn't say so. I mean, our daughter wrote and  
 19 said -- because there's a scale that -- he was on the  
 20 sort of middle when he went -- when he left Glen O'Dee,  
 21 and Lucy kept saying, "He's deteriorated", and they just  
 22 denied it, but we knew he had because we saw him outside  
 23 for 15 minutes.

24 Q. I think things progressed, as you say in paragraph 66,  
 25 when there became difficulties -- he had difficulties

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1 swallowing.

2 A. Yes. Now, we weren't allowed to see him the week before  
 3 that. I tried and tried, but apparently, even though we  
 4 were paying all that money, we were not allowed to see  
 5 him every week, so we didn't see him that week. And  
 6 then, on the Saturday, my daughter phoned the home and  
 7 she was told by the nurse that he couldn't swallow. And  
 8 that is a sign that things are imminent, you know.  
 9 People can't live if they can't --

10 Q. Your daughter would know that?

11 A. Yes. I then wrote to the -- sorry, I'll drink some  
 12 water.

13 Q. Please.

14 A. I then wrote another email to the manager to say that we  
 15 didn't know what we were going to find on the Tuesday,  
 16 because that was a fortnight since we'd seen him, but we  
 17 could only imagine it was going to be just awful, what  
 18 we saw, and of course we were proved right. My daughter  
 19 was driving and we went in, and on the way in the nurse  
 20 phoned and said, "Oh, don't worry, but, you know, your  
 21 husband is not very well today so he won't be able to  
 22 come outside". I thought, "Oh, right, okay".  
 23 So we went in and Lucy parked the car and we went  
 24 down, and obviously we weren't allowed to see him  
 25 outside, so we looked in at the window and the first

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1 thing I saw was that he was so distressed, but Lucy saw  
 2 his breathing and she knew he was not able to breathe  
 3 properly. But we still weren't allowed inside  
 4 incidentally. We still had to look at him from outside.  
 5 Q. And just taking a slight step back from that, I think  
 6 your daughter had mentioned the possibility of essential  
 7 visiting ---  
 8 A. Oh, yes, we had both done that, yes, but we were told he  
 9 hadn't deteriorated, you see. That's the thing.  
 10 Q. So we've heard that one of the criteria for allowing  
 11 essential visiting was end of life.  
 12 A. Yes.  
 13 Q. Was that --- at that time, when Ken's swallowing had  
 14 deteriorated, his breathing had deteriorated ---  
 15 A. Yes.  
 16 Q. --- was that deemed by the care home to be end of life,  
 17 do you know?  
 18 A. Well, they certainly didn't tell us. I mean, the GP  
 19 contacted my daughter and said he was going to push for  
 20 a letter --- he was going to write a letter pushing for  
 21 me being an essential carer, and then the day that he  
 22 was --- oh, I should have mentioned as well that our  
 23 younger daughter and his twin brother were not even  
 24 allowed to see him through glass. And, I mean, my  
 25 younger daughter was totally distraught when she was

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1 told that.  
 2 So going back to that day, yes, we saw him. I had  
 3 written another letter but at no time was I allowed to  
 4 be an essential carer. Now, on the morning that we were  
 5 going in to see him, the Care Inspectorate phoned me and  
 6 said they were going to visit the home that day, and,  
 7 you know --- I don't know, it seems to me a funny  
 8 coincidence that on the day that Ken was admitted to  
 9 hospital, I was then told that they had decided to make  
 10 me an essential carer, but I think it came from other  
 11 sources, you know. It probably came from ---  
 12 Q. You tell us that --- I'm sorry. You tell us that at  
 13 paragraph 78 of your statement.  
 14 A. Read the end of it?  
 15 Q. Yes.  
 16 A. Just the last sentence?  
 17 Q. Well, no, I'm saying you tell us that at paragraph 78 ---  
 18 A. Yes, yes, that's right.  
 19 Q. --- that you were given essential carer status.  
 20 A. Once he was in hospital, yes.  
 21 Q. And it was a bit late?  
 22 A. A bit late, yes.  
 23 Q. I think also, perhaps with the bluntness that doctors  
 24 are perhaps known for, your daughter did tell you that  
 25 in her view your husband, her father, was dying.

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1 A. Yes, she said, "He's dying, Dad's dying", yes.  
 2 Q. Now, did he go to hospital?  
 3 A. Yes, he was taken to hospital. We were never allowed  
 4 inside the home, ever. He was taken to hospital. They  
 5 had phoned the doctor, and it was I think a paramedic  
 6 who came, and he was taken into hospital with aspiration  
 7 pneumonia and dehydration.  
 8 Q. Yes. I think he was --- well, you don't know if he was  
 9 tested for COVID before he was transferred, but you  
 10 presume he had been?  
 11 A. Well, I don't know whether they tested, but he was  
 12 tested in hospital when he got there and we weren't  
 13 allowed to see him until he was, you know, tested. The  
 14 consultant understood that I --- they were having  
 15 difficulty getting a test but they understood that  
 16 I would be able to help with that because obviously  
 17 I knew him. But actually they managed to get it anyway,  
 18 yes.  
 19 Q. Just in relation to his admission to hospital, if you go  
 20 to paragraph 77, he was admitted to Aberdeen Royal  
 21 Infirmary to begin with ---  
 22 A. Yes, he was.  
 23 Q. --- and then thereafter he was admitted to  
 24 Woodend Hospital.  
 25 A. Yes, yes.

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1 Q. I think, at paragraph 77, you were allowed to go to the  
 2 hospital to see the consultant.  
 3 A. Yes, and that was the ---  
 4 Q. That was you and your daughter?  
 5 A. And Lucy was allowed as well, yes.  
 6 Q. The consultant said something to you which I think  
 7 you've noted and remembered. Could you just tell us  
 8 what the consultant did say to you?  
 9 A. Well, he was really so empathetic and he said that, you  
 10 know, more people are dying in homes because they're not  
 11 allowed to see their loved ones than are dying of COVID,  
 12 you know, words to that effect. I think those were the  
 13 words, but something like that, yes. And he --- you  
 14 know, he understood, yes. He was very, very empathetic.  
 15 Q. At paragraph 81 of your statement, you were talking  
 16 about the testing ---  
 17 A. Yes.  
 18 Q. --- and that your knowledge of your husband would enable  
 19 you to assist in facilitating the testing.  
 20 A. Yes, and he recognised that. Yes, yes. I didn't  
 21 actually have to, but he recognised that I would be the  
 22 person who, well, knew him, obviously.  
 23 Q. Again that was something that the consultant agreed that  
 24 that was --- that would have been helpful?  
 25 A. Yes.

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1 Q. And he agreed that it would have made sense?  
 2 A. Yes, he did.  
 3 Q. And you say at paragraph 82, I think, commenting on that  
 4 indication from the consultant, that that was somebody  
 5 who understood.  
 6 A. Yes, exactly.  
 7 Q. Just read on in that paragraph, please, Mrs Montgomery?  
 8 A. "Someone who understood. The Government never  
 9 understood that actually, people need their loved ones.  
 10 They can pick up on things that other people can't and  
 11 that's especially true with people with dementia."  
 12 Q. In the hospital you and -- was it one daughter or both  
 13 daughters were able to see him?  
 14 A. Well, one daughter at a time. My daughter was obviously  
 15 there when he -- elder daughter when he went to hospital  
 16 but my younger daughter came up from the south of  
 17 Scotland -- I mean, it was great because our in-laws  
 18 came to look after the family -- and she was allowed to  
 19 see him. She used the word "euphoric" because she  
 20 thought she would never see her dad alive again because  
 21 she wasn't allowed to see him through a window.  
 22 There he was, sitting there, and he was looking just  
 23 like a different person actually. I know it sounds  
 24 strange. But he had an antibiotic drip and a drip for,  
 25 you know, rehydration. He was sitting there smiling and

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1 he definitely knew us. There's no question about that.  
 2 And she used the word "euphoric", yes.  
 3 Q. You were able to have visits with him --  
 4 A. Yes, we were.  
 5 Q. -- in the hospital?  
 6 A. Yes.  
 7 Q. And your daughter, Lucy, did come to see her father?  
 8 A. Yes, she did.  
 9 Q. Although by the time she got to see him, he wasn't  
 10 looking as good as he had been earlier in the day, as  
 11 you say?  
 12 A. Yes, my younger daughter came in the morning with me,  
 13 and, you know, then she was working in the morning so  
 14 she came in the afternoon -- no, in the evening that  
 15 was -- and he wasn't quite as bright as he'd been in the  
 16 morning.  
 17 Q. Right. You as a family I think wanted your husband to  
 18 be able to come home to die.  
 19 A. Yes, we did. We did.  
 20 Q. And I think you communicated that to the hospital?  
 21 A. Yes, we did. Yes, and a nurse spoke to us about that,  
 22 yes.  
 23 Q. He was transferred from Aberdeen Royal Infirmary after  
 24 a week to Woodend Hospital?  
 25 A. Yes, yes.

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1 Q. And you were again there allowed to see him as a family?  
 2 A. Yes, and also his twin brother and his other brother  
 3 were allowed to come and see him at different times too.  
 4 He was put into a separate room.  
 5 Q. And I think -- it may seem a small thing but you've  
 6 mentioned it twice -- he was able to indicate how strong  
 7 his legs were to you?  
 8 A. Yes, he did, because he was so sporty and he was lifting  
 9 his legs and things to show how strong he was, so we got  
 10 to see that at least, yes.  
 11 Q. The problem I think was that there was a difficulty in  
 12 getting him to swallow and to eat.  
 13 A. Yes, and they did have a, you know, speech therapist to  
 14 try to help him with that and they tried all different  
 15 kinds of things and, you know, I tried to help that as  
 16 well, but really it was to no avail. It wasn't --  
 17 didn't, you know, make any difference, try as they may.  
 18 Q. But arrangements were made for a hospital bed --  
 19 A. To be taken home.  
 20 Q. -- to be installed in your home?  
 21 A. Yes, yes.  
 22 Q. And carers also coming to the home?  
 23 A. Yes, they would. Yes.  
 24 Q. I think you did write, presumably after the event, to  
 25 both Woodend and the Royal Infirmary, thanking them for

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1 what they did?  
 2 A. I did. I wrote to both because they just couldn't have  
 3 been kinder. You know, it made the world of difference  
 4 to us and I believe to Ken as well, just to be with his  
 5 family, yes.  
 6 Q. I think what you say at the bottom of paragraph 94 tends  
 7 to suggest that you had rather given up on humanity at  
 8 that time.  
 9 A. Yes, I think that's fair to say, yes.  
 10 Q. Your husband was brought home --  
 11 A. Hmm--hmm.  
 12 Q. -- and his children were able to be there.  
 13 A. Yes, and grandchildren too.  
 14 Q. And grandchildren as well?  
 15 A. Yes, they were playing the violins and -- you know, he  
 16 was keeping time to the music and -- yes, I gave him  
 17 some ice cream as well that he really liked. It was  
 18 just lovely to have him home.  
 19 Q. I think, as you say in paragraph 96, you were all  
 20 thrilled that he was back home.  
 21 A. Yes, we were. And he was -- he was smiling and, you  
 22 know -- yes, it was just wonderful to be able to cuddle  
 23 him and ...  
 24 Q. But you obviously knew that the end was nigh.  
 25 A. Yes, he came home. I mean, they stopped his drips when

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1 he went into Woodend Hospital because we knew there was  
 2 no way forward and so we knew he was coming home to die,  
 3 and that's what we wanted and we knew he would have  
 4 wanted it as well, so we were lucky that way.  
 5 Q. Yes. And you say that he died in the morning. Your  
 6 daughters had been able to spend time with him?  
 7 A. They actually slept on the bed with him. They're both  
 8 very slim and one slept on one side and one slept on the  
 9 other --  
 10 Q. They fitted in --  
 11 A. -- the last night, in the hospital bed, yes.  
 12 Q. You say you feel extremely lucky.  
 13 A. I do. The girls keep reminding me -- they say, "But we  
 14 got him home", because every day I go through, "What  
 15 could I have done? What could I have done?". But they  
 16 say, "But, you know, we got him home to die where ...",  
 17 you know.  
 18 Q. And you say that that was really down to the compassion  
 19 of the hospital?  
 20 A. Well, yes, it was. Absolutely.  
 21 Q. Right. So far as bereavement is concerned, you make  
 22 some observations about that. You were allowed  
 23 20 people at his funeral?  
 24 A. Yes.  
 25 Q. And you say that was okay for you?

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1 A. That was okay for us because, you know, it was all the  
 2 sort of close family who were there and, you know,  
 3 friends. If it had been 40, it would have been more  
 4 difficult because we would have had to invite people and  
 5 then --  
 6 Q. Eliminate people, yes?  
 7 A. -- people would expect -- that we expected them to come  
 8 if we asked them. So actually that was fine for us.  
 9 You know, I played the piano and the girls played their  
 10 violins and they did the eulogy as well and his twin  
 11 brother did a reading as well.  
 12 Q. Right. The paragraph at the bottom of that section,  
 13 102, which perhaps isn't a necessary -- it's a slight  
 14 non sequitur from what you've said. It may not be. But  
 15 you say:  
 16 "I do think that human rights were completely  
 17 obliterated during covid ..."  
 18 A. Absolutely.  
 19 Q. Now, I don't want to pull the lawyer on you,  
 20 Mrs Montgomery, but obviously human rights is a very  
 21 complicated area of law --  
 22 A. Yes, yes.  
 23 Q. -- for all of us. What did you see as his human rights  
 24 being obliterated or your human rights being  
 25 obliterated?

