**Scottish26mar24**

21:10
Hi, good morning, everybody.

21:13
Now, good morning, good morning to you.

21:16
All right.

21:18
You're going to get to ask some questions.

21:19
Well, I should be careful here.

21:21
I'm not entirely sure how Miss Brahami is going to deal with this, but I suspect there will be some questions asked to you whether singly or and collectively.

21:28
I'm not so sure.

21:30
Over to you, Miss Brahmi.

21:31
Thank you, my Lord.

21:33
Good morning.

21:34
Thank you for joining us.

21:36
Please.

21:36
Could you start off by each just briefly telling us of what your role is and a brief background of ICHS.

21:48
So starting with you, Miss Rogers.

21:50
Yes, my name's Mandy Rogers and I'm the manager of Blenheim House Nursing Home in Edinburgh, which is a city centre, 60 bed facility for frail elderly clients.

22:02
Thank you.

22:03
My name is Carolyn Curry.

22:04
I'm a principal carer in Randolph Hill Dunblane.

22:08
Thank you.

22:09
My name is Medina Ling and I'm the care Home manager and a registered nurse at Beech Manor Care Home in Blairgowrie.

22:15
We're a 45 beded nursing home.

22:18
Thank you.

22:19
My name is Peter McCormick.

22:20
I'm the managing director of Randolph Hill Nursing Homes.

22:23
We've got 7 care homes across East Central Scotland and ICHS is a group of care home providers who came together to give evidence of this inquiry.

22:34
Thank you.

22:36
Now I want to start off by looking at guidance.

22:40
Guidance it's it's in the statement that guidance would be received from government, from the NHS, local NHS branches and the local health and social care partnerships.

22:53
Is that correct?

22:56
Firstly, how simple did you find the guidance to interpret from those various sources?

23:04
It was very it wasn't something that was, particularly from my perspective, something that was straightforward or simple purely because of the the amount and the volume of guidance that was issued.

23:15
It would change numerous times in a day.

23:17
Often you would just have you know, read and shared with staff one set of guidance and then by lunchtime there would be something else.

23:24
Or it would be late on a Friday evening when you'd been working all week.

23:28
So the content itself wasn't particularly complex in some ways, it was just the sheer volume of it and implementing that into a care home environment, which is very different from a hospital environment as well, was was quite challenging.

23:44
Thank you.

23:45
Yes.

23:45
And following on that, the timing of it, in the statement it said that often it was a Friday evening, which meant that matters were left unaddressed until Monday.

23:58
But also there was an issue in that sometimes definitions came up to two weeks up to a week later.

24:06
What impact did the timing of guidance being issued have on staff at different levels within the care homes?

24:15
For us particularly, it's the dissemination of the information if you're getting guidance up.

24:21
Often when people was turning their computers off on a Friday to go home for the weekend and because of the importance of following the guidance in in our environment, we felt we had to implement it as quickly as possible.

24:37
Because if for any reason something appeared to go wrong and we hadn't adhered to the the guidance as quickly as as we possibly could, then it might fall on our shoulders.

24:49
I think as well as, as Mandy says, the the guidance would quite often come out on a Friday, but it would often be announced in advance, you know on the on the Thursday or the Friday.

25:00
So everyone would know it was coming and that information had been passed out to the general public, you know, So all of the relatives would come with an expectation that guidance that was announced on a Friday night would be implemented immediately.

25:13
And quite often the the sheer volume of it just took a long time to go through.

25:18
So it might be a couple of days even to implement some of the simplest things, but some of the things involved, people like public health and the local authority, who are just as who who'd only received the guidance in the same time scale as we did.

25:32
So we often had to send proposals to them for their approval before we could implement pieces of the guidance, and they'd only received the guidance on the Friday night as well.

25:42
So they weren't ready.

25:43
None of these processes were set up and running.

25:45
So on some occasions, not everyone, but on some occasions we'd have the guidance on Friday.

25:49
But actually implementing it might be almost as long as two weeks later.

25:52
Yeah, And I want to ask you about that.

25:57
Well, firstly, it said in your statement that the guidance and and we know this wasn't numbered and changes weren't highlighted and a suggestion that you've made is that guidance could be better numbered and changes small, more discreet changes within guidance could be highlighted using track changes.

26:23
What kind of difference would that have made to you if it was quite clear what had actually changed?

26:29
I I think there were so many different bodies issuing quite often the same guidance.

26:33
So we would see guidance apparently coming out from Scottish Government or or or the NHS nationally.

26:40
And then other parties like the local council, like the local NHS Trust would issue their own version of the guidance sometimes with little differences on it.

26:48
And we were reading documents 100 plus pages long to try and work out little tiny differences between one council area another or one NHS area another.

26:58
And it just struck us that looking in retrospect at least, it would have been really helpful if they could have just called something like Care Home Guidance 1.001 the same way that computer software has numbered.

27:11
So it'd be very clear which document was which, because sometimes we'd get a document from the NHS nationally and then we get a document from the local council.

27:20
And we're having to compare them both to see whether they're the same document or a different document.

27:24
And I think as you said there, it, it would have been helpful if the documents were quite clear in terms of what had changed.

27:31
They're often very large documents and you are reading through with the old one and the new one trying to work out what the difference was.

27:39
And again you see this in so many other cases where you get documents from people and they highlight in one colour all the things that have been added and they highlight in another colour or with cross throughs all the things that were taken out and that would have been much easier to work with.

27:51
And I think the terminology, it was called guidance.

27:55
It wasn't guidance, It was these were sets of rules that we had to abide by.

28:02
But under the umbrella of, well, the guidance says, but the guidance was, it's like, well, if you don't follow the guidance, what's going to happen?

28:13
So, well, it's up to you what you do.

28:17
But the guidance says, so we had to follow it strictly so that we couldn't be accused of, not even if it's some of it didn't make sense to us.

28:27
Can I press you on that, please?

28:28
And I appreciate you're not lawyers, So this is a little unfair.

28:33
Would I be fair to interpret your answer as saying that you regarded yourself as obliged to follow the guidance?

28:41
Yes.

28:43
Even though a lawyer might take a different view of the obligation upon you, you felt as a matter of practicality it was a binding obligation upon you.

28:50
Yes, I think there are a number of inspecting bodies.

28:52
The Care Inspectorate, most obviously in historic terms, but also at times the, the NHS, etcetera.

29:00
They would come in and do inspections and they were inspecting against that guidance.

29:04
Yeah.

29:05
And therefore you had to have an absolutely compelling reason why you weren't following it.

29:09
And I suppose if you weren't following that guidance and something negative happened, then you'd undoubtedly face criticism there.

29:17
Yeah.

29:17
And I suppose taking it to perhaps an absurd extreme, but logically correct, you would have been entitled had the Care Inspectorate made a fighting against you, an adverse fighting against you, based on guidelines to challenge that, of course.

29:33
But I don't imagine any commercial organization like yours is enthusiastic about requiring to get into challenges to decisions made by bodies such as the Kieran Spirit.

29:44
I think in a lot of cases, a lot of the decisions are made.

29:49
This is not a very linear process.

29:51
You're making decisions against a wide range of different moving pieces and therefore, an awful lot of it can be based on people's opinions.

30:01
So challenging in a very factual way is quite difficult.

30:03
It is.

30:04
Yeah.

30:05
No, I understand that.

30:06
That's very clear.

30:06
Thank you.

30:08
Thank you.

30:10
Now I want to ask you about the implementation of plans from public health as part of the guidance.

30:16
You mentioned that it could take up to two weeks for Public Health to approve these plans.

30:21
And in your statement you say that's simply because the infrastructure wasn't there within Public Health to deal with these more quickly.

30:29
And you've also said that they didn't get the guidance themselves until you had it, which made things more difficult.

30:37
What was the impact on the care of the residents and contact with their loved ones of this delay?

30:44
Because you also say, sorry, that it seemed to you that certain guidance was required by the government to be implemented quickly, immediately, but in reality, despite your best efforts, it was taking a couple of weeks.

31:00
So what impact did that have on patient care and contact?

31:06
I think very much it it was the way that certain policies were announced in a sort of public arena typically on the television and then the guidance would come out sometime after that that the way it was announced.

31:18
And I don't think anyone said this specifically, but the impression given at the announcement would was that these things would happen immediately whereas in the detail that that wasn't really the way the the way it worked.

31:30
And so I think for families particularly perhaps more than residents, they had an expectation that what we're largely talking about is a lot of time when the visiting rules were relaxed.

31:39
And so families would come with an expectation, you know, almost immediately people would start to come to the home and say, well, the guidance has changed and said we can do this.

31:49
And it was quite a difficult job, wasn't it, Explaining to people that that's what you heard on the television, however and and and essentially that's true, but it's a more, it's more nuanced than that and it's going to take a little bit longer.

32:03
And so people who hadn't been able to visit face to face, for example, for an extended.

32:07
Were obviously just upset and disappointed that that that that didn't you know that wasn't able to happen immediately I think as well with the visit in because when the visit in was reintroduced and obviously it was broadcast all over the news essential visitors and and things like that but the definitions were never particularly clear.

32:24
So the way that I would you know what I've said, right this is a class that's an essential visit and maybe what you would have said we could have been totally different And certainly I know from my experience because there were several care homes although my care home is quite rural there are several within you know a five mile radius.

32:40
So one was doing one thing and then that word of mouth spread to the other and so on.

32:45
So if if the guidance, the definitions hadn't been more clear, it would have been a lot more easy to implement in my opinion as well with a with the visiting, obviously we'd extended.

32:57
Where people weren't allowed in at all, yes, and then we could reintroduce it slowly.

33:02
We had to have a visiting, coordinated, booked slots.

33:05
We couldn't have too many people in the building at the same time.

33:09
And the guidance clearly stated they weren't allowed to have physical contact with their own relatives.

33:15
So having not seen them for months and months and months, had to stay 2 meters distanced from them.

33:22
And how can we, We can't police that.

33:23
How can you stop a loved one hugging their own mother, you know?

33:28
But if we don't try and enforce it and somebody brings the infection in and gives it to their mother, then how did it get in?

33:37
It's my responsibility how that got in.

33:40
Yeah.

33:41
And I will come back to the various visitation issues when you.

33:48
Well, well, firstly, what sort of plans did you have to get approval from public health for?

33:57
Well, I think we had to.

33:58
I mean it varied at different times, but as an example, once the visiting changed that we could have socially distanced visiting.

34:07
That was one of the sort of earlier ones within the home.

34:09
You had to write a plan of where, how you would meet people at at at reception, how you would manoeuvre them, move them through the home to the place where the visiting would take place, How you would assist the resident to go from, you know, their rooms or where they were down to that Area 1 instance, which was if someone was I'll somebody's got a very high temperature and you need to put a fan on them to reduce their temperature.

34:36
We had to put a risk assessment in place for every resident who needed that.

34:43
Another sort of bizarre example would be we needed to have a risk assessment if we wanted to put a Christmas tree up.

34:50
We weren't allowed Christmas trees for the residents, which might have been there last Christmas.

34:55
We had ridiculous posters of Christmas trees on the walls to try and make it look festive.

35:03
But we weren't allowed a Christmas tree in case it spread infection.

35:08
Thank you.

35:10
And you've said that I I was going to say just to finish, I mean the, you know, we, so we put all those documents together to show all of that how you move, move people around the building, how you would clean afterwards, clean before all of that type of thing.

35:23
And then that was sent off to and it was different people at different times, but public health or the local health and care partnership.

35:29
And then they would review that.

35:30
And if you think about, you know, excuse me, a council area, they'd have six, in some cases, 20 in some cases 60K homes who would all be doing that at exactly the same time.

35:42
So even their resources in order to approve that, you would be desperate to get the answer back, but you'd be hearing that they'd be looking at your one next Wednesday, right?

35:52
Yes.

35:53
And in the meantime, you would have family members who were challenging you on the way you were implementing the guidance we heard before.

36:03
We we heard last year from family members who were quite upset about this and said that they found themselves having to challenge care homes and some people.

36:15
Now this may or not be the case in this situation, but some people found it, stated that they found they were having to inform care homes off the correct position and once they were doing that they were then getting access.

36:32
Do you think that just that process of having to have certain plans approved created the impression perhaps that care homes weren't aware of the guidance when in fact you were trying to implement it and would do so as soon as your plans were approved?

36:52
What we we really wanted the relatives to come in, but we had to do it in such a structured way to prove that we were heeding guidance and that we weren't putting residents at risk.

37:05
Yeah, I think as well.

37:07
Often when the visiting was back in place, there was the guidance that went alongside that, which was fine.

37:13
But also if a resident became unwell and was suspected to have COVID, public Health would very often certainly for our care home say no, well, just shut your visiting off again.

37:23
So people were getting to come in and visit one day and then because one person who was isolating in the room was potentially who had COVID, then no one else got a visitor.

37:32
And that didn't come from us, that came from public health.

37:35
But I think for families that was really difficult to understand because they just became so confused because one day they could come in, the next day they couldn't.

37:42
They didn't understand what was going on, which would be frustrating if you were one of them.

37:47
Yes, thank you.

37:52
Now the you state that the care sector wasn't consulted by those setting the policy and guidance.

38:02
Presumably you think that the care sector should have been consulted.

38:06
What do you think the impact of that consultation could have been?

38:11
How could it have?

38:12
I think if the care homes were consulted in that, it probably the guidance would have been a lot more easier to follow.

38:20
It would have been practical.

38:22
Some of it just wasn't practical for the care home environment.

38:24
And it was no disrespect to the people who were writing it.

38:27
It's just if you haven't been in that environment, how would you possibly know?

38:30
It's not possible to isolate people with dementia.

38:33
Sometimes it's all these different things that were just kind of overlooked and very much focused on infection control.

38:40
And you must do this and you must do that.

38:41
But this was these are people's homes.

38:43
It's not a hospital setting, it's not a clinical ward and things like that.

38:47
So if Care Homes had been consulted in it, there would have been a better understanding of what it's actually like to live and work in a care home.

38:57
I think earlier this probably changed across the the time that the pandemic ran and I think there was more consultation later, but certainly in that first year it felt like the care sector wasn't listened to.

39:08
So I I work with Scottish Care who you've I think you heard from last last week and I think we very much felt in the first nine months of the pandemic that that the sector wasn't really listened to.

39:21
It's obviously in a public health emergency like we had here that that that the public health department would be leading.

39:29
But I think there is a very big difference between all.

39:33
All of us were faced with various restrictions in our lives and you know my daughter was in Aberdeen and I didn't see her for a for a chunk of time, but we're always fairly safe in the knowledge that I would see her at the end of this pandemic.

39:46
I think for people in nursing homes who many of whom are right at the end of their lives, that's not the same.

39:52
That's not the same dynamic for them.

39:54
And I think that wasn't it felt like it wasn't taken into account and it felt like the sector wasn't being listened to.

40:00
And I I I think the impact on people in care homes was and their relatives was was underestimated by being faced with quite the same restrictions.

40:09
And I also think in the summer after Easter 2020.

40:14
Restrictions were lifted for many of us and it took a long long time for the restrictions to be lifted on care homes.

40:20
And I I don't quite know what that why that is.

40:23
I mean I just you know on on one hand they're they're vulnerable people so that so it was a more risky thing to do to lift the restrictions.

40:30
So that's understandable.

40:32
But I think by not lifting the restrictions as soon there were other negative effects that that that weren't really accounted for.

40:41
I think as well for the staff, the pressure of the staff with the policies and procedures that were put in place, especially working in a dementia setting was just it wasn't possible and the staff felt the pressure of trying to navigate the policies and procedures and and the dementia.

40:59
But with dementia patients it's very, very difficult.

41:03
So people should have came in and worked in these settings and realised what worked in one doesn't work in the other.

41:11
And especially with dementia.

41:13
It was the staff felt the pressure.

41:16
They crumbled sometimes because they felt it for the residents.

41:20
They felt it from the family, but also management and above us as well.

