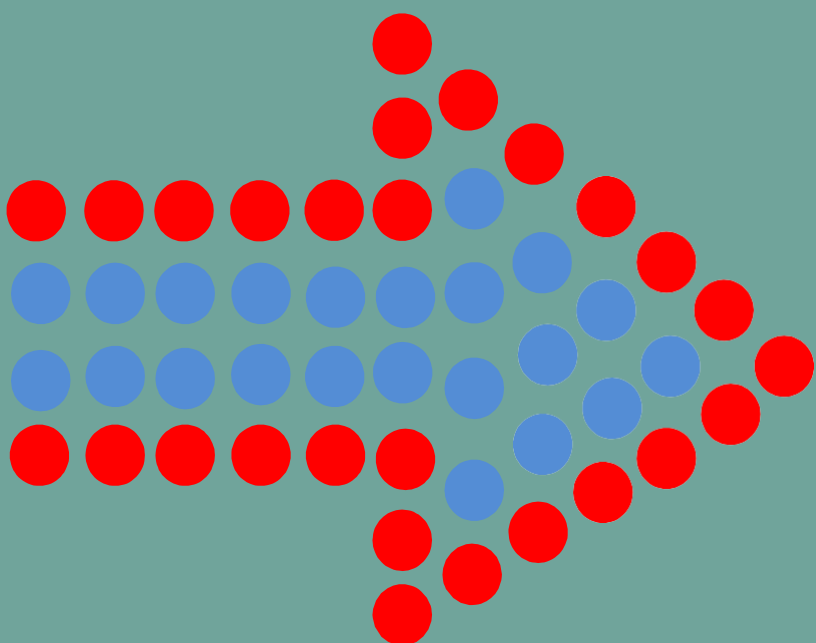
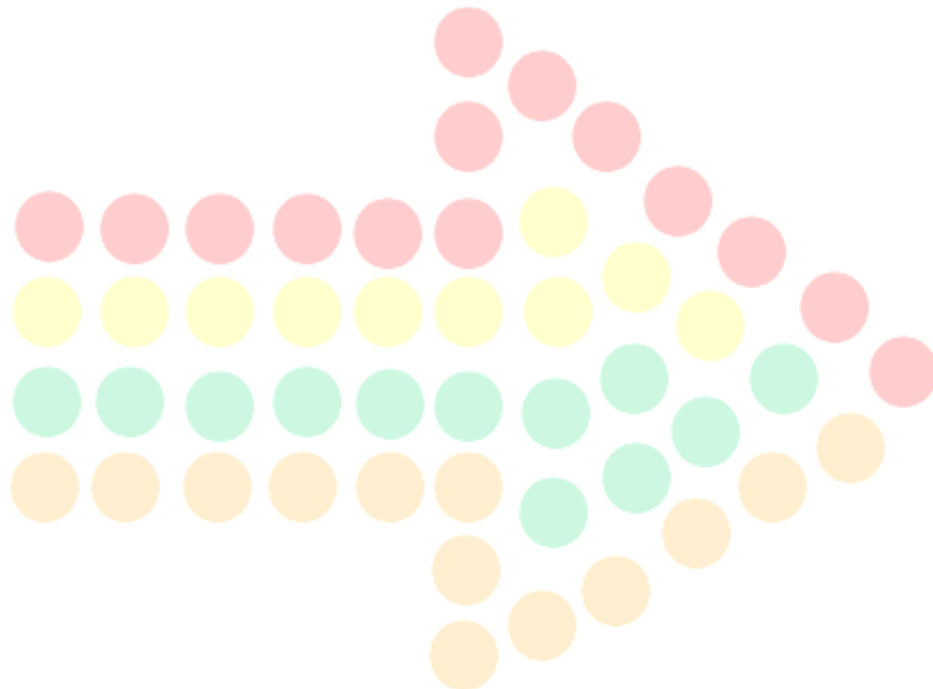




# Office of the Confidential Recipient



## Annual Report 2018



Office of the Confidential Recipient

Vocational Training Centre

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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 or partially funded by the HSE.



