Scottish Covid-19 Inquiry

Witness Statement

Witness Statement of **MCDONALD, Duncan**

Introduction

1. My name is Duncan Mcdonald and I'm 52 years of age. My date of birth is Personal Data and I live at Personal Data

2. I'm willing to provide a statement, have my information within reports and for my statement to be published. I agree at the recording of statement and agree to appearing at any civil or criminal hearing if required.

3. I'm a registered nurse, qualifying between 2013 – 2016. I previously worked at the Golden Jubilee as a staff nurse in Critical Care. I started working at Erskine Care home in 2017 and in 2018, I attained a band 6 Nurse level. In 2019, I became House Manager in Erskine Home in Bishopton.

4. I'm currently performing the role of Clinical Nurse Specialist within the home. Erskine Home is a Charitable Nursing Home and is primarily a place for ex veterans and their spouses to live. We provide long term care for people who have nursing needs or dementia.

5. I was still in the role of House Manager when Covid 19 started at the beginning of 2020. Prior to the pandemic, my normal daily tasks and responsibilities were to make sure the residents were up and dressed, ensure reading groups and activities went ahead, maintain good staffing levels and in general just overseeing the running of Haig House.

6. The Home has many 'houses' which we refer to them as, but they can be described as wards or areas where the residents live. Some residents have their own individual houses. I was responsible for Haig House, which is an area within the main part of the home but at the end of a corridor. At the time of Covid arriving, we had around 30 residents living in it who all had varying levels of dementia. There were around 20 staff working early, back and nightshifts within Haig House when Covid started for whom I was responsible. Overall, I had responsibility for 40 staff members within the home.

7. There were 180 residents living within Erskine Home during the start of the pandemic.

8. I've been asked to speak with members of the Inquiry Team today to discuss my experiences of working within Erskine Home and the impact it had on myself, my workplace and those who lived there and worked there. I've completed a consent form in respect of this and understand the reasons for that.

9. My overall experience of Covid during the time it happened and when I worked here was varied and there were many highs and lows.

10. I had been off for a while unwell and returned to work in mid-February 2020. We were still open then and operating normally. As a home, we operated a busy place with many activities for residents including, singing, concerts, reading groups, lunches together, parties ,open family visiting and had good staffing levels. It was a vibrant and busy place.

11. As soon as Covid hit, we started restricting visiting and guidance was changing constantly. We shut down quickly and everything came to a halt. Staff didn't wear masks at the beginning as that was the guidance. It was a worrying time for everyone.

12. I was lucky in Haig House where I worked because the layout made it easy for us to distance the residents from each other as well as we could. We had an area we could separate them for dining in small groups and also the lounge to help keep them physically apart. There were also secure doors which meant they couldn't go out and mingle with rest of residents. It was a horrible time for the residents with dementia as they couldn't understand why things had changed and their routine was different. We had no deaths in the first wave of Covid in Haig House and I think the layout, staff vigilance and guidance being updated as soon as it was changed helped with that.

13. We closed down to any new residents coming in straight away. If anyone became unwell it was 14 day isolations. It was a horrible time for staff and residents alike. It wasn't hysteria but there was an underlying current of 'what's happening?' We could all see the news and some of the other houses within the home were getting hit harder than us. We were just waiting for something to happen where we were in Haig House.

Personal Impact

14. On a personal level, managing staff and residents was quite stressful. I also had the added concern that my wife had a cancer diagnosis, so her treatment had stopped and I was always worried that I might carry something back to her as she was shielding at the time. The pandemic took over my life at work and personally really. I just worked and went home. You were scared to go shopping too in case you picked anything up. I personally don't feel as affected by the pandemic as some others were or some of my staff. I was actually glad to have work to go to and go home to my wife and kids at the end of the day.

15. During Covid, a day for me would be to check any reports that had come in, look at changes to guidance, check on residents and their needs if they became unwell, meet with staff, support staff, check PPE stations, check cleaning records, order stock and disseminate information to families of residents and staff.