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1 A. Well, I think everyone has got the human right to be  
 2 close to the ones they love when they're dying --  
 3 I mean, I just think that's a basic right that everyone  
 4 should have -- and not to be treated like you just  
 5 weren't a person, you know, yes. A basic human right is  
 6 to be able to be with your loved ones, and that was  
 7 absolutely taken away.  
 8 Q. You tell us a little bit about the Care Home Relatives  
 9 group --  
 10 A. Yes.  
 11 Q. -- of which you are still I think a member.  
 12 A. Yes. Well, I came out of the group when Ken died  
 13 because I felt -- but I was always in contact with them  
 14 still, yes. And without them I think I would have --  
 15 I don't know. They were just such a saving grace to me  
 16 personally.  
 17 Q. A comfort to know that other people were in the same  
 18 position?  
 19 A. It was. It was a great comfort, yes.  
 20 Q. Okay. Can we just look at what you say about the  
 21 impact? Again much of what you say are things that we  
 22 are hearing --  
 23 A. Yes.  
 24 Q. -- repeatedly --  
 25 A. Oh, right, yes.

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1 Q. -- so please don't think that in any way we're  
 2 dismissing them. But you, first of all, in  
 3 paragraph 106, say that the impact of the visiting  
 4 restrictions at the care home on you and your family was  
 5 "pure hell".  
 6 A. Absolute hell, yes.  
 7 Q. You talk about the impact really that that had on you.  
 8 Your daughters were crying all the time --  
 9 A. Hmm--hmm.  
 10 Q. -- you were sending emails to people at different times  
 11 and you were desperate?  
 12 A. Yes, yes.  
 13 Q. And you say that nothing was done?  
 14 A. No, we discussed what else we could do and then we  
 15 thought -- I had done everything I could and, you know,  
 16 they had done everything they could, and we thought,  
 17 well, we would go to a solicitor because, you know,  
 18 would they be able to do anything, but kind of thinking  
 19 probably not. It was just a desperate situation, that  
 20 you could not see your own husband and father.  
 21 Q. You use the word I think in that earlier part of your  
 22 statement as feeling impotent.  
 23 A. That's exactly how I felt, yes, because none of the  
 24 things I did had any effect whatsoever.  
 25 Q. You say at paragraph -- well, would you read

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1 paragraph 108, please?

2 A. "I, personally, will never be at peace until I die

3 because all the time it goes through my mind, what could

4 I have done differently? The girls will say to me I did

5 everything I could, there's nothing else I could have

6 done."

7 But there isn't a day goes past when I don't think,

8 "What else could I have done? How could I have got my

9 husband ..." — you know, been able to be with my

10 husband.

11 Q. Perhaps there's a balance and a comfort that your

12 daughters do say, "But we got him home"?

13 A. Oh, that's a great comfort, yes, and I know that we were

14 lucky that way because so many people were not allowed

15 to be with their families.

16 Q. I'll pass over the introspections, if I may, and can we

17 go to the "Lessons Learned". You make a number of

18 points and again these are points that we are hearing

19 from other witnesses and please don't think that we are

20 diminishing them. We're hearing them again from you.

21 A. Yes.

22 Q. But you say that "isolation" you think is a euphemism

23 for "solitary confinement".

24 A. Yes, for people who have never committed a crime,

25 I think it is a euphemism because it's just ... I just

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1 can't describe how horrible it is, you know.

2 Q. You also make the point — and you made it earlier in

3 your statement — about the fact that, as you see it,

4 the Government failed to recognise that one size does

5 not fit all.

6 A. Absolutely.

7 Q. Explain that, please.

8 A. Well, I think that they were unaware that — firstly, it

9 wasn't just older people in care homes, you know, and

10 that I sadly know this now — I knew nothing about

11 dementia before — but there are over 100 different

12 dementias and they're all so different and everybody was

13 just put into this sort of — just the same kind of

14 category and no thought for individuals at all, you

15 know. It was just ... And people with the kind of

16 dementia that Ken had, you know, you can't explain to

17 them what's going on at all. You know, we weren't

18 allowed to explain to them, we weren't allowed to hold

19 their hands or touch them in any way, and that's all

20 they needed. And the Government just didn't recognise

21 that at all, that some people — and Lucy actually wrote

22 in her letter — she said that, "All Dad needs is the

23 touch of his wife or somebody in the family. That's the

24 only thing he can understand". She wrote that down in

25 the letter.

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1 Q. Yes. You also set out in — sorry, before I get to

2 that, just one other point. Paragraph 123, you make the

3 point that rules cannot be applied uniformly —

4 A. Yes, absolutely.

5 Q. — so that implicit in that is that the rules should at

6 least allow for individual personal circumstances?

7 A. I believe so, yes, I do, and also just the recognition

8 that the people who actually have got the most interest

9 in their families are the families, you know. We were

10 not allowed to touch Ken at all but everybody else could

11 touch him, and I went home to my home on my own and my

12 family up the road, they were my bubble, but they were

13 testing all the time, as I was, and yet everybody else

14 who was there could touch Ken and then they could go

15 home to their own homes where maybe somebody else had

16 been working. You know, it just didn't make sense. No

17 sense at all.

18 Q. Yes. The "Hopes for the Inquiry", I think these really

19 do reflect the points you've been making and importantly

20 you say at 125 that:

21 " ... just saying well rules are rules and we don't

22 really care about you, they apply to everyone, no

23 personal circumstances. I think that if something like

24 this happens again, they will have to make a different

25 approach."

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1 A. Very much so, yes.

2 Q. I take it by that that you mean the approach should be

3 more person-centred?

4 A. Absolutely, yes.

5 Q. I think you also say — perhaps reflecting what the

6 consultant had said to you — that people were dying,

7 having been deprived of the contact with their loved

8 ones.

9 A. Absolutely, yes.

10 Q. You also ask or say it would be nice were the Government

11 to give an apology to people who were in your situation.

12 A. I would very much welcome that. It doesn't bring people

13 back but I think there should be a recognition that what

14 they did was actually wrong, to just apply a rule to

15 everybody regardless of circumstances, and I really

16 think that the people who are least likely to bring

17 COVID into a home were the relatives because they were

18 taking extra care and they were not mixing — well, they

19 were not mixing with other people, no.

20 Q. Just if you can, Mrs Montgomery, can you read out

21 paragraph 128, please?

22 A. Yes.

23 "I was married to Ken for almost 45 years and the

24 rules took away my ability to touch him and comfort him

25 for the last six months of his life. All of the care

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1 staff who were going home to their families every night,  
 2 were able to touch Ken but none of his family members,  
 3 the people who are most important to him, were able to  
 4 be near him. Ken was dying of dementia and was totally  
 5 isolated from everyone he loved most. My hope for the  
 6 Inquiry is that they ensure that people living in care  
 7 homes, like Ken, can never be completely isolated from  
 8 their family again.”

9 Q. Thank you. You've indicated that you wrote over  
 10 100 letters complaining about the situation, if I can  
 11 put it that way.

12 A. Yes.

13 Q. Can I say, Mrs Montgomery, that I and my team will be  
 14 asking, through your solicitors, for access to not  
 15 perhaps all 100 but some of them —

16 A. Yes.

17 Q. — so that they can inform what we're doing —

18 A. Yes.

19 Q. — beyond the terms of your statement.

20 A. Yes.

21 Q. But, beyond that, Mrs Montgomery, is there anything else  
 22 you would like to say to the Inquiry?

23 A. Well, I'm very grateful that there is an inquiry because  
 24 I think that people need to know what pain it caused to  
 25 people, not being allowed to see their loved ones. You

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1 know, we can't even know how much pain it's caused to  
 2 them because, you know, we weren't allowed to be near  
 3 them, we didn't ... I just — you know, I don't know.  
 4 We just saw Ken sitting in a chair and he didn't see us  
 5 at all. That's just the reality of it and that cannot  
 6 happen again. So I'm very grateful that there is an  
 7 inquiry.

8 MR GALE: Right, Mrs Montgomery. Thank you very much indeed  
 9 for your time.

10 A. Thank you very much.

11 THE CHAIR: Thank you, Mrs Montgomery.

12 A. Thank you.

13 THE CHAIR: Very good. Usual refrain, Mr Gale. Is there  
 14 any chance of an advance on the next witness?

15 MR GALE: I would have to ask whether the next witness would  
 16 be available, but if she is, then, yes.

17 THE CHAIR: If we could start earlier, that would be much  
 18 appreciated and probably everyone would appreciate on  
 19 a Friday, I suspect.

20 Very good. I won't fix a definite time, then, but  
 21 at some time between probably about 1.40 and 2 o'clock.  
 22 We'll try to get that information.

23 MR GALE: Be flexible. Yes, my Lord, thank you.  
 24 (12.24 pm)  
 25 (The short adjournment)

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1 (1.58 pm)

2 THE CHAIR: Right, good afternoon. Sorry, I thought it was  
 3 a few minutes later than that so I apologise.

4 MR GALE: That's all right, my Lord.

5 THE CHAIR: Yes, Mr Gale.

6 MR GALE: Yes, my Lord, the next witness is  
 7 Marion McParland.

8 MRS MARION MCPARLAND (called)

9 THE CHAIR: Good afternoon, Mrs McParland. Please take  
 10 a seat and make yourself as comfortable as you can.  
 11 When you're ready, Mr Gale.

12 MR GALE: Thank you, my Lord.

13 Questions by MR GALE

14 MR GALE: Hello, Mrs McParland.

15 A. Hello, good afternoon.

16 Q. Your full name, please?

17 A. Marion McParland.

18 Q. The Inquiry has your details and your contact address,  
 19 so if we need to get in touch with you, we can do it  
 20 through your solicitors or directly, but we have that  
 21 information.

22 You're here to tell us about your mother.

23 A. Yes.

24 Q. We're not going to name your mother —

25 A. Okay.

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1 Q. — so if you will just refer to her as your mother or  
 2 "Mum" —

3 A. Yes.

4 Q. — presumably is how you would normally call her, so if  
 5 you can just be careful about that, and again, also, if  
 6 you don't name other people.

7 A. Okay.

8 Q. So people who may have cared for your mother, if you  
 9 don't name them, please.

10 Now, I'd like to ask a bit about you, please, to  
 11 begin with. You're a retired nurse?

12 A. Yes, that's correct.

13 Q. You retired in March 2017?

14 A. Yes.

15 Q. You've set out your nursing background and your  
 16 qualifications and the posts you had in paragraph 4 of  
 17 your statement —

18 A. Yes.

19 Q. — which will come up on the screen in front of you —

20 A. Yes.

21 Q. — as we go through.

22 Can I ask you just a little bit about the latter —  
 23 the later posts that you held in nursing? You tell us  
 24 at the bottom — actually there are two parts to  
 25 paragraph 4, but you tell us at the bottom of the first

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1 part that you were fortunate to secure a number of  
 2 senior posts in NHS Lanarkshire —  
 3 A. Yes.  
 4 Q. — including being a research nurse, a Public Health  
 5 nurse lead for multi-agency inspection of children's  
 6 services and then acting senior nurse for Public Health.  
 7 A. Yes.  
 8 Q. So you have a background in Public Health?  
 9 A. Yes.  
 10 Q. And then you tell us in the next section of paragraph 4  
 11 that in 2011 you obtained a secondment to the  
 12 Scottish Government Carers Policy Branch.  
 13 A. That's correct, yes.  
 14 Q. And you took up a post as an implementation manager for  
 15 the National Carers Strategy of Scotland and then you  
 16 secured latterly a post as an education adviser with  
 17 NHS Education for Scotland?  
 18 A. That's correct.  
 19 Q. And you took early retirement in 2017?  
 20 A. That's correct.  
 21 Q. Can you tell us just a little bit about your work with  
 22 the Carers Policy Branch and also the National Carers  
 23 Strategy? What did that involve?  
 24 A. Yes. I was on secondment — I was seconded from  
 25 NHS Lanarkshire, where I was working, to Carers Policy

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1 Branch in the Scottish Government. There had been  
 2 a carers — unpaid carers — we're talking about  
 3 a carers' strategy produced and there was many parts to  
 4 the strategy in relation to looking after unpaid carers,  
 5 identifying health needs, supporting unpaid carers and  
 6 young carers.  
 7 So this was compiled as a strategy and my post was  
 8 to basically implement this strategy, look at the action  
 9 points, work across Scotland. So I worked with health  
 10 boards and local authorities across Scotland to really  
 11 see how they were identifying carers and unpaid carers  
 12 in each local authority and health board area, what  
 13 supports were in place, how did they raise awareness,  
 14 how did they identify. What I ended up doing, actually,  
 15 was we identified an end person within each of the  
 16 14 health board areas and 32 local authority areas and  
 17 we came together as groups on many occasions with these  
 18 identified leads and discussed the support and care of  
 19 unpaid care-givers.  
 20 Q. Right well that's really interesting for a variety of  
 21 reasons but not least because you bring to this Inquiry  
 22 a perspective both of having experience in  
 23 Public Health —  
 24 A. Yes.  
 25 Q. — and also having experience of policy work —

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1 A. Yes.  
 2 Q. — at least in relation to unpaid carers in particular.  
 3 A. Yes.  
 4 Q. Your late mum, who is the person we're going to be  
 5 talking about —  
 6 A. Yes.  
 7 Q. — she passed away in October 2020 —  
 8 A. Yes.  
 9 Q. — in Hatton Lea Care Home in Bellshill?  
 10 A. That's correct.  
 11 Q. Her cause of death was COVID and dementia?  
 12 A. Yes.  
 13 Q. She was 89 when she died?  
 14 A. She was, yes.  
 15 Q. Just to get a little bit of a flavour of your mum, you  
 16 tell us she was well known in the community, she had  
 17 been a warden in a large sheltered housing complex, she  
 18 continued to do volunteer work in the community up until  
 19 her being 80 —  
 20 A. Yes.  
 21 Q. — and she also received an award from her MSP for her  
 22 work in the community?  
 23 A. Yes, she did.  
 24 Q. You say you were very close to both of your parents and,  
 25 sadly, your dad died suddenly in April 2015.

