

**Confidential  
Recipient**

**Report of the  
Confidential Recipient  
2016**

## 1. Introduction

In December 2014, the Confidential Recipient was appointed to be a voice for vulnerable adults 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 the appropriate Chief Officer. The Chief Officer then has 15 working days to respond to the Confidential Recipient on either what was done to solve the problem, or what is being done to bring about a satisfactory conclusion.

The concern / complaint is not closed until the Confidential Recipient is satisfied that either the person with 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.

During 2015, the Confidential Recipient responded to **119** concerns / complaints, but increased awareness and publicity of the role of the Confidential Recipient has meant that the number of concerns responded to in 2016 has almost doubled, to **220**.

Although the number of concerns has risen considerably, on a positive note more staff are having the courage to come forward if they have a concern about the treatment of residents in the service they work in.

## 2. Receiving Concerns or Complaints

Upon receiving a concern, the Confidential Recipient examines it to determine the most appropriate course of action and examination required. The Confidential Recipient then directs the concern to the appropriate Chief Officer. If the Confidential Recipient believes the complaint or concern is extremely serious, it is also brought to the attention of the appropriate National Director.

The Chief Officer then has 15 working days from the date of receipt of the file from the Confidential Recipient to examine the matter and to submit a preliminary written report. Where the preliminary report indicates that a more formal investigation is required then the Confidential Recipient together with the relevant National Director will set out agreed timeframes for this investigation.

The Confidential Recipient will consider the final report and if necessary may require additional action to be undertaken.

***Please see Appendix 1- Reporting a concern / complaint.***

### 3. Concerns / Complaints Raised

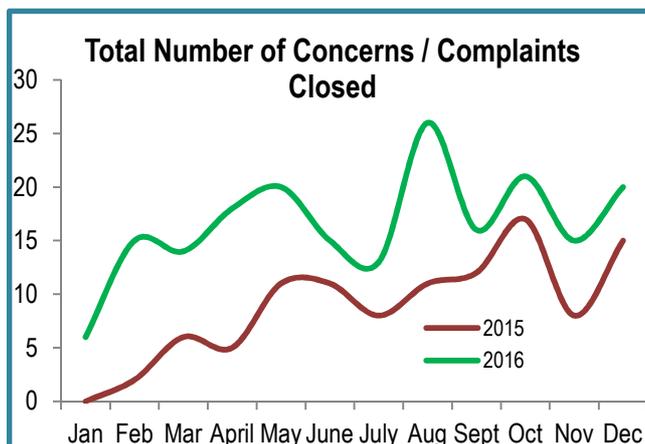
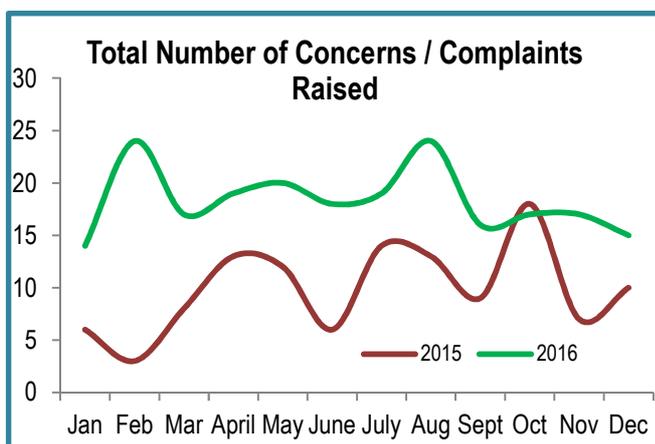
#### 3.1 Total Number of Concerns / Complaints Raised

The Office of the Confidential Recipient received **220** concerns / complaints during 2016, which represented an increase of **101** (85%) on 2015. However, there was a reduction in the number of safeguarding concerns from **54** in 2015 to **41** in 2016.

**Table 1** below details the total number of concerns / complaints raised to the office of the Confidential Recipient by month during 2015 and 2016.

**Table 1 Number of Concerns / Complaints Raised**

Year	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
2015	6	3	8	13	12	6	14	13	9	18	7	10	119
2016	14	24	17	19	20	18	19	24	16	17	17	15	220
Val Var	8	21	9	6	8	12	5	11	7	-1	10	5	101
% Var	133%	700%	113%	46%	67%	200%	36%	85%	78%	-6%	143%	50%	85%



#### 3.2 Total Number of Concerns / Complaints Closed

**199** of the **220** concerns / complaints received by the Office of the Confidential Recipient were also closed out during 2016. **21** concerns / complaints remained open and under investigation as at 31<sup>st</sup> December 2016. It should be noted that the **13** concerns that remained open as at 31.12.2015 were closed during the first quarter of 2016.

**Table 2** below details the total number of concerns / complaints closed by the office of the Confidential Recipient by month during 2015 and 2016.

