

Witness Name: Judith Kilbee

Statement No.: 1

Exhibits: 0

Dated: 2 May 2025

UK COVID-19 INQUIRY – MODULE 6

WITNESS STATEMENT OF JUDITH KILBEE

I, JUDITH KILBEE, of Irrelevant & Sensitive, will say as follows:

-

1. Dad was very knowledgeable about nature and the environment and loved sharing this knowledge with us both as children and adults – and in turn, with his eight grandchildren. He had a great sense of humour and often recounted long entertaining poems and stories from his younger days. Loved by everyone who knew him, I never heard him say anything bad about anyone, he was always cheerful and grateful for any help he was given. He loved spending time with his family, always offering to help with any tasks whenever he visited.
2. He was very fit for his age and attended a healthy heart class locally twice a week for many years. He was known at healthy hearts for his enthusiasm, for sharing plants from the garden, and the bird boxes he would make for anyone who wanted one. His healthy hearts classes at which he played volleyball and did twenty minutes of aerobics were a real support to Dad, especially after the loss of Mum to whom he'd been very happily married for 56 years.
3. There had been signs for a few years before Mum died that Dad's short-term memory was a challenge, but he was only diagnosed with Alzheimer's a few years after her death. He had to retake a driving test, which he passed, and so continued to enjoy drives in the countryside and driving himself to his healthy hearts classes.

4. He didn't lose his sense of humour and fun or his cheerful disposition, but needed a lot of support to manage at home with frequent reminders to take medication eat a meal, etc.
5. In October 2018, I called to see Dad as his voice had sounded weak on the telephone, I found Dad confused and unsteady. He then suffered a stroke whilst I was with him which led to him having three weeks in hospital. This was when the decision was made that Dad needed a stay in the care home.
6. Dad recovered fully from his stroke and in January 2019, aware that it would help both his physical and mental well-being, I spoke with the healthy hearts team and the care home about Dad returning. He then attended once a week until the 3rd of March 2020, made possible by our support. It was a privilege to spend this quality time with Dad even though for us this involved a 100-mile round trip. The care home was nearby but they did not have the staff to support this.
7. Dad loved seeing the friendly faces and clearly remembered the music and the aerobic moves. He could also participate in the volleyball, knowing how to move around the court far better than I ever could.
8. Before mum died she was clearly anxious about how Dad would cope and I made a promise that we would look after him.
9. I have a background in nursing and have worked as a nurse in nursing homes, both on day and night shifts. I also have experience in the care sector having worked as a business manager for a specialist care home group. I wanted to provide evidence to the inquiry to highlight the many areas of concern I have, which, I believe led to Dads avoidable death. Recommendations from the inquiry may mean that other families don't experience the same stress and trauma in future pandemics.
10. Dad died on May 10, 2020, in a small care home with I&S rooms. The head office is based in England and the home Dad was in was I&S in Scotland. In the period leading up to his death I had many serious concerns about the care home and its ability to keep Dad safe.

11. I last saw Dad in person on his birthday March 12th, 2020. As a family, we were acutely aware of the danger of this virus, not least because of the news reports about coronavirus and it's devastating impact on care homes in Spain and Italy.
12. We made it clear to the care home that we were taking Dad out in the car for a run in the countryside with a flask of tea and his favourite Scottish tea cakes, emphasising that we were not going anywhere with people, and urged the manager to reduce unnecessary footfall in the Home. The response I received was that they had not been asked to lockdown yet.
13. When we returned to the home with Dad they kindly provided a birthday cake, Dad blew out the candles and the cake was shared with the residents at teatime. This made me anxious as although it was standard practice across the care sector, there seemed to be insufficient awareness of such things now posing a risk. At that last visit there was hand gel available and visitors were being encouraged to use it. There were no other obvious changes in the home. When Dad went to the toilet I waited outside the door so that I could remind him to thoroughly wash his hands and use the gel.
14. A review of Dads care was due a week later and the manager was keen for this to go ahead in person, I said that this would have to be done remotely as additional traffic through the home should be avoided. The response to this was that we could meet in the conservatory, not enter the home. I refused, pointing out that after meeting with us the manager would be going into the home which was a potential risk.
15. In early April there was a statement from Public Health Scotland about capacity and the availability of staffing support if needed, yet on the 14th of April the care home group are advertising within their network for temporary staff, particularly "school leavers and shop assistants". I was seriously concerned about this, whilst families were staying away, inexperienced young staff were being sought as carers. They were soon in the home and were sometimes classed as volunteers – in some cases they were the teenage offspring of care home staff. I was also concerned about the understanding and training about correct use of Personal