41:25
If we didn't get it right, we would get in trouble or we would be endangering the residents.

41:30
And it was.

41:30
It was impossible some days to go by these policies and procedures that were put in place.

41:36
I mean with you really can't underestimate what it did.

41:40
How it is for someone with very advanced dementia to be confronted with all these people wearing masks and they can't, they can't see your facial expressions.

41:50
They don't know who you are.

41:52
We had some residents who didn't know what we looked like, you know, 'cause you, they couldn't remember our faces.

41:58
And people who walk with purpose.

42:00
People, some people with dementia, just walk all day long.

42:04
You can't keep them in one room and you can't stop them from going out and touching things, which was a potential spread of infection.

42:12
And it was really difficult on the staff to keep a handle on all of that, particularly as we were very scared.

42:20
Yeah, you know, everyone else, the vast majority of people were working from home or furloughed.

42:28
We were working in the city.

42:30
I was driving to work every day as if it was Christmas Day.

42:33
There was no traffic on the roads whatsoever.

42:36
And of course we have our own families to think about.

42:39
So we were going into a care home that had active cases of COVID and then going home to our own families and worrying that they were going to get sick.

42:51
So it was a it was a very heavy burden for a lot of the staff, especially if they had compromised people at home I think as well.

43:00
I mean Mandy was just saying that some of the guidance just was unrealistic.

43:04
I mean some of the earlier guidance said that residents should be isolated in their rooms.

43:09
As Mandy says, people who are walking with purpose.

43:11
You know, many of the residents simply can't understand that instruction.

43:15
And so there was a huge pressure on everybody in the care home that we were meant to be following this, this guidance, what would happen to us if we didn't follow this guidance.

43:25
And frankly, there was no way it was possible for it to be followed in in some cases, in in many cases.

43:30
Actually I had one lady in particular who was convinced that her whole family had died of COVID.

43:38
And she was extremely distressed.

43:41
And we had to phone them to come and stand outside in the street so that she could see them through a window, but she could see them, but she couldn't speak to them or touch them or hold them.

43:55
And it was for us as caregivers, that's a really tough situation to be in.

44:01
Very distressing, Yeah.

44:03
Mr.

44:04
McCormack, I think you were envisaging there a moment ago a patient, a person living in the care home who is ambulatory but very cognitively impaired because of dementia.

44:18
Such person, how on earth do you stop them moving?

44:22
I mean, you would be actually breaking the law if you lock them in their room.

44:25
There was just so little understanding to that.

44:28
When you had visits from public health and you would have a resident like Peter's described walking around the home, you would be told or you'll have to do something with that patient.

44:38
You can't have them walking about.

44:39
Well, it's their home.

44:40
They're entitled to walk about in it.

44:42
But also in terms of the cleaning and the guidance to do with, you know, residents touching things, I was actually told at one point from public health for a resident who was very poorly in their room to pack up all their belongings.

44:56
So it didn't spread infection.

44:58
Not that I'd done that, but that was the kind of things you were being faced with on a on a daily basis really.

45:04
I think as Mandy said as well for the first Christmas there were things like no Christmas decorations were allowed and we we we got these posters put up on the wall which were really a very second or third best option.

45:16
But but we had to do all sorts of things like we were instructed to take their own photos and things like that in residence rooms.

45:22
Now none of the rest of us were faced with that in our lives.

45:28
Sorry.

45:28
All right.

45:29
Thank you.

45:31
When you contacted the the relevant government department or public health to seek clarity or to challenge certain guidance requirements, how supported did you feel?

45:49
I think it varies, certainly from my perspective.

45:54
Sometimes there were two or three individuals at Public Health that when I spoke to were very helpful over the telephone.

46:02
But it depends because a lot of the contact that you had was over the phone.

46:07
They were obviously overwhelmed with their workload too.

46:11
There were times where you would get conflicting information if you weren't speaking to the same person or you were actually telling them, well actually no, this is the guidance.

46:20
So why would you be telling me that it was conflicting but it wasn't always negative from my from my own, No, I I would agree with that.

46:27
Some of them were very helpful, especially with getting like lab test results back quickly and things when we when that was established at the beginning it was taking up to you'd do APCR test on maybe a poorly resident and you weren't getting the result back for seven to 10 days, by which time the whole home could have been infected.

46:47
But once that was up and running, it was much better.

46:51
I think.

46:52
I think when you're speaking to the various different departments, I think people generally try to be helpful.

46:56
And I don't think any of us would deny that.

46:59
But I mean, it was quite clear you could, you know, this happens in all sorts of walks of life, but it definitely developed within the pandemic.

47:06
You would know in public health who you might phone to get an answer that you wanted as opposed to who you might phone to get a very definite no to something you wanted to do.

47:15
So they were producing, you know, just the same as all of us were doing.

47:18
They were looking at the same guidance and coming up with different answers.

47:22
But sometimes that went against us in as much as when people from the NHS came in, You know, they would quite often give us quite definitive statements of what they expect is and weren't that open to some of the the the suggestions we had And and yet, you know in other parts of the public sector you've got two people in the same role who wouldn't give you the same piece of advice.

47:42
So it didn't always feel like an an even playing field, but I don't think anyone was trying to be unhelpful.

47:47
But that is how it felt from our point of view.

47:49
And one of the lessons that you think should be learned is that there should be a readily available mechanism for challenging guidance.

47:58
And another lesson that you believe should be learned is the enshrinement in law of Anne's Law, which you state your group supports.

48:07
What do you think would be the impact of those two measures being in place?

48:16
I think I think it's quite difficult with the, the the challenging, I mean it it was difficult through the pandemic that we had you know certain people stating things very, very much as if they're they made a decision and there wasn't anything else you could do about it.

48:30
It was also a bit busy in the particularly in the early stage of the pandemic it was very much day-to-day and sort of mouth to mouth, hand to mouth rather.

48:39
But it it it did feel unfair at times that there were decisions made that that we felt were wrong and there was there was no real mechanism to to no decision making was it directly it was mandate mandated directly to us and didn't apply to anybody else so that there was an unfairness and how these this guidance was applied.

49:01
My example would be we were we had to test ourselves of our staff wanted to work, they had to take a lateral flow test.

49:09
At first it was daily and then later on down the line we had to do 2 lateral flow tests and one lab test a week.

49:18
That didn't apply to anybody else and it certainly didn't apply to NHS staff.

49:23
So we had, I have colleagues who've worked in the NHS who've never had to test.

49:29
So I had the NHS Care home support team come to my door in the middle of this and wanted to come in.

49:38
And I said, first of all, I didn't know who they were.

49:41
Secondly, I asked them, have you taken a test today?

49:44
No.

49:44
And I said, well, why not?

49:46
Well, we don't have to.

49:47
We're not mandated to do that.

49:49
I said, but we are.

49:51
And anybody who comes in here has to even contract us, repair men, whatever and said, but you don't, No, I said where have you just come from?

50:01
And they were standing there in their uniforms, bearing in mind that we had to get undressed at the door.

50:08
And they had just been in another care home and come straight to my door, untested and wanted me to let them in.

50:16
And but I didn't because that was against the guidance, yes, but I got a bit of a bad Rep for that.

50:24
But essentially you were having guidance.

50:28
You were having to enforce guidance which required you to take every possible measure to prevent infection.

50:35
Absolutely.

50:36
And you had the people who were coming to make sure you were doing that, who weren't doing it themselves.

50:42
Yeah.

50:43
And they were posing a risk to your care homes.

50:46
So you had to stand up against that as well.

50:50
I I think as well we said in, I think I think we said in our evidence that there seemed to be, again, this is probably just how it felt from our point of view, maybe, I don't think anyone ever said this, but it felt as if the NHS were considered the experts in every circumstance and that all of all of the expertise that was within the care sector was essentially ignored in the early stages.

51:11
And so in some of the groups that you're talking about, Mandy, we know that the, the the NHS teams were sent out were people that they just reallocated.

51:19
So they'd never been in the care home before.

51:21
They weren't infection control nurses, they'd been doing an entirely different job and in a relatively short period they were sent out to care homes to do infection control.

51:29
There were staff who were redeployed from departments that had been closed because of the pandemic, like outpatients, clinics.

51:37
I think one of the ladies who came to me was a a cardiology outpatient nurse who was coming in to check our infection control practices in a in a completely alien environment to herself.

51:53
I'd like to move on now to staff working and the impacts there.

52:00
There's mention of people's hands starting to bleed from hand washing so much and other things.

52:07
Can you tell us a bit about how the guidance impacted your working practices?

52:13
Well, I think for the care staff we were we had to wash our hands constantly.

52:19
We had hand gel on us, We had to wash our hands constantly.

52:24
All her hands were broke out up to her elbows.

52:28
We then had to wear gloves that water got into or chemicals got into sometimes and some of the staff actually had to wear dressings on their atoms.

52:42
Our home was quite lucky.

52:43
We did have a different couple of types of gloves, but still with the constant hand washing, it was very hard on the staff with rashes, cuts, things like that.

52:56
Were you were staff still able to gather in staff rooms to speak to and support each other?

53:04
No, we had to socially distance, yeah, yeah.

53:06
So we'll so four people could take a break at the same time in our staff room.

53:11
If they all sat in the corner they would be two metres apart.

53:16
So it was very difficult.

53:19
Our staff are cohorted anyway in tea.

53:21
We are on three floors, so we work in teams so very much it was quite easy for us to keep our teams together.

53:28
But of course you do get overlaps with, you know if you're testing your staff three times a week you're going to have people going off with asymptomatic COVID.

53:39
But which I suppose might be one of the reasons one of the drivers why the NHS staff didn't have to test because they could have ended up with maybe 1/4 half their workforce off at the same time.

53:52
Which at some points in time we did.

53:54
Yeah, yeah.

53:55
1215 people at a time were staff having to work more days or hours than usual.

54:02
They had to cover for all their COVID colleagues when you had an outbreak within the staff from testing.

54:09
If you had a staff group of 60, you could have sent 30 home, which then leaves thirty staff.

54:14
So you're working with half your staff load and there's no, you know the local authority and things would say we'll be able to send staff from the NHS to come and support or from agency but through no fault of their own they just didn't have, they just didn't have that to send.

54:30
So your staff that you did then have left worked additional hours and worked really worked themselves to the ground until that next batch of staff then could could come back.

54:40
I mean, I know personally I was working 67 days a week.

54:45
We done sleepovers as well.

54:48
It was just for the benefit of the residents because if we went home then who would then spend a week after them?

54:55
It would be them that would suffer.

54:57
So I think the staff really stood up, especially in our team.

55:01
We really stood up.

55:03
We worked 6-7 days a week and it wasn't because we necessarily wanted to know.

55:07
It was for the benefit of our residents and our other colleagues, but we were completely I'm completely worn out.

55:14
The the one benefit that I felt that we got from this pandemic was that because we only had the residents and they only had us, we were going home to work, homework, homework, the the sense of community really, really increased because they we were the only other human beings they were seeing.

55:36
They weren't seeing their own families.

55:38
And to the staff's credit, that has remained.

55:43
Mm hmm.

55:43
So that is just, it's one plus point Is that the sense of community and sense of belonging.

55:49
Did you find that in your house?

55:50
Yeah, immediately.

55:51
Yeah.

55:52
Yeah.

55:52
I think in this your statement, you actually say we were like soldiers marching forward together.

55:58
Mm hmm.

55:59
I I think one of the other things worth mentioning is, you know, as has already been mentioned, when there'd been COVID outbreaks, there were times where you, you know, lost a a a group of staff, you know, because they had to then isolate at home.

56:12
There were certain other rules that, you know, that probably came in with the best of intentions but didn't necessarily help that much.

56:18
So earlier on we were told that we weren't allowed to move staff between one home and another home.

56:24
And so in in that sort of circumstance we might have moved staff from one home to another to sort of fill that gap.

56:29
But we were told we weren't allowed to do that.

56:31
We also used to have groups of staff called our bank staff who weren't contracted.

56:36
They would come in and work individual shifts and again the same thing.

56:39
We were told we weren't allowed to move them around around the group.

56:43
But at the same time, you know, the place of last resort is then to go to agency to get agency workers.

56:49
But we had no control over where those agency workers would would come from.

56:52
So that seemed a bit of an incongruous decision that didn't make sense from from looking at it from that direction.

56:59
You could see it made sense if if you had a a surplus of people, not allowing people to move around would make perfectly good sense.

57:05
But there there wasn't a surplus of people before the pandemic and it didn't get better during it.

57:10
Thank you.

57:13
I think there's mention of NHS bank staff.

57:17
Were you able to make use of those?

57:19
No.

57:20
I think when you when you had certainly when we had a COVID outbreak you would have you know daily teams calls with NHS staff and the local the health and social care partnership staff and you would discuss how many staff of your you know, your staff team were were absent and what you were trying to do to find staff to cover for them.

57:38
But they would all say, but you'll need to find someone, you'll need to find someone.

57:43
But they weren't able to give us anyone.

57:45
But there seemed to be a lack of understanding that if they can, as the, you know, as the supporting bodies to us, if they can't help and we don't have anyone, 'cause they're all at home, where do you then find that person?

57:55
So I know myself as a nurse, You then often ended up saying, because all my nurses were offset with COVID and I was the only one that didn't have it.

58:03
So you were the only nurse for several days to cover that because there is literally no one else.

58:08
But there seemed to be a lack of understanding of there aren't just people, if you know what I mean.

58:14
Yeah, I I think these NHS banks were sort of mentioned quite a few times during the pandemic.

58:20
They were set up and and available to help.

58:22
But I've got a role as the branch chair of Scottish Care and the Lothians and so speak to a lot of care homes.

58:29
And I can only recollect one person that actually used used the NHS bank and it wasn't particularly successful.

58:35
They had a problem weekend coming up, they were lacking a number of staff and they phoned up.

58:40
In the end they got one person for one shift over that weekend.

58:44
The reality was they were they were down a significant portion.

58:47
One person, not that one person, didn't help, but it was nowhere near the resolution.

58:52
And so I think most care homes took the decision or or of the opinion.

58:57
You know, particularly after this has been going for a while that was an absolute waste of time to call if if if you had a need, they weren't going to be able to help.

59:05
How did all of that affect staff's home life and well-being at home?

59:11
It was really, really difficult.

59:13
I know for myself, there was just me and my daughter at home, so she was able to continue to go to, like, the school hub, whereas a lot of everyone else's parents were furloughed.

59:24
So they were getting to stay at home with their children.

59:26
And do you know all these things that everyone else was doing?

59:29
But you felt so guilty.

59:30
You felt terrible because you were putting her away to the school hub.

59:33
You were working all these long hours and then when you were coming home you were exhausted.

59:38
You were worried about passing the virus on to then herd or to other people and not just myself.

59:44
I think I could speak for all my staff team.

59:46
They were so scared to go home because they were petrified of giving that virus to other people that they live with just so they could go to their work.

59:55
It was it was really, really difficult.

59:57
Yeah, I'm the same.

59:59
It's only me and my son at home and I was working 67 days a week, 13 hour shafts.

1:00:05
Sometimes I was doing sleepovers and sometimes I just came home, said hi to him, went in the bath, sat and cried and then came back out and was trying to be jolly and not let him see how upset and exhausted I was.

1:00:23
So he didn't worry, but try to keep my home life as normal as possible and not let him see the stress with what I was going through.

1:00:32
So it didn't affect him, but that he did see through it.

1:00:36
Yeah, my husband and I didn't sleep in the same room for three months, but he was very frightened of getting COVID.

1:00:44
So yeah, it really affected our home life because he, but he was very supportive.

1:00:52
He could see the strain that it was putting on on myself as the leader of the team because everybody brings not that they're bringing their problems, but you have to try and support all your staff and to be seen to be doing the right thing following the rules.

1:01:09
One particular story is my long term deputy manager died just at the beginning of the pandemic, just before the lockdown.

1:01:19
But her funeral was on the day where the new rules came out on funeral attendance.