The Office of the Confidential Recipient is a national service, receiving concerns and complaints in an independent capacity and bringing those concerns and complaints to the appropriate HSE management for attention and action. Since my appointment, my office has dealt with almost 750 formal concerns or complaints from service users across the country.

2018 was a busy year for the Office with **206** concerns received, **39** meetings held with families and or advocates and **50** meetings with the HSE management. Additionally, I presented on **21** occasions at conferences and symposiums, providing information and advocating for change and service improvements as part of my role.

People receiving care should be at the centre of plans to support them live an independent and integrated life as possible. Over the past year, I have found that in some cases, there is still a view that people with physical or sensory disabilities should receive care in the same manner as people with intellectual disabilities. People with physical disabilities, for the most part, are able to make their own life decisions, whereas many times people with intellectual disabilities will require support to make decisions concerning their lives.

Respite is a very important service for many people with disabilities and their families. I would like to see respite services more widely available so that more people with disabilities and their families can benefit from this vital service.

I would like to see more funding made available for respite breaks. I would also like to see this service available in areas where no respite places are available.

I also note that the provision of essential equipment is still an issue. In some parts of the country a person will receive the equipment they need and be trusted to use it with or without the supports as required. In other parts, stipulations may be put on how, when and where the person can use the equipment. My office has received concerns from a number of people who fear that, should they not abide by these stipulations, their equipment will be removed.

I am keen to hear from more people who may have a concern or complaint or who simply require information. I include those who are worried about the treatment and care a loved one is receiving from a disability or residential service. 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 seriously. Should a staff member wish to raise a concern or complaint in an anonymous capacity, it will be received by my office and reviewed and investigated in the same manner as other concerns or complaints.



**Leigh Gath**  
Confidential Recipient

## 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 the Office. I would urge people to make contact if they feel you they have experienced or witnessed abuse, neglect or bad practice in HSE provided care or from HSE funded providers of residential, day or home services.

## How to contact

You can telephone directly on LoCall: 1890 100 014 , email [leigh.gath@crhealth.ie](mailto:leigh.gath@crhealth.ie) or send a letter to the Office at the Vocational Training Centre, Dooradoyle, Co. Limerick. If you would like to make an appointment, please telephone the Office and a suitable date will be arranged.

## What happens when a concern or complaint is received

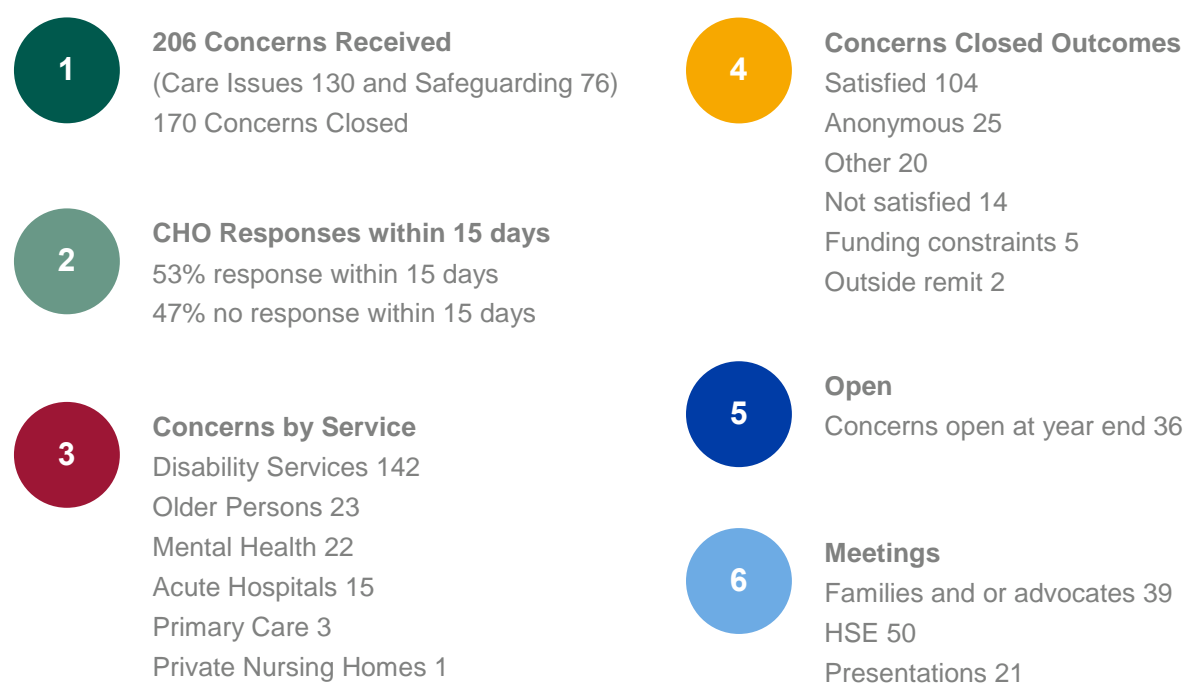
Concerns and complaints are carefully examined and the most appropriate course of action to resolve them is determined. The concern or complaint is normally directed to the Chief Officer of the Community Healthcare Organisation where the concern or complaint originated.