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1 A. Yes.  
 2 Q. At that time I think you obtained a power of attorney in  
 3 relation to your mum.  
 4 A. That's correct, yes.  
 5 Q. At that time were there — well, there had been a formal  
 6 diagnosis of dementia in relation to your mother in  
 7 2014?  
 8 A. Correct.  
 9 Q. And she was 83 at that time but you say she'd been  
 10 displaying symptoms for a few years before then —  
 11 A. Yes.  
 12 Q. — and you were aware that her cognitive abilities were  
 13 deteriorating?  
 14 A. Yes.  
 15 Q. And I think you knew that your dad was very concerned  
 16 about her?  
 17 A. Yes.  
 18 Q. What was your role in caring for your mum after her  
 19 diagnosis with dementia?  
 20 A. When — after her initial diagnosis my dad was still  
 21 alive at that time, but Mum wasn't sleeping very well,  
 22 she was very confused at times, quite disorientated at  
 23 times, a bit unsteady on her feet, and was having a few  
 24 falls, was forgetful around medication. So really, as  
 25 a daughter first and foremost, I was there with my mum

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1 and dad at their own house most days, just -- well,  
 2 obviously, I was working -- sorry -- so it could have  
 3 been in the evening, it depended on when my days off  
 4 were, et cetera. But I would spend most days with my  
 5 mum and dad.  
 6 But usually what I would do is take Mum out -- give  
 7 my dad a wee bit of time on his own as well, but to try  
 8 and distract my mum, plus we were good friends together.  
 9 We enjoyed the shops and she enjoyed looking at all the  
 10 different clothes and things, and maybe I was there  
 11 sometimes just to kind of not get her to buy some of the  
 12 things that she was wanting to buy. But, yes, just  
 13 looking after her, just as a daughter would to a mum.  
 14 Q. But you were not just a daughter, you were a nurse?  
 15 A. I was a nurse, yes.  
 16 Q. So you had that -- you brought that ability and capacity  
 17 to what you were able to help your mother with?  
 18 A. Yes, I was very concerned about her medications,  
 19 et cetera, so I did have quite a bit of input on that  
 20 side.  
 21 Q. You tell us a little bit about how your mother's  
 22 condition deteriorated and I don't want to go into the  
 23 detail of that, but she had a number of other  
 24 conditions. She was diabetic, she had arthritis, she  
 25 had certain gastric problems --

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1 A. Yes.  
 2 Q. -- and she also -- she'd had a few falls, I think.  
 3 A. Yes.  
 4 Q. And, as you put it in paragraph 12, you were "struggling  
 5 along and doing our best".  
 6 A. Yes.  
 7 Q. And she was obviously at home, at her home --  
 8 A. She was at home, yes.  
 9 Q. You've described the events leading up to her being in  
 10 a care home. Again I don't want to go through that in  
 11 detail. We can read that for ourselves. But at  
 12 paragraph 15 you note that the September weekend in 2015  
 13 was a turning point --  
 14 A. Yes.  
 15 Q. -- and then things deteriorated, if I can put it  
 16 generally, after that.  
 17 A. Yes.  
 18 Q. And at paragraph 17 you say that you didn't want your  
 19 mum to go into a care home, presumably -- was she -- did  
 20 she have sufficient cognitive abilities at that time to  
 21 know whether she wanted to go into a care home?  
 22 A. No. No, she didn't at that time.  
 23 Q. I think you describe it as "a selfless thing that we  
 24 did" for her, for the benefit of your mum and continuity  
 25 of care?

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1 A. Yes.  
 2 Q. This is making the decision, the very hard decision,  
 3 that she should go into a care home?  
 4 A. Yes, absolutely. We had to recognise that we couldn't  
 5 meet Mum's needs and that was -- we had to accept it.  
 6 Q. In fact, as you say in paragraph 17, the consultant who  
 7 was treating her said it was the best thing for her.  
 8 A. Yes.  
 9 Q. So the decision was taken to put your mum into the  
 10 Hatton Lea Care Home in Bellshill --  
 11 A. Correct, yes.  
 12 Q. -- within the Shirrell -- is it?  
 13 A. Shirrell, yes.  
 14 Q. -- Unit within that care home. Interestingly -- and  
 15 I think I'm saying this a lot now to witnesses -- these  
 16 are things we're hearing from a lot of people, but what  
 17 you say in paragraph 19 is your caring role didn't  
 18 stop --  
 19 A. No.  
 20 Q. -- when your mum went into that care home. You repeat  
 21 the point you make about it being a selfless act.  
 22 A. Yes.  
 23 Q. You knew at that time that your mum required 24/7  
 24 care --  
 25 A. Yes.

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1 Q. -- and support and, as you say, your mum was your life,  
 2 you were very close, had a great relationship and  
 3 "I needed to be with [her]". You had what you describe  
 4 as an "unofficial agreement" with the care home that you  
 5 would continue caring and share the care for your mum.  
 6 A. Yes.  
 7 Q. An unofficial agreement tends to suggest it wasn't  
 8 something that was written down. Was it just something  
 9 that was understood between you and the care home?  
 10 A. Yes, I believe that's what it was, although I had  
 11 a discussion with the unit manager and I had said that  
 12 I was really keen to be with Mum the way I would have  
 13 been had she been at home and that I would want to be  
 14 there daily and share in her care, and there was no  
 15 disagreement with that with the unit manager. At one  
 16 point I was told just to get on with my life, which was  
 17 quite disturbing for me.  
 18 Q. Who told you that?  
 19 A. One of the carers. But, no, I continued to care for my  
 20 mum and there wasn't really any objection and I became  
 21 what I felt was an integral part of her care team,  
 22 albeit first and foremost my mum's daughter.  
 23 Q. Well, I think one of the things we can probably  
 24 understand is that there's a difficulty for many people  
 25 in putting their parents into a care home to be cared by

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1 somebody else.  
 2 A. Yes.  
 3 Q. You make that point in paragraph 19 of your statement.  
 4 A. Yes.  
 5 Q. Again, I don't want to take you through — we can read  
 6 what you've said about your mother. There's some  
 7 interesting history of your mother in paragraph 24 of  
 8 your statement, that, as you put it, she was quite  
 9 a character.  
 10 A. She was. Yes, she was.  
 11 Q. And she took part in church services, she loved kids,  
 12 loved kids coming into the care home.  
 13 A. Yes.  
 14 Q. Now, you say at paragraph 27 of your statement that she  
 15 had — and this is obviously in the care home — she had  
 16 many unwitnessed falls. In February 2020 you say she  
 17 had an awful fall which left her very bruised.  
 18 A. Yes.  
 19 Q. I'll just put it that way.  
 20 A. Yes.  
 21 Q. There were arrangements to have cot sides put on her bed  
 22 after that?  
 23 A. Yes.  
 24 Q. This of course was just before the pandemic struck?  
 25 A. Yes.

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1 Q. At paragraph 29 of your statement, you say — well  
 2 perhaps you can just read out what you say at  
 3 paragraph 29 so we put it in your voice.  
 4 A. "I have vivid memories of the last time that I saw mum  
 5 before the home shut down. She was still badly bruised  
 6 and shaken from the fall. In reality the time that  
 7 I spent with mum just before the start of the pandemic  
 8 was not quality time, [for example] taking her out to  
 9 the shops or home and ironically I felt that she needed  
 10 her family and more looking after than ever."  
 11 Q. Then you say you last saw your mum on 11 March 2020 and  
 12 then the following day you received a call —  
 13 A. Yes.  
 14 Q. — to say that the home was closing to all visitors due  
 15 to COVID.  
 16 A. That's correct, yes.  
 17 Q. And that was the — as you say, that was the last time  
 18 you held her hand until the day she passed away?  
 19 A. That's correct.  
 20 Q. Restrictions on visiting — again, a lot of this is, if  
 21 I can put it this way, Mrs McParland, familiar territory  
 22 to us because we've heard a lot about this.  
 23 A. Yes.  
 24 Q. You talk about the initial restrictions. You say:  
 25 "No window visits were allowed at that time ..."

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1 That's in March 2020. That's paragraph 31.  
 2 A. Yes.  
 3 Q. That lasted for about two weeks. You only had one call  
 4 with your mum during that time?  
 5 A. Yes, that's correct.  
 6 Q. That I presume is a telephone call?  
 7 A. Telephone call, yes.  
 8 Q. How effective or useful was that?  
 9 A. Mum, she could be lucid at times and I do remember that  
 10 she could — she was talking to us and saying my name  
 11 and things like that, but it didn't really — I didn't  
 12 feel peaceful afterwards because I didn't feel she  
 13 sounded like herself, and she was still a bit confused.  
 14 Whether it was due to her dementia or — you know, at  
 15 that early stage, even not seeing us for two weeks would  
 16 have been difficult for my mum because she was used to  
 17 seeing us daily. So it wasn't desperately effective.  
 18 It was good to hear her voice, but it wasn't ...  
 19 Q. You progress on to window visits. Again, material that  
 20 we've heard before and what you say about window visits  
 21 we've heard from others.  
 22 A. Yes.  
 23 Q. They weren't very good?  
 24 A. No, not at all.  
 25 Q. You say you did over 200 —

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1 A. Yes.  
 2 Q. — window visits between March and October.  
 3 A. Yes, correct.  
 4 Q. That would have been more than one a day.  
 5 A. Yes, and there was periods of lockdown in between so  
 6 sometimes it was even more than two.  
 7 Q. Yes. In that period did you notice, even through window  
 8 visits, any deterioration in your mum's condition?  
 9 A. Yes, I did.  
 10 Q. What sort of deterioration did you notice?  
 11 A. I noticed on a number of occasions that she was just  
 12 more drowsy. It was difficult to communicate in any  
 13 case, but looking through the closed window — I mean,  
 14 if I'd been going in to visit her and I'd seen her  
 15 drowsy — it wasn't completely abnormal that she would  
 16 be drowsy in her sleep when I went to visit her  
 17 indoors — but looking through the closed window,  
 18 I couldn't waken her obviously or nudge her and bring  
 19 her round, so a lot of the window visits she was just  
 20 lying head down in the chair.  
 21 Q. You do mention subsequently in your statement the  
 22 possibility that your mother may have been sedated.  
 23 A. Yes.  
 24 Q. Do you think that was the case?  
 25 A. It may have been, but there were occasions when my mum,

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1 due to her dementia and the type of dementia she had,  
 2 that she did require some sedation, just a mild  
 3 sedation, so I can't say for definite, but there's  
 4 a possibility that --  
 5 Q. I mean, this is not meant as a criticism of the care  
 6 home --  
 7 A. No, no.  
 8 Q. -- in any way. I'm just asking for a possible  
 9 explanation of your mother's drowsiness, if I can put it  
 10 that way.  
 11 A. Yes, I think there would be times when she would have  
 12 been sedated, yes.  
 13 Q. You say at paragraph 34 of your statement that the  
 14 information that you were getting about outbreaks of  
 15 COVID, closed window visits and then subsequent open  
 16 window visits --  
 17 A. Yes.  
 18 Q. -- were confusing.  
 19 A. Yes.  
 20 Q. You say "very ambiguous".  
 21 A. Yes.  
 22 Q. This was information you were receiving from the care  
 23 home?  
 24 A. From the care home and from HC--One themselves.  
 25 Q. So from the care home and the care home operator?