1:01:24
And I couldn't go because as the leader of the team I couldn't be seen to not be doing what the government had my mandated, which was really, really, really quite upsetting, thank you.

1:01:40
And on the point of his sleepovers and having children.

1:01:45
If a member of the team had young children, did that mean they didn't take part in sleepovers or did they have to find someone to stay with their child overnight?

1:01:55
If they were a single student, Provars were voluntarily.

1:01:59
It was a member of staff.

1:02:00
Nobody was asked to do a sleepover.

1:02:03
It was staff volunteer.

1:02:05
And if they had looked at the roll off for the next day and seen that there was X amount of staff off, they would just put their hand up and be like, listen, we'll sleep over tonight, we'll crash in one of the spare rooms.

1:02:16
Nobody was ever asked.

1:02:18
It was staff just stepping up, want to do their back again for their colleagues and for the residents.

1:02:26
It wasn't mandatory or anything like that.

1:02:30
It was just staff wanting, wanting to help and to do their bit.

1:02:35
I know for me I didn't often do sleepover, but obviously the school hub was only open until 6:00 or 5:00.

1:02:42
So you did then have to find someone else because you weren't going to be back in time because the nurse was off sick or somebody else was off sick.

1:02:49
So it was really stressful try and sort that out.

1:02:52
And then of course your children are wondering what's going on.

1:02:55
They're not going to school like normal.

1:02:56
They're not seeing your friends and you're not there for them because you're having to go to your work and deal with all that.

1:03:03
So again, was was difficult to try and deal with that too.

1:03:09
Thank you.

1:03:11
I'd like to move on to anticipatory care plans and DN A/C PR.

1:03:17
With regard to putting in place anticipatory care plans, I understand you had to contact patients, contact families and also have discussions with residents.

1:03:29
What is the reaction of families on being contacted about that matter?

1:03:34
I think we've always had anticipatory care plans.

1:03:37
So getting in touch to update those, you know, on the back of the GPS asking to kind of just as lockdown came into play wasn't something that was out of the ordinary.

1:03:46
The difficulty you then had was if the family member had said, well, if my loved one becomes unwell, not specifically COVID related, just with anything and hospital treatments required, then yeah, I would still like them to go.

1:03:59
That was then the challenge because you weren't able to put them anywhere because nobody would take them.

1:04:04
So trying to have that conversation was was really difficult.

1:04:08
And it wasn't one that I personally would then put the families back to the GPS, because that's not on me.

1:04:12
That wasn't my call not to.

1:04:14
Yeah.

1:04:14
To escalate that, but people were still wanting their kid escalated.

1:04:18
But we're being told by medical professionals that they couldn't, couldn't get it.

1:04:22
Yeah.

1:04:25
And I was, I was going to say, I mean just just his head.

1:04:28
I mean DNA ACPR is a normal part of of of care home life.

1:04:32
I guess there's always a discussion with people about whether you know which route they like, they would like to go.

1:04:39
But I I guess there was an impression that that there was.

1:04:44
I'm not sure that's the right phrase but a push on by the NHS to get more of these things in place.

1:04:48
In one of our homes we received DNAACPRS for all of our residents that hadn't already got one in place and we had a bit of a discussion back and forward and we actually sent them back to the to the NHS.

1:05:00
But again it goes back to what I said before which is that's one of our homes out of seven.

1:05:04
So there's quite different processes going on throughout the country.

1:05:09
It it it wasn't a it it wasn't a sort of unified approach but the but I also think and again we we mentioned this before I mean the pandemic was very busy there were so many things going on but I but I think there was a restriction in terms of access to care for people in care homes.

1:05:25
I think that was a decision that must have been made by the NHS but that doesn't appear that that wasn't a discussion that was held in the full sort of full public light.

1:05:34
And I think had it been that, well, there have been people with all sorts of opinions, but but you know it it, it seemed to be a decision that was made very low key, not very well publicised, but was a reality of the first couple of years of the pandemic.

1:05:49
Anyway, yeah, on page 5 of this statement, I think it's a section that you've commented on.

1:05:58
Miss Link, you state that you were advised GPS had discussions with families about DN, A/C, PR forms, and then subsequently all residents who didn't previously have such forms were issued with them.

1:06:15
But despite being told by the GPS that these discussions had taken place, your impression was that that wasn't actually the case, I think.

1:06:24
Why did you?

1:06:25
What created that impression?

1:06:26
I think it was because it was very much something that was just rushed, so it was updated ACPS.

1:06:33
You anticipated clear plans, which was fine, and then it was you need to look at who doesn't have DNRS because they will now then need to have one.

1:06:41
And so when that was the discussion that was had with myself, I had said at the time, well, I can't make that decision.

1:06:47
You'll, you'll need to speak to the families about that.

1:06:48
But I can let you know who doesn't have one because standard practice would be for the GP to have that discussion with the family member if the resident wasn't able to, to have that discussion themselves.

1:06:59
And then you know, within a couple of days you then did then get these outstanding DNRS that we didn't have previously.

1:07:06
So you would question whether that that was something that was done in conjunction with families because the initial conversation was it's just they need to have them now because they won't be able to go to hospital.

1:07:18
Yeah.

1:07:18
Because they just, they didn't want to take them.

1:07:21
Yeah.

1:07:21
So essentially, there was no nuance.

1:07:24
There was the conversation you had was based on there being no nuance, no individual consideration, just that everybody in your care home who's resident there must have one of these because they wouldn't be going to hospital if they were unwell.

1:07:40
And I take it on that basis then you weren't asked about your impression of a particular resident's health and frailty as part of the consideration of whether it was clinically appropriate create to put no DNA CPR.

1:07:55
No, we weren't.

1:07:55
And even when residents who who did have COVID or maybe didn't have COVID, just became unwell, you know, as people still continue to do throughout the pandemic, it was very much a cut and dry.

1:08:08
You know, you got advice over the telephone, but you still you would have to fight very, very hard and challenge a lot to get someone admitted to hospital.

1:08:18
Then you could clearly see that if they went to hospital, they had a really good chance of improving, of getting over, but you know, was making them unwell in the 1st place.

1:08:27
But it was almost like you're not playing God, but it was just no, you can't go.

1:08:31
So you just have to stay there.

1:08:32
And you could have gotten better if you'd been given the chance and and your understanding is the lack of ability to access an ambulance, paramedics or hospital was the reason for these DN A/C PR decisions being put in place.

1:08:48
Yeah.

1:08:49
Had you ever previously experienced a time where every resident in your care home had to have this?

1:08:56
Yeah, OK.

1:09:01
And did the others on the panel have similar experiences or were any of you in a care home that didn't have to approach this issue at all?

1:09:12
We we always have DNA rails in that conversation anyway and I have a number of residents who don't have one in place but that didn't alter OK.

1:09:23
So in your care home you didn't have GPS contacting you saying all your, we were told that there there will be no hospital admissions, but they didn't put any extras.

1:09:35
It remained a choice.

1:09:36
Yeah, I can't comment on that, but I know that 99% of their residents do have DN, A/C, PRS.

1:09:45
Whether that was contacted through, I I can't.

1:09:50
I'm not.

1:09:50
I'm sure that's it.

1:09:51
Thank you.

1:09:52
Yeah.

1:09:53
I think as I said, I mean it would be normal process that everyone would be would there would be discussion about you know the appropriateness of it.

1:10:00
But as I say in one case we were issued with the blanket DNAPACPRS for all of the residents and and just just as you said that that couldn't have been a nuanced discussion there would there'd been no discussion involved in that.

1:10:12
And was your impression also that the reason for that blanket in position was the lack of access to ambulances, paramedics and hospitals.

1:10:21
Yeah, I don't, I don't know about ambulances and paramedics particularly, but I think it was the the the pressures on the NHS and you know a a decision or at least A at least a direction of travel which was to to to limit the access to hospitals for nursing home residents.

1:10:39
I think at the very beginning when we had, when we had it tough, when we did have very sick people who did have COVID, one conversation was that they couldn't be taken to hospital because it'd take too long, too long to clean the ambulance to to get to disinfect it.

1:10:58
So.

1:10:59
So they wouldn't be going and I'll come back to that again in relation to the DN, A/C, PR forms, Miss Lang and Ling and Mr.

1:11:10
McCormick, did you ever have conversations with concerned family members about these?

1:11:16
Did anyone approach you?

1:11:17
We had challenging we had family members when their resident became unwell, COVID or not COVID related, who were concerned about why AGP wasn't necessarily coming to see them in person.

1:11:30
And don't get me wrong, they did come out in person at times, but again, overwhelmed themselves.

1:11:35
So it wasn't that they didn't want to come.

1:11:37
I think sometimes just their workload meant that they couldn't.

1:11:41
But the family members would become concerned about why that after they've been seen by AGP, but why are they not going to hospital And that's where the challenges would would become.

1:11:52
And because the family members then couldn't get necessarily in touch with the GP directly to have that discussion, we were the ones that kind of took the brunt or tried to explain.

1:12:01
And how do you explain that because it's not wasn't our decision and you didn't necessarily agree with it, but we took the forefront of of dealing with that really.

1:12:13
So the challenge about hospital and GP care in general, but not specifically about DN, A/C, PR decisions in your experience.

1:12:22
OK, thank you.

1:12:25
Do you recall how long the ban that the blanket ambulance ban was in place?

1:12:32
You, I think you mentioned and you say in your statement that for a while there was a ban on ambulances collecting patients, residents from care homes.

1:12:41
I think as the pandemic went on.

1:12:42
So after sort of the first lockdown and into maybe towards near the end of the second, then we did have a few residents who did probably just before the vaccine roll out and we did have a few residents that did did go to hospital, but that was quite a long time after it started.

1:13:00
Really.

1:13:00
Yeah, yeah.

1:13:01
Months, months.

1:13:03
OK.

1:13:04
And you mentioned that there were times where a particular residence, your impression was that a particular resident had a good chance of improving if they received hospital care, but that wasn't allowed.

1:13:18
Do you think that that led to otherwise preventable deaths?

1:13:23
I don't think you could really answer that in all honesty.

1:13:27
But you you know yourself from working in that environment when people are purely COVID or not COVID related, if they've had courses of oral antibiotics or or treatment for things and are improving a little bit but not quite improving the way you would want.

1:13:43
If the family that was their wishes for escalation of care, then in any other circumstance their care would then be escalated to hospital to try IV therapies or you know, different different kinds of interventions that in a care home set.

1:13:56
And we just aren't able to do that.

1:13:59
Yeah.

1:14:00
I would you we couldn't really I probably 100% say, but I would like to think that, yeah, you probably would have been some residents who would have gotten better if they had the opportunity to go to hospital.

1:14:11
Yeah.

1:14:11
I mean, over any one person you can't really say, but over a number of people, yeah, it must have made a difference.

1:14:18
Thank you.

1:14:19
Now I think, Miss Lang Lang, I thought, I think it was you who said that you were able to get GPS into your care home.

1:14:27
Did others have the same experience or with it?

1:14:32
Was Curry in your experience?

1:14:33
No.

1:14:34
We GPS didn't get any GPS and we consulted with GPS over the phone and nine times out of 10, regardless of what the resident's symptoms were, they were prescribed just in case medication.

1:14:47
We really, really, really struggled.

1:14:49
I think it was months and months before we got our GP into our home, we were fine.

1:14:57
We have a very good GP service and they supported it without their support.

1:15:02
You know, they were really on it from the very beginning in terms of testing and trying to to stop the spread.

1:15:10
I think, I think again I said before, there's quite a mixture of reactions, you know, so with seven homes, there were seven different GP surgeries, some of whom didn't come, some of some of whom did.

1:15:21
I mean they're all, they're all available.

1:15:24
I mean I think you know that they were available on telephone etcetera.

1:15:26
So it wasn't a complete cessation of service, but it was delivered in quite different ways.

1:15:32
Yeah.

1:15:32
You mentioned that often all that would happen was that just in case medication would be prescribed.

1:15:38
If it was something more mild, were you, were you able to get things like antibiotics and milder treatments?

1:15:45
We've prescribed antibiotics, but nine times out of 10, if a resident didn't get better from that, it was just just in case it was prescribed.

1:15:53
OK.

1:15:54
Thank you.

1:15:57
We also know that allied health professionals weren't able to visit care homes and it's mentioned in your statement that other external activities had also also had to be diminished and all of this would have impacted the quality of life for residents and their mental health.

1:16:16
Were your respective care homes able to mitigate this in any way?

1:16:21
Yes.

1:16:22
I became a very good YouTube hairdresser.

1:16:26
I can do the YouTube for all our old ladies had had the same hairdo for a while.

1:16:36
But apart from that things, things like chiropodists and dietitians, we can access other people outside and we just have to make do, amend really and do some, most of it ourselves.

1:16:49
Yeah, I think it was really difficult because I certainly in our care home we have musical entertainers in every week.

1:16:56
We have school children that primary children that come in every week for the whole day on a Friday.

1:17:01
There are so many different things that there is just no way that you can mirror that, especially if your own staff team's depleted because they're all ill.

1:17:09
So your residents did become, through no fault of your own and for the want of try.

1:17:13
And they did become isolated and they became lonely because there was not as much mental stimulation.

1:17:18
If you're having to sit in your room yet, how can you?

1:17:21
It's just it's not practical.

1:17:23
So it just became something that was a very fun and lively environment to be in with a lot going on to just nothing.

1:17:31
We were going around when it's particularly when the residents were sort of stuck in their rooms.

1:17:36
We were going around the home with a karaoke machine standing outside their room saying, right, what song would you like?

1:17:43
And that was the best that they got.

1:17:45
And to be honest, because they were in their rooms for so long, when they were allowed back out again and some of them didn't want to come out, they'd become accustomed to being by themselves and isolated and sort of we had to shoehorn them back out of their rooms to be social animals again.

1:18:03
Yeah.

1:18:03
Going home to socialize.

1:18:08
Yeah.

1:18:09
Mm hmm.

1:18:09
And.

1:18:09
And the lack of allied health professionals attending, did that cause your workloads to be increased?

1:18:16
Absolutely, absolutely OK.

1:18:19
Do you have any thoughts on alternative measures that could be put in place in the event of another pandemic to try to mitigate the impact of some of this, the the attendance of allied health professionals?

1:18:34
I think it was all very well-intentioned.

1:18:38
It was to protect these very vulnerable elderly people, but it was well-intentioned but heavy-handed.

1:18:46
And of course we saw what was happening in care homes in in other European countries, you know, what happened in Italy and Spain where they were really hit hard, you know, and all these.

1:18:57
And I think they were trying to prevent that happening here.

1:19:01
So I know where that was coming from, but it was the length that we went to.

1:19:07
It lasted too long and it was very unrealistic.

1:19:11
And as and in some respects we felt a bit got at because there were rules applying to us that didn't apply to anybody else.

1:19:21
And it really impacted on our residents because some of these residents, they it's the final years of their lives to spend with their families and new babies had arrived that they'd never seen.

1:19:36
So I think there will be a lot to learn from what we what we went through as a nation and hopefully not have to suffer it all again.

1:19:49
Yeah, I would just like to say that as well.

1:19:51
I mean especially they should go into a place and learn different policies and procedures don't work in every different care home.

1:20:02
And I think for me the one.

1:20:04
That struck me the most was at the end of life, families not being allowed to come in and see their loved ones at the end of life.

1:20:14
You know, they were allowed in at the very, very end, but they missed out in precious moments.

1:20:19
They missed out and telling their loved one that they loved them when they were conscious enough to understand that and to hear their loved ones voice back saying that.

1:20:28
So to me, it would be revising the especially if this was ever to happen again would be the end of life, contact and things like that.

1:20:39
Because for me that was the hardest part.

1:20:41
Refusing relatives that were banging on the door want to come in and see their loved one at the end and refusing them entry to me, that'll stay with me forever.

1:20:52
I will come back to those issues.