The Chief Officer is required to provide a response to this Office within 15 working days. The response should determine the investigation or course of action required to resolve the problem.

Occasionally concerns that arise are determined to be so serious that they are immediately directed not only to the Chief Officer, but also the appropriate HSE National Director. The concern or complaint is not closed until the Office is 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. The process is outlined in **Appendix 1 – Reporting a Concern or Complaint**

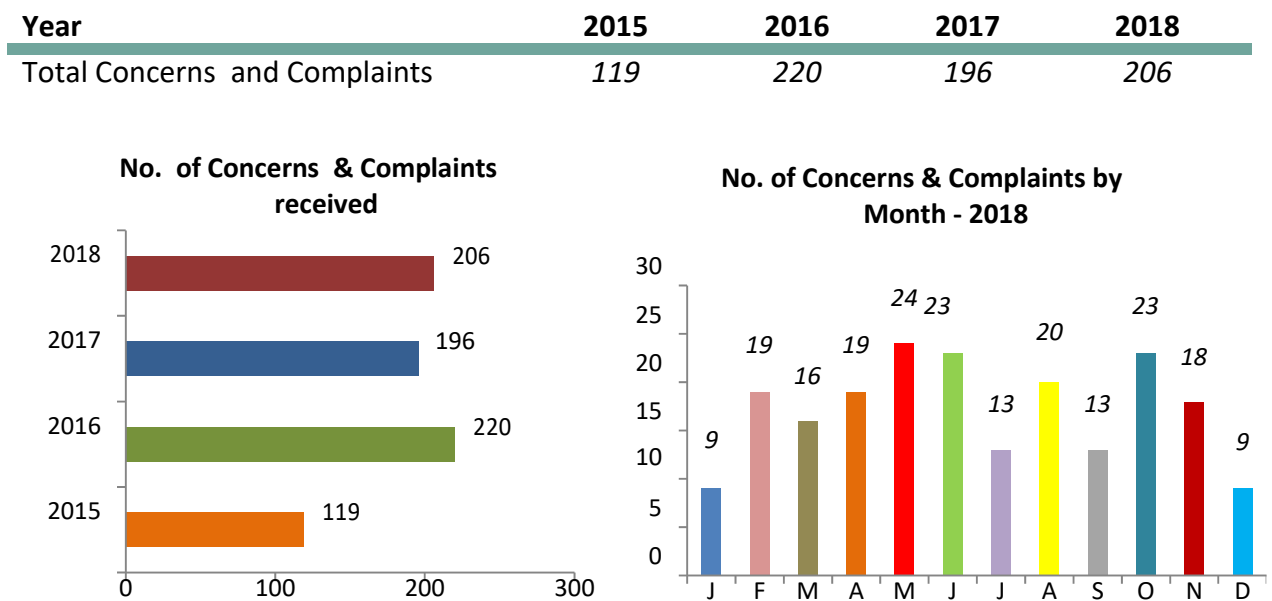
# Office of the Confidential Recipient

## Overview 2018



## Total Concerns / Complaints Received

Since the establishment of the Office of the Confidential Recipient there has been a steady flow of concerns and complaints received. There was a small increase in the number of concerns and complaints received in 2018 compared to those received in 2017 (206 in 2018 compared to 196 in 2017). The table below details the number of concerns or complaints received since the establishment of the Office of the Confidential Recipient and the trend during 2018 by month.