Protective Equipment (PPE) and suitable infection control measures relating to these individuals.

16. On April 18th, 2020, the home manager was at work with symptoms, they thought it was just a cold so went into the home. When tested the following day, in their words to prove it wasn't Covid, the test was positive.
17. On the 21st of April, I emailed the home and asked about testing of residents and staff as was highlighted in the most recent Scottish guidance. I did so as I was concerned that they were following their head office and England centric guidance rather than that applicable to Scotland.
18. When it was indicated that the home planned to "isolate" Dad in the lounge when all other residents were isolating in their own rooms I wrote to the manager expressing my concern that Dad would be exposed to a greater viral load if "isolated" in the lounge, as this area was the hub of the building which connected the two sides of the home, and in the absence of any staff room the lounge was naturally the staff hub. I voiced my concerns that Dad would not be afforded the same protection as the other residents and would be at a greater risk. My siblings with Power of Attorney were, however, supportive of isolation in the lounge. The manager responded by telling me that there was new PPE guidance coming from the care home group which he then shared with me. This guidance stated that PPE should be worn for all sessional care - surgical mask, apron, and gloves, starting when entering a residence room and ending when leaving. If a resident had respiratory symptoms colleagues must wear surgical mask, apron, gloves and face visor for all sessional care.
19. In communal areas, the guidance only states the wearing of masks, but the care home guidance also states that any residents with symptoms or who have tested positive for COVID should be **promptly** isolated. As there are no hand washing facilities in the lounge area and Dad was mobile, he would be at risk of touching door handles, handrails etc., used by all staff. On the same day as this guidance was shared Dad and several other residents are displaying symptoms and are tested. Four positive tests have come back from residents tested the previous day; however, Dad continues to be looked after in the lounge and all other residents are

isolated in their own rooms this, despite clear guidance to the contrary and the communication of my concerns in writing. Even after being tested on the 23rd of April Dad was still being brought to the lounge.

20. Dad's test came back positive on April 25th along with four other residents – Dad is still not isolated in his own room.
21. Next day I hear that staff are travelling from the Midlands and from homes which had Covid to help out. I was very concerned that that they would not have quarantined after travelling and may increase the viral exposure or introduce a different strain of the virus to the home. I questioned the travelling and the quarantine and also whether they would be working longer shifts thus reducing overall footfall in the home, I was told that they would be working the same shift pattern as all staff, thereby, increasing the footfall.
22. When guidance on uniforms and the laundering of these came from the Scottish Government, Dad's care home issued staff with T-shirts, otherwise they were in their own clothes – not scrubs or uniforms which could withstand a hot wash.
23. Despite Dad now being Covid positive when I called the home on the 27th of April, I was told by a staff member that my Dad had had a lovely time playing balloons in the lounge with the volunteers. Dad, Covid positive, who should have been isolating and resting in his room, was instead playing balloons in the communal area with young volunteers. If there were staff to spare why were they not used to support Dad isolating in his own room? With an office next door he could have been supported to stay in his room.
24. The manager returns to work ten days after the positive Covid test and states "we only have a mild version here". The same day Dad is unsteady on his feet and I'm told that carers have started accompanying him to the toilet. Why was this not happening before to ensure appropriate handwashing and surface cleaning? Covid positive with symptoms and unsteady on his feet, yet Dad was still not in his own room, but up and dressed in the communal area.
25. The following day I was sent a photo showing Dad talking on the phone to a family member through the lounge window. There is a staff member standing less than

two feet away from Dad assisting him in using the phone, the staff member is wearing a long sleeve shirt buttoned at the wrist – no mask, no gloves, no apron, yet I've been told in writing that no-one is allowed in the lounge without a mask. After Dad died I discovered that on the day in question the staff member still had a cough which remained until after Dads death.