1:20:54
But in relation to allied health professionals, do you think, for example, certain professionals having virtual sessions could have made a difference if they were, you know, examining by video and perhaps we pretend to guide you through processes such as, you know, Podiatry processes, you couldn't do that virtually.

1:21:17
Yeah.

1:21:18
But no, If they were to try to guide you through that, for example, would that I think in CD that would work well.

1:21:24
But if you were in a similar situation again, you would not have the likelihood of having the staff to take off to go and watch these videos would be would be very, very difficult.

1:21:35
So it would have to be something that was all done in pre planning of something like this happening again.

1:21:39
Yeah, well the the situation I had in mind was more a video consultation between say a podiatrist and a resident with a staff member there to facilitate the examination and then perhaps to take practical steps guided by a podiatrist.

1:21:57
Or is this not something you would be comfortable?

1:22:00
We're not allowed to undertake any Podiatry work due to like nerve endings and things like that and people speak, So we're not allowed to do that in our home anyway.

1:22:10
I suppose to some degree as well as it, it seemed like a lot of these services stopped entirely from our point of view.

1:22:18
And I think as everyone saying the workloading care homes was already higher so being able to do these things by video and some of those things did happen to a degree but it couldn't really replace it entirely.

1:22:31
So I'm not sure that it it, it did seem to agree that that some NHS services were switched off for an overly long time but almost like well, what were we saving them for if they weren't operating anyway.

1:22:43
So perhaps you know with particularly once once the initial problem with PPE had been overcome perhaps they could have come out sooner rather than rather than rather than take taking so long before things were reverting reverting back to normal.

1:22:57
Yeah.

1:22:59
Thank you.

1:23:00
Now moving on to end of life situations, we've heard that some care homes didn't have sufficient supplies of oxygen and just in case medicine, was that your experience or did your care homes always have sufficient supplies?

1:23:18
We didn't have oxygen.

1:23:19
OK, right.

1:23:20
So that needs to be we can't even access oxygen therapy through the GP.

1:23:24
That needs to come through a consultant in the respiratory medicine, but we we were getting our antibiotics and things no problem at all.

1:23:36
But I would say that we did have COVID deaths in in our nursing home, but far more people got COVID and survived it than succumbed to it.

1:23:48
And and just like the rest of the general population we have numerous asymptomatic COVID positive new like like myself the only time I got COVID was through a mandatory PCR test and I wasn't unwell at all.

1:24:02
So you get two or three cases in the home and you had to test everybody and you you wouldn't have known that half of them were positive.

1:24:10
There's I think there was a lot there was a lot of difficulty during the pandemic though with with established NHS procedures and how to deal with them in a in a different scenario And so think things like you're talking about oxygen you know there was lots of consideration and we've got all these various rules in place.

1:24:29
Can we throw them out or how do we how do we go around that.

1:24:32
And I think it took a long time for a lot of those to sort of work their way through the system as well.

1:24:38
Yeah.

1:24:39
Thank you.

1:24:41
Now in a section of the the statement on page 13, it says that black black bags were being used for gathering people's belongings after they died.

1:24:56
We heard from relatives last year who were quite upset by this.

1:25:03
They they weren't a fan of those bags being used.

1:25:08
What had been your practice before the pandemic and did the guidance require you to use a single use bag for belongings.

1:25:18
So pre pandemic families would normally come into the home and they would pack up belongings and take what they wanted to take and have you know time with their families to do that.

1:25:29
Certainly during the pandemic they they weren't allowed to come in to do that.

1:25:34
So I think each home would have used.

1:25:37
I don't know about the bag comment, but certainly I know from from my home if we had boxes or things, we would just box it up or suitcases and put it into that.

1:25:46
But the guidance, if I remember correctly would have said that it had to be put in a bag of some description for infection I should imagine because it had to be a single use.

1:25:56
So they could take these things home and isolate them for 72 hours before they did anything with them in case there was, in case there was an infection option.

1:26:07
There wasn't really very much that we could do, but we weren't allowed to let the people in to come and clear the room.

1:26:15
I think that's the fundamental thing, isn't it?

1:26:16
In the past people would come in and and collect belongings etcetera and and for a period of the pandemic that was just entirely stopped and it was awful actually.

1:26:25
He was just handing people's belongings over at the door.

1:26:27
It's not very nice feeling at all, but it's not something that you were choosing to do you.

1:26:33
Absolutely.

1:26:34
I know you were obliged to do that.

1:26:38
Moving on to visitation, the your care homes locked down prior to the national lockdown were you.

1:26:49
I think there was a difference between the different OK so which which of your care homes locked down sooner and which didn't and why was there that difference in Randolph Hill we we we didn't choose to lock down sooner.

1:27:06
I think Scottish care had put a a notice out a couple of weeks ago suggesting a couple of weeks before.

1:27:12
I don't think it was saying you had to lock down but was suggesting that it might be an idea.

1:27:16
I think in our internal discussions we felt that visiting was so important we were frankly hoping that it wouldn't actually come to this.

1:27:24
So we we locked down as a company when we were mandated to when the when you know when the UK government and then the Scottish Government announced that we we had to do that.

1:27:34
Yeah, yeah.

1:27:37
And we we, we didn't fully lock down prior to the national lockdown, but we did start to scale back some of our entertainers and the visiting as and family members and things.

1:27:48
We didn't scale that down until it was the national lockdown and we were told we had to.

1:27:53
But in terms of other people coming in, sort of your hairdresser or musicians, we did start to try and scale that back a little bit earlier along with the visiting children, just to just to try and help really.

1:28:07
Thank you.

1:28:08
And did your care homes locked up?

1:28:10
We were part of Peter's group, so we did it.

1:28:12
You didn't when we had to, OK.

1:28:17
When things moved on and Garden Visits started, how did you find managing those?

1:28:26
Actually, we just had to be very adaptable.

1:28:29
We had to redeploy staff to be to be guards to make to to make sure that the people who were coming in were tested and that they weren't getting too close.

1:28:39
And because if we got an outbreak, it would be because we didn't manage it properly, which was we were very fearful of that, that if we got an outbreak it would be it might be construed that we weren't being vigilant enough.

1:28:57
Whereas.

1:28:59
But the garden visits are they worked really well actually to start with.

1:29:02
Because people were so happy to see each other.

1:29:04
Yeah.

1:29:05
I think as well the garden visits, because they were outside, I think it felt to the relatives a little bit more relaxed rather than being stuck in a room face to face, it was outside.

1:29:16
And yeah, I agree the garden visits worked, worked well.

1:29:20
The relatives were just so happy to see their loved ones was then moving on to indoor visits more demanding of your time resources so so we had it was a bit like a hairdressers booking sheet so we couldn't couldn't have too many visitors in at the same time.

1:29:40
So people were ringing up to book a half hour slot and they had to test before they came in and not and wear a mask going to the going to the the room around the building.

1:29:55
But to be honest, people were very, very kind to us and very compliant and they just went with the flow as long as they were kept informed.

1:30:05
We did big group emails and like to tell everybody what what was going on.

1:30:11
But yes, so we had visiting coordinators and people who and some of our visitors weren't able to test themselves.

1:30:20
You know so they the elderly people who coming to visit brothers or sisters so they would take them into a little room and make sure that they weren't infectious before we let them in.

1:30:31
I suppose though I mean most people were happy to see visiting open opening up so that that would be the general idea.

1:30:36
But again I mean some of the things we talked about earlier were were definitely definitely issues people taking their own interpretation of what the rules were and and not everyone was not every visit no visitor was happy there was there's various times where people were very unhappy and we had to we can effect police the system which is not a role we'd have wanted to do a few visitors who are very anti VAX or anti mask and they're like well this is what we've got to do.

1:31:02
You can't come in unless you unless you do Yeah thank you.

1:31:07
How did you interpret or deal with essential visits and end of life visits and did you have a lot of push back from relatives?

1:31:17
Well we interpreted essential visiting when it was allowed something.

1:31:23
It's not always end of life because if someone is in a very distressed state and they're very confused, very not.

1:31:32
Well I would, I would interpret that as an essential visit.

1:31:37
If it's for the the the benefit of the resident who's distressed not just dying.

1:31:44
Yeah, I would agree the essential visiting in some ways because it wasn't particularly well defined, was an easy way around being able to let families come in because you would say it's an essential visit and people's mental health is just an important sort of every all residents mental health was impacted during during the pandemic.

1:32:05
So when we were able to have essential visits, we would say it's an essential visit for their mental health because they're feeling down, they haven't seen their family.

1:32:13
But again, I think everyone's interpretation of it was different, but did mean you could have people coming in, thank you.

1:32:22
How did you find balancing the requests of or demands of those who wanted more restrictions put in place to safeguard their loved ones with the requests or demands of those who wanted more flexibility to spend time with their loved ones?

1:32:41
I don't really think we had anybody that wanted more restrictions.

1:32:45
We didn't have anyone that wanted more restrictions for their loved ones.

1:32:49
They they just wanted to come in to see them and for for their lives to go back to the way they were before.

1:32:55
I would say, yeah, we were the same.

1:32:57
We never had anybody that wanted more restrictions.

1:33:00
It was they were begging us to to ease the restrictions I was going to say I I I think there were a few people that that we encountered who they weren't particularly asking for more restrictions but you can see in their actions that they were looking to be as take as little risk as possible so so there were some people throughout the group who continued to do window visits after visits in the home were allowed.

1:33:25
They were probably they were probably a minority and they're generally a quite a quiet minority but but but I think we just need to be a little careful.

1:33:32
We don't forget about them entirely.

1:33:33
But I think by and large, you know most of us in the public as well as most people who had relative relatives in care homes were were looking you know for restrictions to be lifted as, as soon as it were, as soon as it was practical.

1:33:49
But as I say, I do think we're a bit slow in lifting the restrictions within the care, care, home, sector.

1:33:55
I think we all had more freedom to act in our own sort of personal lives, particularly in the summer of 2020.

1:34:02
The the nursing home residents and their families did.

1:34:05
They were faced with restrictions that lasted longer, more burdensome restrictions and things that most of the rest of us didn't encounter.

1:34:13
You've got 10 minutes, Miss Brownie.

1:34:16
Thank you, My Lord.

1:34:18
My Lord.

1:34:19
I think we started 10 minutes later than scheduled.

1:34:22
May I be permitted to?

1:34:24
You may be right.

1:34:25
I don't know.

1:34:25
Do you know by any chance?

1:34:27
All right.

1:34:28
I didn't pay any attention.

1:34:30
Thank you my Lord.

1:34:34
I want to move on to testing.

1:34:37
On page 8 it stated that it took three or four months for a testing regime to be fully put into place.

1:34:45
During that time, did the lack of testing lead to any issues?

1:34:49
Did it add to anxiety and concerns for either residents staff or families?

1:34:59
The staff team, they were very reticent.

1:35:03
It's been we're not nobody is used to testing themselves even not as nurses.

1:35:09
So and it became very onerous because we felt we were required to prove that every all the staff were testing when they should be testing.

1:35:19
So it was and then recording because powers that be can go on to Choras and have a look at.

1:35:28
We're not sure that it was something else, wasn't it to look and see that people being regularly tested.

1:35:33
So we did felt feel under scrutiny that have you tested, have you tested every day.

1:35:39
I think it's difficult to look back.

1:35:41
You know, we're looking back about, you know, more than three years now.

1:35:45
But I think in the early stage I think everyone was quite worried about COVID and the risk of catching it.

1:35:49
And as you said earlier you're all going into work every day and and meeting far more people in in that environment than than most of the rest of the population were.

1:36:02
So I think I think it was a worry in the early stage that that there wasn't that there wasn't testing available.

1:36:08
I think I think it's difficult to be critical because this was a new you know it took took time for all this this, this to fall into place.

1:36:14
I think if you look back, the fact it took 3 odd months was probably not was surprisingly good actually, you know, But nevertheless in that period of time everyone I think felt very exposed.

1:36:26
I mean we we bought 50 tests as a company early on and we hardly used any of them because it was quite clear that it cost £5000.

1:36:36
We I'm not sure we could have got more but we we brought them in as a precaution.

1:36:42
But we soon realized that actually the only effective way to use them would have been we'd have used all of them overnight, frankly.

1:36:47
And then it would have given us a momentary, it was 600 employees, 50 tests where they do a little moment, you snap a shot of something and then nothing, nothing thereafter.

1:36:56
In, in the in our environment, if anyone of any of the staff were unwell you, we had to phone up and book an appointment to go to an external, did the drive through and get our nose poked and then wait for the result.

1:37:10
And if we weren't positive then we could go to work and if we were, obviously we couldn't.

1:37:16
So once the test kits came through, that was made everything much more simple.

1:37:20
Simple for us.

1:37:22
We could just test ourselves, yeah.

1:37:26
And on page nine in relation to transfers from hospital, it stated that the NHS was not as rigorous in testing patients as they should have been.

1:37:37
Could you expand on that?

1:37:41
People were being discharged without, without we had to ensure that they were to say we will not accept them unless they've had a negative COVID test.

1:37:53
So it wasn't so much that they weren't being rigorous.

1:37:56
We just had to remind them all the time, OK, because there was a possibility that they would discharge someone with this a test.

1:38:04
I I I think you have to remember that everyone else has their own pressures or we we see that all the time.

1:38:10
You know even in the current environment hospitals are looking to discharge patients because they need the space for other people and the people in the social work departments are under pressure to to move these people from hospital into care homes or into another environment.

1:38:26
And I think that continued throughout the pandemic.

1:38:28
And I think there were multiple instances where a discharge was arranged and you would speak to the hospital and say have you done the test.

1:38:38
And I I think there were instances where you were told they had and when you asked for evidence, they didn't have it.

1:38:44
And so we had to wait a couple of days until the test came through.

1:38:47
There were other other examples where they where they would say, Oh no, we haven't done it and and and they went and did it.

1:38:52
Now it's quite difficult to sort of pin that down from this point of view what percentage that was, but it undoubtedly happened.

1:38:59
I mean does anyone.

1:39:00
Yeah.

1:39:01
So it undoubtedly happened both both of them within our own group or from other care home operators who spoke to I I doubt you could find many care homes that wouldn't have said they didn't find individual examples of this happening.

1:39:13
So and and and I think I mean apart from the risk of passing the virus we felt we're under microscope with the various people coming in and inspecting us.

1:39:22
They would have criticized us quite heavily if we knowingly brought somebody in without the test regime being followed through.

1:39:29
And and yet, you know, just as just as we said there it did, it was not as followed as rigorously as it should have been.

1:39:36
And that added pressure to your work.

1:39:39
Well, added pressure and added added a huge degree of risk for all all the residents and all all the all the the people working in the gateway.

1:39:47
You've actually got 11 minutes.

1:39:49
I'm sorry to steal 3 minutes from your route.

1:39:50
And at 1122, the stenographers 90 minutes were out.

1:39:54
Thank you, my Lord.

1:39:56
Sorry to hassle you.

1:39:57
No thank you.

1:39:59
On page 23 you state that you had to advise 3 organisations of a positive and subsequent negative test.

1:40:07
Which organisations were these and why?

1:40:09
Did you have to notify them separately?

1:40:12
Could they not?

1:40:13
No.

1:40:13
Create a system for sharing up?

1:40:15
So if I for each positive COVID test for each resident and each member of staff, we had to inform the Care Inspectorate.

1:40:27
The Edinburgh Health and Social Care Partnership and Health Protection And then when they had completed their isolation.

1:40:37
And were no longer deemed positive, we had to notify again to close that notification that they so the dates of a positive test and then the dates when the isolation ended, it was very onerous and that was the same in Perth and can robs of over two different areas.

1:40:55
It was the same process.

1:40:57
I think this is very much par for the course for the sector.

1:40:59
I mean, prior to the pandemic, we already have situations like that around adult support and protection.

1:41:05
From our point of view, you would have thought if we were informing the care inspectorate and it needed to be notified to the local social work department, the local health department, they would have a system that I know about to happen.