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1 A. Yes.  
 2 Q. You say communication wasn't that great and guidance was  
 3 constantly changing. Is that you saying, first of all,  
 4 that there was poor communication from the care home?  
 5 A. Yes.  
 6 Q. And also that the guidance that you were being given was  
 7 a moving feast; it was constantly changing?  
 8 A. Absolutely. Absolutely.  
 9 Q. Was that as a result of what the care home was doing or  
 10 do you know if that was the result of more general and  
 11 higher-level guidance that was given by Government or --  
 12 A. My thoughts are it was a bit of both actually. I think  
 13 no one was really sure what was happening. When I spoke  
 14 to anybody on the occasion that I did in the care home,  
 15 sometimes I could give evidence before the carers -- the  
 16 nurses in the unit. I could -- not give evidence --  
 17 I could say what had been happening in some of the  
 18 guidelines. So I think that from the management down in  
 19 the care home, that nobody really being was informed  
 20 clearly as to what was happening. It seemed to just be  
 21 a moving goal--post all the time.  
 22 Q. And presumably you, as her qualified nurse, an interest  
 23 in caring, an interest in Public Health and also with  
 24 your specific interest in gaining access to your  
 25 mother --

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1 A. Yes.  
 2 Q. -- you would presumably or were presumably informing  
 3 yourself about the changes in guidance or the guidance  
 4 that was applicable at any one time?  
 5 A. Yes, and through Care Home Relatives Scotland as well.  
 6 Q. Yes. When did you become involved with Care Home  
 7 Relatives Scotland?  
 8 A. It was in 2020. I have written it somewhere. It was  
 9 just a bit before -- maybe a month or so before my mum  
 10 died.  
 11 Q. Okay, thank you. One of the points you make at  
 12 paragraph 36 is that you were told that your mum's  
 13 six-month assessment was due and, as I understand it,  
 14 you were asked if you had any input into that.  
 15 A. Yes.  
 16 Q. And could you have had?  
 17 A. From what I was seeing through the window, but how was  
 18 that -- how was I able to assess how my mum was, how was  
 19 she feeling, et cetera, which is what they did ask at  
 20 assessments; "How do you feel your mum's managing? How  
 21 do you think she's feeling? Has she settled?",  
 22 et cetera. I was shocked to be asked to comment because  
 23 I hadn't been near -- effectively near my mum to know --  
 24 I had expressed my concerns with what I saw and what  
 25 I assumed was happening, but I felt -- I was pretty

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1 shocked to be asked to respond to how my mum was.  
 2 Q. I think what you do say at paragraph 36 is that you did  
 3 say in the context of this request that your mum was, as  
 4 you put it, "really affected by isolation and lack of  
 5 contact with us".  
 6 A. Yes.  
 7 Q. Again, how did you come to that view, that that was the  
 8 position, because -- can I just interject before you  
 9 answer the question? I suppose it could be said that  
 10 your mother's condition was an ongoing condition --  
 11 A. Yes.  
 12 Q. -- and would be a deteriorating condition --  
 13 A. Yes.  
 14 Q. -- and this might be a reflection of the ongoing  
 15 deterioration of her condition, but I think you are  
 16 attributing it to a certain extent to the isolation and  
 17 the lack of contact with you.  
 18 A. Yes.  
 19 Q. Can you perhaps give a little explanation of why you are  
 20 saying that?  
 21 A. Yes. What I -- I knew my mum better than anybody and,  
 22 in spite of not being with her, I knew how important it  
 23 was for her to have contact, stimulation, you know,  
 24 distraction, all this, in her day-to-day life. Mum was  
 25 never one for just being sitting alone and not talking

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1 to people. She was very much a people person. But on  
2 days, even at home when — and when she was in the care  
3 home as well, there were some days that she was a bit  
4 low and — possibly due to her condition, but the  
5 difference was, when we would go in and when there was  
6 any visiting or when there was a concert or something  
7 on, Mum came alive again, to put it that way. So I knew  
8 that — I knew just from her own personality that this  
9 would be really difficult for my mum, not having people  
10 round about, not having people to chat with.

11 I do remember as well — because the bit about —  
12 I did say Mum was really affected by isolation because  
13 I do remember the carers saying to me, "Your mum said  
14 she's very, very, very, very happy in the care home",  
15 and that's what — my response to that was, "Please,  
16 I want this documented because that's not what's coming  
17 across to us. It's not what we're seeing on a window  
18 visit or the physical appearance of Mum". Her just  
19 whole demeanour was not very, very happy.

20 Q. You perhaps give a little more context to that in  
21 paragraph 40 of your statement and you said you were  
22 worried about the physical and emotional effects on your  
23 mum, being very anxious, confused, hallucinating and  
24 no one having time to sit with her to reassure her.

25 A. Yes.

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1 Q. That presumably was an important or had been an  
2 important part of your function?  
3 A. Absolutely. Absolutely, yes. She needed that, Mum, she  
4 really did. That would settle her. Even just holding  
5 her hand, knowing that we were there.

6 Q. And you conclude that paragraph by saying:  
7 "My mum needed this type of support, reassurance and  
8 care."

9 A. Yes. Yes.

10 Q. So your presence and your physical touch —

11 A. Touch.

12 Q. — and reassurance presumably?

13 A. Yes, yes.

14 Q. Paragraph 41, you say:

15 "... I should have persevered to get clear answers  
16 [then you go on] but my heart was broken."

17 What do you think you should have done and what  
18 answers did you want?

19 A. I've probably written a bit down here. Sorry.

20 I felt I should have pushed a bit more to be with my  
21 mum. I felt that I should have — I felt the staff  
22 could have been more open with me. When I was saying  
23 what I was feeling about my mum, I just always got the  
24 reply that she was fine or very, very, very happy.

25 Q. Did you believe that?

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1 A. No. No. No. But I just feel as though — it was very  
2 difficult to communicate anyway, to get a phone call or  
3 answer a phone or whatever, which I completely  
4 understand. Carers were very busy. But I just feel now  
5 I wouldn't have accepted "She's fine". I didn't accept  
6 it at the time but I didn't do anything about it,  
7 whereas now I would have asked them to define what is  
8 "fine".

9 Q. Did you know anything at that time about being an  
10 essential carer?

11 A. Sorry, being an essential —

12 Q. Did you know anything about being an essential carer?

13 A. No, not at that point.

14 Q. That wasn't mentioned to you by the care home staff?

15 A. No. No. No.

16 Q. With probably the benefit of now a bit of hindsight, how  
17 do you feel about not being told about that?

18 A. Betrayed. Awful. Guilty. I could have been —  
19 possibly been with my mum sooner.

20 Q. A couple of points as we're going on, Mrs McParland.

21 One of the points you make at paragraph 43 is that there  
22 was a, I suppose, concern that you had about the  
23 continuity of staff.

24 A. Yes.

25 Q. You were seeing presumably new faces —

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1 A. Yes.

2 Q. — when you were —

3 A. At the window.

4 Q. — at the window.

5 A. Yes. There was constantly new staff and I was —

6 I mean, I knew all the staff, day and night duty,  
7 pre-COVID because I was with them all the time.

8 I recognised all the staff. I would have known them by  
9 name. But at the window, no, there was faces — new  
10 faces rushing back and forth, working within the unit,  
11 very, very busy, and I noticed there was new residents  
12 as well, from what I could see.

13 Q. You tell us a little bit — not in this section of your  
14 statement — but you tell us a little bit about your  
15 knowledge of barrier nursing.

16 A. Yes.

17 Q. We don't need to go into it just at the minute but you  
18 were aware of what barrier nursing was?

19 A. Yes.

20 Q. Now, do you feel that somebody who had that knowledge  
21 and could go into a care home having taken the necessary  
22 precautions, such as is necessary with barrier nursing,  
23 should have been allowed into the care home —

24 A. Yes.

25 Q. — to see a loved one?

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1 A. Yes, absolutely.  
 2 Q. Your mother's 89th birthday was on 17 September 2020 —  
 3 A. Yes.  
 4 Q. — and you had, as you put it, an outdoor visit, sitting  
 5 3 feet away from her with masks on. I think that's you  
 6 and other family members.  
 7 A. Yes.  
 8 Q. And you were told not to touch or kiss her at all. You  
 9 say it was horrible, devastating.  
 10 A. Yes.  
 11 Q. I think we can understand that.  
 12 A. Yes.  
 13 Q. You don't need to explain that any further. But I think  
 14 she had been — how do I put it politely? — glammed up  
 15 for the —  
 16 A. She was, yes.  
 17 Q. — for the occasion.  
 18 A. She was. She looked beautiful.  
 19 Q. I think it's interesting what you say in paragraph 45,  
 20 that you felt that your mother didn't have the same  
 21 amount of trust in you.  
 22 A. No. Again I don't think it was in relation to her  
 23 condition worsening. I was convinced it was — her eye  
 24 contact wasn't there. She seemed to be making more  
 25 reference to the carers who were round about, as in

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1 motioning to the carers. I remember our gifts, our  
 2 cake, these type of things. She just wasn't engaging  
 3 with us.  
 4 Q. And you took that on yourself?  
 5 A. I did, yes, very much so. That — again, I felt so  
 6 guilty at having left her all that time and her not  
 7 understanding why.  
 8 Q. You mention the analogy with prisoners in paragraph 46  
 9 and, again, this is something we've heard from many  
 10 witnesses now. Do you feel or can you know whether your  
 11 mother shared that view?  
 12 A. I don't know. I don't know if my mum — the tape and  
 13 all put up — I don't know if my mum would have —  
 14 I don't think it would have — I don't know that it  
 15 would have crossed her mind, but it certainly felt like  
 16 it to us — or to myself and my sister. This is an open  
 17 door visit.  
 18 Q. You started to notice a deterioration in your mother.  
 19 You mention in paragraph 47 —  
 20 A. Yes.  
 21 Q. — that she looked awful during a particular outdoor  
 22 visit and you say she looked like she'd given up.  
 23 A. Yes.  
 24 Q. And that was in fact a couple of weeks before she died?  
 25 A. Yes.

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1 Q. You had a concern, I think, that she was very  
 2 dehydrated.  
 3 A. Yes, yes.  
 4 Q. And you then say that isolation was definitely having an  
 5 effect on her.  
 6 A. Yes.  
 7 Q. Did that make you more convinced as to what was the  
 8 cause or what was a possible cause of her deterioration?  
 9 A. Yes. I mean, she was becoming more frail certainly.  
 10 I could see that. Her weight looked less, her colour  
 11 wasn't good, her demeanour had changed again. So she  
 12 was more frail and probably her cognitive abilities had  
 13 declined, but I think it was just hastened by the fact  
 14 that she wasn't getting the stimulation and the visits  
 15 from myself, my sister and my brother that she would  
 16 normally have got.  
 17 Q. You mentioned earlier that you had a power of  
 18 attorney —  
 19 A. Yes.  
 20 Q. — in relation to your mother, but, as you say in  
 21 paragraph 48, that was disregarded.  
 22 A. Completely, totally.  
 23 Q. What would you have wanted to do under the power of  
 24 attorney? What were you thinking that you might achieve  
 25 by relying on the power of attorney?

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1 A. I suppose at that stage — I think — I really just  
 2 wanted something — I felt I needed something legal, for  
 3 want of a better word, that would help people or make  
 4 people listen and, you know, realise how much I wanted  
 5 to be with my mum and the fact that I had this power of  
 6 attorney and I was her voice. I thought — I suppose  
 7 I was just clinging to the hope that this was one legal  
 8 document that may well have got us in to see my mum,  
 9 but —  
 10 Q. Did you try to invoke the powers under the power of  
 11 attorney —  
 12 A. I didn't, no.  
 13 Q. — and sort of flash it in front of the staff and try  
 14 and say, "I've got this, I want to get in"?  
 15 A. Oh, I did say, yes — I did say that, yes.  
 16 Q. And what was the response to it?  
 17 A. It didn't mean anything, plus the staff that I would  
 18 have been saying that to as well — no disrespect — but  
 19 were very, very busy, carers and the odd qualified  
 20 registered nurse, so possibly it didn't mean anything  
 21 really to them either. No disrespect intended at all.  
 22 Q. No, no. Okay. You became aware of the Care Home  
 23 Relatives Scotland group?  
 24 A. Yes.  
 25 Q. And I think we've heard from representatives of that

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1 group --  
 2 A. Yes.  
 3 Q. -- and we know the work that they did --  
 4 A. Yes.  
 5 Q. -- in an unofficial capacity --  
 6 A. Yes, it was, yes.  
 7 Q. -- in making people in your position aware of the  
 8 situation .  
 9 A. Yes.  
 10 Q. And I think you did find the companionship that you got  
 11 through that group reassuring in that you found others  
 12 who were in the same position as you?  
 13 A. Yes, absolutely, and that was really important at that  
 14 time, to just think you're not going off your head, that  
 15 other people do have these feelings too and are  
 16 experiencing similar .  
 17 Q. You tell us about a situation that arose. This is in  
 18 paragraphs 50 and 51. Can you just tell us a little bit  
 19 about this? Effectively I think you say it's a sort of  
 20 breach of confidentiality --  
 21 A. Yes.  
 22 Q. -- of what you were saying.  
 23 A. Yes, I felt --  
 24 Q. Can you tell us what happened?  
 25 A. I felt strongly. So it was going back to the garden

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1 outdoor visits that Mum seemed really, really thirsty .  
 2 She wasn't talking and her mouth was really dry. She  
 3 just looked a poor soul, as I say, really frail . So  
 4 I had asked if my mum could have a drink, and the carer  
 5 immediately brought Mum a full tumbler of water and Mum  
 6 drank the full tumbler on the one go, which wasn't like  
 7 her at all , and she put her wee hand up to ask for  
 8 another tumbler of -- well, you know, asking for another  
 9 tumbler really, pointing that she wanted more, and she  
 10 then drank that full tumbler of water as well, which was  
 11 unusual. That -- I had went -- I'm sorry, I'm just  
 12 trying to put that wee bit into context --  
 13 Q. No, no, please go on.  
 14 A. -- because what had happened, I then -- I was really  
 15 upset. I thought my mum was -- because she was  
 16 non-verbal in that meeting, but, again, because her  
 17 mouth was so dry, it might have been one of the reasons.  
 18 But I was deeply concerned, and this was one of the  
 19 things about not being with her. I was always there to  
 20 give her her drinks and even some ice to suck,  
 21 ice lollies or ice cream or yoghurts or something like  
 22 that. So I said to the carer, "Can my mum still ask  
 23 for a drink?". I don't remember if she replied to me  
 24 but -- I think there was a sort of motion that she  
 25 could, but there was no verbal reply.