26. On April 30th we were told that the manager is looking to move Dad to the downstairs room, vacated two days earlier when the previous resident died of Covid. Knowing that the care staff are also the cleaning staff, I voiced concern over this, stating that the room would need to be thoroughly deep cleaned as per Health Protection Scotland guidelines. It is confirmed the same day that all residents have now been tested, eight out of nine are positive and four staff are also positive. The bringing of staff from homes in England is confirmed.
27. On the 1st of May Dad is showing signs of poor balance decrease mobility and laboured breathing an ambulance was called but the crew were not "minded" to take him to hospital. The 111GP concurred and suggested submitting a urine sample to see if he had a urine tract infection (UTI), when Dad had first been unwell after testing positive I had suggested testing his urine and increasing fluids but was told there was nothing to indicate a UTI. Dad had never had a UTI before. Why then was this the go to diagnosis now that he is COVID positive? The following day antibiotics were started and Dad appeared a little bit better, however his pulse oximetry readings were fluctuating and dropping at night. I asked about providing oxygen and was also concerned about Dad falling during the night. As his room was only a few feet away from the top of a steep stairwell, I suggested a sensor mat be used to give night staff warning and more time to get there – assuming they would have to doff and don PPE before attending him. I felt that this would buy extra time. This suggestion was met with a comment that this hadn't worked well in the past. I pointed out that we were not in the same situation as before.
28. My concern about the lack of oxygen provision and the fluctuating pulse oximetry readings led me to contact Health protection Scotland (HPS) about the possibility of Dad getting oxygen in hospital and then returning to the home. The local HPS team were aware of the numbers of Covid cases in the home and said that Dad could potentially be given oxygen without being admitted and then allowed to

return to the home, they could not guarantee this but stated that they would take a pragmatic view given that they were aware of the situation in the home.

29. On the first of May I was sent a photograph of Dad taken through the window by a family member who lived locally I took one look at the photograph, burst into tears and said to my husband "Dad is dying". The following day, May 2nd, I was sent a video of Dad, no doubt well-meaning and sent to reassure, but it did nothing of the sort. He looked very dehydrated and ill. Around 11:30 pm that day he was very unwell with very low oxygen sats. As before, the manager called 999, this time however they were told to call 111 and the doctor he spoke with stated that care home residents with Covid will not be admitted to hospital and that they should order the end-of-life pack. I had seen an article in the press just over a week before which stated, from the local medical director, that elderly care home residents will go to hospital if they get the virus. He said, I want to be unequivocal, if someone needs to go to hospital they will go to hospital, we have the capacity, we have the facilities and there is absolutely no barrier to that. He also stated that hospital capacity is running at about 55% occupancy so there is definitely capacity in the hospital.
30. The Public Health Scotland lead in the area stated that they were working closely with all care homes and that the team offer educational advice and can even provide staffing in care homes that are struggling. I was upset by the response the manager received from 111 which "flew in the face" of local and Scottish guidance. I called 111 and eventually spoke to the doctor asking why they had made such a statement aligned neither with the Scottish government position nor that of the local NHS. The response was an aggressive "so you want me to admit your dad now?" I replied that I wanted Dad to have access to appropriate care when it was needed and in line with the local NHS position, they then agreed to send the Covid team to see Dad the following day.
31. When the Covid team went into the to the Home I had a discussion with the consultant and explained how physically fit Dad was, highlighting his weekly aerobics and volleyball classes which were run by the local health board. The consultant agreed that Dad was certainly not end of life and stated that this of course might change. I explained that I was concerned about Dad getting oxygen