1:41:17
But but prior to the pandemic, that wasn't the case.

1:41:20
And then during the pandemic with COVID tests, equally that was the same thing.

1:41:25
We weren't able to inform one part of the public sector that would share that information.

1:41:30
That had to be done, and often they would ask the same question, but slightly differently as well.

1:41:34
It wouldn't be it.

1:41:36
It wouldn't be a matter of just filling out one form and sending it to three different people.

1:41:40
You'd have to do it in three different ways.

1:41:42
We we still have to do a daily notification now and declare any COVID cases, but that's just become routine.

1:41:49
It was something we didn't have before the pandemic and it's been set up and we have to, we do that routinely every day.

1:41:56
Now I want to move on briefly to PPE.

1:42:02
Three of you give accounts that you experienced no issues in obtaining sufficient PPE, but one one of you given account that you struggled at the outset, Yes.

1:42:13
Can you tell us what factors contributed in you being either able to source PPE readily or struggling with that?

1:42:22
I think we were quite lucky that we were able to source a lot of PPE.

1:42:26
Our property manager for the group had went and sourced all this before the lockdown had actually come into force.

1:42:33
So yeah, we were, we were really quite fortunate that they were able to get all that and I guess maybe as well you guys at Edinburgh city centre, we're quite rural, so maybe there wasn't the same demand where I was potentially that's what there would have been to here.

1:42:48
Yeah, we did.

1:42:48
We don't routinely before the pandemic, we wouldn't have routinely kept lots of masks and obviously other PPE gloves and aprons we wear all the time.

1:42:58
But masks were quite difficult to get at the very beginning.

1:43:02
But once once we got them then there was a a good supply.

1:43:06
I think like a lot of the things that we're talking about here, it was the first three months were really very, very, very difficult.

1:43:12
Prior to the pandemic, as Mandy said, we we would use gloves and aprons and other bits of pee, pee.

1:43:17
We generally didn't use masks, you know, not often, but they're very, very frequently.

1:43:23
When when the pandemic came in, suddenly there's a there was changes in rules that we had to use all of these items far more frequently than we did before.

1:43:31
And we all remember the television reports.

1:43:33
You know, there was most of these things for for good or ill and certainly caused the problem at this time.

1:43:40
Most of these things are made in the Far East and they were being swamped by demand from not just us, the whole world, frankly.

1:43:48
And so it it it was very hand hand to mouth.

1:43:52
In the first three months, we never actually ran out of PP.

1:43:55
But we were often worried.

1:43:57
You know, we'd often be sitting here on a Monday thinking delivery's due on a Thursday and nobody was quite sure whether it was going to turn up.

1:44:02
That type of thing, you know, the the, the, the, the production of of all of this stuff wrapped up quite quickly.

1:44:10
So after three months it it really fell away as being a a, a day-to-day problem.

1:44:15
But at the beginning it felt like it was just a constant worry.

1:44:18
I think earlier on alcohol gel had never been used in such volumes either and earlier on in the pandemic the people who made alcohol gel had all followed their staff and then they started bringing them back once they were told no you need to be back.

1:44:32
But after the next thing that happened is the people who made the bottles had also furloughed their staff and nobody got them to come back etcetera.

1:44:38
So there was so.

1:44:39
So it just took a little, it took a little bit of time to settle and in in that first three months I think it was very much, It wasn't so much that we ran out, but it was a huge worry about you know where we would get things and there were certain things that we frankly never used before like visor's and we got them from I think it was Edinburgh University.

1:44:58
One of their departments made them until they became until they started.

1:45:03
There was a company in Northern Ireland that used to make blinds and they started making visors instead.

1:45:08
We got some cases sent over from them.

1:45:11
It was just getting them where you could find them.

1:45:13
Eventually there was a rolling program and actually the health and social care partnership had a hub where you could just phone up and you could get supplies really easily.

1:45:26
But at the beginning it was sort of so quite difficult.

1:45:33
So here's one of the things as well, and I think this came from one of your comments in your statement earlier, Mandy, is you know the, the PPE we used at the end of the pandemic was quite different than the PPE we used at the beginning.

1:45:45
So I mean guidance changed across that, but but I think the level of protection that was offered later on with the the, the, the things that people were using was more so earlier on people were probably more exposed to the risk of catching it.

1:46:03
5 minutes.

1:46:04
Thank you, my Lord.

1:46:05
And what what challenges did you face when you had to wear extensive PPE at points?

1:46:12
I understand you had to wear shoe coverings and gowns and masks, visors and I think for the care staff during for instance personal care for your help in a resident, for instance shower.

1:46:23
It'd be quite dangerous for staff because you had shoe coverings, it had like wet floor, you were slipping steam from the shower was and your visor so you couldn't really see that well which posed a risk to you and your resident.

1:46:41
Also pin on and off the PP took a lot of time and I think especially for instance if you went into somebody's room and they were maybe being sick and you were having to then rush and get all this PPE on and things like that.

1:46:57
It did take that little bit of time and was quite a a stress for the staff as well.

1:47:03
Thank you.

1:47:04
I think as Maggie said as well earlier is imagine that for the residents point of view, particularly somebody with with with dementia where it's quite difficult to explain why somebody's coming in almost looking like a spaceman at times.

1:47:15
Yeah, you know and if care homes are warm places, they have to be nice and cozy for the residents if you're working a 12 hour shift and you're expected to wear a mask the whole time.

1:47:26
So we were saying to staff, go and take 5 minutes, go outside, get some fresh air, take your mask off because it's unreasonable to expect people to work in those circumstances without some respite from it.

1:47:39
Mm hmm.

1:47:43
I'm very conscious of time and there are certain things that I would have liked to cover more if we had more time.

1:47:50
So at this point, really, is there anything we haven't covered that you would like to comment on?

1:48:02
There's one thing I would like to say and it's that we found where where our nursing home is, that the support of the local communities was invaluable to us.

1:48:13
We were very, very well treated and people, people leaving presents on the doorstep for us.

1:48:21
Local bakery people who couldn't work the local, the wagon who does the bacon rolls in the morning were sending us round our breakfast children, sending letters to the to the residents and drawing pictures.

1:48:35
And I don't think, I don't know, it was really surprising, but they thought they they will walk up, watch us going into work and coming out and it was nice to know that they were thinking about us.

1:48:48
I guess I would just like to say that for all working through the pandemic was absolutely horrific and will never ever leave me.

1:48:56
I think the support of the staff and the comrade and things like that, the teamwork really shone through and as well for the residents.

1:49:08
What the staff done within their working time stayed behind, sat the residents and supported them was that was a highlight.

1:49:20
I think for me it would be that if anything was going to be learned that people's mental health and well beings considered we.

1:49:29
I don't think initially that it was.

1:49:31
And people's relatives were treated as carers and you know, they are their carers.

1:49:36
They should have been able to come in right from the offset.

1:49:39
And I think that that would have helped a lot with with the residents mental health and well-being throughout the pandemic as well because they were just so lonely and so isolated despite the staff's best efforts.

1:49:51
And regardless whether they had COVID or became ill or not, they've never really regained the same, the same people that they were before that because they they just lost some years of their life really.

1:50:05
I think as everyone says, you know, that there was a lot of pulling together, there was a lot of camaraderie and I think that that was very positive in a very difficult situation.

1:50:15
I do think though it felt within the sector, it could be quite, it flipped quite, quite a lot.

1:50:21
At times you were praised for various things.

1:50:23
And then at other times there was quite a lot of criticism.

1:50:27
And I, and I think an awful lot of that, wasn't with the full facts.

1:50:34
Thank you very much for your time today.

1:50:36
Yes, thank you all very much indeed.

1:50:37
I'm very grateful for your time and effort.

1:50:40
Can I just say, at this stage, I'm very sorry that you can't have as long as you might actually wish can I only say that applies to everybody.

1:50:47
You'll probably appreciate that we have an enormous amount of material to listen to or hear.

1:50:54
And frankly, if we give everyone as much time as they think might be optimum, then we would never finish this inquiry.

1:51:01
So we have to ration your time.

1:51:04
All you've given to us in writing will of course be considered as well.

1:51:07
Thank you all very much, about 25 to 12.

1:51:11
Thank you.

2:06:16
Right now.

2:06:16
Good morning.

2:06:17
Good morning, my Lords.

2:06:19
This is the next panel session today from Central Scotland Care Homes.

2:06:23
Splendid.

2:06:24
Thank you.

2:06:24
Go ahead.

2:06:26
Can I start by asking you to confirm your full names, please?

2:06:29
If I start with you, Lisa Di Giacomo, I'm a director with Oakminster Healthcare, Scott Finnegan, Group General Manager for Thistle Healthcare.

2:06:38
Thank you, your agent contact details are both known to the inquiries.

2:06:42
I won't ask you those.

2:06:44
And together you've helpfully provided a comprehensive written witness statement already.

2:06:49
And for the record, the inquiry reference number for that is SCIWT 04235 zeros and then a one.

2:06:58
Are you both happy for that written statement and the oral evidence you give today to constitute your evidence to the inquiry?

2:07:04
Yes.

2:07:05
And you're happy for that evidence to be recorded and published?

2:07:08
Yes.

2:07:09
Thank you.

2:07:10
I should say also everything that you say in the statement and indeed today will take it into account and even if we don't touch on something at all relevance today, we'll have it in writing.

2:07:18
So don't worry.

2:07:18
The inquiry will have regard to that.

2:07:21
And finally, sort of in terms of housekeeping is just that I'd remind you about the restriction order that is in place.

2:07:26
Please don't name other individuals when you're giving your evidence today.

2:07:28
If it's a staff member, just refer to them as such.

2:07:30
Or a relative without naming names Exactly.

2:07:33
Thank you very much.

2:07:35
Now, Lisa, I think you just had a moment ago, your current position is managing director of Oakminster Healthcare Limited, is that right?

2:07:41
Yes.

2:07:42
And how long have you held that position for about eight years.

2:07:48
And how many care homes does Oakminster operate in Scotland?

2:07:51
5 And how many residents?

2:07:55
Roughly about 330.

2:07:59
And how many staff do you have?

2:08:01
Operation about 3:40.

2:08:04
And in what part of Scotland geographical area areas roughly are these homes, The five homes you mentioned, Glasgow, they're within about a 10 mile radius of each other of Glasgow City centre.

2:08:16
And some similar questions for you, Scott.

2:08:18
I understand your group General Manager Operations and quality improvement for Thistle Healthcare.

2:08:23
Yes.

2:08:23
And how long have you held that petition for seven years.

2:08:27
And how many care homes does Thistle operate?

2:08:29
7 care homes under Thistle and three associated care homes.

2:08:34
And again in what part are parts of Scotland?

2:08:35
Are those homes central belt, mostly Lanarkshire area, but one in Glasgow and one in Dundee?

2:08:41
And how many residents fall under the care of those homes?

2:08:44
750 approximately?

2:08:46
And how many staff between 900 to 1000?

2:08:53
And if I understand correctly, what would you say is the make up of your resident populations in terms of age or their their needs?

2:08:59
How would you describe that if you can, Mostly elderly, we have three services which are alcohol related brain damage services.

2:09:09
So they're they're usually younger adults in their 40s, fifties, but majority of our population is elderly, OK, and in your case mainly frail elderly.

2:09:21
We have a couple of YPD units for young physically disabled and we have two intermediate care units which are for discharges from hospital and it's sort of an assessment rehabilitation unit for 20 days while they go on their onward journey either to another care home or back home or to shelter accommodation.

2:09:48
Thank you.

2:09:49
And now if I understand correctly those two distinct care home operating businesses, Oakminster and and Thistle plus another one Keen Premier Group Limited, together they form Central Scotland Care Homes, the group that you're representing.

2:10:00
Please.

2:10:02
Thank you.

2:10:04
Just want to ask you a question now about sort of pre pandemic.

2:10:07
In your witness statement at paragraph 14 it talks about your members championing a person centered approach to care.

2:10:15
I just wanted to ask you what that means.

2:10:17
What that is person centered, is having the resident at the heart of all the decision making process to enable them, empower them, include them to have their own voice and be in control.

2:10:35
It's really if any of us were about to go into a care home, it's about what's important to us, what matters.

2:10:44
And before the pandemic, what was your members policy on visiting those homes?

2:10:50
We were open.

2:10:51
It was free access, the only stipulation we put.

2:10:55
We tried to protect the meal times for residents, so we discouraged any visitation at a meal time, but other than that they could come in freely.

2:11:06
OK, that takes us then to the initial lockdown.

2:11:10
I can ask you to cast your mind back.

2:11:14
Lisa understand that Oatminster locked down its homes on the 12th of March 2020, is that right?

2:11:19
And Scott, I think for Thistle that followed one day later was the 13th of March.

2:11:25
So that was around roughly 10 days I think prior to national lockdown, as you say in the witness statement.

2:11:30
Yep.

2:11:30
Why was that decision taken, taken to lockdown earlier?

2:11:35
For me, I remember watching the news and seeing army trucks showing Italy at my family's Italian and I saw them carrying bodies, deceased bodies from the villages and I thought we are looking after and protecting the most vulnerable of our society.

2:12:01
I didn't see it getting any better and thought we should close our doors until we understand more fully what we're dealing with and how we can best protect them.

2:12:16
Yeah, I think similar situation for us.

2:12:17
I think it was in the absence of any sort of guidance or advice on what we should be doing at that time.

2:12:23
We were seeing numbers increasing of the virus and and some outbreaks in some some of the care homes who were having relatives asking us what's the plans, what he's doing or we've been asked by health and social care partnerships to provide contingency plans and how we're, how we're going to maintain people's well-being and safety.

2:12:44
So I think in the absence of any official guidance at that time, we took the decision that we thought it would be safer to to lock down on the 13th And yes, so those decisions were taken on the 12th and 13th of March.

2:12:55
How quickly were those decisions implemented?

2:13:00
We tried to implement them as quickly as possible.

2:13:04
Certainly on that that day that we made the decision the 13th, we issued communications to relatives and councils and care inspector and started phoning families to say that that's that's a decision we had made at that time.

2:13:18
And we were the same.

2:13:19
We put notices on the door.

2:13:21
We contacted families, a regulatory body and let them know that we were closing the doors.

2:13:28
And Scott, you mentioned attempting to contact the families.

2:13:31
By what by what means or methods was that done?

2:13:33
So that was done through various methods, e-mail, communication, telephone.

2:13:37
We tried to telephone everybody.

2:13:38
That's not always possible for various reasons, but we made that attempt to contact everybody by telephone and we we sent out written communication about that as well.

2:13:49
And did all families receive those communications?

2:13:52
They did all receive them.

2:13:53
I think inevitably there were some instances where some relatives didn't get that communication straight away and that's for various reasons.

2:14:01
We we have usually have one or two relatives that's the main contact and they perhaps didn't get through passing information on or would that was a relative that we just didn't manage to get in the phone yet.

2:14:12
And what was the reaction of families that you and appreciates a broad generalization?

2:14:15
A lot of, a lot of residents look after.

2:14:17
But what was the general reaction of families to the decisions that you'd taken?

2:14:20
The general reaction at that time was was OK.

2:14:24
It was people felt uncomfortable, I think.

2:14:27
But I think they felt that it was the safest option and it was the right thing to do at that at that time.

2:14:32
And we, as I say, we were getting questions for lots of relatives about is that safe?

2:14:37
Is it still safe for us to come in?

2:14:38
What should we do be doing.

2:14:39
So I think there was at the beginning, there was a lot of understanding from relatives about wanting to protect the relative and the care home or is that the same for.

2:14:49
Yeah.

2:14:50
By far it was the most of them were understanding, understand the thinking process behind it and we just wanted to protect the residents.

2:15:01
Thank you.

2:15:01
I'd like to move on then to the effect that had on your your residence.

2:15:05
So during this initial lockdown.

2:15:08
How did the care arrangements for your residence change?

2:15:11
We talked at the beginning about the person centred approach.