**Table 2 Number of Concerns / Complaints Closed**

Year	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
2015	0	2	6	5	11	11	8	11	12	17	8	15	106
2016	6	15	14	18	20	15	13	26	16	21	15	20	199
Val Var	6	13	8	13	9	4	5	15	4	4	7	5	93
% Var	-	650%	133%	260%	82%	36%	63%	136%	33%	24%	88%	33%	88%

### 3.3 Total Number of Concerns / Complaints Open

The majority of concerns / complaints designated as open and under investigation at the end of 2016 were either received in Quarter 4 and are currently under review or are complex with further detailed work required in each instance.

**Table 3** below details the total number of concerns / complaints open and under investigation at the office of the Confidential Recipient by month as at 31<sup>st</sup> December 2016.

**Table 3 Number of Concerns / Complaints open and under investigation**

Year	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
2016	0	0	0	0	1	0	0	1	1	4	5	9	21

Each concern / complaint is not closed until the Confidential Recipient is satisfied that either the person with the concern agrees that there has been a satisfactory conclusion, or an appropriate reason has been given as to how why the concern cannot be solved immediately.

### 3.4 Concerns / Complaints by HSE Division

During 2016, an increase in concerns / complaints was demonstrated across HSE Divisions. The majority of concerns / complaints related directly to the provision of services provided by Social Care Division and accounted **80%** of all concerns received an increase of 61% on 2015.

**13%** of concerns / complaints related directly to Mental Health Services (*both hospital and day care services*) throughout the country.

In early 2016, a Memorandum of Understanding was signed by the Confidential Recipient and HIQA which facilitates the passing of concerns received about Private Nursing Homes by the Confidential Recipient directly to HIQA. During 2016, **6%** of concerns / complaints related to Private Nursing Homes and were passed directly to HIQA.

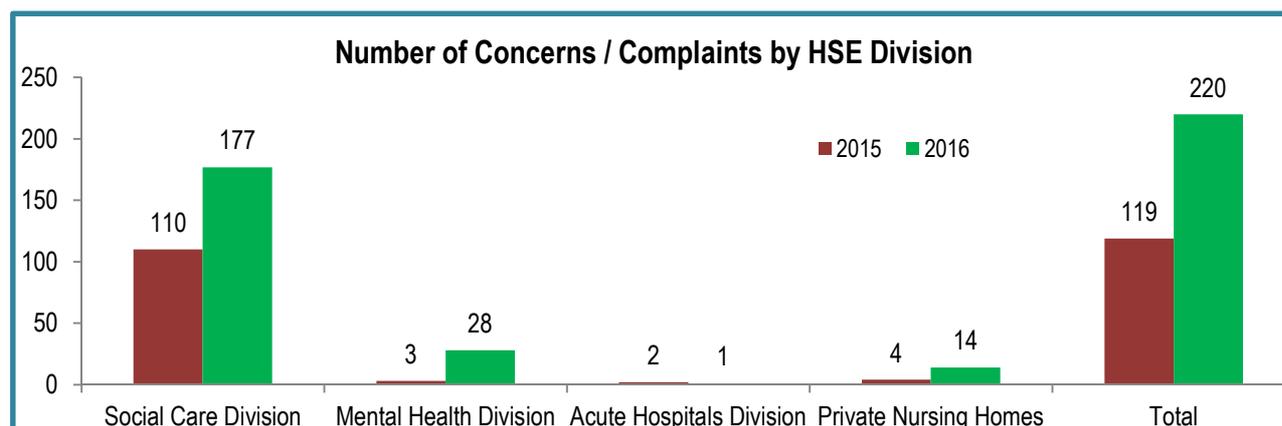
**1** concern / complaint (<1%) was received by the Confidential Recipient in relation to Acute Hospital services.

**Table 4** demonstrates the total number of concerns / complaints raised set out by HSE Division during 2015 and 2016.

**Table 4 Number of Concerns / Complaints by HSE Division**

Year	Social Care Division	Mental Health Division	Acute Hospitals Division	Private Nursing Homes	Total
2015	110	3	2	4	119
2016	177	28	1	14	220
Val Var	67	25	-1	10	101
% Var	61%	833%	-50%	250%	85%

The Social Care Division integrate these concerns / complaints within their incident management process and this information is used as another source of identification of serious incidents, or an issue of risk in an organisation.



### 3.5 Concerns / Complaints raised by CHO

**Table 5** below provides a summary of all concerns raised to the Office of the Confidential Recipient at each Community Health Organisation (CHO) during 2016.