in a timely manner to support him rather than waiting until he passed the tipping point, it was agreed the parameters would be set for the staff to monitor his respiratory rate and his oxygen saturation. The parameters were that if oxygen saturation fell below 92% the Covid team should be called, unless this was out of hours, in which case it would be 111. The consultant committed to making a note on Dad's record to this effect. If, however, the sats dropped below 88% this should trigger a 999 call and Dad could be taken to hospital if needed. The Covid consultant stated that Dad's chest was clear but he was exhausted and needed rest. Why then, was Dad up dressed and in the lounge every day? The Covid consultant also stated categorically that every case is evaluated and that there was no blanket policy of not admitting care home residents with Covid to hospital. When I discussed the conversations I had had with 111 and the Covid consultant with the manager of the home they were extremely grateful as they had been told by 111 that they would not admit to Covid positive residents. The manager felt more hopeful, after all, how many times will a manager keep calling 111 for residents in their care if this is the message they receive?

32. Over the next few days and up until Dad's death on May 10th I was anxious and distressed. I was informed that Dad was more comfortable sitting in a chair at night. This was something he had never done. He got up from his chair and fell, staff were only alerted to this by the aforementioned sensor mat. Classic signs of respiratory distress were not understood or reported to medical staff when speaking to the 111GP, staff reported that Dad wasn't distressed but was more comfortable in the chair. The following day he remained in bed exhausted and with oxygen levels below the threshold set by the consultant. I enquired from the staff about his respiratory rate when sitting in the chair, the response I got to this was that they didn't routinely measure respiratory rate here. This was criteria set up by the Covid consultant yet no one vocalised that they didn't know how to measure this. Medical staff visiting care facilities particularly those with no nursing input should ensure that staff both understand and can follow any guidance given when seeking medical advice, staff clearly did not understand the signs of respiratory distress or hypoxia.

33. Another video of Dad was sent on May 6th where he was attempting, unsuccessfully, to clap along to music in the lounge. Again, whilst I realise that this was probably well meant, it showed a hypoxic, un-coordinated and sick man fully dressed in the lounge.
34. A day later the manager declares in an email that they will soon be at day fourteen since the last positive Covid test and therefore will be free of Covid. I sent the manager an article about exhaustion and the long-term effects of Covid. They seemed very naive about the duration and the long-term effects of the virus. I was concerned about this complacency and highlighted that most deaths in older people occurred on days eighteen to twenty-one, the response to this was that I dashed their hopes that they were almost through it. Another video sent to the family show Dad walking into the lounge with the aid of a walking frame which was far too low for Dad. He had never used a frame in his life as he was fully mobile. This was not the only time I witnessed Dad using equipment which was not his and which contravened the guidance which stated there should be no sharing of equipment.
35. On the 8th of May, Dad is, despite my concerns, moved to the downstairs room vacated nine days earlier when the resident passed away due to Covid. Although the room has been personalised with some of Dad's things I was very concerned that the furnishings, floor to ceiling curtains, carpets etc. would not have been deep cleaned as per HPS guidance. I was shocked that Dad's armchair had not been moved from his room but rather Dad was sitting in the same non -washable fabric chair that the previous resident had used. Again, despite being restless at night Dad was up during the day and taken back to the lounge. When he deteriorated in the evening and developed a rash a doctor was called, but by the time the doctor came the rash had apparently gone. The doctor in question stated this was normal for people with Covid and only to call again if the oxygen sats dropped below 75% for a sustained period. When I heard this, I was extremely angry, fearful and distressed – this went against everything that had been discussed with the consultant, 75% oxygen sats for a sustained period sounded to me like don't bother me until he's about to die.