2:15:13
How did that change when when lockdown kicked in.

2:15:18
I think the change at that time was was just the visitation cause normal care home life apart from the visitation was was resuming, people were still spending time in communal areas and and kind of going about daily care home life.

2:15:32
So I think the biggest, the biggest impact for that was about contact with with families in the actual stages.

2:15:40
Yep, it was the same for us.

2:15:42
OK.

2:15:43
And do I take from that then the where were residents located then when lockdown happens before I think you mentioned about them sort of moving around, yeah.

2:15:50
Did that change as a result of that changed from our perspective that changed when the guidance changed, when we had the official guidance to say that people should, you should try and keep people in the rooms 2 meters apart, that sort of thing.

2:16:02
But up until that point, we we had just took the decision to stop visiting.

2:16:07
We didn't, we didn't stop anything, anything else.

2:16:11
And in terms of the activities or social events that you would normally have run in your homes, 1 assumes, did that, did that alter at all when lockdown kicked in, in lockdown, sorry, when lockdown starts, when staff did that, how did that what what was different was outside sort of entertainment coming in.

2:16:30
We we obviously weren't going to allow outside entertainment to come in when we weren't allowing visitation.

2:16:35
So, but in terms of the daily things that the staff had already been doing, all of our all of our services have got activity coordinator staff.

2:16:43
So that would have, that would have continued until the guidance to social distance came in.

2:16:50
Yeah and it would have been the same for us.

2:16:52
We have well-being enablers and we brought actually living our values enabler in especially in terms of supporting the staff through that.

2:17:05
And helping, keeping the activities in the home and supporting the staff, the care staff on the floor to keep that sort of camaraderie there.

2:17:15
So it didn't impact them because we have supportive links with the community and the entertainment and visitors that would normally come into the home.

2:17:24
Couldn't.

2:17:25
Yes.

2:17:27
And I think you give specific examples of this, for example, in daily care of the residents, things like hairdressers, for example.

2:17:33
I I assume that that no longer no longer occurred.

2:17:37
No.

2:17:37
No.

2:17:38
The carers and managers at times.

2:17:41
Yeah.

2:17:41
Stepped in, stepped in to help.

2:17:44
OK.

2:17:45
And what was the position as regards external medical visits from general practitioners for example, How did that change from our perspective that changed dramatically varying degrees to to be fair, there was some services where all hesitation just stopped.

2:18:02
So you you didn't see a medical professional, it was all telephone assessments.

2:18:09
There was some services where the the GP surgery was very proactive and was still in visiting people, but I would say the majority of cases it kind of moved to telephone assessment and it was the same for US, one of our homes, the service continued.

2:18:26
The GP was tremendously supportive and came in and they formulated a system between them so that the time the GP sent, spent in the home was more specific and more organised if you like, and then in other services they didn't come in at all.

2:18:44
It was telephone consultations.

2:18:48
And with those telephone consultations, did you find those to be an adequate or similar substitute for the the physical version?

2:18:56
I don't think there's any substitute for physical assessment when when we're phoning saying that there's there's somebody that's unwell.

2:19:02
I think there are especially for you as an agency staff and its agency staff is phoning the GP about a resident who doesn't seem to be be well for various reasons that can be quite difficult when they don't know that resident and they're trying to relate information to the GP.

2:19:23
So I think that that physical assessment been missing had a had a huge impact.

2:19:30
And were there any alternatives that your care homes explored?

2:19:33
I think you mentioned sort of mucking in whether it's hairdressing, daily care, anything else you're trying to do to engage the residents socially or otherwise within the limits of what you're allowed to do.

2:19:44
I think the teams and the services tried everything, everything that they could.

2:19:48
There was there was times where there was we had been Gogan on for example, but everybody was at the bedroom doors.

2:19:54
That works for varying degrees and obviously that that depends on the the ability of the residents to to be able to participate in that kind of forum.

2:20:03
Unfortunately a lot of a lot of the people we support are living with cognitive impairment.

2:20:07
So that that in itself presents a.

2:20:10
A lot of different challenges in terms of trying to facilitate anything that wouldn't be normal life.

2:20:17
And just to be clear, I think when testing became possible, what was the procedure in your homes?

2:20:22
If one of your residents was to be tested positive for COVID, what would be the procedure that would then follow to try and isolate them, to keep them in the room and barrier nurse them in terms of looking after them, which is extremely difficult, especially if they're at the onset of the dementia journey or they have slight confusion.

2:20:47
You could possibly relate it to if you have an elderly relative who comes to stay with you after a period in hospital of an operation of something and they are slightly confused.

2:20:58
They're on their onset journey and trying to keep them in a bedroom within your house.

2:21:04
And asking them not to come out for 14 days is quite a challenge for one.

2:21:12
Never mind when you have a care home or a unit full.

2:21:17
Yeah.

2:21:17
And you mentioned dementia.

2:21:18
And I was going to ask you about it.

2:21:19
So I'm glad you.

2:21:20
I'm glad you brought it up because you say in the organizational statement, I think about the increase in attention.

2:21:25
I think that those with dementia.

2:21:26
Yeah.

2:21:27
Required.

2:21:27
Are you able to elaborate a bit more on what what you mean by that?

2:21:31
I think you have to an extent already, but if there was anything else that you would, you would add.

2:21:34
No, not really, just that they don't understand.

2:21:38
And when you have what was a familiar face, even if they can't, you know, remember your name, when that person is going in with a mask on and gloves on and apron on, they they can't really work out who they are.

2:21:56
So it increases their anxiety, increases their fear, if you like, of what's happening, which leads me to ask this question, I suppose.

2:22:07
Do you think that those with dementia were taken into account or sufficiently taken into account when these restrictions, this guidance was put in place?

2:22:16
No, No.

2:22:18
Should they have been?

2:22:20
Absolutely, absolutely, yes.

2:22:23
Because I think they were affected mostly by this.

2:22:31
And I wanted to ask you more generally just about the impact on your residence.

2:22:35
You know, we've talked about lockdown, self isolation and of course visiting restrictions not being allowed.

2:22:43
What would you say were the primary impacts that that you saw, your members saw upon your residence as a result of these restrictions being imposed?

2:22:53
I think fear and anxiety because for reassurance you would automatically hold their hand or touch them to talk to them, to reassure, and we couldn't do that.

2:23:06
And when visiting was when the restrictions were uplifted and and families came in it, it's natural that they just want to in praise for that reassurance for that comfort and Peace of Mind.

2:23:22
And we we created cuddle curtains which were really it was just polythene that allowed them to have that embrace And both the resident and family they just broke down through you know happiness and sadness that they were eventually able to embrace each other.

2:23:45
But you can't you just can't put a price to that.

2:23:48
It is invaluable.

2:23:50
And I think not having that not being with their family was almost as detrimental as the virus itself to their well-being.

2:24:01
Yeah, I'd agree with everything Lisa just said.

2:24:03
I think emotional and mental well beings not to be underestimated and how it impacts people's physical well-being as well.

2:24:10
So I think residents deteriorated as a result of the the restrictions that were placed upon them visit and had an impact on that because they couldn't see their families.

2:24:20
But I think also the restriction of limited movement and had a had a massive impact on on people's well-being.

2:24:27
Thank you.

2:24:29
Given that lack of physical visits at that time, I wanted to ask you about alternatives.

2:24:34
Did you attempt alternatives and if you did, what were they?

2:24:39
They were video conference over, We had tablets, we we purchased more tablets and brought them in and we set them up.

2:24:48
We tried to arrange appointments, if you like, with families where they could see their their family, their children, their grandchildren.

2:24:59
And although it brought a sense of joy at the time, it was followed by, well, you know, why can't I see them and why can't they come in and see me?

2:25:09
So in some cases it was more upsetting seeing them and not being able to be with them.

2:25:17
Yeah.

2:25:18
So we had, we had video calls as well with families and towards the summer when we had when we had nicer weather, there was some window visits being carried out as well which wasn't the official guidance at that point.

2:25:31
But it's just something that naturally materialised and I think that's that's we had a lot of care home providers in there.

2:25:39
Well come on to visits in a second.

2:25:40
So I'm glad you mentioned it.

2:25:42
How successful would you have said that those alternatives, the use of video calls and things was in your view, I I think it was probably more beneficial for relatives than it was residents in most cases.

2:25:56
I think some residents struggle to understand what they were looking at, what they were seeing, what was happening.

2:26:03
We had an example that sticks out.

2:26:06
There was a resident who was end of life due to due to COVID and the manager facilitated a call with the family just in the family were on that video call as as the the resident passed and that was of that was for for the families benefit the resident as far as we're aware couldn't then they participate in that in that that call.

2:26:35
So I think there's varying degrees of how successful that that was across the resident group.

2:26:41
Thank you.

2:26:42
Turning then to visits, your statement talks about how after the first national lockdown is relaxed, I think he remarked that visiting and care homes still remained heavily restricted.

2:26:53
Subsequently window visits and then garden visits and then eventually indoor visits.

2:26:58
I wanted to start by asking about window visits.

2:27:01
Were window visits something that were available as an option in all of your care homes, not in ours, our day of our homes or school conversions.

2:27:12
So the windows are quite high, so we wouldn't be able to facilitate window visits or garden business.

2:27:21
I think, Lisa, you might have one example.

2:27:22
I think as mentioned in the statement about perhaps the lengths that yeah, I, I was driving into one of our care homes and I saw a family lady and a gentleman up a ladder at one of our windows.

2:27:38
And they were both, but they were both on the ladder at the same time, on either side.

2:27:44
But one was standing on the platform of the ladder and the other were on the steps.

2:27:50
And initially I was in shock and then concerned for their safety because they were about, you know, 5-6 feet off the ground.

2:27:59
And I just my heart was in my mouth until I went round and I understood why they were doing it.

2:28:07
I couldn't say that under the same circumstances.

2:28:10
I wouldn't have done something like that myself but it was their safety that I was concerned about.

2:28:19
And Scott, what was the.

2:28:21
I think it's similar to Lisa's in there.

2:28:24
I think most of our all of our care homes are over 2 floors.

2:28:28
We've got 1 old school conversion as well.

2:28:30
So I think for majority of people who were living on the ground floor and that that that window was accessible that that happened.

2:28:37
But unfortunately if you weren't living on the ground floor the window was up.

2:28:40
Wasn't there something that was was possible due to the restrictions of moving people around the home?

2:28:46
And so overall then would you describe these window visits as as beneficial or not?

2:28:54
I think the people who had the opportunity to to have a window visit found them beneficial.

2:28:58
Again, varying degrees on whether residents found them beneficial or not.

2:29:02
I think the relatives had the opportunity to find them beneficial, but not every relative had that opportunity.

2:29:08
So that that presented a different set of challenges as well.

2:29:12
But well who can, how can that relative get to see And I I can't get to see my relative.

2:29:18
So I think that was it was one of the situations where it was making do with the situation that we had and best option.

2:29:29
Your point being there that perhaps some families would feel well hardly hard done by.

2:29:33
Yes, there you are absolutely, absolutely understood.

2:29:37
Yeah, we I would agree that it was more beneficial for the families and more reassuring for them to see their loved one than it was particularly for the resident.

2:29:49
I'll move then to garden visits.

2:29:52
I think you say in the statement as a paragraph 68, this was around winter 2020 and the outset of your evidence today, I think you said the make up of a lot of your witness population or the elderly.

2:30:06
Did you think garden visits were suitable for for your resident population?

2:30:12
Depends on the time of year.

2:30:15
Certainly the families, yeah, it it was, if it was a nice day and they were out in the garden it it was fine.

2:30:24
I think what sort of tarnished it a little bit was they couldn't touch and that was the hardest part.

2:30:36
And we had to sort of supervise that, monitor it.

2:30:41
And that was just horrible for the staff and for the families to be so close and not to have that, especially for the resident because it's what they needed.

2:30:51
They needed, you know, to see that gesture from their families to know that they are OK and that they are going to be OK.

2:31:06
So I think it was sort of a double edged sword in a way.

2:31:09
Cos yeah, in your statement, I think it's paragraph 69.

2:31:14
I think there's a description that's made that these visits were almost akin to sort of a prison visit, if you like, with no contact allowed in a in a guard supervising them.

2:31:24
Quite strident language.

2:31:26
I suppose.

2:31:28
I was going to ask you, you've answered it to somebody, Scott, how did your, what was the experience of your staff in having to facilitate these?

2:31:34
I think staff on the whole felt uncomfortable.

2:31:37
I think there was that expectation about here's what the guidance is and the guidance, although what was called guidance was, was like you've already heard a set of rules that was expected to be followed.

2:31:47
So I think there was lots of apprehension around if we don't follow the rules, what will be the what will be the consequence for us.

2:31:53
And so I think people felt uncomfortable with that and completely can understand why people would feel relatives would feel that way about being supervised visiting a relative at personal circumstances.

2:32:09
I had a relative in a care home who my dad was visiting and he made similar comments about, well, you're sitting two meters apart and wearing a mask.

2:32:19
Can you hear what can you hear what you're saying?

2:32:21
But also you're you're being watched.

2:32:23
So you you feel that that conversation you're having can be uncomfortable.

2:32:28
And what would you say then to those relatives that perhaps didn't feel like they were being trusted, you know, with their loved ones, What what would be your response to that?

2:32:38
I think it was all coming for a good place about trying to keep people safe.

2:32:42
I think there was there was certainly no intention that I'm aware of of of trying to be obstructive or or difficult.

2:32:49
In fact, it actually made the job that the staff are carrying out extremely difficult.

2:32:55
So actually it would have been easier for the staff not to have these things in place, but there was a a, a real fear factor around doing something that's not in the guidance.

2:33:05
I'm trying to think you would answer that.

2:33:07
Yeah.

2:33:08
And it it's about following the guidance, even though we may not necessarily agree with it, then we would follow it to the later and even staff perhaps didn't agree with it when they were out and with the pressures that were on us at the time.

2:33:25
You know, to have staff sort of in that supervisory role was the last thing that we wanted to have, but found it necessary because if a positive case was then detected after one of these visits, the consequences of that for us would be serious.

2:33:45
Yes, because I think the words that are used in paragraph 6 and are professional duty and I think that's speaks to perhaps what you're what you're saying there in paragraph 64 of your statement.

2:33:55
When talking about following that guidance.

2:33:57
I think you state that our members wonder with hindsight whether they should have made concessions.

2:34:02
So I wanted to ask you about that looking back, I mean do you consider that care homes could have handled these visits differently or or not in relation to the guidance?

2:34:14
No, unless we ignored the guidance and sort of did what we felt was the right thing to do.

2:34:25
I didn't feel that we had a choice to do it any differently.

2:34:31
Yeah, and that would be my view as well.

2:34:32
I think there was we've got views on how it, how it could have been done better.

2:34:36
But I think in terms of following the guidance, I think that's what that's what you do because that's the guidance that's set before you.

2:34:45
Well, since we're talking about guidance, I think you you say in your statement that care home managers were struggling to keep track of the guidance on visitation.

2:34:53
Could you elaborate on on why that was?

2:34:57
I think there was so many different views.

2:35:01
I think it was quite a lot open to interpretation and as as things move forward, there was local restrictions that had to be taken into account as well as the the care home guidance visitation.

2:35:12
So that presented some some challenges.

2:35:15
I think it was just a sheer volume and probably feeling the same as as the care home managers did when you were speaking to public health care inspector, care home insurance team.

2:35:27
That was three different people and quite often you would get three different answers to the same question.

2:35:32
And then the then the problem comes, well who do, whose advice do we follow care inspectors or regulator.

2:35:39
But these other these other bodies are are advising.

2:35:42
So that's I think the challenge.

2:35:44
There was no sort of consistency in that and I think that's just pure down to the pure volume of guidance that was being shared and how quickly and often it was changing.

2:35:54
And because it was quite often open to your own interpretation, was that pure experience or we had a similar experience in terms of the guidance was very much we felt open to interpretation on essential visits, a similar theme.

