

PE1841/NN

Nancy Gillespie submission dated 14 March 2021

I am writing in support of this petition to call on the Scottish Government to allow a designated visitor into each care home to support loved ones, as a legal right (under the proposed Anne's Law). I believe this petition is of the highest importance and part of wider safeguarding and adult protection for people in care facilities, both now and in the future. I have personal experience with my relative currently in care and I am a health care professional and former care home nurse. I witnessed a rapid decline in my relative and asked for Essential visitor status in early May, which I am thankful was granted; hence I know safe visiting is possible when individual risk assessment is done and good infection control procedures are followed. This is supported by The World Health Organisation IPC Guidance, therefore there should be a consistent approach, instead of a post code lottery.

I believe we need to re-focus on compassionate care and enable caring conversations, instead of treating care homes like institutionalised infectious disease units and relatives like vectors for infection. These are supposed to be people's homes and one year on, I am left wondering how our society has allowed this discrimination to happen. I am a core member of Care Home Relatives Scotland and also a member of my local Seniors forum. We have been working voluntarily across a range of Government and local focus groups to try to promote Equitable care; taking in to consideration Public Sector Equality Duty and Accountability, as well as the need for consistent messaging to build sector confidence and trust. In addition, we know that in pre Covid times, people with dementia of all ages, benefitted hugely from social interaction, as evidenced by initiatives such as the Dementia strategy and Charter of Rights. I appreciate the Scottish Government has revised the visiting guidance multiple times and many care homes are now moving forward towards meaningful visits, yet some are continuing to use inhumane pods and other unnecessary barriers. There is also the issue of indemnity insurance which raises the issue of politics over care.

The harm that has been done to the physical and mental health of many residents and close family carer's is now widely documented. For example, The World Alzheimer report Sept 2020, acknowledges that the imposed restrictions to minimise harm, have actually accelerated physical and cognitive decline in many people with dementia during the lockdowns, and that positive solutions are needed. Hence, it cannot be justified as 'protective' to keep denying people in care the right to have close family interactions and deny them the right to breath fresh air, as many have not had outside access for months. Similarly, window visits and garden visits in winter can be extremely stressful or not possible. One year on, those who need close contact most have been denied fair care and I would suggest the rules of social distancing need to be reviewed and modified to support people with cognitive and sensory problems, who cannot be expected to comply to the same extent as the general population. Example, those with poor sight, poor hearing, perceptual and mobility problems.

I appreciate the courage and commitment of care home staff during these difficult months and feel they too, were left unsupported, since many face to face services were highly restricted and remote communication appeared to become the default. There were reports of care homes not being adequately set up for remote working and similarly many residents and relatives could not access digital devices or even basic telephone access; or were unable to use them because of cognitive problems, sensory issues or frailty. This also relies on staff availability and lack of these resources impact on quality of care and quality of life.

I make a plea to the Committee to reflect on the need for Human Rights based care, for people of all ages with disabilities and 24 hour care needs; and also take into account the Carer's Act and Rights of unpaid carer's; since many relatives still had a full caring role, visited the care home frequently and enjoyed taking loved ones out socially, before this pandemic. I also urge the Committee to consider medical and nursing ethics relating to Power of Attorney and informed consent, because many people have been denied the right to advocacy if relatives have not been allowed in; even towards end of life in some cases, which is very frightening and completely wrong. End of life care requires a respectful and dignified multidisciplinary approach, not full onus on care home staff. This is something I have never experienced in my 40 year nursing career. Even trying to hand in a small gift has become fraught with rules for many. I remain concerned that the layers of 'protection' in the form of testing, vaccines and risk assessments can increase the workload for staff and continue to cause visiting restrictions because of the bureaucracy involved.

Experience tells me that the implementation of some of these unacceptable practises is likely to need long term commitment and a joined up collaborative approach with residents and relatives at the centre, as outlined in the Feeley review. Thank You