16. I'd say that staffing levels and my workload were my biggest issue. Staff levels were dropping due to sickness and mental health issues because of the additional workload and stress. I had to support many staff as they were becoming very anxious. My workload increased hugely also.

17. Visiting had stopped so we had to manage communication to families through use of Zoom or personal calls which also took additional time as dementia patients couldn't cope with it. When staff came to work, they just went into the house and never came out their whole shift which could be up to 12 hours. There were maybe 5 or 6 other staff members per shift. We had to look for break rooms within the house and usually had to use the rooms of people who had passed away. So, for 2 years or so, staff never really got a break away from it all as buzzers were going or they were interrupted They weren't allowed to be out in the public courtyard or go outside together.

18. We tried not to swap staff about in Haig, but staff were going off with Covid as well. At that point, there was no testing and as soon as they had symptoms, they were off sick for 14 days in isolation. So, we were losing a lot of staff.

19. We were running short all the time. The residents couldn't understand what was happening and staff were left to work twice as hard, so it was tough. There was a feeling that some staff were playing on it a bit and breaking rules outside of work then being in contact with someone who got covid. That caused a bit of tension throughout.

20. When I was here, my concern was always for the residents and staff. This job is hard and my job is to give the best life to the residents that they can have and that's what we did as much as possible.

21. By the end of February into March we had a couple of residents with respiratory symptoms and end of life. Relatives were allowed in with full PPE on. GPS weren't committing fully to Covid as cause of death at that point so it was hit or miss what was on death certificates as some of them had previous chest infections.

Staff Impact

22. The impact on staff was big. They were scared to go into rooms and scared they weren't wearing the correct PPE. We just felt we all could be doing more. We were trying to keep the place as normal as possible for residents, but they could tell things were different even though they had dementia.

23. Social care staff felt a bit put out because it was all clapping for NHS. They got to go into the shops when it was quiet. Social care had none of that and we were like the black sheep of healthcare. The NHS were like the ones who saved us and we were the ones just getting on with it. There has always been an element of how NHS is viewed and how we are viewed. Ever since I started nursing, its seen

as care home nurses aren't seen as real nurses. Its where you go to retire at the end of your career. I've worked in both but this one is seen as a lesser job. In care homes you're not seen as up to the standard of NHS nurses. It's always been like that.

24. Staff were spending majority of their time with the cleaning schedule and organising technology for patient calls. They had less time with the residents due to this for interaction and activities. Staff also had to try and deal with all the different changes to guidance and keep themselves as updated as possible.

Communication

25. PPE guidance was always changing as was signage, cleaning and lots of other things. Guidance would change constantly in the beginning, and it was so hard to keep up and disseminate it to all the staff. As I say, I had 40 staff at that point. We used Workplace here as a communication tool. Its like Facebook but its locked down to Erskine Home. Not everyone was on Workplace or email so trying to get that information out to everybody was an absolute nightmare. It was changing quickly. If you put a message out one day, you were trying to get the message back in and send another one out.

26. I also used Safety Briefs, had weekly meetings with managers, daily meetings, handovers or whatever we could do. I would keep an eye on workplace updates too to make sure all staff knew changes. I had to work out with my normal hours which included weekends and nightshifts. This was mainly when guidance changed on Fridays, so we were ready. Friday was an awkward day for us as we had to make changes before the weekend and make sure it was up and running quickly for the Monday.

27. We also created groups so families could be updated and for those who weren't on those groups, which could be up to 30 families, we would call them. This also took a lot of staff time up and time away from resident's care.

28. Our Quality Improvement Team were very good and would inform us when guidance changed as did Care Admin. They updated cleaning posters and charts, checked care home IPC manuals for changes in cleaning schedules and communicate quickly to us. The only issue was us as management getting it out to staff if people were on holiday or not on Workplace.

29. I felt I had to be at work 24/7 in case I missed something when I went days off, and something was missed or changed or not done. It was quite stressful. I was getting messages from work at night on my time off and as a manager you never really got a break.

30. Our management guidance was clear but just changed quite a lot. Some of the changes were very small, like where to attach a cleaning chart to things and that itself was changeable. It was getting that information out amongst everything

else. We did what we could and it was difficult but on the whole I think we did well.