2:36:13
But I think you say in paragraph 72 of your statement that there was no such concept before the pandemic and then this new concept is then introduced.

2:36:23
Did you find the guidance on what constituted an essential visit to be clear when running these care homes?

2:36:29
No, I think it wasn't clear to begin with.

2:36:33
I think there was lots of again varying views on on what that should be.

2:36:38
And I personally after having spoke with some relatives about what their viewing and essential visits would be and information they were getting after phoning public health themselves care key inspector themselves.

2:36:51
I was taking that information phoning the same bodies back, having the same discussion and I was getting different different answers.

2:36:56
So initially the information I was provided which was why we implemented it in our our group was the essential visits were for end of life.

2:37:09
That changed as as the pandemic moved on and and guidance did round about that became a bit more robust and a bit more clearer but it initially it wasn't clear and then I think there was an influence that well there there is a facility for that but care homes aren't aren't using it but it wasn't clear that that's what it could be used for.

2:37:27
So things like presents were distressed or or even relatives were distressed about not seeing the relative.

2:37:36
So that became a that became something that was used more openly towards the end of the lockdowns.

2:37:42
But initially it was a brand new theorem that had just been written in this guidance without any sort of definitive explanation of what it was.

2:37:52
Yeah, we had a similar experience and when you often sought clarification of what it exactly meant, very often you would get different answers through.

2:38:01
So you were left bearing in mind that we had to sometimes when information was released through the media, through the television, then families would arrive and say, well, you know, I'm an essential visitor.

2:38:15
I must see my relative.

2:38:18
And how do you say, well, no, sorry, we can't let you in because your relative isn't at end of life care.

2:38:24
Or it was extremely challenging, especially for the staff because they were at the front line of this with families who were visibly distressed, angry, frustrated.

2:38:39
So it was a difficult time.

2:38:41
And So what would you say was the impact upon your staff of having to, as you say you're on the front line having to deal with that angst, distress from families.

2:38:49
What would you say the impact wasn't the staff that you had?

2:38:52
Oh, they were, I think they were just burnt out.

2:38:58
They were working long days.

2:39:02
It's a 12 hour shift.

2:39:03
They were all in routinely.

2:39:06
They were working four and five days consecutively to cover and to prevent the use of agency staff because it was challenging enough for them going in with masks and gloves and aprons.

2:39:20
But when you have agency staff, which were in effect strangers to the residents, because the staff really became their family during that.

2:39:30
They were the familiar face, the familiar voice, the voice of reassurance.

2:39:37
So they were, yeah, I I think they were burnt out.

2:39:42
And then they had to deal with facing their own fears, facing death, working tirelessly and then having to speak to and try and console and try and defuse a really upset relative.

2:40:01
It was extremely hard on me.

2:40:04
And you say that staff became their family, which leads me on, as opposed to Anne's Law, which this inquiry has heard about already.

2:40:10
I just wanted to touch on it briefly.

2:40:11
I understand that Central Scotland care homes support that that should do that individual concern having been a resident understanding one of Thistle's care homes.

2:40:20
I just wanted to ask in your view what is the impact then of the removal of relatives from that care home setting both of the residents themselves but also for for your staff because I think there's a football analogy you noticed in one of the paragraphs, I think about the family being the 12th, the 12th player if you like.

2:40:39
So when you take them out of the equation, what is the effect of that in your view?

2:40:45
I think it's distressing for everybody.

2:40:47
I think it is it's impacting in daily life.

2:40:50
I think that's that's the reality.

2:40:52
We've got lots of lots of our resident groups are already frail so and prior to the pandemic and and now a lot of these relatives visit daily and that would have been a lot of People's Daily routine that they would see the relative every day.

2:41:09
We've got we've got some relatives that that spend all day in the care home with a relative and and go home and then that daily life just changed and I think the difficulty for the the residents that have cognitive impairment was understanding know what's happened.

2:41:26
Do you know what's changed why can I not see and I think the window visits that could be distressing as well because they could see the person but couldn't understand why they couldn't hear or or touch the person.

2:41:36
So I think it's a massive impact on everything and and just maybe maybe bits of information that family hold about about residents that staff might not know always know especially if a resident was was fairly new to the care home and you mentioned staff being burnt out.

2:41:54
Again if relatives were removed and you've just highlighted the importance of them, is that what effect does that have on?

2:42:01
Absolutely, because families would come in and they would spend time with their loved one and they would assist with different aspects for the the resident or they would talk to them.

2:42:13
They would take time with the resident that released the staff to then go and attend to other residents that maybe didn't have family coming in.

2:42:25
Because many residents don't have family around.

2:42:28
Yeah.

2:42:29
So that safety valve if you like was removed.

2:42:33
Removed I think sorry, just like to add, I think there was a a view that it was easier for for care homes not to have relatives visiting and that's actually the the complete opposite.

2:42:43
It was more challenging and all the aspects were spoke about there for the the staff workload for the resident well-being, for the relative well-being.

2:42:53
So actually it we were it's not something that's that's that was easier for us to know if relative was visiting actually it's the opposite.

2:43:03
I want to circle back to guidance just before we move on because I mentioned it and I think Scott you mentioned about the sheer volume of it.

2:43:09
Yes of the words that that you used.

2:43:11
I'm interested in the process for implementing that guidance within the home.

2:43:14
For example, was it possible for every member of your staff to be familiar with that guidance given the volume that you've spoken about?

2:43:21
No.

2:43:21
I think what we done as a senior management team was digested that guidance had conversations with leaders in the services.

2:43:29
We then disseminated that to their to their teams in a way that was meaningful for them.

2:43:34
It impacted all different job roles differently.

2:43:37
So for example, the housekeeping team won the products that we would be used to cleaning on the care staff about how direct care would be delivered.

2:43:44
So we were kind of breaking that down for each individual group of staff.

2:43:50
It would have been completely overwhelming to share the, the huge documents to every member of staff and say read that and get familiar with it.

2:43:56
That's that's just not how it could be done.

2:43:59
Was it a similar process?

2:44:00
Yeah, we did the same.

2:44:01
We took the guidance, digested it, discussed it and then decided how we would disseminate it out among the staff teams, get it onto the floors.

2:44:13
I think you mentioned earlier, Scott, about the challenges of interpretation and perhaps getting various sources telling you different things like with the way you put it.

2:44:21
I mean did that cascade down then to the way it was being implemented?

2:44:25
Was it, was it easy to decide what to do in light of that?

2:44:29
No, I think getting getting the the guidance initially was a challenge as well.

2:44:34
So still to this day I'm not on a mailing list for the guidance.

2:44:38
So I was relying on the homes sending me the guidance when it was when it was released because it was getting sent directly to the to the care home managers.

2:44:48
So I think getting access to the guidance initially was a challenge and then trying to understand what had changed in it and how quickly we should implement that and what that meant.

2:44:57
Was it the same?

2:44:58
Yeah, it was the same for us.

2:45:00
It was about them understanding and sometimes we would put guidance out and then we would get new guidance.

2:45:08
So then having embedded the first tranche of guidance, but then saying no, actually don't do that anymore, this is what we need to do.

2:45:17
So that was quite challenging as well.

2:45:20
Can you speak about that guidance being given to you, which leads me to ask then about consultation.

2:45:25
Where did the Scottish Government consult with you about this guidance before It was no.

2:45:32
And you, despite the pace of the pandemic for the way things were going, do you consider that you should have been consulted about that?

2:45:38
Yes, yes.

2:45:40
I think the guidance is kind of a perfect world scenario, but daily life isn't a perfect world.

2:45:46
But there was really no consideration for the practicality of applying this guidance in a care home setting.

2:45:55
And I think the people writing the guidance were were obviously using the best of intentions, but I think it was written very, very clinically for an NHS acute setting.

2:46:03
I don't think there was any considerations to the practicalities that actually fundamentally it's people's homes, people, this is where people live and then the the understanding of of people being able to actually apply that because of cognitive impairments.

2:46:21
And do you think it would have been feasible for that consultation to have taken place with care homes given the the way in which this was moving?

2:46:28
Absolutely, yeah.

2:46:30
Yeah.

2:46:30
I think they could have spoken to the Health and Social Care Partnership, the local authorities, any of the the care home membership organisations or the care homes directly in order to get just a better understanding of what happens in social care as opposed to an NHS setting.

2:46:52
Thank you.

2:46:54
Earlier on, Scott, I think you mentioned about guidance feeling like it was mandatory.

2:46:59
So I suppose and I think you touch on this in paragraphs 117 and 118 of the statement, I wanted to ask well a generally about lessons learned on the use of guidance during the pandemic.

2:47:09
But I suppose specifically do you think that guidance was the correct or appropriate legal or do you think things should have been done differently.

2:47:20
I think things I think there's there's lots of things that should have been done differently.

2:47:23
I think guidance, well name guidance is is gives influence that it's a guide and here's kind of best practice but that's not how it was applied.

2:47:34
We were being inspected on this guidance and robust action taken when we were only where they felt that there was not that application any of that guidance anywhere.

2:47:46
So that Katie did a real fear.

2:47:48
So the guidance didn't become guidance, the guidance became a set of rules that we that we had to follow.

2:47:54
Yeah, I would totally agree it wasn't.

2:47:57
They may have been called guidance, but we when we received that information we would do our best to follow it to the latter.

2:48:06
And I I think that presented challenges with relatives because I know from from speaking with some relatives personally that the message they were getting when they were speaking to public health was well it's guidance the care home can apply that and how it's suitable for that individual facility.

2:48:21
But there was no support to to sort of understand that application.

2:48:25
And as I said, we were inspected on it.

2:48:27
So it was.

2:48:28
Well, that's what's written in the guidance.

2:48:29
That's what it should be doing.

2:48:31
So if you were drawing up a loop print of perhaps what you would do next time, hopefully there isn't the next time.

2:48:35
But if there was, are you saying that it should be clear, the distinction between guidance on the one hand and something that was legally mandatory and the other?

2:48:45
Thank you.

2:48:48
I wanted to turn now then to infection prevention and control of IPC for short.

2:48:55
You described the level of IPC expected during the pandemic as a completely new way of working for care home staff and as a steep learning curve.

2:49:05
Can I ask you what these demands, these new demands were that were placed upon upon those working in your homes?

2:49:13
It was really about an increase.

2:49:16
They were expecting us to be like a hospital setting, a clinical setting.

2:49:21
So it's like somebody coming into your own home and although you may have a higher standard of cleanliness in your house to compare that against a hospital can there, there's obviously going to be significant differences.

2:49:40
And care homes in general do work to a high standard of IPC because we deal with norovirus outbreaks and things of that nature.

2:49:50
But this was on a a whole new level and the care home staff were already under increased pressure because of staff shortages and because of staff falling out under COVID.

2:50:03
And then the expectation was we had to up our game, if you like, and take it to a whole new level where we didn't have the resources or the training in order to fully implement that.

2:50:21
Yeah, I think one thing that sticks out for me was one of my managers saying during that session they had done with their team was the team felt that they had to become infectious control specialists overnight.

2:50:33
And that's that's not what the role of a of a care home, care home staff is.

2:50:38
I think use of masks.

2:50:41
Wasn't there something that was routine in care homes?

2:50:43
Actually I've I don't know that I've actually seen it prior to the pandemic is something something that's routine.

2:50:50
So all these these changes were were coming into effect, how things were cleaned.

2:50:54
The chemicals we had to use to clean things all changed.

2:50:58
Cleaning schedules, the expectation of what that schedule would include and and these were all brand new things to care homes that we were kind of expected to implement straight away without any sort of support or guidance or or training for staff, that sort of stuff we had to facilitate ourselves because any of the available teams like the care, home assurance team were all being used for scrutiny services.

2:51:22
It was all about go in and check that that's been done properly, go and check that that's been done.

2:51:28
So I think there was that lack of support and about staff's understanding of what that should be.

2:51:34
There's examples of the, the, the guidance just been very unspecific.

2:51:38
Again, when, as I say, masks was a new thing for us to use in care homes and it talks about sessional user masks, so, but there wasn't a definition for what that session was.

2:51:49
So was that session after you left the residence room when you went on your break after your after your shift.

2:51:56
So they were all things that that took a long time to get definitions for, which meant there was varying degrees how that was applied in practice because it was very, very generic.

2:52:05
What impact if any, is that having then on your staff in terms of these additional things you talked about?

2:52:10
Cleaning I think was one example you gave, but what's happening then to their working hours or their workload if they're having to implement these got massively, massively increased.

2:52:19
So the workload increased for everybody tenfold.

2:52:22
I think even just for our housekeeping teams things like cleaning frequently touched points so light switches, door handles that was being done up to 7-8 times a day and top eight having to keep clean the the general areas of the home and and bear in mind there was lots of areas of the home not been used.

2:52:41
So we we also had to keep keep the areas clean.

2:52:46
Yeah so it was the the workload for everybody was just increased including in the care staff about cleaning every piece of equipment more thoroughly, more more generally.

2:52:57
Again all very acute based.

2:53:00
So things that you would generally have seen in a hospital setting but not in a care home setting and the products they asked us, they would come in and change the products we were using.

2:53:09
We have quite a comprehensive suite of cleaning products for different parts of the care home, but they would change that overnight and we had to then source, yeah, different cleaning products.

2:53:21
And it was just about having the resources because another layer of paperwork came in because we had to evidence the additional cleaning that they were doing on a more frequent, more regular basis with new products and having the time to obtain the products because they were going into all care homes and saying this.

2:53:42
So we were all trying to look for the same product that we don't normally use at the same time which made availability a little sparse.

2:53:51
It supply and demand, the, the prices of things just escalated and it was in one case we were paying five times more what we would normally pay for a product then to bring that in and have the training and just the people, just just the bodies in order to help you know, manage all of that on top of what we were dealing with.

2:54:16
It's well, what do we prioritise, how do we do this, how do we manage it?

2:54:23
And you mentioned earlier about that distinction between the clinical setting and the hospital in care homes, at least it's traditionally understood.

2:54:29
Do you think that a distinction should have been drawn in the guidance?

2:54:33
There was a shoot between those two settings?

2:54:35
Absolutely.

2:54:37
If they had a better understanding, then they may have made a more informed decision about the social care aspect of it.

2:54:49
I think in paragraph 119 of your statement you talk about the fundamental purpose of care homes being to maximise the quality of life and having to balance that with the requirements of infection prevention and control.

2:55:04
In your view, do you think that balance was struck correctly?

2:55:08
Lisa, you talked earlier about the effect of PPE might have on those that perhaps don't recognise or fear those who are caring for them.

2:55:15
Do you think that balance was struck correctly?

2:55:20
Not really.

2:55:21
I I understood their intention, but the challenge that we faced was the implementation of that because you're talking about when you were going into a residence bedroom for example, that is their bedroom.

2:55:40
So I don't know how I would feel about somebody coming into my bedroom multiple times.

2:55:46
And not only did we have that aspect of it, but we were advised under the guidance about items that had a personal meaning.

2:55:59
So you have residents who haven't seen their family that would maybe have photographs or an ornament or in their bedroom and as these were being cleaned, some of them they were suggesting that we remove for to prevent infection and that's that's just not right.

2:56:23
It's not understand it, definitely don't agree with it.

2:56:27
And I think the impact on the mental welfare and well-being of the residents was hugely impacted not by one specific thing but a catalogue of things.

2:56:43
Yeah, I think similar situation we were, we care homes, although although support people who are unwell, usually when people work acutely unwell, that would have been when colleagues from health would step in.

2:56:58
I think there was an expectation that we just we just had to go on with caring for people and there was it was forgotten about that it was people's homes and it was that that's the homely environment for them and how they should be comfortable.

2:57:13
Similar scenario to Lisa mentioned, I personally was in a home one day when we had a an inspection from care home insurance teams and they were they were suggesting we lifted every carpet in the home and laid lino because carpets can't be cleaned effectively And and that that was a bit of debate we need to to try and get that resolved but that that was a huge discussion actually that took quite a lot of time and involved quite a lot of people because people didn't understand the care homes.

