

Report of the Confidential Recipient

2015

Contents

	Sections	Page
1.	Introduction	3
2.	Receiving Concerns	3
3.	Number of Concerns Raised	4
3.1	Concerns raised by HSE / HSE Funded Agencies	4
3.2	Concerns raised by CHO	5
3.3	Timeline of Investigations	5
3.4	Type of Concerns Raised	6
4.	Case Studies	7
5.	Publicity of the Confidential Recipient Service	8

1. Introduction

In December 2014 the HSE published its policy on Safeguarding Vulnerable Persons at risk of abuse to provide a consistent approach to protecting vulnerable people from abuse and neglect, to ensure all services would have a no tolerance approach to any form of abuse as well as promote a culture that supports that ethos. At this time, the HSE also appointed the Confidential Recipient.

The Confidential Recipient receives concerns and allegations of abuse, negligence, mistreatment or poor care practices in HSE or HSE funded residential care facilities from any person (resident, client advocate, family member, staff or the public). The Confidential Recipient also receives complaints in relation to Care Planning or care arrangements. The Confidential Recipient acts as a voice for the complainant, navigating the system, passing the concern on to the relevant person within the HSE to review or investigate appropriately within agreed timelines.

The Confidential Recipient is independent of the HSE and has the authority to examine concerns raised to:

- Advise and assist individuals on the best course of action to take to raise matters of concern
- Assist with the referral and examination of concerns
- Ensure that these matters are appropriately addressed by the HSE and its funded agencies.

This first Annual Report has been prepared to provide some analysis in relation to the number and type of concerns raised with the Confidential Recipient during 2015.

2. Receiving Concerns or Complaints

Upon receiving a concern, the Confidential Recipient examines it to ascertain the most appropriate course of action to be taken. If a concern warrants further investigation the Confidential Recipient will determine the type of examination required and will direct the concern to the appropriate Chief Officer. If the Confidential Recipient believes the complaint or concern is very serious, it is also brought to the attention of the appropriate National Director.

The Chief Officer 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. **(See Appendix 1)**

Sometimes the Confidential Recipient may decide that a concern is best pursued through another mechanism such as Good Faith Reporting, Protected Disclosure or the HSE Complaints Service.

3. Number of Concerns / Complaints Raised

The Office of the Confidential Recipient received **119** concerns during 2015.

Table 1 - Number of Concerns Raised

<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug</i>	<i>Sept</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Total</i>
6	3	8	13	12	6	14	13	9	18	7	10	119

In addition to the above concerns, many people also contact the Confidential Recipient seeking advice or support without formally making a complaint.

Of the **119** concerns raised, **106** are now closed, either based on the complainant's satisfaction with how the concern has been dealt with by the HSE or where the Confidential Recipient has decided that no further action is required. There are also some complaints which are received anonymously and follow up with the sender is not possible, so in these instances once the complaint has been investigated and either found have no basis, or the concern has been addressed, it is then closed out.

Table 2 - Number of Concerns / Complaints Closed

<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug</i>	<i>Sept</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Total</i>
0	2	6	5	11	11	8	11	12	17	8	15	106

89% of all concerns raised with the Confidential Recipient were closed out in 2015. **13** concerns remain open as at 31st December 2015.

Table 3 - Number of Concerns / Complaints Open - under Investigation

<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug</i>	<i>Sept</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Total</i>
0	0	0	0	0	1	3	1	1	0	2	5	13

The majority of cases designated as open at the end of 2015 were either received in Quarter 4 and are currently under review or are complex with further detailed work required in each instance.

3.1 Concerns / Complaints by HSE / HSE Funded Agencies

The following table demonstrates the number of concerns raised set out by HSE / HSE Funded Agencies.

Table 4 - Concerns / Complaints by HSE / HSE Funded Agencies

HSE / HSE funded Agencies	HSE	Section 38 / 39	For Profit	HSE MHS	HSE Acute	Other*	Total
No. of concerns	9	51	19	3	2	35	119

*The category 'Other' refers primarily to Home Support services.

3.2 Concerns / Complaints Raised by CHO

The table below provides a summary of all concerns raised by the Confidential Recipient to each CHO during 2015.

Table 5 - Concerns / Complaints Raised by CHO

CHO	Region	Total
CHO 1	Donegal, Sligo, Leitrim, West Cavan and Cavan / Monaghan	9
CHO 2	Galway, Roscommon, Mayo	16
CHO 3	Clare, Limerick, North Tipperary, East Limerick	8
CHO 4	Kerry, North Cork, North Lee, South Lee and West Cork	13
CHO 5	South Tipperary, Carlow, Kilkenny, Waterford, Wexford	9
CHO 6	Wicklow, Dun Loaghaire, Dublin South East	9
CHO 7	Kildare, West Wicklow, Dublin West, Dublin South City, Dublin South West	26
CHO 8	Laois, Offaly, Longford, Westmeath, Louth and Meath	19
CHO 9	Dublin North, Dublin North Central and Dublin North West	10
Total		119

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).

