



Report of the Confidential Recipient

2017

OFFICE OF THE CONFIDENTIAL RECIPIENT

Vocational Training Centre

Dooradoyle

Co. Limerick

LoCall: 1890 100014

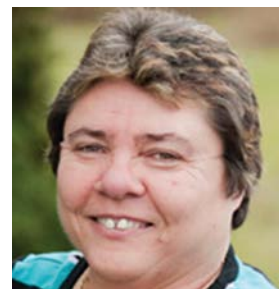
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INTRODUCTION

In December 2014, I was appointed as the Confidential Recipient, to proactively be a voice for vulnerable adults with disabilities, or older persons who may otherwise not be heard by the HSE or providers funded / partially funded by the HSE. The Confidential Recipient is a national service, receiving concerns/complaints in an independent capacity and passing those concerns/complaints to the HSE through to the appropriate management. Since my appointment, my office has dealt with over **500** formal concerns / complaints from across the country.



2017 was again a busy year with **196** concerns received, **54** meetings with families and / or advocates, **46** meetings with the HSE management and **5** meetings with Ministers. Additionally, I presented at nine conferences and symposiums, providing information and detailing my experience as part of my role at these events.

Now that I have been in this position for three years, it is evident that when concerns or complaints are brought to the attention of the HSE, there is a concerted effort to address the issues raised and for the most part, take action. There are however cases, as detailed in this report, where delays are incurred due to the nature and complexity of individual needs or service provision.

I am keen to hear from more people who may have a concern or complaint, those who are worried about the treatment and care of a loved one in a disability or residential service, or who simply require information, to come forward and make contact.

I also welcome the growing number of staff members who contact my office and while a culture of fear in coming forward is slowly eroding, it is important to give assurance that every concern received by my office is taken as seriously as the one before and after. Should a staff member wish to raise a concern or complaint in an anonymous capacity, it will be gladly received by my office and reviewed / investigated in the same manner.

A handwritten signature in black ink that reads "Leigh Gath". The signature is written in a cursive, flowing style.

Leigh Gath
Confidential Recipient

Date:

WHO CAN CONTACT

The simple answer is anyone. People with disabilities, older people, their families, advocates, members of the public and staff are welcome to contact me if they feel they have experienced or witnessed what they feel may be abuse, neglect or bad practice in care provided by the HSE or their providers in residential, day or home services.

HOW TO CONTACT

You can telephone directly on LoCall: 1890 100 014, email leigh.gath@crhealth.ie or send a letter to my office at Vocational Training Centre, Dooradoyle, Co. Limerick. If alternatively, you would like to arrange an appointment, please telephone on the above number to arrange a suitable date and time.

WHAT HAPPENS WHEN A CONCERN / COMPLAINT IS RECEIVED

Upon receiving a concern or complaint, it is examined to determine the most appropriate course of action and examination required. The concern/complaint is then directed to the Chief Officer in charge of the geographical area (Community Healthcare Organisation), where the concern/complaint originated.

The appropriate Chief Officer is required to respond to my office, within 15 working days determining the investigation or course of action required to solve the problem, in order to bring about a satisfactory conclusion for all concerned. Unfortunately this time frame is rarely adhered to, despite repeated reminders.

Occasionally concerns that arise are determined to be so serious that they are immediately directed not only to the Chief Officer, but also to the appropriate National Director.

The concern / complaint is not closed until I am satisfied that either the person raising the concern agrees that there has been a satisfactory conclusion, or an appropriate reason has been given as to why the concern cannot be solved immediately (e.g. funding has to be allocated) and how the concern may be solved at a future stage.

This process is outlined in **Appendix 1** – Reporting a Concern / Complaint

ANALYSIS OF CONCERNS / COMPLAINTS RECEIVED

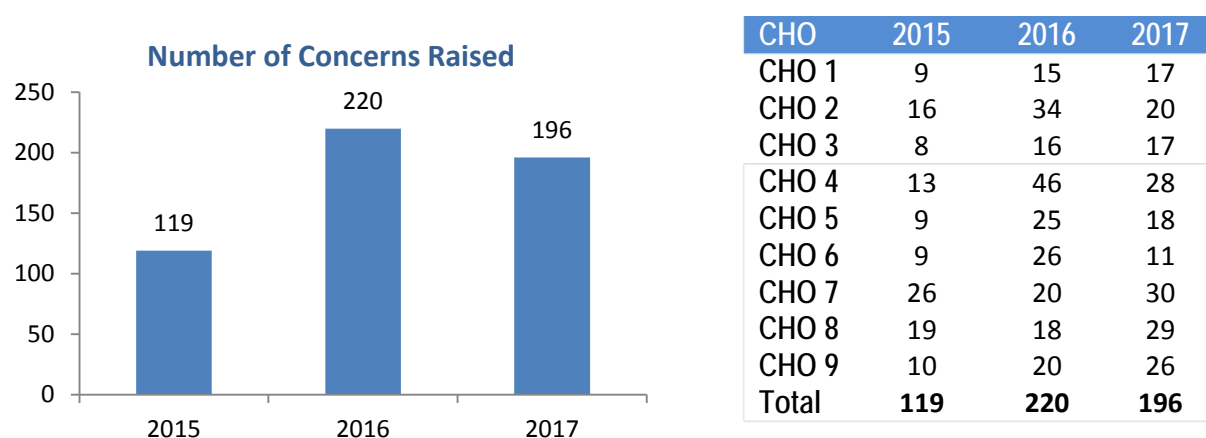
During 2015, my office responded to **119** concerns/complaints, increased awareness and publicity of the service during 2016 resulted in the increased number of concerns responded to, almost double to **220**.

