



**Office of the Confidential
Recipient
Annual Report 2019/2020**



Office of the Confidential Recipient

Vocational Training Centre

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Co. Limerick

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Introduction

The office of the Confidential Recipient has now been in existence for over 6 years. I was appointed to the post in December, 2014 after a Prime Time program highlighted abuse at a HSE residential facility in County Mayo.



The primary role of the Confidential Recipient is to receive concerns in relation to residential services for people with disabilities and at times cases relating to people residing in mental health or older persons units or using day services within HSE or HSE funded services.

Anyone is welcome to report a concern to my office. The concern is then passed to the person in charge of that geographical area in the HSE, and managed in a timely manner. The HSE have 15 working days to respond to the concern, although it can take longer to resolve an issue for the person.

In March 2020 the COVID pandemic became the focal point of everyone in the country, especially the HSE. Because of this, my Annual Report was not published and so when it came to later in the year and things had settled a little, we decided a better option was to combine the 2019/2020 Annual Reports. This would also let people see differences in two years.

In 2019 the major concerns included lack of funding for people to access appropriate residential and respite services, lack of funding for assessments and/or equipment (such as wheelchairs, incontinence sheets, etc). One of the things that really stood out to me was the anger of younger people with disabilities who have to make the choice of accepting nursing home care at a young age (some in their 20s and 30s) or staying in the community with no supports – an impossible situation.

In 2020 the pandemic changed things, in that now additional funding was more readily available, but people could not be moved into appropriate residential settings many times, in order to keep them and others safe from COVID.

Many of the concerns included families angry at not being able to see loved ones in residential services, day services being closed or very limited service for so long, transport for day services being withdrawn and in some cases home support services either being withdrawn or lessened.

Although these things are for the most part resolved, 2020 was an extremely difficult time for many families dealing with COVID as well as disability issues.

It has to be noted that thousands of people with disabilities are now on waiting lists, waiting before they can get any level of service. Many people who do receive a service and are contacting my office receive less than an hour a day support – to get out of bed, wash, dress, shower, be fed – and be put back to bed before 8pm – as services cost more later in the evening. These people are told when someone will come to them, and have no choices in their lives. People with disabilities are receiving the same services many times as older people, therefore not allowing them choices in their lives or an ability to leave their homes, which have now become mini-institutions for them.

The COVID Pandemic has also taken a toll on the lives of people living with mental health issues. There was a definite increase on the number of concerns about people in Acute psychiatric facilities who had no access to technology to allow them to keep in touch with their families. A number of facilities have been very slow to respond to these concerns, which in turn makes family members and the person with mental health issues more agitated.

In 2020 we conducted an anonymous email survey with people who had used the Confidential Recipient office during 2018 and 2019. This was to give us an idea of whether people were satisfied with the service or not, allowing us to see different ways of improving the service for users. The one thing that came shining through in the results was that people using the service believed the HSE was not doing enough to promote the service, or that it was an independent means of someone placing a concern.

I have included stories of some people who contacted my office during 2019 and 2020. These are anonymised to protect the identity of the individuals but give a flavour of some issues dealt with.



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 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 to meet with the Confidential Recipient.

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. On occasion, concerns / complaints are resolved within that timeframe. 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 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. The process is outlined in **Appendix 1 – Reporting a Concern / Complaint**.

Concerns / Complaints Received

Since the establishment of the Office of the Confidential Recipient there has been over 1,000 concerns or complaints formally received. Many individuals have also made contact with the Office seeking advice and support on an informal basis.

This report documents the total number of concerns received formally during 2019 and 2020 from receipt through to closure. The table below details the number of concerns / complaints received since the establishment of the office of the Confidential Recipient.