3.3 Timeline of Investigations

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

- ◆ The designated relevant person 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.

The following table summarises the timeline of concerns from receipt of concern to the Confidential Recipient to closure during 2015:

Table 6 - Timeline from receipt of concern / complaint to closure

<i>Timeline</i>	<i>0-7 days</i>	<i>8-15 days</i>	<i>16-31 days</i>	<i>1-3 months</i>	<i>>3 months</i>	<i>Total</i>
No. of concerns	27	18	23	24	14	106
%	25%	17%	22%	23%	13%	

64% of all concerns reported during 2015 were resolved / closed within a month.

Of the **106** concerns raised and closed during 2015, **58** were investigated, upheld and resolved. **32** concerns reported were investigated and the Confidential Recipient determined that no further action was necessary.

7 concerns were passed to other services for investigation (**3**, Consumer Affairs - relating to Acute Hospitals Division, **2** Concerns were passed to HIQA as they related to Private Nursing Homes, **1** concern to National Advocacy Service and **1** concern to TUSLA.

2 concerns were partially accepted and a further **2** concerns warranted no action.

5 other concerns raised related to provision of equipment, future care or excursion costs.

Table 7 - Number of concerns / complaints by outcome

Outcome	Upheld - action taken	Examined - No further action	Passed to other services	Partially upheld	No action required	Other	Total
No. of concerns	58	32	7	2	2	5	106
%	55%	30%	7%	2%	2%	5%	

3.4 Type of Concerns Raised

The type of concerns raised with the Confidential Recipient include safeguarding, client placement, access to equipment, level of staff to support client, care planning, financial charges, staff behavior, safety of care, transport 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, been a raised as an issue. There has also, in the past year, been two serious problems of people with disabilities being placed into residential facilities against their will or being inappropriately placed.

The table below summarises the type of concerns raised during 2015.

Table 8 - Type of Concerns / Complaints Raised

Category	Type	No. of Concerns
Care Planning and Care Arrangements	Client Placement	26
	Level of staff to support client	12
	Care Planning	9
	Access to Equipment	5
	Financial Charges	3
	Transport	2
	Other	8
Total Care Planning and Care Arrangements		65
Safeguarding	Alleged abuse (physical, sexual, psychological, financial, neglect, discrimination and institutional)	43
	Safety of care	6
	Staff behavior	2
	Family behavior / issues	3
Total Safeguarding		54
Overall Total		119

4. Case Studies provided by the Confidential Recipient

Case Study 1

One young man with autism who is non-verbal was taken out of community based services “for assessment”. He then was put on sedation medication. This young man had never had more than a headache pill in the previous 25 years. He had to be hospitalised twice in the next 12 weeks because of the medications.

At the end of the 12 weeks he was not allowed to attend his own case conference. After a lengthy dispute he was allowed to attend but denied the use of his communication device. His parents refused to attend until he could have a voice. They left, thinking he would be offered community placement again – instead they got a phone call several hours later telling them he was on the way to another institution (many miles from the family home). He stayed there a further two years despite repeated pleas by his parents for community services.

He is now living in the community and while it does cost as much as residential at the moment, it is envisaged once he is finally detoxed from the drugs he was kept on in residential his care he will have much reduced costs.

Case Study 2

A second example is a man with intellectual disabilities who is in his 40s. A family member reported alleged sexual abuse in residential care back in 2002 when the provider and HSE locally were made aware of it. It took another 2 years apparently for the alleged abuser (another resident) to be moved out of the house, and the man has suffered ongoing alleged verbal and physical abuse by other residents since then. The family member came to Confidential Recipient early in the year, and working with the Chief Officer of the Area, the man will now be starting a new life in a new location with a new provider early in January.

The man and his family are happy with the move. The HSE locally have tackled an extremely complex situation to make sure he has the quality of life everyone deserves.

Case Study 3

This young person has extremely complex needs – physical, intellectual disabilities and has up to 120 seizures a day. When not having seizures she screams almost constantly because of the pains in her head leading up to the seizures. She is not verbal. The family contacted the Confidential Recipient because they were on-call 24 hours a day - if not tending to her then not able to sleep because of the screaming.

Unable to find a provider to take her into residential care, close to a major hospital, a short-term home-care team was set up and mom and dad stay with their other adult children to get some rest. Each major seizure causes more damage so this is an unfortunate end of life situation. Not an ideal situation for anyone, but a residential provider still being sought.