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1 I felt really afraid and really devastated, the fact  
 2 that possibly my mum is dehydrated, and maybe that's  
 3 where my nursing hat came on and I'm starting to think  
 4 about all the consequences of dehydration in terms of,  
 5 you know, heart -- all the things. So I went on to the  
 6 Care Home Relatives group and I put a post on, just --  
 7 it was a way of releasing and saying, you know, "I'm  
 8 really concerned today", and went over what I've just  
 9 explained. And I got some really good replies. There  
 10 was some comments on the post. Some of them were, "Take  
 11 this further", you know, and, "Yes, you're right, your  
 12 mum could be dehydrated. This is very concerning",  
 13 "Yes, take this further", but I had -- in my post had  
 14 said that I didn't apportion any blame on any of the  
 15 staff, any of the carers or any of the nurses. I was  
 16 just absolutely concerned -- not just -- but I was  
 17 absolutely concerned that my mum was dehydrated.  
 18 So the next day, I think it was, I received a phone  
 19 call -- is this the bit I've just to go on to, yes?  
 20 Q. Yes, just tell us about what happened.  
 21 A. It was maybe the next day, and I know exactly where  
 22 I was when the phone call come in. It had such an  
 23 impact. I received a phone call from the deputy  
 24 manager, whom I had never met -- it was a new deputy  
 25 manager in the care home -- one to say she had heard

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1 I wasn't -- I don't think she said the word "accepting",  
 2 but it was in the lines of I wasn't taking it very well,  
 3 that Mum was -- that I was locked out from being with my  
 4 mum. But she quickly followed that on with, "You have  
 5 really upset all of my staff by your posting on social  
 6 media", and I couldn't think at that stage -- I didn't  
 7 know what she was referring -- you know, to what she was  
 8 referring .  
 9 It then dawned on me that it would be my post in  
 10 Care Home Relatives Scotland group and I said to her at  
 11 the time, "That's a private group". Actually it wasn't  
 12 private at that time, so ... it turned out that it was  
 13 actually the nurse in the unit had actually seen my post  
 14 on social media, on Facebook, on Care Home Relatives  
 15 Scotland group, she had edited the post about Mum being  
 16 very thirsty and wanting drinks and I was really  
 17 concerned about her -- she'd edited all that, omitting  
 18 the bit about I wasn't apportioning blame to anyone,  
 19 I was just -- I was afraid. I was looking for some  
 20 reassurance, some advice, some clarity around it. But  
 21 she edited this and sent it to one of her staff on the  
 22 personal phone. The staff member then sent this round  
 23 the rest of the staff in Mum's unit. I was horrified .  
 24 Q. So far as your ongoing relationship with the care home  
 25 was concerned after that, what effect did that have on

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1 it?  
 2 A. On my mum or on myself?  
 3 Q. On you.  
 4 A. I felt very — I felt — I was a bit intimidated, I must  
 5 say — and this was me probably — but I did feel that,  
 6 you know, they'd seen me then as some sort of  
 7 a troublemaker, somebody that was going to be  
 8 a telltale, somebody that was going to be criticising,  
 9 somebody that was going to be taking out bad press.  
 10 That wasn't any — there was no intention of that, there  
 11 was no criticism, but that's how it made me feel. I was  
 12 really disappointed that this breach of confidentiality  
 13 had occurred. Confidentiality is really important to me  
 14 and always was during my mum's stay in the unit. The  
 15 care home knew that. I was also terrified that it would  
 16 have an impact on Mum.  
 17 Q. Yes. You did try to make some phone calls — well, you  
 18 made some phone calls about the possibility of moving  
 19 your mother —  
 20 A. Yes.  
 21 Q. — back —  
 22 A. Back home.  
 23 Q. To presumably your home?  
 24 A. My home, yes.  
 25 Q. And unfortunately that couldn't take place.

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1 A. No.  
 2 Q. Then, in early October or mid-October 2020, you were  
 3 told that your mother had a cough —  
 4 A. Yes.  
 5 Q. — and that she was being tested for COVID.  
 6 A. Yes.  
 7 Q. And subsequently, a couple of days later, you were told  
 8 that she had a positive result.  
 9 A. Yes.  
 10 Q. And — again, it may be obvious — but what was your  
 11 reaction to that?  
 12 A. I was afraid. I really — my first thought was, "I need  
 13 to be with my mum. I want to be with my mum". I was  
 14 afraid as I didn't think that — I felt that she had  
 15 become more frail in any case and I really wasn't sure,  
 16 you know, was she going to survive this and how was she  
 17 going to be on her own feeling so unwell.  
 18 Q. Yes. And I think you had a conversation with the GP  
 19 practice —  
 20 A. I did, yes.  
 21 Q. — that covered your mother's care home.  
 22 A. Yes.  
 23 Q. And the GP did try to reassure you that there would be  
 24 medication and I think there was a mention of the "Just  
 25 in Case" box of —

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1 A. Yes, yes.  
 2 Q. — medication for end-of-life palliative care.  
 3 A. Yes.  
 4 Q. At paragraph 55 you say that you asked if you could come  
 5 into the care home and be with her —  
 6 A. Yes.  
 7 Q. — and you were told that the guidelines had to be  
 8 consulted and that they would get back to you.  
 9 A. Yes.  
 10 Q. You say they never returned your call.  
 11 A. They never — no, never returned the call.  
 12 Q. Did you persist?  
 13 A. Yes, yes. I just kept on asking, but the response  
 14 I would get was, "Well, your mum's not end of life and  
 15 you'll only be permitted at end of life", and if that  
 16 wasn't potentially end of life for a 89-year-old frail  
 17 lady with COVID, then I don't know.  
 18 Q. I asked you earlier about barrier nursing.  
 19 A. Yes.  
 20 Q. That's probably what you were looking for at the time.  
 21 A. (Inaudible), yes.  
 22 Q. I should have told you the paragraph, my fault.  
 23 A. That's okay.  
 24 Q. So this is you putting your nurse's hat on —  
 25 A. Yes.

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1 Q. — and telling us about barrier nursing, which is  
 2 something that you were very familiar with.  
 3 A. Yes, I was actually. It was something that we did  
 4 practise while I was working in hospitals.  
 5 Q. So there wouldn't have been any doubt that you could  
 6 have exercised the necessary precautions if you had been  
 7 allowed in to see your mother?  
 8 A. Yes, and I felt 100% that I could have cared for my mum  
 9 safely. I suppose I would have been reverse barrier  
 10 nursing, to put it that way, you know, because you've  
 11 got barrier nursing whereby you're protecting the — the  
 12 staff member is protecting themselves against the  
 13 infected person or reverse, where the protected —  
 14 Q. I suppose you could have been doing both.  
 15 A. Sorry? Yes, yes, absolutely.  
 16 Q. The other point you make in paragraph 58 is that you  
 17 also understood the impact of isolation on patients.  
 18 A. Yes.  
 19 Q. I take it from what you say there that this isn't  
 20 informed just by the experience you had in relation to  
 21 your mother; this was something you knew?  
 22 A. Yes. It is a Public Health — what's the word? I would  
 23 say, it's not "emergency". Do you mind if I look at my  
 24 notes?  
 25 Q. No, please do.

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1 A. It's a risk — sorry — it is. It's a Public Health  
 2 risk and it's identified as being a risk to the public  
 3 if people are kept in isolation, whether that be in  
 4 a home setting or wherever. People do need others in  
 5 their lives. And if they don't — in terms of  
 6 Public Health speaking, you know, if people don't have  
 7 this thing, this communication, if they're left  
 8 isolated, very often they develop other morbidities or  
 9 conditions, heart disease, et cetera, so ...

10 Q. As a Public Health nurse, was that something you knew  
 11 about from your training?

12 A. Yes, yes, yes.

13 Q. So you didn't need to have the experience of a pandemic  
 14 to know that?

15 A. No. No.

16 Q. I think you say — perhaps we've already dealt with  
 17 this — but, in paragraph 59, you would have been  
 18 prepared to do that.

19 A. Yes, absolutely.

20 Q. And you could have entered through a door which wouldn't  
 21 have taken you —

22 A. Yes.

23 Q. — into contact with other people?

24 A. Yes, no contact.

25 Q. And I think you say that you were willing to be tested

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1 and indeed isolate and care for your mother.

2 A. Sorry, yes.

3 Q. You do say — I suppose trying to almost surmise what  
 4 your mother's reaction would have been — you do say at  
 5 paragraph 62 that your mother really wasn't consulted on  
 6 this.

7 A. No.

8 Q. Could she have been?

9 A. I think she would have been able to maybe not give a big  
 10 verbal response, but she — I think she could have been  
 11 included in some of the — as I say, the type of  
 12 dementia that my mum had, she would have lucid spells.  
 13 So I think if earlier on, you know, after lockdown — if  
 14 Mum had been included, involved in some conversation or  
 15 some discussions or decisions, she would have  
 16 contributed.

17 Q. And of course I suppose also one could say that — let's  
 18 assume your mother couldn't make that contribution  
 19 towards that discussion — there was or should have been  
 20 somebody who could advocate on her behalf.

21 A. On her behalf, yes.

22 Q. And that would have been you?

23 A. That would have been me, yes.

24 Q. Yes.

25 A. I've always referred to it as being a voice for my mum

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1 because her voice had been taken away from her.

2 Q. You make the point — and again it's something we've  
 3 heard from a number of witnesses and I don't really want  
 4 you to give a long explanation of it because I'm not  
 5 entirely sure I as a lawyer can give a long explanation  
 6 of it — but you say that basic human rights were taken  
 7 away from her.

8 A. Yes.

9 Q. What were those human rights you saw?

10 A. To be with her family, to make decisions, to make  
 11 choices where she could within her own realm of  
 12 understanding, the right to fresh air, the right to  
 13 sunshine, the right to go out to the shops, just daily  
 14 living. Everything seemed to be so institutionalised  
 15 and so restricted. She just — she'd no choice, I don't  
 16 imagine, in anything. I think she would be a bit like  
 17 a robot, getting up in the morning, getting dressed. In  
 18 fact sometimes the residents weren't getting dressed  
 19 because I believe — you know, the impact on staff. So  
 20 sometimes the night clothes were just changed, which  
 21 wouldn't have been my mum because she wouldn't have sat  
 22 about in her night clothes. But just basic breathing  
 23 fresh air, being allowed to talk to whom or whoever  
 24 she wanted to, being allowed to choose her food, just  
 25 every ...

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1 Q. On a slightly darker matter, there was a do not attempt  
 2 resuscitation in relation to your mother?

3 A. Yes.

4 Q. And were you aware of that?

5 A. Yes, that happened before my mum went into the care home  
 6 and I'd had the discussion with the medical staff and my  
 7 brother and sister about that. My mum, not, but —  
 8 I don't think they would have — if I'm allowed to put  
 9 this part in — but I think, you know, many people in  
 10 care homes, the assumption is made that they will not  
 11 resuscitate where I don't think that should be the case  
 12 in all cases. But when I'd seen how frail my mum was,  
 13 even if there had been something — you know, if there  
 14 hadn't been a do not attempt resuscitation in place,  
 15 I would have doubted that the medical staff would  
 16 have —

17 Q. Attempted it?

18 A. — attempted to anyway. It would have been futile  
 19 possibly.

20 Q. Subsequently you and your daughter — sorry, your  
 21 daughter-in-law — tested positive for COVID.

22 A. Yes.

23 Q. And that was a few days after you were told that your  
 24 mother had tested positive for COVID?

25 A. Yes.

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1 Q. And, as a consequence of that, you had to shield for  
2 12 days —

3 A. Yes.

4 Q. — following your test, and that ended on 27 October,  
5 into 28 October at midnight.

6 A. Midnight, yes.

7 Q. Just as you were approaching the end of that period of  
8 isolation, you contacted the then First Minister's  
9 office —

10 A. Yes.

11 Q. — and spoke to a member of staff, as you put it, "in  
12 a desperate bid to be at my dying mother's bedside".

13 A. Yes.

14 Q. Were you given an update during this period of your own  
15 isolation as to how your mother was, having tested  
16 positive for COVID?