2:57:43
I think timely you mentioned it because I was just going to ask you about inspections anyway, so we'll go there.

2:57:48
Now prior to the pandemic, I think you say that these were generally inspections were conducted annually, I think more or less for your care homes.

2:57:57
How and by what means were those inspections carried out?

2:58:00
Once we get into the pandemic, How was that done?

2:58:04
I think inspection changed.

2:58:07
The inspection before the pandemic was generally via the care inspector and that changed.

2:58:16
The care inspector introduced a new key question which was right about the the how people are supported during the pandemic.

2:58:23
A lot of the inspections were supported by Health Improvement Scotland, which have never inspected care homes.

2:58:28
That's that's about acute sentence.

2:58:30
And then laterally the care home assurance teams, who ultimately are all made-up from people who haven't worked in care homes either.

2:58:37
So it presented lots of challenges and understanding various different pieces of guidance that were were given inspections or advice which often wouldn't marry with each other.

2:58:52
So you could have a key inspectorate inspection and they could be saying no, we're quite happy with everything you're carrying out.

2:58:58
Your report reflects that, your grades reflect that.

2:59:00
And then we would have a visit from the care home insurance team that we would end up with a six page action plan from because they didn't feel that our PPE storage was was adequate, where where PPE was being stored was adequate.

2:59:12
And there was no consideration about actually if you've got PPE all along your corridors where you've got people who work with purpose who who are living with dementia, that's actually presenting one of us because these things have been touched regularly.

2:59:25
But there wasn't any there wasn't any understanding of that.

2:59:29
And that's that's a view that I challenged regularly and ultimately what was advised by the Ken Spector.

2:59:35
They're a regulator, so we should follow a regulator.

2:59:40
But that presented challenges when dealing with colleagues at NHS because they've been sent in to scrutinise you on this guidance that's been issued.

2:59:47
And again, it's back to the practicality of how that guidance should be applied in a care home setting.

2:59:54
Yeah, a similar experience for us, it became known as as the COVID inspection.

3:00:00
There was three questions, two were being covered by the Care Inspectorate and one by Health Improvement Scotland.

3:00:06
And when they came in, they were inspecting US against the standards of a hospital.

3:00:12
And I I don't know how you can compare.

3:00:15
A care home to a hospital, but that's what we were inspected on and from our own personal experience we did not too badly.

3:00:27
But it was scrutiny at a time where we probably felt more pressurised as a sector than we ever have.

3:00:37
And I thought a more supportive approach might have had a better outcome for us than constant scrutiny of, well, I mean this was the guidance, this is what we're inspecting you on and we expect you to meet that.

3:00:54
So do you think those standards that you're being held to were realistic in the circumstances that you were facing?

3:01:02
Not all of them.

3:01:03
I mean there was some we do as a matter of course but there was inspecting us and something that they had introduced to us during the pandemic because this was a COVID inspection and we were flat out.

3:01:18
I I don't know how they expected us to meet those standards with a workforce that were that that was virtually on its knees.

3:01:32
Yeah, I I think just similar it was just unrealistic.

3:01:35
I don't think there was any appreciation for the the challenges and the health and social care sector never had staff before the pandemic.

3:01:45
So during the pandemic it was even worse because you could have half your work workforce off at the one time isolating.

3:01:51
So there was all the challenges in line with that, but there was still an expectation.

3:01:56
Well, this guidance has been issued.

3:01:57
You should implement that.

3:01:59
As you mentioned the example, I think if they asked to lift up all the carpets, I was going to ask if there were any others because I think it's paragraph one 10 of your statement.

3:02:08
You talk about these inspections being far more extensive and I think forensic is the word to use than it was before.

3:02:13
Are there any other examples you'd give?

3:02:15
You'd mentioned lifting of carpets that you were you're being asked to do at this time I think same as some of the examples Lisa's given we were there was one home in particular which was younger adults at 11 and there was a there was a advice given that it was written in an action plan that we should remove personal belongings from people's bedrooms cause some rooms were overly cluttered as how it was put.

3:02:41
I think Lisa you've answered this to the next 10 already but I'll ask you the same question Scott how might you suggest these inspections could have been handled differently during this time.

3:02:50
I think there should have been input from people who understand care homes.

3:02:55
I think that that should fundamentally should have been what happened.

3:03:00
I personally offered several times to to if there was a way to get involved in that, to help help that be carried out, 'cause I think there was.

3:03:09
We were.

3:03:09
We're dealing with people and with the best intentions there, they have come in where I set a guidance thinking like this is what the care home's been told, but you're dealing with people who were seconded for the continent service and from acute settings that had been due to the pandemic had been stopped.

3:03:25
So they've never been in a care home.

3:03:27
They've never looked at a care plan.

3:03:28
I mean, these are things that they they didn't understand, but they were, they were producing an action plan telling us how to do better.

3:03:36
And often I was going back saying these actions actually are inappropriate.

3:03:42
Thank you.

3:03:43
I wanted to move on on to Operation Cooper because it's something that you specifically mentioned in your statement.

3:03:50
I mean, I should be aware.

3:03:50
And as it's clear in the inquiry's terms of reference, the inquiry very much respects the independent Roman Lord Advocate has here in relation to the prosecution of crime and investigation of deaths in Scotland.

3:04:00
But in keeping with the purpose of these hearings, impact hearings, I would like to ask you about the impact that had on your staff.

3:04:09
I'd like to take that two stages if I can First.

3:04:11
So first I'd like to ask what was the effect of Operation Co for upon the workload or administrative responsibilities that your staff had to carry.

3:04:21
I think that that's an inevitable increase in that you had when somebody had passed away from a COVID or suspected COVID theft.

3:04:30
You would be contacted with the police shoot to fill out this questionnaire with 37 questions on it.

3:04:36
You had to provide numerous pieces of evidence and documentation with that, including copies of all the guidance that had been issued from the Scottish Government, which was readily available on the Scottish Government website, and six months worth of offshooties for for staffing contact details.

3:04:55
It was it was a huge, it was a huge piece of work that actually we had to have somebody solely working on that to to facilitate.

3:05:06
Also distressing for people who've the the staff have cared for a lot of these residents for a long, long time and cared deeply about the people they support.

3:05:15
And then it was almost been an influence that they felt they were being questioned about.

3:05:22
Did they actually support somebody correctly.

3:05:25
So it was it was a huge huge increase in work with and I was going to ask that I mean what what's the impact of this upon the staff of on their morale.

3:05:33
I suppose our mental well-being in light of this investigation it it was devastating and I remember apart from the the tasks because a lot of this information was archived and so you had this questionnaire and and as Scott said all this information going.

3:05:51
But for me it was one of our managers and after our managers were on the floor during the pandemic in uniform, as were our OPS team supporting the staff, trying to keep morale up, lending a a helping hand.

3:06:08
And she came and the the manager sat at her desk and she opened an e-mail regarding Operation Copper and the subject line was major crime that came into our inbox.

3:06:26
And the signature on it was from the Detective Sergeant of Operation Copper Major Crime Division, Major Crime Police Scotland or Serious Crime Division.

3:06:45
It was.

3:06:46
And she just broke down.

3:06:49
She just now there was probably no intention behind that.

3:06:53
They they were given a job to do and they were doing it as they would normally.

3:06:58
But for somebody who's seen a staff, we had a staff member, young lady, who contracted COVID, spent several several months in hospital and is now at home with her young family.

3:07:15
And she hasn't been able to speak since then.

3:07:19
And our managers are still doing sort of well for meetings.

3:07:22
Care staff have lost their life, as have many.

3:07:26
But to sit after your shift and ready to do your paperwork and to be greeted with that kind of e-mail is just devastating.

3:07:36
And she broke down because there's an inference of we've done something wrong, we haven't got something right.

3:07:44
And how did you manage that with your staff?

3:07:46
To the extent that you could support them, reassure them, actually go in and take some of the the burden away in terms of the paperwork side of it and the questionnaires.

3:07:59
But there's ultimately information that they will have that we need to get from them.

3:08:06
But as it's still going on, it's just still quite, it's just devastating because we're the only sector to come under that kind of scrutiny and nobody really knows what it was like for us during that time.

3:08:23
I think somebody described it as a war zone and it was a bit like that, only they were trying to get statistics and information from us at the same time.

3:08:36
So it was really hard.

3:08:38
Thank you.

3:08:40
You mentioned paperwork.

3:08:41
I wonder and you touched on this in a statement the the administrative burden that I think your staff were all facing.

3:08:46
I think words like staggering and immense were used.

3:08:49
I wonder if there are any specific examples you could give of that and I suppose also what you think might have eased that burden looking back I think I think it's just answering these 37 questions I think and and providing all the the supporting documentation went went with that and as as I mentioned there I think there was some of this that actually could have been could have been given from they're asking for guidance issued by public health.

3:09:18
Well we're we're then away covering up all these different versions of guidance to to provide that that that could have been something that that could have been got from from public Health.

3:09:28
I think I think it's just an immense workload in in terms of every every resident haven't a good haven't you go through that and that presented an ongoing when when when we when we had more deaths after it had been operation covered had been announced that that dread Oh my God I've got another death and actually the the numbers of people who died in COVID are very screwed because there's lots of people who just took unwell were were were classed as suspected COVID without any tests being carried out.

3:10:01
So there was lots of workloads that actually because it seemed that other kind of health conditions didn't exist during COVID and if you took unwell when you were living in a care home you were just automatically considered as as being COVID positive and I think there was a lot of frustration on about that as well because the the numbers don't actually reflect the the the amount of people that that sadly passed away with COVID.

3:10:25
Yeah, I would agree with everything that Scott had said.

3:10:30
It was a really when the staff they they used to, they came in with newspaper articles and the care homes.

3:10:40
It was almost like a league table with the highest number of COVID deaths against the the name of that particular care home.

3:10:49
And then it was in descending order and and that was just it was devastating to see because they didn't see the other side of it, all of what they were facing.

3:11:03
We had staff were sitting with residents at end of life when families couldn't come in trying to reassure them, praying with them and in some cases because for the residents, the staff were the nearest thing that they had to family.

3:11:22
And then to see you on a sort of league table with the COVID deaths and as Scott clearly said, it's it wasn't all about COVID positive deaths, it was suspected COVID or COVID related where it may have been another underlying health condition.

3:11:42
You mentioned media coverage there.

3:11:44
I was going to come on to it anyway.

3:11:46
In your statement you say in paragraphs, I think 104 to 106, you talk about being very unfair and one sided and you've given an example of it of that there.

3:11:55
Scott, I was going to ask you what was the impact upon your staff?

3:11:59
Did you experience something similar in terms of headlines or yes, I think there were several other care homes that were featured in news articles.

3:12:08
Inevitably they were all viewed quite negatively.

3:12:14
I think that's very demoralising.

3:12:16
We're asking people are giving up their lives the the protection of their family to provide care to people.

3:12:22
Everybody was was working hard to do the best job possible in a very difficult set of circumstances.

3:12:27
We guiding that was guidance that was forever changing, working in ways that they had never been asked to work before and hadn't been trained to work working at that level.

3:12:38
And then you were splashed across newspapers and and that that that was really demoralising.

3:12:47
We lost lots of people, lots of staff because of because of instances like that.

3:12:53
And I think there was also that fear of of people know that how I work here and do they think that that's what would happen in here.

3:13:01
And and because it was, it was very generic information but that also presented lots of anxieties for relatives because relatives kind of get in to visit they're reading these these headlines and residents who who have capacity were reading these headlines and saying how can they be saying this about the place that I live, my home.

3:13:23
I was gonna ask about local communities because as you've mentioned, your staff obviously have to go home and have their own families and things.

3:13:29
Was that press coverage mirrored in your experience of your members when they went back to the communities or not?

3:13:35
I'd say generally not.

3:13:37
I I think there are lots of examples of the community rallying around and being supportive of similar stories through kind of what was heard this morning about children drawing pictures and they've been handed in and bakeries handed in cakes and breakfasts and Pete says all that sort of stuff.

3:13:57
So there was there was certainly that seemed to be that support from the immediate immediate community anyway and to my recollection I don't recall any individual staff members raising that they felt that that was the view outside the people who knew them of course but it it was certainly a difficult time and that that fear round about round about that we're also talking about staff who are registered with a regulated body professional body and they they're then considering the implications eh their practices been in the newspaper and how does that affect my registration my ability to work and and they're they're basically they're feeling that their professional conduct's coming under question.

3:14:41
I think the community in a certain respect was a lifeline because the care sector was seen at the beginning as a sort of poor relation when everybody was out clapping for the NHS and the focus was on the NHS and what a great job they were doing.

3:14:59
It was sort of care homes just didn't factor in that.

3:15:05
But certainly with our our group in different care homes, we had a local restaurant that brought an Indian restaurant, bought curries up for all the staff.

3:15:15
Another local supermarket brought Easter eggs for all the staff as well.

3:15:21
And there was bakeries, there was different, there was neighbours handing in trays of doughnuts and things just to acknowledge, and that was a real boost for them, that that somebody recognised what they were doing.

3:15:35
Thank you wanted, I suppose, finish on the overall impact on your staff.

3:15:44
I think you mentioned earlier Lisa, but in your statement at paragraph 89 it talks about it was like nursing in a war zone.

3:15:50
That same paragraph also says there was no hope of maintaining care standards compared with the pre pandemic despite the best efforts of staff in view of the demands placed upon your staffing.

3:16:01
We've obviously touched on a few of those today, not necessarily all.

3:16:05
What would you highlight to this inquiry in particular about the physical and mental health impact that occurred on your staff for those who have remained in the sector?

3:16:17
I don't think it'll ever be the same again.

3:16:20
Some of them are still haunted by the images they saw at the time, bearing in mind we are a care home, we don't have access to oxygen or ventilators, and our residents were not being admitted to hospital, which some may argue is a basic human right.

3:16:41
If you are not well and you need hospital admission, that you should be allowed to have that admission and not be discriminated against.

3:16:54
So I think for those who are still with us, it will never leave them and it's something they have to carry.

3:17:02
I think for the sector, we've lost some good people who just couldn't carry on and couldn't take it anymore because in summary, we weren't consulted.

3:17:18
They didn't have a conversation with us which could have helped.

3:17:21
They might not have, but we'll never know.

3:17:24
We were given guidance that we didn't fully understand and found it challenging to implement.

3:17:33
And now we're being investigated because we had COVID deaths and we're the only body to have gone through that, but we've lost some good people that may not be there when my turn comes.

3:17:56
Thank you.

3:17:58
I think just to echo what Lisa said there, I think that that summarises it really well actually.

3:18:03
And I would just be repeating what what Lisa said, I think just difficult and actually lots of I've heard lots of people express it as trauma.

3:18:14
And through this process I've obviously met with some of my team to to talk about some examples.

3:18:20
And you can see real hesitation about about speaking about it.

3:18:24
And when you bring it up, it just brings back all the the memories.

3:18:28
I've heard of people saying that they can't even watch any TV shows that I've got during the pandemic, when if it's a care home or hospital setting when people are all going and messed up, that it it, it really brings back that that experience that they had.

3:18:43
And although I personally never experienced lots of the challenges that they faced, I think it was horrific at the time and it's never going to leave them.

3:18:57
Thank you.

3:18:58
I don't have any more questions for you.

3:19:02
If there's anything else either of you would like to add or you think that we've missed or you think it's important to say, now is the time.

3:19:09
Thanks.

3:19:12
Thank you very much.

3:19:13
And I have to thank you very much as well.

3:19:14
Thank you both very much for your evidence.

3:19:16
I'm very grateful.

3:19:17
Thank you.

3:19:19
Very good.

3:19:19
That finishes us.

3:19:20
So today, Mr.

3:19:20
Stevens, you do very well 9:45 tomorrow morning.

3:19:26
Thank you.