## Categories and Types of Concerns or Complaints

The type of concerns raised fit within two broad categories - Care and Safeguarding.

Issues of Care include residential, respite and equipment. Sub categories include care placement, planning, the level of staff to support the client, access to equipment, financial charges, transport, accommodation, respite, care issues, transfer from child to adult services and other.

Issues of Safeguarding include alleged abuse, safety of care, staff behaviour, family issues and day services.

During 2018, **130** concerns or complaints relating to care issues were received. Examples of concerns or complaints under this category include:

- People waiting for nursing home or residential placements following discharge from hospital
- People waiting for transfer from one nursing home to another in the locality or into the community.



- People waiting for supports in the community (*moving from residential or nursing homes*)
- Personal Assistant (PA) services
- Respite service provision

Recurring themes throughout 2018 were funding limits for a growing number of people requiring services and difficulties experienced by families accessing respite. Communication at times also remains problematic between families and the HSE. This ultimately can lead people to make contact with this Office to voice concerns, having already been directed to a number of offices across the HSE.

The table below details the number of concerns or complaints received by the Office by category and sub-category.

Category	Type	2018
Issues of Care, Residential, Respite and Equipment	Care Placement / Planning	34
	Level of Staff to Support Client	30
	Access to Equipment	10
	Financial Charges	3
	Transport	0
	Accommodation	11
	Respite	19
	Transfer from child to adult services	0
	Other	23
	<b>Total</b>	<b>130</b>

Category	Type	2018
Safeguarding	Alleged Abuse	19
	Safety of Care	11
	Staff behaviour	20
	Family Issues	22
	Day Service	4
	<b>Total</b>	<b>76</b>
<b>Overall Total</b>		<b>206</b>

**76** safeguarding concerns or complaints were received. , Family issues were most commonly reported (22).

Examples of concerns or complaints under this category include:

- Concerns about a family relative that another family member could potentially be abusing
- Serious allegations of abuse
- Concerns of neglect of person by other family members

## Sarah

Sarah (pseudonym) has a severe intellectual disability. A couple of years ago she had back surgery which left her unable to walk. During the time of the surgery she also had a tracheostomy and was fed through a tube in her stomach.

For the next two years or so, she was living in an acute hospital, close to her family. However, the service she had previously used was unable to take her back because of the complexity of her medical care. The family were not in a position to take her home.

She came to the attention of this Office from an anonymous call by someone who had been visiting a relative at the hospital and was told Sarah had been there for a couple of years. This was in the first quarter of 2018.

A trip to visit her showed me she had no life outside her single hospital room. She was spending her days thumping the padded sides of her bed. That appeared to be her only activity. Her intellectual disability meant she could not understand television, and had no activities to do during the day. Needless to say she was having behavioural problems. She had someone employed to sit with her all day – but no activities except for the occasional walk around the corridors in a wheelchair in the evening when the hospital was quiet.

After bringing this to the attention of the HSE locally, activities commenced and when funding became available she was eventually transferred to a residential placement where she has settled well, has a programme of services, and is getting back to having a life that is more suitable for a young woman in her 20s. Her transfer from the hospital was in the 3<sup>rd</sup> quarter of 2018 and she has settled well into her new “home”. Her behaviour, I am assured, has seen a huge improvement and she seems much happier.

### Concerns or Complaints by HSE Care Group

HSE Service	Older Person	Social Care	Mental Health	Acute	Private Nursing Homes	Primary Care
Number of Concerns Received	23	142	22	15	1	3

As expected, the vast majority of concerns relate to social care services. Any concern received which relates to Private Nursing Homes is forwarded to HIQA for attention.