In 2017, the total number of formal concerns / complaints received by my office was **196**, a slight reduction on 2016. **169** of these related to Social Care services, **22** in Mental Health and **5** in other services. (Acute, Private Nursing Homes, and Primary Care).

Presently, when a concern/complaint comes to my office regarding a Private Nursing Home it can only be passed to HIQA, as the HSE does not have the authority to investigate these.

An estimated **500** informal telephone calls were also welcomed during the year, with many people wanting to know about the office, or talking about concerns but not wanting to have them passed on at that time, for a variety of reasons.

Table 1: Number of Concerns Raised by Community Health Organisation (CHO)



The type of concerns raised include safeguarding, client placement / planning, access to equipment, level of staff to support client, financial charges, staff behaviour, safety of care and other issues.

Where concerns were raised in relation to alleged abuse this included physical, sexual, psychological, financial, neglect, discrimination and institutional.

Table 2 details types of concerns raised during 2017.

Table 2 - Types of Concerns / Complaints Received

Category	Type	2017
Care Placement / Planning And arrangements	Client Placement / Planning	22
	Level of Staff to Support client	5
	Access to Equipment	5
	Financial charges	5
	Transport	3
	Accommodation	27
	Respite	9
	Transfer from child to adult services	0
	Other	30
	Total	106
Safeguarding	Alleged abuse	13
	Safety of Care	3
	Staff behaviour	28
	Family issues	5
	Care issues	41
	Total	90
Overall total		196

On examination of these concerns and previous reports, three main recurring issue trends is apparent. These relate to funding, respite and communication.

- **Funding:**

A number of people who need services are either being placed in inappropriate services such as nursing homes or acute psychiatric services when they may not have a psychiatric illness but an intellectual disability instead - and in some cases have been there for long periods of time, sometimes years. Other people are not receiving adequate services, or may not be receiving any service because funding has not been available to meet their needs.

- **Respite**

Although the Government did inject additional monies into respite service provision at the end of 2017, there are a large number of families, mainly caring for people with significant intellectual disabilities, who are receiving little or no respite. This, according to the people my office hears from, is putting tremendous stress on families. Some of the people they care for require around-the-clock care and so the carers get little rest.

- **Communication**

In many instances, people will contact my office having contacted their local HSE office or service provider over a relatively small issue. When no response is received, this can cause the families to mistrust the services or their local HSE offices. If someone had called or written to these people in a timely manner then they would be happy (most of the time) to work with the HSE to solve their issues, even if it was going to take time. People need to feel they are being heard and listened to.

Staff detailing Complaints / Concerns

The number of concerns has risen considerably, but there has also been a rise in the number of staff coming forward to report situations they feel may be a concern in their service, which would be funded or partially funded by the HSE.

In many circumstances, staff felt that they could not have their identities revealed because of fear of reprisal from their employers or other staff. These fears may be real or not, but the culture is still there, with some people feeling fearful of bringing concerns up with their line of management or else having brought their concerns to management, feeling they had not been listened to and were concerned about those they cared for.

A number of staff, who contacted my office anonymously, had initially used their own service protocols for reporting abuse. However, these staff members felt that they were either ignored or targeted for redeployment from their workplace or, had other apparent measures taken to discredit them. They then contacted my office hoping that an independent person could ensure the safety of the residents/service users while protecting their jobs as well.

Timeline from receipt of concern / complaint to closure

36 (23%) concerns / complaints were closed within the required timeframe of 15 days during 2017. This represents a significant reduction in compliance from 2015 in which **42%** was achieved. A further **24%** were closed within one month, **35%** within three months and **18%** over three months.

It should be noted that **81%** (159) of all concerns raised during 2017 were closed by the end of December; a reduction of **9%** on 2016 and **37** remained open.

A further 2 concerns that were received during 2016 had still not been concluded by the end of 2017 and therefore remain open / on-going.

Table 3 details the timeline from receipt of concern to its conclusion / closure.