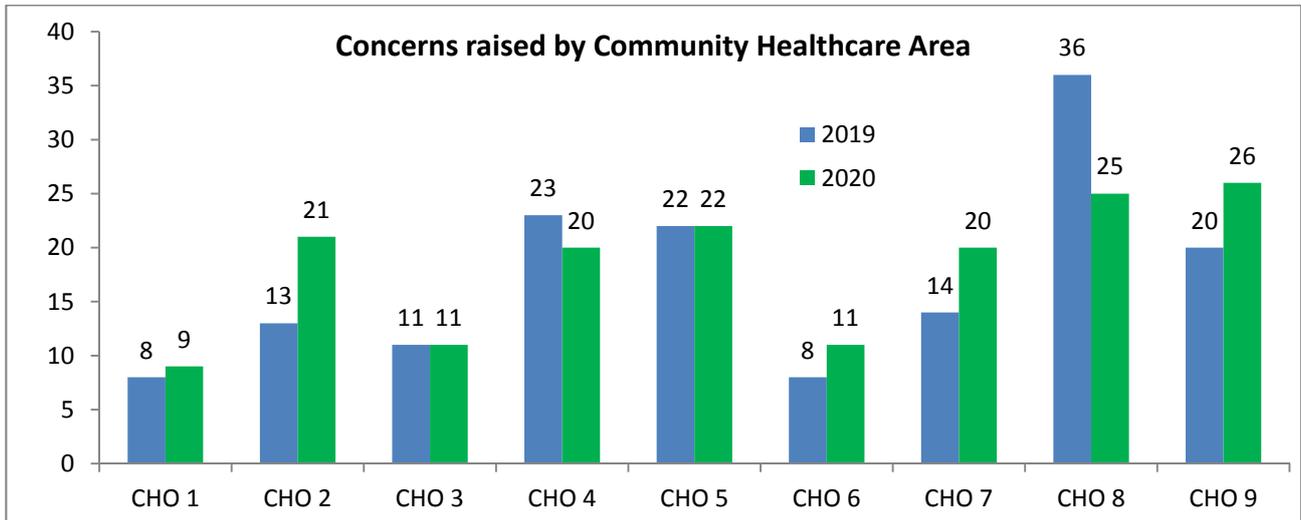
Year	2015	2016	2017	2018	2019	2020
Total Concerns / Complaints Received	119	220	196	206	155	165

A decrease was noted in the overall volume of formal concerns received during 2019 and 2020 from recent years. Although it is not possible to conclusively determine the reason for the reduction in concerns received, it may be in part due to concerns being dealt with informally.

Every concern that is received is reviewed by Confidential Recipient to develop an understanding of the issues and whether these fall within the remit of the Office. For concerns falling within the remit of the Confidential Recipient, a decision is taken as to whom the concern should be referred. This will generally be the Chief Officer of the Community Healthcare Organisation within which the person at the centre of the concern is being cared for. A standard referral form is completed by the Confidential Recipient within 48 hours of receiving the concern and submitted to the Chief Officer or the single named delegate.

The Confidential Recipient may decide that these matters are not ones that fall within the remit of her Office. In these cases, the concern is passed to the appropriate responsible person in the HSE, for example Acute Operations or in the case of Private Nursing Homes to HIQA, and the person raising the concern is advised accordingly.

The **320** concerns that were received during 2019 and 2020 were spread across the nine Community Healthcare Organisations. Over the two years, **282** concerns were related to disability services, including older person services, **22** concerns relating to mental health, **9** concerns related to primary care, **2** acute hospitals and **5** private nursing homes.



Categories and Types of Concerns / Complaints

The type of concerns raised fit within two broad categories of issues of care and safeguarding.

The category of **Issues of Care** [includes residential, respite and day services] encompasses the following sub categories: *care placement / planning, level of staff to support client, access to equipment, financial charges, accommodation, respite, and transfer from child to adult services.*

During 2019 and 2020, **201** of the **320** concerns or complaints received related to care issues. Examples of concerns / complaints under this type include:

- People waiting for nursing home or residential placements following discharge from hospital
- People waiting for transfer from one nursing home to another in locality or into the community.
- People waiting for supports in the community (*moving from residential or nursing homes*)
- Issues relating to day services
- Personal Assistant (PA) services
- Respite service provision

Category	Type	2019	2020
Issues of Care, Residential, Respite and Day Services	Care Placement / Planning	22	73
	Level of Staff to Support Client	29	19
	Access to Equipment	8	8
	Financial Charges	3	0
	Accommodation	2	8
	Respite	22	4
	Transfer from child to adult services	1	2
	Total		87

Recurring themes were the lack of funding for people to access appropriate residential and respite services, assessments and/or equipment. In 2020 the COVID-19 pandemic resulted in delays with people transferring into appropriate residential settings many times, in order to keep them and others safe from COVID-19.