17 A. Yes. I remember the weekend — it was a Sunday morning,  
18 I think, I was being kept up to date by one of the  
19 trained nurses in the unit who I didn't know. She was  
20 from either another unit or possibly a bank nurse. But  
21 she was keeping me updated, but — I don't know if I'm  
22 going on to the next bit because after it was my sister  
23 and brother who kept me updated.

24 Q. Yes, they were able to give you that information and we  
25 don't need to go into the precise details of that. You

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1 were — you say you were — at paragraph 67 you'd been  
2 in the car park overnight —

3 A. Yes.

4 Q. — and you were begging to be let in. You spoke to  
5 Public Health, to the care home and you were eventually  
6 able to get in to be with your mum for about ten minutes  
7 wearing PPE?

8 A. Yes. I was —

9 Q. And I think you were still, as you say, technically  
10 shielding, but this was, as you put it, an  
11 "'off-the-record' compassionate ten-minute visit".  
12 Were you appreciative of that?

13 A. Was I appreciative?

14 Q. Yes.

15 A. Absolutely. Yeah, absolutely. I was in the car park in  
16 the car for two nights because — it was my choice.  
17 I just needed to be as near as possible to my mum and  
18 I also thought I could have stood outside her patio  
19 door, but no. So, yes, it was an off-the-record ten  
20 minutes with someone who I would say had a lot of common  
21 sense in NHS Lanarkshire Public Health.

22 Q. You were able to get in or to be reunited with your mum  
23 at midnight?

24 A. Yes.

25 Q. And she died four and a half hours later?

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1 A. Yes.

2 Q. You say that, although her death was peaceful, her  
3 previous night was awful.

4 A. It was awful. Awful.

5 Q. And, again, are you — how can I put it? — annoyed that  
6 you were not there to comfort her through that previous  
7 night?

8 A. Yes. So was my sister and brother actually because the  
9 nurses were really putting a lot of decision-making on  
10 them in terms of administering just-in-case medication,  
11 and that shouldn't have been the case.

12 Q. Okay. After your mum's death, you got the impression  
13 I think that you were being rushed to get out of the  
14 care home.

15 A. Yes.

16 Q. And you were out of the room within an hour as the  
17 undertakers had arrived; is that right?

18 A. Yes, I just felt that — you know, as soon as Mum  
19 passed, the nurse had said to me — actually my mum  
20 passed so quickly after being reunited with her, and the  
21 nurses came in to the room and I alerted them — and  
22 they came in, and the nurse confirmed my mum's death,  
23 which I find strange, that no doctor confirmed my mum's  
24 death. As far as I'm aware, nurses don't confirm death,  
25 although I could be entirely wrong, or was this

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1 something that happened during COVID and during  
2 lockdown? But, yes, I felt the nurses wanted me away as  
3 quickly as possible. Perhaps they had nowhere else for  
4 me to go.

5 I mean, when someone dies — my experience of  
6 nursing someone at their end of life is a real — it's  
7 a privilege to be allowed to do that. And after death  
8 the dignity should still remain with the dead person,  
9 but the nurse just wanted me out the room. And, just  
10 incidentally, I was so traumatised at Mum dying so  
11 quickly, my first reaction as a nurse, I wanted to start  
12 resuscitating my mum. That was just — I had got her  
13 back and then I'd lost her again, so ...

14 Q. I understand that. Your mum had a small funeral,  
15 20 people in attendance. You couldn't touch her coffin?

16 A. [Shakes head]

17 Q. Again, I think this is material with which we are  
18 familiar.

19 A. Yes.

20 Q. You tell us a little bit about PPE.

21 A. Yes.

22 Q. And this again is your nurse's hat coming on.

23 A. Yes.

24 Q. And at paragraph 74 you say:  
25 "Infection, Prevention and Control was going to be

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1 an issue with what I viewed as minimal PPE being worn."  
 2 A. Yes.  
 3 Q. Where were you seeing this minimal PPE being worn?  
 4 A. Through the window of the care home.  
 5 Q. And you say that you couldn't believe that a plastic  
 6 apron, gloves and a paper mask were supposed to be  
 7 enough?  
 8 A. Yes.  
 9 Q. What would you have expected?  
 10 A. At a minimum a gown — a nurse wearing a gown, not  
 11 a plastic apron. I know that we have to think of the  
 12 residents and I know that, you know, some would probably  
 13 have been really afraid, they would have been probably  
 14 in any case, or possibly. But to see someone in a haz  
 15 suit, for example, and you know the res— — the bigger  
 16 mask, I wasn't meaning anything like that, but I thought  
 17 the minimum that a nurse could have been wearing was  
 18 a gown that wrapped round the whole uniform because  
 19 touch — and residents feeling and touching nurses'  
 20 uniforms, touching pieces of equipment — you know,  
 21 I didn't feel that was any protection. And in  
 22 a communal area as well, you know, I hadn't — it  
 23 shocked me. It really did shock me that this was full  
 24 PPE. That's the way it was described, as "full PPE".  
 25 Q. You've got a "General" section in your statement from

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1 paragraph 77 onwards and, again, I don't want to take  
 2 you through the detail in there because I think it would  
 3 probably upset you and I don't want to do that, but the  
 4 points you make, can I say, are points we have heard —  
 5 A. Okay, yes.  
 6 Q. — and we are very aware of these points.  
 7 A. Yes.  
 8 Q. I think, interestingly — again it's perhaps obvious —  
 9 at paragraph 79 — perhaps you would just read the first  
 10 sentence of that paragraph, 79.  
 11 A. "I want people to know that my mum and other residents  
 12 were individual human beings, some of whom understood  
 13 the situation of lockdown and many who did not  
 14 understand."  
 15 Q. And I think you go on to say that you want your mum's  
 16 voice to be heard —  
 17 A. Yes.  
 18 Q. — and remembered via the statement that you made.  
 19 A. Yes, yes.  
 20 Q. I think you conclude that paragraph by saying there was  
 21 disrespect for people in care homes.  
 22 A. Yes.  
 23 Q. That's the view you still maintain?  
 24 A. Yes. Yes, I think just they were just not seen as being  
 25 human beings or of value. I felt they were looked down

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1 on and weren't considered as — they were more labelled  
 2 as the illness or the condition that they had rather  
 3 than being a human being like all of us.  
 4 Q. Yes. I don't want to take you in any detail through  
 5 support in bereavement, but I think you have suffered as  
 6 a consequence of the bereavement.  
 7 A. Absolutely.  
 8 Q. We can read that. And that probably led you to become  
 9 involved with the Care Home Relatives group, Lost Loved  
 10 Ones —  
 11 A. Yes.  
 12 Q. — because obviously not everybody in the group lost  
 13 somebody.  
 14 A. No.  
 15 Q. So there was another group that was set up. I think you  
 16 took with you into that group your experience of the  
 17 invasion of your privacy and confidentiality that  
 18 occurred on the earlier Facebook page.  
 19 A. Yes, I did. I actually set up this group myself, but —  
 20 yes. Yes.  
 21 Q. What was the purpose of setting it up?  
 22 A. Initially, after Mum died and I was still on the —  
 23 I was in Care Home Relatives Scotland group and the  
 24 homes were starting to open up a bit more. Well, it  
 25 depended on what the guideline was at that time, but

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1 some visitors were being allowed in to visit loved ones  
 2 and I was delighted that that was the case, that people  
 3 were being reunited and visitors were being allowed in.  
 4 There was also vaccines now being started to be  
 5 administered.  
 6 However, I felt that the group was still very good,  
 7 very proactive, very inspiring in giving hope. I felt  
 8 that I needed somewhere separate to actually grieve and  
 9 channel the angst, and I set up the group, Lost Loved  
 10 Ones, still in Care Home Relatives Scotland — Lost  
 11 Loved Ones — but it was a way to channel that sadness  
 12 and that angst and that despair.  
 13 Q. I think you conclude really with paragraph 95 of your  
 14 statement by, I suppose, making certain final comments,  
 15 but looking at it in the context of the group that you'd  
 16 set up.  
 17 A. Yes.  
 18 Q. And what you say is that:  
 19 "We were robbed of being able to spend time with our  
 20 loved ones. The aim is to ensure that this will never  
 21 happen to anyone else, to make sure our loved ones are  
 22 not forgotten, and that common sense prevails."  
 23 A. Yes.  
 24 Q. As a Public Health nurse and somebody who is clearly  
 25 experienced in nursing and carers, as well as — in

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1 a professional capacity as well as your own, what do you  
 2 think common sense should have told people?  
 3 A. I think it was the -- the common sense was the simple  
 4 things that were right in front of our eyes. I felt  
 5 nobody was looking at the individuality of this  
 6 situation. I felt it was all being medicalised and,  
 7 being a Public Health nurse I suppose as well,  
 8 Public Health is -- it's not the same as being a nurse  
 9 and caring for someone who is ill and looking after --  
 10 you know, looking after their illness, their needs,  
 11 et cetera. The common sense approach, which I think  
 12 Public Health does take, is it's looking at the  
 13 population, in this case the population of the care  
 14 home, and really thinking -- you know, they're in a care  
 15 home, they are -- some have medical conditions, most had  
 16 dementia, but they were essentially people with needs,  
 17 who needed support and that could be seen.  
 18 That, to me, was just -- nobody had looked at the  
 19 whole aspect of just living your daily life. Everything  
 20 was around this pandemic and everybody was -- there was  
 21 chaos everywhere. Everybody just seemed to be  
 22 frightened or looking beyond what was actually an  
 23 individual sitting in front of you. Nobody seemed to  
 24 make these -- nobody seemed to recognise that these were  
 25 individuals with needs, and it wasn't rocket science.

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1 We didn't need all the -- yes, we had to be careful, but  
 2 what we really needed was what was in here [indicates],  
 3 that empathy, that understanding, that ability to listen  
 4 and to make a decision, and I felt strongly that  
 5 nobody -- the common sense went out the window and  
 6 everybody just went by what was being instructed or  
 7 guided. Nobody stopped.  
 8 Q. You kept a lockdown diary for every day that your mum --  
 9 A. Yes.  
 10 Q. -- was locked away from you. I hazard to say it's  
 11 probably more interesting than some of the other  
 12 lockdown diaries that have been published.  
 13 A. Yes, I could see every day what the other lockdown  
 14 diary -- what they were doing in their diary, I could  
 15 see what I was doing in mine and it certainly wasn't in  
 16 any way remotely similar.  
 17 Q. You've also provided the Inquiry with a considerable  
 18 number of documents. As I've indicated to you, these  
 19 documents, we will go through -- well, we'll go through  
 20 the list of the documents you provided and we will ask  
 21 your solicitor to whom you've given these documents to  
 22 provide them to us so that they can be added to the  
 23 wealth of your evidence.  
 24 Right. That's really all I've got to ask you,  
 25 Mrs McParland. Thank you very much for your coming and

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1 giving your evidence.  
 2 A. Okay.  
 3 Q. I know it's not been easy, but we are very grateful to  
 4 you.  
 5 A. Thank you. Would I have time to just add a wee bit  
 6 about Lost Loved Ones or ...?  
 7 Q. What do you want to say?  
 8 A. I'm just trying to say that that group -- you know, the  
 9 prolonged grief that is very evident through that group,  
 10 you know, just to inform the Inquiry that it's not  
 11 normal grief that we're going through. We're really  
 12 traumatised.  
 13 Q. If it's of any comfort to you, we have some academic  
 14 research that is available to us and one other witness  
 15 has already spoken about prolonged grief disorder --  
 16 A. Yes.  
 17 Q. -- so it's something we are aware of.  
 18 A. Okay, thank you.  
 19 MR GALE: Right. Mrs McParland, thank you very much for  
 20 your help.  
 21 A. Thank you.  
 22 THE CHAIR: Yes, indeed. Thank you, Mrs McParland.  
 23 A. Thank you.  
 24 THE CHAIR: Very good. Shall we say 25 past?  
 25 MR GALE: Yes, my Lord.

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1 (3.12 pm)  
 2 (A short break)  
 3 (3.24 pm)  
 4 THE CHAIR: Now, I think -- I don't think, I know -- that  
 5 the next witness is going to be done remotely,  
 6 Mr Caskie; is that correct?  
 7 MR CASKIE: That's correct, my Lord.  
 8 THE CHAIR: Is this one of the ones where we are the only  
 9 people that can see the witness?  
 10 MR CASKIE: No, Mr Gray has joined us.  
 11 MR NEIL GRAY (called)  
 12 THE CHAIR: Hello, Mr Gray.  
 13 Questions by MR CASKIE  
 14 MR CASKIE: If I can just remind Mr Gray that we're not  
 15 naming, in your evidence, any of the healthcare staff  
 16 that dealt with you but we can name the institutions  
 17 that you were in and also your mum and your sister --  
 18 sorry, not your sister, just your mum; okay?  
 19 So would you tell the Inquiry your full name,  
 20 please?  
 21 A. Neil Gray.  
 22 Q. Right, sorry. I just would like to check some things  
 23 about the sound. I'm not entirely clear the sound is  
 24 great. So do you support a football team?  
 25 A. Yes, I do. I'm an Aberdeen supporter.