Table 3 - Timeline from receipt of concern to closure

Year	0-7 days	8-15 days	16 – 31 days	1-3 months	>3 months	Total
2015	27	18	23	24	14	106
2016	53	26	50	51	19	199
2017	12	24	38	56	29	159

In order to overcome such delays, bi-weekly teleconferences are now held with a National Lead from the HSE, where open cases are discussed and in turn, requests for updates are directed to Chief Officers. Delays in communication either to my office and/or persons raising concerns ultimately cause frustration and unnecessary additional anxiety.

In some circumstances concerns were escalated to the National Office where I deemed the action or response was not adequate, timely or appropriate at CHO level.

Concerns / Complaints resolved by outcome

As stated previously, **37** concerns / complaints remained open at the end of December 2017. **70** of the **159** open concerns / complaints were resolved to the satisfaction of the complainant.

Table 4 - Outcomes

Complainant satisfied	Not satisfied	Passed to HIQA / hospital complaint	Funding constraints	Anon.	Open/ on – going	Other	Total
70	23	10	8	28	37	20	196

All anonymous Concerns were resolved during 2017 to my satisfaction, except in two cases, which resulted in major investigations that are still on-going.

In **23** instances, the concern / complaint could not be resolved to the satisfaction of the individual. Areas of dissatisfaction included: requests for additional services that is not possible for the HSE to provide, assistance with advancement on waiting lists, or acceptance

of family members diagnosis of dementia, deemed appropriate for nursing home care as a result of nursing care required. It was other individual's perspective that I was not doing my job adequately, as a result of lack of communication between the HSE, myself and/or them.

Stories Shared

The following examples written from the perspective of a family and an advocate have been kindly shared for inclusion in this report. These examples represent a flavour of the type of issues that dealt with by my office. Permission has been granted by the people involved, all individual names have been changed to respect their privacy.

Our sister Ruth

Our sister is 52 years old and has suffered with acquired brain injury for many years. For the last 10 years her memory recall has been progressively deteriorating and she has needed intensive care and support in order to live a full life. On May 3rd 2016 she had a serious burns accident that set her back enormously. As a result of the injury the care facility she was living in could no longer accommodate her as she now required 24 hour care.

Having spent 8 weeks in the National Burns Unit "Ruth" was discharged to her local acute hospital. Little did we realise just how difficult the journey to find a new home was going to be. The only option on offer was a Nursing Home; this for a 52 year old was unacceptable to us.

"Ruth" spent the next 18 months of her life in a hospital bed while we searched for funding and a suitable residential facility. The staff in the hospital were fantastic and a great support to us over the long 18 months but we were having no luck at all in securing funding for "Ruth".

Leigh Gath's name was mentioned to us by the Hospital Social Work Manager and in desperation we contacted her. From there things began to take a turn for the better. Once Leigh became involved she was able to carefully direct our journey through the HSE. She knew how things worked, the people who could make decisions and how "Ruth's" application stood the best chance of being successful. She personally attended the family-hospital meetings with us, meeting "Ruth" and advising the family.

She contacted the relevant people and most importantly always stayed in contact with us making us feel very well supported.

Leigh was tenacious and we eventually were one of the lucky ones to receive funding.

Our sister is now in a residential facility and is settling into her new home. Without Leigh's help we believe we would still be searching for funding for a home for "Ruth" and for this we are eternally grateful.

John's advocate

I work for a local independent advocacy project. I was asked by a family member to meet with "John". "John" has been living in an acute psychiatric unit for the past five years. John is diagnosed as having an intellectual disability. According to the most recent correspondence that the family have, he 'has no formal psychiatric illness'.

"John" is a "voluntary" patient but if John were to try and leave the unit he would be stopped.

"John" has strong family support but they had not been included in care planning or future planning. In fact, over the past 5 years the only thing they have been told is that there is no suitable provider or place for him in the community.

Consider for a moment if you were living in an environment for five years where the intention is to provide short term care and support to people experiencing mental and emotional distress to such a degree that they are advised to access this environment voluntarily or who are involuntarily detained and subject to compulsory admission and 'treatment'. This is an environment whose purpose is to provide support to the most distressed in our society, when they are at the extremes of that distress and for as short a time as possible. Add to that the struggles that may come if you struggle to process everyday events, you are separated from all that is familiar to you, where routine and familiarity are critical to your wellbeing and where you are not in a position to vocalise your

feelings, your fears, your thoughts through verbal language. This is where “John” has been for the past five years.

Independent advocacy support has assisted in ensuring that “John’s” voice is heard at local and national level and commitments have been made on paper. But progress has been slow.

So bringing “John’s” story to the attention of the Confidential Recipient was agreed as a necessary step. Things are beginning to happen. A potential residential service provider has been identified, but even with the intervention of the Confidential Recipient’s office, “John” is still inappropriately placed in a psychiatric unit.

Appendix 1 – Process for reporting a Concern / Complaint