Many of the concerns were understandably from families who were frustrated at not being able to visit their loved ones in residential services. Day services were also curtailed or closed due to the pandemic, with transport for day services being withdrawn and in some cases home support services either being withdrawn or lessened.

Safeguarding concerns / complaints is made up of the following sub categories: *alleged abuse, safety of care, staff behaviour or family issues.*

119 safeguarding concerns / complaints were received during 2019 and 2020, in which alleged abuse was the largest volume reported (43). Examples of concerns / complaints under this type include:

- Alleged abuse [types] – predominantly physical abuse, peer on peer.
- Family issues – predominantly inter family concerns on inheritance or alleged financial abuse.

Category	Type	2019	2020
Safeguarding	Alleged Abuse	27	16
	Safety of Care	6	7
	Staff behaviour	15	7
	Family Issues	20	21
	Total	68	51

A concern raised with the Confidential Recipient in 2020

A friend of this family approached me almost a year ago.

They were concerned about the whole family, as the daughter has a significant intellectual disability and also has uncontrolled epilepsy. The parents were in their 80s with significant health issues of their own, including blindness and heart problems.

They were asking for a residential place for their daughter, as they were no longer able to chase after her when she ran once the front door was opened - or were no longer able to give her needed medication when she dropped with a seizure.

Although this has been raised over and over, and the urgency of her possibly dying from either a seizure or from running into the road has been highlighted, she is still waiting for a residential placement.

This case has been brought to National Director level and is still on-going.

Timely closure of concerns

The Chief Officer or named delegate is responsible for ensuring the concern raised with the Confidential Recipient is thoroughly examined. In all cases, a written report outlining the interim or final outcome is required to be provided to the Confidential Recipient within **15 working days**.

During 2019, **108** [70%] of the **155** concerns / complaints were closed during 2019. Of these, **57%** (62) were closed out within one month. At the time of this report, **154** of the **155** concerns raised in 2019 were closed out.

During 2020, **138** [84%] of the **165** concerns / complaints were closed and **36%** (50) were closed out within one month.

End of Year	0-7 days	8-15 days	16-31 days	1-3 months	>3 months	Total
2019	30	14	18	28	18	108
2020	17	9	24	43	45	138

As detailed above, delays were experienced in some instances closing cases. This was directly related to the HSE's inability to resolve matters for a number of reasons, particularly around financial constraints in putting service provisions in place for people. During 2020, significant delays were experienced largely due to the HSE's response to the COVID pandemic.

Concerns / Complaints remain 'open' until the Confidential Recipient 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. The Office requests an update from the HSE every 15 days for all cases that are on-going.

A concern raised with the Confidential Recipient in 2020

This person's sister came to my office in early 2020. Her sister has a significant intellectual disability, as well as autism. She has some words, limited understanding and many behaviour problems which came from a long term abusive time in care in her earlier years.

The service provider had decided to move her, without any transition or consent, to another one of their facilities roughly 60km away. The person was known in the community, and would often be seen having a coffee with her carers, or out for lunch or a drive. She attended a nearby day service. So such a move, suddenly, would not be in the best interest of this person and would probably cause added behaviour issues.

The service provider finally agreed - after much disagreement with her family - that the lady should not be moved until the first lockdown was over and a proper transition plan could be put in place. The lady's sister and I masked up during the summer and went to visit the new apartment it was planned to move her to. I went as a support to the sister as she was afraid to deal with this provider alone.

Two face to face meetings (at a distance and with masks) were held to answer all concerns of the lady's family were held as well. By the HSE making the provider work with the sister, and take a hands on approach at making sure the transition was properly completed, and over several weeks with just short visits to the new place, the lady moved happily with the same staff she had been used to and liked.