**Table 5 Number of Concerns / Complaints raised by CHO**

CHO	Region	2015	2016	Val Var	% Var
CHO 1	Donegal, Sligo, Leitrim, West Cavan and Cavan / Monaghan	9	15	6	67%
CHO 2	Galway, Roscommon, Mayo	16	34	18	113%
CHO 3	Clare, Limerick, North Tipperary, East Limerick	8	16	8	100%
CHO 4	Kerry, North Cork, North Lee, South Lee and West Cork	13	46	33	254%
CHO 5	South Tipperary, Carlow, Kilkenny, Waterford, Wexford	9	25	16	178%
CHO 6	Wicklow, Dun Loaghaire, Dublin South East	9	26	17	189%
CHO 7	Kildare, West Wicklow, Dublin West, Dublin South City, Dublin South West	26	20	-6	-23%
CHO 8	Laois, Offaly, Longford, Westmeath, Louth and Meath	19	18	-1	-5%
CHO 9	Dublin North, Dublin North Central and Dublin North West	10	20	10	100%
<b>Total</b>	Donegal, Sligo, Leitrim, West Cavan and Cavan / Monaghan	<b>119</b>	<b>220</b>	<b>101</b>	<b>85%</b>

The number of concerns / complaints received for a particular area can be higher because of the concentration of services within these Community Healthcare Organisations (CHOs).

## 3.6 Timeline of Investigations

The following timeframes apply to the process by which a complaint or concern is investigated:

- ◆ The Chief Officer will have 15 working days from the date of receipt of the file from the Confidential Recipient to examine the matters raised and submit a preliminary written report to the Confidential Recipient.
- ◆ Where, following an examination, it is decided that the concern raised requires a formal investigation, the National Director will agree this with the Confidential Recipient together with the timeframes within which it is expected the investigation process will be concluded. (Any deviation from timeframes subsequently as a result of ensuring due process for individuals etc. must be agreed with the Confidential Recipient).

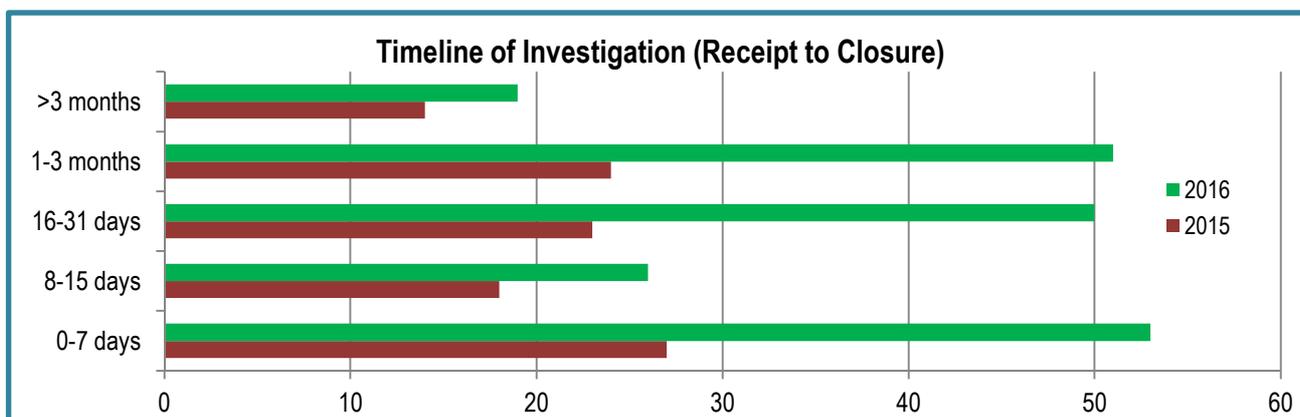
Where the Confidential Recipient, on receipt of a concern believes that there is an immediate risk to the safety of an individual or a service these will be communicated to the National Director and any immediate actions required are to be notified to the Confidential Recipient.

**Table 6** details the timeline of concerns / complaints from receipt to the Confidential Recipient to closure during 2016.

**Table 6 Timeline of Investigation from receipt of concern / complaint to closure**

Year	0-7 days	8-15 days	16-31 days	1-3 months	>3 months	Total
<b>2015</b>	27	18	23	24	14	106
<b>2016</b>	53	26	50	51	19	199
<b>Val Var</b>	26	8	27	27	5	93
<b>% Var</b>	<b>96%</b>	<b>44%</b>	<b>117%</b>	<b>113%</b>	<b>36%</b>	<b>88%</b>

Of the **199** concerns / complaints closed out in 2016, **65%** were closed within one month. A further **26%** were closed between 1-3 months and **9%** closed >3 months.



### 3.7 Number of Concerns / Complaints resolved by Outcome

51% of concerns / complaints were resolved to the satisfaction of the complainant. **Table 7** details the number of concerns / complaints resolved by outcome.