## Timeline of Investigation from receipt of concern or complaint to closure

**170** [83%] of the **206** concerns or complaints were closed during 2018. Of these, **62%** (105) were closed out within one month.

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
2018	20	20	65	48	17	170

As detailed above, delays were experienced in some instances closing cases. This relates to the inability of CHOs to resolve matters for a number of reasons, particularly around financial constraints in putting service provisions in place for people.

The concern or complaint remains 'open' 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.

## Number of concerns or complaints resolved by outcome:

Year	Complainant satisfied	Not satisfied	Passed to HIQA / hospital complaint	Funding constraints	Anonymous	Open/ on – going	Other	Total
2018	104	14	2	5	25	36	20	206

The majority of complainants were satisfied with the way in which the concern or complaint was addressed.

## Open concerns or complaints

**36** concerns or complaints remained open at the end of 2018. Of these:

- **6** concerns or complaints were received during Q2
- **9** concerns or complaints were received during Q3
- **21** concerns or complaints were received during Q4 [*7 of which were received during December 2018*].

Anonymous concerns received by this Office come in the form of letter (by post) or via telephone calls. Concerns related to anything from a member of the public being concerned for the well-being of someone with a disability, to family issues to more serious alleged abuse issues. All anonymous concerns are treated (both by this Office and the appropriate CHO) as seriously as a concern with a name attached. Some anonymous concerns lead to investigations.

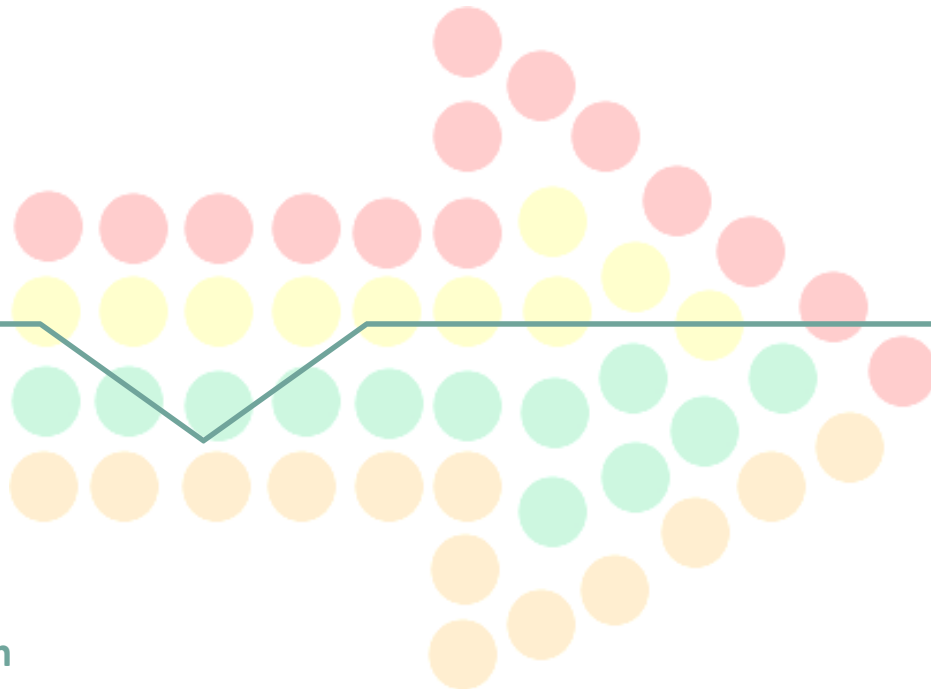
## John

John (pseudonym) came to this Office in the summer of 2017. He has a condition not covered by the HSE under 'Disabilities'. However his condition is recognised as one that can cause disability.

John was using a wheelchair but required further supports. He was receiving care for half an hour daily but required more care.

His needs centered around dressing, showering, eating, food preparation, laundry and cleaning.