This case took several months to conclude, but when it was closed all sides were satisfied with the move, especially the lady herself. I was then able, with permission of her family, to close the concern satisfactorily.

Concerns / complaints resolved by outcome:

158 of the 320 people were satisfied with the way in which the concern / complaint they raised was addressed, during 2019 and 2020.

End of Year	Satisfied	Not Satisfied	Passed to HIQA	Passed to Acutes	Funding	Anonymous	On-going	Withdrawn	RIP
2019	60	10	2	2	20	14	47	0	0
2020	98	15	4	0	0	16	27	1	4

At the time of this report, 1 concern relating to 2019 remained open as funding had not been provided to enable the concern to be closed out.

Of the 27 concerns that were on-going at the end of 2020:

- 3 concerns / complaints were received during Q1
- 3 concerns / complaints were received during Q2
- 7 concerns / complaints were received during Q3
- 14 concerns / complaints were received during Q4

Sadly four people passed away during 2020 while concerns relating to them were being reviewed by the HSE.

Anonymous concerns received by this office come in the form of letter (by post) or by telephone calls. The 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.

A concern raised with the Confidential Recipient in 2019

Belinda suffered severe brain injuries when hit by a car when she was 10 years of age. Despite her injuries and resulting disability she has fought to lead a full, broadly independent and fulfilling life. She has done, and continues to do highly regarded and important voluntary work and is very involved in many aspects of her community.

Belinda has used a power wheelchair for approximately 15 years and depends on it now for her everyday activities. It is her legs. Over a number of years, wear and tear resulted in her original power chair needing to be replaced but rather than a new one being ordered Belinda was assigned and reassigned numerous restored replacement chairs that continued to break down and need regular servicing. The call-out service history backed this up.

It was particularly upsetting for Belinda to be told that if she did not participate in, and pass, some kind of 'driving test' she would not get a new power chair from the HSE. Further to this she was informed that a pre-requisite to getting this new chair would be that Belinda would agree to supervision at all times when going out into the community.

Belinda is an extremely active lady and known figure in her community. She is an adult with a physical disability and so, going against the social care framework of disability the HSE claims it adheres to would be like making her a prisoner in her own home. Belinda expressed real fears to her family that her mental health would suffer badly and felt she was being treated as a child.

Finally a computer based perception assessment test was initially was carried out. However when she tried to do this test she became physically sick from flashing lights on a computer screen. Belinda was informed that there was no alternative to this test and if she didn't pass it she wouldn't be able to have a new chair. Belinda did an FOI request for her file, and she saw the perception test was not mandatory. From looking at the HSE Powers Mobile Equipment Policy contained in her file it was clear that there was a very detailed assessment process, which clearly did not take place. Finally Belinda undertook the "driving test" by being followed around her community and assessed.

At her wits end Belinda reached out my office. I met Belinda and a meeting with appropriate staff from the HSE was arranged. After a productive meeting and an apology for the way in which Belinda was treated, arrangements were made for a new power chair for Belinda and a promise for open communication going forward.

Conclusion

As can be seen, there has been a change in the two years, with people more concerned in 2020 that they could not see their loved ones, many times had no communication with them, and often were left to look after their loved ones without the supports normally available through the HSE and their Providers.

I believe there has been learning from the concerns we have dealt with. Areas of the HSE are now more willing to include people with disabilities in making decisions on their own lives, equipment or accommodation requirements, to name a few areas. However, there is still a long way to go.

The survey that was conducted in 2020 has certainly helped to point my office in the right direction going forward. We can now more clearly see where our strengths and weaknesses lie – and we are working on the direction to make our service better for people who use it in the future.

As mentioned previously, one of the main obstacles to our office, appears to be that members of the public are not aware of the existence or the independence of the Confidential Recipients office. To this end, we are working with the Communications Department to resolve these issues.

In conclusion I would like to say that we are proud to have been of service to people throughout the COVID-19 pandemic.

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**



Appendix 1: Reporting a concern / complaint - Pathway