HSE stepped up to the plate. Service is expensive but will be no matter where she is because of the complex nursing care involved.

5. Publicity of the Confidential Recipient Service

The HSE have now printed posters about the Confidential Recipient service and these have been distributed and put up in residential centres, nursing homes and day services to allow easier access to residents, their families and the public to bring any concerns to light.

The Office of the Confidential Recipient is currently conducting a survey with people who used the service in the past year to elicit feedback and satisfaction with the service provided to them.

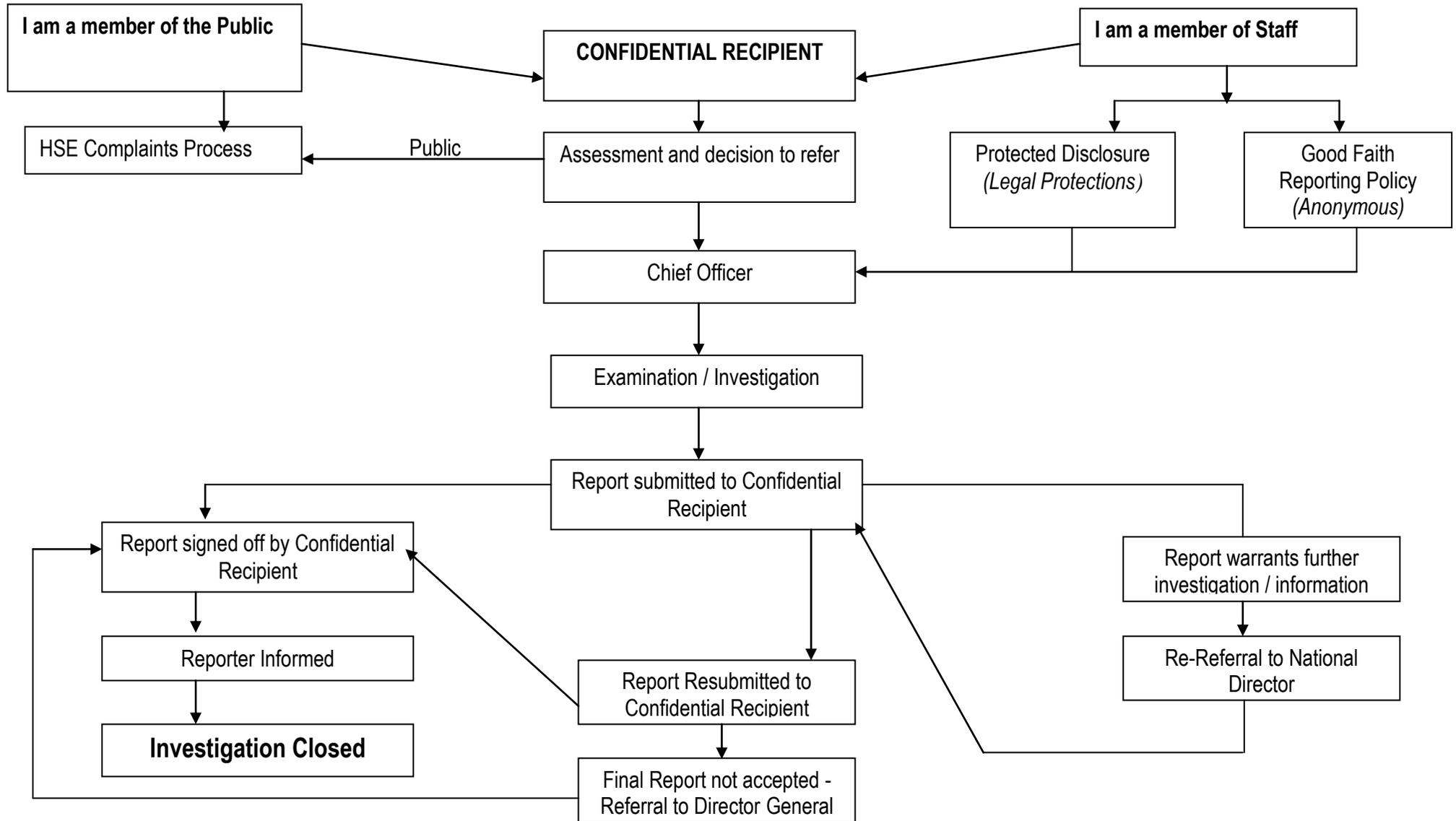


Leigh Gath
Confidential Recipient

Date: 10th February 2016

Reporting a Concern / Complaint

Appendix 1



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