**Table 7 Number of Concerns / Complaints resolved by Outcome**

Year	Complainant satisfied	Not satisfied	Passed to HIQA / Hospital Complaints	Funding Constraints	Anonymous / no contact	Open / On-going	Other	Total
2015	72	10	9	0	5	16	7	119
2016	112	13	15	18	19	21	22	220
<b>Val Var</b>	40	3	6	18	14	5	15	101
<b>% Var</b>	<b>56%</b>	<b>30%</b>	<b>67%</b>	-	<b>280%</b>	<b>31%</b>	<b>214%</b>	<b>85%</b>

### 3.8 Types of Concerns / Complaints Raised

The type of concerns raised with the Confidential Recipient 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. Lack of communication between the HSE staff and families has also, at times, has been raised as an issue.

**Table 8 Types of Concerns / Complaints Raised**

Category	Type	2015	2016	Val Var	% Var
<b>Care Placement / Planning and Arrangements</b>	Client Placement / Planning	35	68	33	94%
	Level of Staff to support client	12	18	6	50%
	Access to Equipment	5	6	1	20%
	Financial Charges	3	4	1	33%
	Transport	2	0	-2	-100%
	Accommodation	0	15	15	-
	Respite	0	10	10	-
	Transfer from child to adult services	0	5	5	-
	Other	8	53	45	563%
	<b>Total</b>		<b>65</b>	<b>179</b>	<b>114</b>
<b>Safeguarding</b>	Alleged abuse(physical, sexual, psychological, financial, neglect, discrimination and institutional	43	31	-12	-28%
	Safety of care	6	2	-4	-67%
	Staff behaviour	2	4	2	100%
	Family behaviour / issues	3	4	1	33%
	<b>Total</b>	<b>54</b>	<b>41</b>	<b>-13</b>	<b>-24%</b>
<b>Overall Total</b>		<b>119</b>	<b>220</b>	<b>101</b>	<b>85%</b>

## **4. Case Studies provided by the Confidential Recipient**

### **Case 1** – Delayed Discharge

This person received a very serious spinal cord injury several years ago, but after initial treatment and rehab in the National Rehabilitation Hospital, they were then transferred back to an acute hospital bed because of lack of funding to resource the amount of support they needed to move back home. They came to this office in the summer and eventually the funding was found to allow them to move back to the community with the appropriate high level supports they need, which included nursing support as well as round the clock PA services. This person is happy to be back in the community and working toward getting back to life in their community.

### **Case 2** – Physical / Sensory Disability

This young person was being required by the provider agency to go to bed by 9pm every night, not allowing for college or social activities with friends, thus causing isolation. This problem was solved by the person going down the self-directed services route and thereby giving them more control over their own personal assistant services and what hours they worked for them.

### **Case 3** – Respite

This person had been waiting several years or more to get respite services put in place for their family member, who could have violent outbursts and needed constant supervision. This was finally sorted toward the end of the year when it was realised the situation was at a critical point for the family.

### **Case 4** – Safeguarding

This person had lived in the same residential house for several years without any problems. Then several incidents happened and the resident made a report and said they didn't want to live there anymore. After a safeguarding investigation nothing was found but because the person was unhappy and as an extra precaution for him, other alternatives were sought and the person was moved to a different provider. This has worked out well and the person, the family and new provider are happy.

### **Case 5** – Safeguarding

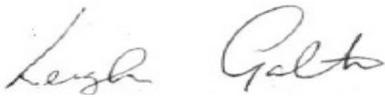
This person has an intellectual disability and had lived with the same service provider for many years but family very involved. Mom reported various medical concerns she had to the provider and requested medical intervention. It appears that this took many months for the provider to provide. This person is now very ill and an investigation is underway to determine what happened.

**Case 6** – Safeguarding

People with severe intellectual disabilities were told they were being moved away from the home they had lived in for many years – as a cost saving measure. This is not in line with the HSE’s own policies and the move was stopped. Families are now satisfied that these people will be left in what is their home and will not be moved, unless down the road there is medical justification.

**Case 7** – Choices

This person has an intellectual disability and made the decision they did not want to see certain family members. An independent advocate made sure their voice was heard and even though pressure was put on the provider by the family, the person’s wishes were upheld.



Leigh Gath  
**Confidential Recipient**

Date: *18<sup>th</sup> January 2017*

# Confidential Recipient

## Do you feel safe?

## Are you worried

about a loved one in this service?

## Have you seen

something that you want to report?

If you are worried about a vulnerable adult in this or any HSE funded residential service, or if you are a resident and you need help or advice - **you can talk to me in safety and confidence.**

### **My name is Leigh and I am the Confidential Recipient.**

My job is to help anyone who feels they are being treated badly in HSE funded residential services.

I am independent of the HSE, and you can contact me by phone, email or post at:

leigh.gath@crhealth.ie  
Vocational Training Centre,  
Dooradoyle, Co. Limerick.

**LoCall:  
1890 100014**