By December, John could no longer continue at home without further supports. His GP decided he needed to go into care over the holiday period. John went into care over the holidays and since then, extra hours have been provided on a daily basis to assist him.



## Conclusion

In conclusion, 2018 was a challenging one for the Office of the Confidential Recipient.

There were many changes within the HSE which impacted on people waiting for services or supports. However, it is pleasing that more people are beginning to find their voices and trust that this Office is a safe place to pass on any concerns they may have regarding abuse, neglect or bad practice.

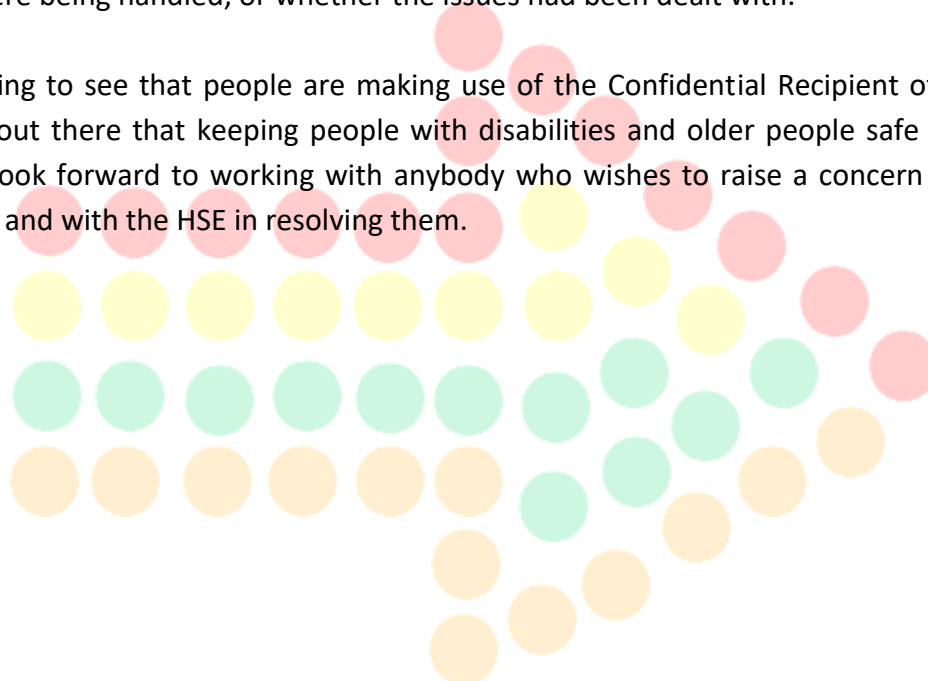
Some concerns could not be closed in a timely manner, as these often related back to funding or residential or respite services. Funding was very limited.

An issue brought to the attention of my Office many times during 2018 was the fact that the HSE is still, in many cases, using the medical model of disability within its services and supports, instead of the social model which allows for more inclusiveness for people with disabilities.

The social model of disability means that people should be at the centre of any plan for their lives and should be included in decisions made about them, but instead in some instances are apparently being forced to use their supports or equipment as the HSE sees fit, therefore not allowing people with disabilities to have choices in their lives because it may be deemed “risky” or not necessary. The concerns I have seen on this are coming from adults with physical and/or sensory disabilities who are capable of making their own decisions. These people have told me of feeling that there has been an unreasonable effort to control them, and when they have not complied, some people have apparently been threatened that use of equipment or support hours will either be reduced or withdrawn.

The other major issue that came to light in 2018 was the lack of communication at times between the HSE and my office, which led, at times, to me not being able to support people raising concerns, as without communication I could not inform those people as to how their concerns were being handled, or whether the issues had been dealt with.

It is reassuring to see that people are making use of the Confidential Recipient office, and the message is out there that keeping people with disabilities and older people safe is everyone’s business. I look forward to working with anybody who wishes to raise a concern or complaint during 2019 and with the HSE in resolving them.



## Appendix 1: Reporting a concern / complaint - Pathway