36. The night before Dad died he had sats of 85% and he'd been grunting all night. I was informed in the afternoon that Dad was nearing end of life and that it wasn't in his best interest to admit him, intervention was too late despite all of my sustained efforts to help my dad. The parameters set by the consultant were not followed. Dad was not isolated, not given access to oxygen, was up and dressed in the hub of the building rather than resting and recuperating and supported to isolate in his own room.
37. He passed away on the 10th of May 2020 at approximately 16.30. I live 90 minutes away from the home and left immediately after being informed that he was close to the end of life, I could not get there in time. One of my brothers was there in full PPE and sat with Dad as he passed away. Dad had struggled for 17 days and died struggling to breathe, without any oxygen, supportive fluids, or end of life medication to alleviate his distress. My brother signalled to me to come into the room via the French door. As the home was full of Covid and Dad had already died I did not enter the room, my brother had pulled a blanket over Dad and called to me that he was keeping Dad warm for me.
38. The staff in the home were really taken aback when Dad died. I don't doubt they were fond of him but they were naive and complacent and did not understand the principles of viral load or infection control. Had they done so, my Dad, possibly fittest of all of the residents, may have survived the virus. There was a lack of checks and balances in this first phase of the pandemic - relatives were not going, many of us did not want to, because we were urging the home to reduce the number of interactions. Without family, the Care Inspectorate and GPs going in, where were the checks and balances?
39. My nursing background, many years of working within and alongside the health and care systems and the communications I had with agencies such as HPS should have meant that the manager paid attention given that they and the care home were ultimately responsible and accountable for Dads care, wellbeing and safety. Had the manager followed the Scottish guidance, that of the care home group and heeded the concerns I raised about viral load, footfall, rest etc. Dad may have had a fighting chance. I believe that rather than taking responsibility and pushing back on areas which went against advice and guidance the manager just

went along with the views of those with power of attorney. How, without videos and emails did family know what was going on and even when I knew and did everything in my power to help Dad my hands were tied and I had to watch him struggle and die on videos and in photographs. Despite my best efforts to protect Dad and ensure he had timely access to oxygen; this basic need was never met and not even available in a care home setting despite being provided to people in their own homes who are suffering from Chronic obstructive pulmonary disease.

40. Before Dad went into the home, I would call and see him frequently. If he ever seemed under the weather I would 'scoop' him up and bring him home, make sure he was properly nourished and hydrated before taking him home again.
41. The last words Dad said to me on a video call were "when are you coming for me?!" and that will haunt me forever because I couldn't do so.
42. The impact of COVID 19 on us as a family has been huge and hard to put into words. Dad didn't have a funeral in the way he should have. Dads funeral would no doubt have been similar to Mums in pre-covid days with many people showing their respects. Instead, only ten people were allowed, standing socially distanced around the grave for a maximum of twenty minutes. This meant that none of his grandchildren were able to attend. Our son gave us a letter to put in with his grandad and our daughter sat nearby in her car
43. Now when I attend a funeral, this brings the lack of normal grieving during COVID into sharp focus and emphasises all that we missed: no hugs; no collective memories of Dad and his life; no celebration of a life well lived; but rather a complete absence of the usual support in the grieving process.
44. A stranger bowed their head as Dads hearse passed by through the empty streets, this simple act of acknowledgement, kindness and respect will stay with me forever.
45. Isolation affected us profoundly. Not only the isolation of lockdown, but that of feeling alienated and isolated from friends, family and colleagues as they returned to normal - going on holidays, getting together and doing things such as

eat out to help out, whilst we were anxious, avoiding indoor places and acutely aware of the devastating impact of the virus.

46. There was no escaping Dads death and its cause, being early in the pandemic and with the nation locked down, COVID-19 was all encompassing on the news and of course there were constant reminders in the way we were living to reduce the risk of the virus, particularly before vaccinations were available.
47. On the first anniversary of Dads death I marked it by taking annual leave and visiting places in the countryside Dad visited often. I got through the day as well as I could but was completely floored the following day by an email from my employer inviting the team to a meeting entitled in bold “super spreader event” – this knocked me sideways.
48. Despite the guidance allowing Christmas, as a family we did not feel able to spend it together and took the view that we would rather protect one another and look forward to all being together in the future without an empty chair at the table in years to come. We are now able to move forward but this has taken a long time and an anxious and cautious approach
49. The Scottish Covid Bereaved group has been immensely important to me this group, one which none of us chose to be in, is made up of people who understand and can relate to the unique situation we all found ourselves in.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed:

Personal Data

Dated:

2nd May 2025