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1 Q. I'm really sorry, sir!

2 THE CHAIR: Better than many of the other answers!

3 MR CASKIE: Right. That's not going to harm your evidence

4 directly but —

5 THE CHAIR: Or even indirectly.

6 MR CASKIE: I just wanted to check that we could hear you

7 okay. We can.

8 THE CHAIR: I'm not sure we can actually.

9 Can you say 1, 2, 3?

10 A. 1, 2, 3.

11 THE CHAIR: Yes, that's fine. Can everyone hear in the

12 room? Yes, good. That's fine then, thank you. On you

13 go, Mr Caskie.

14 MR CASKIE: Thank you. What age are you?

15 A. I'm 49.

16 Q. And I understand that you have had life-long

17 disabilities .

18 A. That's correct.

19 Q. Okay. I understand that there are three major medical

20 incidents which happened in your life. The first is at

21 birth you were born with a congenital condition which

22 resulted in spina bifida; is that correct?

23 A. Yes, that's correct.

24 Q. And then in 2008 you suffered a catastrophic stroke?

25 A. Yes.

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1 Q. Can you tell me about your life from when you were born

2 until you suffered your stroke?

3 A. Really — I know this is strange — but I didn't

4 actually think of myself as disabled until I had the

5 stroke because I had never known anything different so

6 I didn't really see what the big problem was.

7 Q. Prior to the stroke, were you in a wheelchair?

8 A. Yes. At one point, I used calipers and crutches, and

9 then I moved — as I got older, then obviously moved on

10 to a manual wheelchair.

11 Q. Right. And again, prior to 2008, were you able to work?

12 A. Yes, I worked full-time, even after the stroke, until

13 2019.

14 Q. And what did you work as?

15 A. At Aberdeenshire Council in ICT.

16 Q. Right. ICT being ...?

17 A. Information and communication technology.

18 Q. Right. Now, again, I want to ask you a question about

19 the stroke. After you suffered the stroke, did you have

20 to undergo rehabilitation?

21 A. Yes, I did.

22 Q. And one of the places that features later in your story

23 was one of the places that you got rehabilitation for

24 after your stroke.

25 A. Yes.

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1 Q. What place am I talking about?

2 A. That would be Craig Court.

3 Q. Craig Court. So you went in there for rehabilitation

4 after your stroke and then you were back in there later

5 in the process, if I can put it that way.

6 A. Well, the second time it was more to do with COVID, but,

7 yes, that's correct.

8 Q. Okay. I said there were three major events, medical

9 events, that affected you, and we've spoken about two of

10 them. I believe the third that arises relates to your

11 shoulder. Can you tell us about that?

12 A. When I had my stroke, my right side was paralysed so

13 I basically lost use of the arm and I also broke —

14 later on I actually broke my shoulder, so it doesn't —

15 basically it's useless.

16 Q. I believe that for the earlier part of your life you

17 lived with your mum and dad.

18 A. That's correct, yes.

19 Q. And when did that end? When did you stop living with

20 your mum and dad?

21 A. (Inaudible) 2020, I believe.

22 Q. Your statement says February 2020. Would that be

23 correct?

24 A. Sorry, yes, that would be — apologies.

25 Q. You've been over this statement; yes?

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1 A. Yes.

2 Q. And the content of it is true, so far as you recall?

3 A. Absolutely, yes.

4 Q. And you want Lord Brailsford to take account of all of

5 the content of it in reaching his conclusions?

6 A. Yes, please.

7 Q. Right. That means that I don't need to take every word

8 because Lord Brailsford will proceed on the basis that

9 every word within it has passed from your lips today

10 because you've adopted it.

11 A. That's fine.

12 Q. Okay. Now, paragraph 4, you say that whilst you were

13 living with your mum and dad, you had been struggling

14 for a while getting from the bed to the wheelchair.

15 A. Yes.

16 Q. And how did — was there a specific incident that meant

17 you could no longer do that or did it simply drift away?

18 A. No. I had been struggling for some time, but there was

19 one incident when I couldn't actually transfer from the

20 toilet on to my wheelchair, and at that point I had to

21 go into hospital.

22 Q. Right, and would that be Aberdeen Royal Infirmary?

23 A. That's correct, yes.

24 Q. Right. Now, you went in there I think we said

25 in February 2020 —

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1 A. Yes.  
 2 Q. -- and then COVID hit in March.  
 3 A. Yes, that's right.  
 4 Q. As far as you were concerned, did the impact or did the  
 5 arrival of COVID have an impact on where you were  
 6 living?  
 7 A. Absolutely, yes.  
 8 Q. Aha.  
 9 A. As soon as COVID really hit, I was moved out to Deeside  
 10 Care Home.  
 11 Q. Right. Were you given any explanation as to why you  
 12 were being moved from Aberdeen Royal Infirmary to  
 13 Deeside Care Home?  
 14 A. Just because there were so many cases of COVID entering  
 15 the hospital, to be frank, they just needed the beds.  
 16 Q. At that point, could you not have gone home?  
 17 A. No, because I still had the issue with my shoulder  
 18 and -- as I say, it basically completely packed in, so  
 19 there would have been no way for me to transfer -- do  
 20 the transfers I had done previously in my parents' home  
 21 setting.  
 22 Q. Okay. How were you transferred from ARI to Deeside Care  
 23 Home?  
 24 A. Ambulance.  
 25 Q. Ambulance?

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1 A. Yes.  
 2 Q. Were you given any choice? Were you involved in the  
 3 selection of the care home?  
 4 A. Absolutely no.  
 5 Q. Do you recall if you were tested for COVID when the  
 6 transfer was taking place?  
 7 A. I know I was tested in ARI, but it was quite a while  
 8 after that before they started testing me at Deeside.  
 9 Q. And when you were in ARI, were you able to get out of  
 10 the bed? Were you able to go to the toilet?  
 11 A. No. Unfortunately I was pretty much bedbound.  
 12 Q. Right. So you're now in Deeside Care Home. You've  
 13 transferred there by ambulance.  
 14 A. Yes.  
 15 Q. Were you told anything about what staff availability  
 16 there would be to look after you?  
 17 A. Not really that much, just that there were staff there  
 18 if I needed any assistance.  
 19 Q. And you obviously would need assistance because you had  
 20 difficulty transferring into your wheelchair.  
 21 A. Absolutely, yes.  
 22 Q. And were sufficient staff available at that time to help  
 23 you in Deeside?  
 24 A. In terms of numbers, yes.  
 25 Q. Aha.

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1 A. There was somewhat of a language barrier in some cases.  
 2 Q. Okay. How long did you stay in Deeside, can you  
 3 remember?  
 4 A. I have to be honest --  
 5 Q. Your witness statement says from March 2020  
 6 until December 2020. Would that be accurate?  
 7 A. That would be -- I would say that was accurate, yes.  
 8 Q. Yes, so you were in there for nine months or  
 9 thereabouts?  
 10 A. Yes.  
 11 Q. Now, during the period that you were in Deeside Care  
 12 Home, what visits did you have?  
 13 A. I had one visit from my parents which fell on my  
 14 birthday.  
 15 Q. Okay. Apart from that, did you see anyone else?  
 16 A. No.  
 17 Q. And when you had been living at home with your parents,  
 18 what about visitors there in the earlier period?  
 19 A. Well, yes, it was just normal life for me really. I saw  
 20 my parents multiple times every day.  
 21 Q. And how did you feel about, firstly, going into the care  
 22 home and, secondly, about not having contact with your  
 23 parents except that one day?  
 24 A. Well, I knew that there would be restrictions,  
 25 I understood that, but it hit me really quite hard that

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1 I wasn't able to see them a lot more than (screen  
 2 frozen).  
 3 Q. I'm sorry, Mr Gray, I don't know if you can hear me but  
 4 you've frozen on our screen so I'm going to pause for  
 5 a second so that someone can hit the machine on the  
 6 side.  
 7 THE CHAIR: I think it may be back, though possibly not.  
 8 MR CASKIE: Right. Sorry, we were saying about your mood.  
 9 Tell us about that.  
 10 A. I'm sorry, I didn't catch that at my end.  
 11 Q. Sure. You said something about your mood, both by going  
 12 in and by not being able to see your parents.  
 13 A. Yes. I found it very, very difficult not being able to  
 14 see my parents because we're very, very close. I think  
 15 that it did definitely affect my mental health.  
 16 Q. And what about your sister, did you see her at all?  
 17 A. We were able to talk on the phone but not actually to  
 18 see her.  
 19 Q. Okay. And you mentioned that there was a visit on your  
 20 birthday. Can you tell us about that?  
 21 A. Well, there was one room in Deeside, which was actually  
 22 supposed to be a hairdressers, and I was able to see my  
 23 parents through a window and talk to them with the  
 24 window slightly open.  
 25 Q. Okay. I understand you have a sister, although I don't

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1 want you to give her name, but did you see your sister  
 2 at all during the nine months you were in Deeside?  
 3 A. No. We spoke over the phone but I never actually saw  
 4 her.  
 5 Q. And was speaking on the phone as good for you as seeing  
 6 her would have been?  
 7 A. I would have to say "No", but it was better than  
 8 nothing.  
 9 Q. How did you find out there were going to be restrictions  
 10 on visitors?  
 11 A. Basically that was explained to me later on. I believe  
 12 there was a COVID case among the staff, if I remember  
 13 correctly, and then we were told about the, you know,  
 14 restrictions on the visits.  
 15 Q. And did you expect the restrictions to be as severe or  
 16 as long as they were?  
 17 A. I have to say "No". I didn't bargain on that.  
 18 Q. Okay. For the assistance of Lord Brailsford, I'm now at  
 19 paragraph 15 of your witness statement. At paragraph 15  
 20 you say there was a problem with your bowel movements  
 21 and the hoist that you required.  
 22 A. Yes.  
 23 Q. Can you tell us a bit about that?  
 24 A. Right. It was basically the toilet in the room that  
 25 I was in wasn't accessible to me so --

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1 Q. So you were put in -- were you in your own room at  
 2 Deeside?  
 3 A. Yes, I was.  
 4 Q. And did it have an ensuite?  
 5 A. Yes, but unfortunately both the toilet and the shower  
 6 were up a step, which is no use to me.  
 7 Q. Right. It might have well have been 1,000 miles away.  
 8 A. Yes.  
 9 Q. Tell me about within the home. Were you able to move  
 10 around within the care home?  
 11 A. In the beginning, yes, although we were restricted to  
 12 one floor mainly, unless somebody with a wheelchair came  
 13 and wanted to see me, then I might be able to move to  
 14 a different area. But latterly it was more stuck in  
 15 a room really.  
 16 Q. Were you given any instructions regarding COVID when you  
 17 got to Deeside?  
 18 A. No, just really to wear a mask when we were with each  
 19 other. You know, if I was around staff, then I would  
 20 have to wear PPE as a --  
 21 Q. Sorry, I interrupted you there. Please can you repeat  
 22 just what you said at the end.  
 23 A. In those situations, I would have had to wear PPE as  
 24 would the staff.  
 25 Q. Right, and how did you spend most of your day at

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1 Deeside?  
 2 A. Usually on my phone, to --  
 3 Q. Were you in your chair or were you in bed or --  
 4 A. Well, there were times of both, but at one point I was  
 5 struck in bed because there was an issue with -- the  
 6 heating in the room basically completely packed up so  
 7 I had to stay in bed.  
 8 Q. And how long did that go on for?  
 9 A. It was over a weekend at the very least and into the  
 10 following week, as I remember.  
 11 Q. Okay. You said that you spent quite a bit of time on  
 12 your phone.  
 13 A. Yes.  
 14 Q. Was that something that you had done over the years?  
 15 That was something you were familiar with?  
 16 A. Well, over the years I have spent quite a lot of time in  
 17 hospital so I'm relatively used to that side of things.  
 18 Q. When you were living at home with your parents, were you  
 19 in contact with your GP and others involved in your  
 20 medical care?  
 21 A. Absolutely, yes. I was very used to dealing with all  
 22 levels and medical staff.  
 23 Q. And did that continue when you went into the care home?  
 24 A. Sadly, no.  
 25 Q. Why?

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1 A. Well, to me, it appeared that they didn't realise I was  
 2 used to dealing with those kinds of professionals. The  
 3 assumption seemed to be I lacked capacity. You know,  
 4 they never really got to know me enough to know that  
 5 I was used to dealing with these people. They just  
 6 seemed to assume, like a lot of the other people in the  
 7 care home, that I lacked capacity, which I also found  
 8 quite difficult.  
 9 Q. In what way difficult?  
 10 A. Well, basically it was almost like they were trying to  
 11 say I wasn't as mentally sharp as I am because I've been  
 12 dealing with doctors of all levels and medical staff  
 13 since my mid-teens, I would say.  
 14 Q. Did they carry out any kind of mental assessment on you  
 15 when you went in?  
 16 A. None whatsoever.  
 17 Q. So they were working on the basis of an assumption?  
 18 A. Yes.  
 19 Q. What do you think informed that assumption?  
 20 A. I can only presume that because of the -- a lot of the  
 21 other people that were in, they probably didn't have the  
 22 same mental capacity that I do and so there was just an  
 23 assumption. They maybe didn't have time enough to get  
 24 to know me. I mean, there were a lot of people in  
 25 Deeside at the time.