Infection Prevention and Control

31. We followed ARHAI (Antimicrobial Resistance and Healthcare Associated Infection) guidance on regimes and policies to do with what was required. Our Quality Improvement teams would take what they needed from that and disseminate to us at Erskine.

32. Pre-Pandemic we had the Care Inspectorate in once a year. During the Pandemic, we had them in once a year and the NHS assurance Teams came in every three to six months. They came in to ensure we were following guidance for the pandemic. Name Redacted, our Home Manager and the QI teams were responsible for overseeing that.

33. The Assurance teams were only concerned with IPC (Infection Prevention and Control) whereas the Care Inspectorate looked at Care, IPC and the environment as a whole. We got hammered in one of the reports in respect of our IPC. The staff were devastated so our Director of Care (Name Redacted Irrelevant) went back to them and had to explain why things had to be done differently due to the fact we were a Care Home and some things just weren't practical. After that, they amended the scores for the better.

34. The way the NHS assurance teams looked at how we should implement things was quite rigid. It wouldn't work for us in a blanket approach. Some of the things they suggested wouldn't work in Care Home situation.

35. Everything we used communally had a cleaning schedule. This ranged from stethoscopes to thermometers and hoists. Every room had a cleaning rota and house cleaners cleaned all touchpoints.

36. Our guidance came from the QI (Quality Improvement) team who were guided by the IPC team from NHS Assurance.

37. The issue from their policies were that they hadn't worked in a care home setting. Saying we couldn't have residents near one another and that we had to use the equipment in a certain way can't always work. That's because of the needs of the residents and how we need to use some of the equipment which needs used in a certain way. So, we had difficulties with that.

38. It felt like we were being told to do things in a very clinical way by the NHS Assurance Team. Things like you must keep PPE stations out and you have to keep things in people rooms, but we couldn't because we had residents who had dementia. They would just empty yellow clinical bins out if it was in their room for example. So we couldn't do certain things they wanted us to. They would mark against us if we didn't but there were things we couldn't do as it wasn't safe.

39. It's difficult as it was the resident's home in the ward. You just couldn't do certain things they suggested in someone's room who didn't understand what was happening. We just did what we could but we as a Team had to care plan and policy if we decided something couldn't happen.

40. It didn't seem like we managed to retain a 'home' aspect of Erskine for the residents. It did become very clinical but we had to follow the guidelines as much as we could. Personal Care was still there as I've said but everything else fell by the wayside so that impacted on the residents and their families.

41. I'd say in relation to confidence in the Care home that families understood why we had to do things a certain way as did staff. Confidence in what we were doing was good I think and I think Communication helped. Name Redacted our Director, kept a good flow of information going for staff and families.

Impact on residents

42. The impact on residents was huge within Haig House. Their communication decreased and their dementia got worse as they had less interventions. The staff were so busy with cleaning stuff that sometimes residents were just left. One Activity staff member would sometimes come in but that was for 30 residents, so they were left alone most of the time. The residents' level of personal care didn't change but their level of extra care or time you spent with them decreased massively. We had less time staff and more regulations to follow. Residents had less time spent with friends, staff and family which caused confusion amongst dementia residents and some levels of decline. Eventually outdoor visiting was allowed and latterly indoor visiting with PPE but it was a long process to get to that.

43. Residents went from having visiting every day to nothing at all. Residents with dementia knew something was different but sometimes couldn't understand why. Their distress was getting worse, communication was falling and they weren't eating or drinking. We had less staff to deal with it and it was like a vicious circle. We knew why we had to do certain things, but it wasn't easy for everyone else to. Residents having to stay within a restricted area wasn't easy and trying to keep residents with dementia from coming out of rooms or different areas was a challenge for staff and hard for residents. Some of them forgot who their families were, lost social interaction, dining together and activities. Access to outside people such as dentists, podiatrists, dieticians was only available by telephone contact not physical visits.

44. When families were allowed to visit outside it had an impact on workload as we had to get residents ready and escort them outside safely and operate a booking system in and out. The same system was applied to indoor visiting and ensuring all visitors adhered to PPE regulations.