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1 Q. And did that affect your mood?  
 2 A. Very much so.  
 3 Q. Tell us about that.  
 4 A. I became very frustrated with the whole situation, so  
 5 I would talk to my parents and on one occasion my sister  
 6 all day over the phone, effectively to vent, if you  
 7 understand me.  
 8 Q. Yes. Yes, I know what venting is.  
 9 You spoke earlier about problems with the heating.  
 10 Did you speak to your family about problems with the  
 11 heating?  
 12 A. I did, yes.  
 13 Q. And did that come to the attention of care home staff?  
 14 A. Very much so.  
 15 Q. Well, firstly, how did it come to their attention?  
 16 A. My mum contacted the manager of Deeside --  
 17 Q. Aha.  
 18 A. -- once it started.  
 19 Q. What was the care home's reaction to that?  
 20 A. I think "fuming" would be the phrase. On one occasion  
 21 I was talking to my sister on the phone, on my mobile  
 22 phone, and the manager and another member of staff  
 23 basically came into my room and started screaming and  
 24 shouting at me about it.  
 25 Q. I'll come back to that as a more general point. At

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1 paragraph 24 in your witness statement you mention  
 2 something about a licensing issue and whether or not the  
 3 care home had updated the licence. We don't need to  
 4 bottom that out with you. We've got your witness  
 5 statement in relation to that. But let me ask you about  
 6 rehabilitation. Did you get any rehabilitation for your  
 7 shoulder in Deeside?  
 8 A. None whatsoever.  
 9 Q. I think you were taken into Deeside by ambulance. I'll  
 10 ask you where you went next in a moment. But I think  
 11 you were taken out by ambulance as well?  
 12 A. That's correct, yes.  
 13 Q. The paramedics or ambulance staff, did they have any  
 14 comment in relation to things within the care home?  
 15 A. Yes, they did.  
 16 Q. Aha, and what were they?  
 17 A. They were pretty much horrified by the fact that a lot  
 18 of the staff, some of the males in particular, were  
 19 wearing their PPE masks below their beard -- sorry,  
 20 their moustache, and others it was below their beard, so  
 21 it wouldn't have really been effective.  
 22 Q. Was there anything else that they commented to you about  
 23 inside the care home?  
 24 A. Yes. The manageress had a rather large dog, I believe  
 25 it's a Rough Collie, it's called, but this Rough Collie

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1 was wandering in and out of people's rooms whether --  
 2 there was no distinction as to who might have COVID and  
 3 who didn't, so the dog was basically wandering in and  
 4 out of rooms. Of its own free will.  
 5 Q. And no PPE?  
 6 A. Correct.  
 7 Q. How many people were in Deeside at the same time as you?  
 8 A. I can't be certain but I believe it was over 50.  
 9 Q. Over 50.  
 10 A. Well over 50.  
 11 Q. Now, in your statement you provide a figure for the  
 12 number of people you believe died in Deeside after you  
 13 left. Can you tell us what that figure was?  
 14 A. Yes. At one point I thought it was 60--something, but  
 15 I --  
 16 Q. Sorry?  
 17 A. -- I now think that was maybe perhaps an overestimate.  
 18 Q. So how many do you reckon?  
 19 A. Probably about half of the residents that were in at the  
 20 time that I was.  
 21 Q. And did you get COVID at that time?  
 22 A. Yes, I did.  
 23 Q. And did that result in you leaving Deeside?  
 24 A. Yes, it did.  
 25 Q. And where did you go?

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1 A. By ambulance back to Aberdeen Royal Infirmary.  
 2 Q. So you go back to Aberdeen Royal Infirmary but this time  
 3 with COVID. How seriously ill were you, do you think?  
 4 A. Well, I wasn't actually aware at the time, but the  
 5 following few days I discovered that the hospital had  
 6 actually phoned my parents and told them not to be  
 7 surprised if they received a phone call during the night  
 8 basically saying I hadn't made it.  
 9 Q. How were you informed you were going to hospital at  
 10 Deeside?  
 11 A. Basically there was a knock on my door. I couldn't  
 12 remember which staff member it was, but somebody  
 13 basically told me, "Get some stuff packed. You've  
 14 tested positive. You're going up to Aberdeen Royal  
 15 Infirmary", or "ARI" they referred to it as.  
 16 Q. Were you given any advice or support as to what was  
 17 going to happen to you?  
 18 A. Just that there was an ambulance going to be picking me  
 19 up and I needed to wear PPE for the transfer.  
 20 Q. Right. Did you have visitors when you were in ARI?  
 21 A. No, there was virtually no visiting in ARI at that time.  
 22 Q. And how -- do you know how long you were in ARI?  
 23 A. It was a matter of months.  
 24 Q. And was that in order to recover from COVID?  
 25 A. Yes.

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1 Q. Right. And were you given some novel treatments in the  
2 hospital?

3 A. Yes. I was given an experimental drug at the time,  
4 plasma treatment from people who had actually survived  
5 it previously, and some antivirals.

6 Q. But you did recover?

7 A. Yes, I did.

8 Q. We're pleased about that. When you moved out of ARI,  
9 where did you go?

10 A. I went to Craig Court.

11 Q. And that was one of the places that you had been after  
12 you had suffered your stroke --

13 A. That's correct.

14 Q. -- in 2008?

15 A. Yes.

16 Q. So you get transferred to Craig Court. Did you have to  
17 go into lockdown when you got there?

18 A. For a few days initially, yes.

19 Q. And were you tested for COVID before and after the  
20 transfer?

21 A. Yes, that would be correct, yes.

22 Q. So you were tested in Aberdeen Royal Infirmary and also  
23 when you got to Craig Court?

24 A. That's right, yes.

25 Q. Okay. When you arrived at Craig Court -- we know you

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1 had been in there a number of years earlier -- had it  
2 changed?

3 A. Very much so.

4 Q. In what way?

5 A. On my initial visit there, there was plenty of rehab for  
6 my shoulder, the (inaudible), but on the second  
7 admission to Craig Court, all the rehab staff had moved  
8 out, presumably to avoid catching COVID.

9 Q. So were there any rehab staff left at Craig Court?

10 A. None whatsoever.

11 Q. So this is the third institution you've been in where  
12 they don't have rehabilitation facilities despite the  
13 fact you were taken into hospital because of a problem  
14 with your shoulder?

15 A. Yes.

16 Q. Were your family allowed to visit in or around  
17 Craig Court?

18 A. Not in the building, but we were allowed garden visits  
19 when there wasn't an episode of COVID in the building.

20 Q. So if there was someone in the building with COVID, the  
21 garden visits stopped?

22 A. Exactly, yes.

23 Q. How often did you see -- how often did you have garden  
24 visits?

25 A. Quite regularly, when there was no issue with PPE at the

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1 time. Several times a week, I would say.

2 Q. So you had frequent visits from your family. How did  
3 that assist you?

4 A. Well, it helped my mood dramatically. I was able to  
5 talk to my parents without the fear of anybody  
6 effectively listening in to what I had said. I could be  
7 more frank.

8 Q. I think a plan was put in place for you to move out of  
9 Craig Court. Can you tell us about that?

10 A. "Yes, I had signed up for a flat. [redacted].

11 Q. And did you ultimately move to that flat?

12 A. Yes, I did. That's where I'm talking to you from now.

13 Q. And that's where you live now?

14 A. Yes.

15 Q. Did it take a while to organise that?

16 A. Very much so, yes.

17 Q. Why was that?

18 A. Because -- well, as I understand it, the previous  
19 occupant of the flat, the adaptations that were done for  
20 them weren't suitable for my needs so there had to be  
21 quite a lot of changes made to the flat.

22 Q. Since you moved to the flat and moved out of the care  
23 home, have you received rehabilitation?

24 A. None whatsoever, no.

25 Q. So how is your shoulder?

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1 A. Still very painful at times. It dislocates and pops  
2 back in fairly often.

3 Q. Okay. Can you tell me before the impact of this whole  
4 process from going into Aberdeen Royal Infirmary because  
5 of a problem with your shoulder and then moving through  
6 care homes until the point where you're now living in  
7 your sheltered accommodation?

8 A. Well, I'm fairly used to hospital stays so that side of  
9 it wasn't really too much of a problem, especially when  
10 I didn't realise how ill I had been. It was almost  
11 like, "Oh, here we go again".

12 Q. Sorry, can you say that again?

13 A. Yes. I was used to staying in hospitals at various  
14 times, so that part of it, it was almost, "Oh, here we  
15 go again".

16 Q. Aha.

17 A. Obviously moving into the other establishments and into  
18 [redacted], it was a bit of a learning curve.

19 Q. Okay. Now, at the end of your witness statement or  
20 towards the end you talk about "Lessons ... Learned".  
21 I wonder if I could just summarise those for you. The  
22 first one is that you felt that when you went into the  
23 care home as a new admission, a lack of capacity on your  
24 part was assumed against you --

25 A. Absolutely.

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1 Q. -- and that you thought in terms of communication that  
2 was poor and could have been better.  
3 A. Absolutely. 100%.  
4 Q. Okay. You also identify the importance to you of family  
5 visits .  
6 A. Absolutely, because up until that point I had never been  
7 away from my parents and sister for any length of --  
8 real length of time, without any contact, physical  
9 contact.  
10 Q. And in terms of the "Hopes for the Inquiry", you say  
11 that, in addition to the matters that we've already  
12 referred to, you want a step to be taken -- I'm sorry,  
13 I need to stop for a second.  
14 ATTENDANT AT HEARING: Sorry, my Lord, I just have to check.  
15 There may have been a possible breach.  
16 MR CASKIE: Mr Gray, there has been a possible breach of the  
17 restriction order so one of my colleagues is just  
18 looking into that. We'll come back to you in a moment.  
19 I'll go and see if I can find out what it was. I would  
20 say to you that everyone in the room is shaking their  
21 heads. None of us know what it is. (Pause)  
22 We're back on, Mr Gray.  
23 Your name has been deleted from what will go up --  
24 sorry, your address has been deleted. Lord Brailsford  
25 has asked me to point out that if you have any concerns

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1 about that breach of the restriction order, you are of  
2 course at liberty to withdraw your evidence. That would  
3 be entirely a matter for you.  
4 THE CHAIR: I should also say that the recording of this  
5 which will eventually appear on the YouTube channel does  
6 not appear for about three days and therefore you do not  
7 need to make your mind up about withdrawing your  
8 evidence just now. You can think about it over the  
9 weekend, you can discuss it with your parents, you  
10 could, if you wanted to, take legal advice in relation  
11 to that, and if you contacted the Inquiry at the  
12 beginning of next week and said that you wanted your  
13 evidence to be withdrawn and deleted, we could do it  
14 then. So we can in fact conclude your evidence now, but  
15 your position is preserved while you think about it over  
16 the weekend.  
17 A. I've got no intention of withdrawing the rest of my  
18 evidence.  
19 THE CHAIR: Good. Well, I'm very grateful to hear that.  
20 MR CASKIE: I'm grateful to you for that also.  
21 So I was going over the lessons learned, the first  
22 of which was that assumption shouldn't be made against  
23 new arrivals in care homes not having capacity. That  
24 was the first one; is that correct?  
25 A. Yes, that's right.

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1 Q. That communication should be significantly improved?  
2 A. Absolutely, yes.  
3 Q. And that there is better staff training regarding PPE?  
4 A. Yes.  
5 Q. I don't have any other questions for you, Mr Gray. Can  
6 I ask, have you managed to say everything that you think  
7 it was important for you to say to the Inquiry?  
8 A. Except for one point, yes.  
9 Q. And what was that one point?  
10 A. I mentioned already about staff from other places not  
11 having correct use of PPE --  
12 Q. Yes.  
13 A. -- but I personally don't see why that -- if family  
14 members were to wear PPE correctly, I don't see why that  
15 should really restrict access to family members, who --  
16 Q. Yes, we understand. So essentially what you're saying  
17 is that you regard PPE and restrictions on visits, for  
18 example, to be alternatives rather than additional to  
19 one another?  
20 A. Yes. There's -- as long as they're wearing the correct  
21 PPE, I don't really see how they would not be able to  
22 interact with family members, yes.  
23 MR CASKIE: Thank you very much indeed for your evidence  
24 today. You are the only person so far I think who  
25 actually was a care home resident and it's important

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1 that we hear your voice. Thank you for attending today.  
2 A. Thank you very much.  
3 THE CHAIR: Thank you, Mr Gray. I'm very appreciative.  
4 Very good. That's all, ladies and gentlemen. Tuesday,  
5 10 o'clock. Very good. Thank you.  
6 MR CASKIE: Thank you, sir.  
7 (4.07 pm)  
8 (The hearing adjourned until  
9 Tuesday, 21 November 2023 at 10.00 am)

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