45. We did provide for some religious needs but only via use of Tablets.

46. We had onsite ANP (Advanced Nurse Practitioner) which was good as they could issue prescriptions, had access to mental health nurses, medications and the like. We had two GPs from Bishopton who did online calls. So, access to health wasn't too bad at all actually. On the whole, everyone got their medication and prescriptions and there were no real issues.

47. We had people onsite who could provide haircuts for residents and staff.

48. PPE rules changed at the end of March which meant we all had to wear masks. That also meant losing a lot of how we communicated with our dementia patients. Staff also found it difficult to remember to change it so I had to supervise that too and keep them right. It was tiring having to remember to do it all properly and hard during the summer and trying to breathe.

49. Our access to PPE was always good and we never had an issue with that. At the beginning we couldn't get masks as it was the weekend, but our manager bought them off Ebay for everyone until we got them. We did feel safe wearing the PPE. We got the changing guidance on PPE through Workplace or from Quality Improvement Team. We wore gloves, aprons, masks, goggles and visors. It was just hard work wearing it, especially during the summer.

50. Inspectors would wear masks but not all PPE as only if dealing with residents. We also had the infared camera that took temperatures of people or visitors coming in and a questionnaire.

Transfer of Patients

51. To begin with we shut down completely and never had any patients transferred to us or any new admissions. We are a place for ex veterans and spouses anyways, so it narrows it down. It was a long time before anyone got in and there were so many hoops for them to jump through to get here. They had to get two clear PCR tests 24hours apart from the hospital before they even got here. We would automatically isolate them for 14 days after that as well. There was a whole pile of stuff to get sorted before they could come near the place. None of the residents who came here from the hospital had covid as far as I know. Managers also checked tests were done and for the isolation too. We had a Move In team who dealt with it all.

Transfer of patients out

52. Those residents who transferred out were usually emergencies and usually had DNRs. Ambulance staff rarely let us travel in ambulance with them and if it was an emergency, we never routinely tested our end before they were taken away. We would tell ambulance staff if we knew they were or were symptomatic.

Covid deaths and impact on staff/managers

53. People did pass away in Haig House. I think we had less than 5 and in Erskine Park (our sister Home) who lost up to 50% of residents and also in Ramsay House where deaths ran into double figures, here in Erskine Home. I know of Managers who had to sit with them day after day until they passed away. They looked shell shocked as they sat in death after death. There was no real support in place at the time. We had access to a phone line for CRISIS but post Covid we had our own on site mental health worker and occupational health who could support or signpost.

54. Staff would generally feel anxious and wonder if they had done enough on their part to prevent the deaths or if they had brought something into the home. They felt helpless , angry and shock at the rate of deaths. I tried to help and support them and again give them a leaflet to CRISIS as that's all we could do at the time.

Testing

55. We did two PCR tests a week on Mondays and Thursdays for staff. We co-opted managers into doing the tests between 0730am and 2.30pm on those days. As a manager we would lose a day doing that out of our week.

56. As soon as PCRs became available, we tested anyone who had symptoms. ANPs or Home managers could order them from the testing teams. After that we also trained staff to test the residents. Things got easier after the Lat flow testing kits arrived.

57. All visitors got tested when they came into the building. They had a list of questions to answer and we had temperature cameras at doors as they came in.

58. We were given guidance from NHS re symptoms, and we learned as we went along really. We saw the different ways and how it affected residents. Sometimes symptoms changes as we went along. We were in a bubble here and we tested those that we thought had symptoms. Lateral flow test kits made it easier for us when it came in and there was no issue with supply.

59. I think that care home staff now see themselves as better than how they were portrayed and on a par with NHS compared to before. We're better at cleaning, dissemination information, picking up on deteriorating residents faster than we did before.

60. If something else happens then we're ready for it. We still have stocks of PPE and cleaning schedules in place. We've had a couple of outbreaks this year so far and staff roll things into place really quickly to deal with it.

Signed. Personal Data .....

Date..... 17/8/23 .....