

PRIVATE & CONFIDENTIAL

Adult Wellbeing Directorate
Director: Martin Samuels

Mr C B [REDACTED]
[REDACTED]

Complex Care Lead
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Hereford
HR4 0DG

Our ref: [REDACTED]
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15th December 2016

Dear Mr B [REDACTED],

I am writing in response to your recent correspondence received on 17 November 2016, when you declined a suggested meeting date due to short notice and requested a list of attendees for a future possible meeting date and attendance. In addition I will respond to a further email you sent to me on 21 November 2016, where you feel your concerns have been disregarded, your brother's human rights neglected and that we are not consulting with you as a relevant person in reference to your brother's care in preference to the provider.

I would like to address the specific areas you raise, within your communications, which you feel have not been addressed by the provider, other supporting agencies or within my previous response letter, dated 17th October. I have taken these concerns directly from your email and they are listed below. As you were unfortunately unable to attend the suggested meeting date we felt it appropriate to use the time proactively to address your concerns. A meeting was held with the provider and Adult Wellbeing staff to address the issues you raised. We asked the service providers to provide us with documented evidence to support the responses as outlined below:

Suffered a poorly monitored fluid restriction that lasted for over three months –

Craigmoor were asked to bring in copies/records of fluid management in order to establish if any restrictions were implemented and for what purpose. Craigmore stated that they were not aware of any fluid restriction. Mr D B [REDACTED] fluid intake had not been restricted but had been recorded. This had been completed within the care plan as usual for all residents daily intake. For the last 12 months there has been no other recording or monitoring of fluid intake, as this is not required.

Is claimed to have, and yet not have, Diabetes –

There is no record of Mr D B [REDACTED] having diabetes, he had a health check on [REDACTED] which confirmed this information. The GP has declined to share medical information with Mr C B [REDACTED], about his brother however it was thought by those attending the meeting that Mr C B [REDACTED] would require certain medical information if Mr D B [REDACTED] were to be left in his care without any

Chief Executive: Mr Alistair Neill

other supervision. Craegmoor have advised us that the outcome of the health check which was completed by [REDACTED] from the surgery was that there are no new issues or changes to Mr D B [REDACTED]'s health that need to be addressed that are not already being managed

Received incorrect medication on more than one occasion–

Craigmore staff are not aware of any medication error. In regards to PRN medication (diazepam) which has been prescribed by a GP it is clearly stated 'Take ONE TWICE a day when required for facial twitching'. MARS sheets have been viewed and medication was administered on 7 occasions between Jan 2016 to current. It was last administered 1st Sept 2016. Staff clarified that medication is not given unless required i.e. if a facial twitch occurs and continues, causing Mr D B [REDACTED] to become agitated/distressed, it is administered to prevent further agitation. Use of PRN medication is also recorded separately for monitoring purposes and [REDACTED] Chemist audit medication use/MARS sheets every 6 months.

Had ill-fitting and ripped clothes provided to wear, on several occasions over many months –

At the meeting Craegmoor staff stated that historically Mr D B [REDACTED] had some items of clothing that needed to be replaced i.e. trousers that were a little short. This was no longer the case as new clothes have been purchased. This was addressed at the review meeting in September 2016. The meeting discussed that Mr C B [REDACTED] may not like the clothes Mr D B [REDACTED] wears but Mr D B [REDACTED] is given choice in what he would like to wear daily.

Suffered a fall and was left for two days before receiving professional medical attention, with an overnight stay in hospital –

Craegmoor staff confirmed at the meeting that Mr D B [REDACTED] raised this incident with CQC and this was investigated and dealt with at the time. The incident occurred on the 31st Oct 2016 when Mr D B [REDACTED] had been playing football and slipped. A grazed knee was observed and this was dealt with at the time and the day after with a new dressing. On the 2nd November 2016 it was noted that Mr D B [REDACTED]'s ankle had swollen and so GP's advice was sought that day. The GP suggested that he went to hospital for an x-ray. An ambulance took Mr D B [REDACTED] to hospital and due to the lateness in the day, by the time he was seen, the hospital kept him in overnight. Craegmoor checked their records regarding details of this incident and the time of the ambulance call/arrival. 111 was called at 9.30am on the morning the ankle injury was first observed, the paramedics attended at 10am but the ambulance did not attend until 5pm as the call was not deemed to be an emergency.

Had missing inaccurate/emergency contact details recorded–

When the home became aware that the contact details were incorrect they immediately contacted Mr. C B [REDACTED] by email to ask him for the correct details. To date he has not responded to this request.

Now requires the use of a wheelchair–

Mr D B [REDACTED] does not require the use of a wheelchair. The home does not possess a wheelchair. A wheelchair is only used on infrequent occasions on visits/excursions when Mr D B [REDACTED] would not be able to manage prolonged walking, such as on a trip out.

Has missing documentation, originally supplied by Mr. C B█ to the home during his transition –

It is not clear what this relates to, but it is thought, based on previous correspondence to be dates of special occasions for Mr. D B█. The home does not have this information but have requested it to be (re)sent which they have not received so far.

Been denied casual family home visits due to lack of adequate support and provision –

These have not been denied due to a lack of support or provision but due to the short notice given by Mr C B█. You have in the past made requests for Mr D B█ to come to the family home with very short notice i.e. the day before. The home would not be able to accommodate this at such short notice as staff is scheduled for particular activities during the week and the home's vehicle is managed on a rota and is not available without pre planning/booking. The home continues to try and be flexible in this area but do require at least a weeks' notice to accommodate everyone's requests

At the previous review in September 2016 it was agreed that Mr D B█ benefited from a structured routine and that it would be important to him to have regular visits home. It was agreed that Mr D B█ would be given one months advance notice for two dates per month to visit his family home and this was accompanied by two 'back up' dates in case Mr C B█ was unable to make the initial date, taking into account that he cares for his mother. The 'back up' dates were a week later and were for the benefit of Mr D B█. This arrangement was to meet Mr D B█'s needs for routine, the home's need for forward planning and to give Mr C B█ some flexibility.

The home then increased the dates to eight a month to provide more options. The agreement was that Mr C B█ would contact the home to confirm the dates could go ahead. Craegmoor staff reported that Mr C B█ would often not make contact until the notice was too short or not confirm at all. It also transpired that despite Mr C B█ being reminded to use the appropriate number or email for contact that he would use one that is not viewed daily nor accessed directly by the staff that needs to make the arrangements.

As the above has not been working it was suggested to Craegmoor by the social care manager that instead they should suggest certain dates and for Mr C B█ to contact only if they needed to be cancelled. It was also suggested that the home contact Mr C B█ by email/letter and they include information that advises if visits are often cancelled, this could be seen as denying Mr. D B█ his human rights i.e. right to a family life, the meeting also spoke of the rights of Mrs. B█ within the same context. The local authority will continue to support the provider and Mr C B█ to liaise and work collaboratively to support Mr D B█ to access his family home and visit there, however if visits/ family access continues to be difficult to organise and there is no resolution to these difficulties Hereford Council Adult Well Being will give consideration to bringing this matter before the Court of Protection if it is not possible to resolve ongoing differences in the best interests of Mr D B█.

Mr D B█ visited his mother on her B█ which went well and the home has also provided dates for possible December visits.

Those attending the meeting were concerned about any distress cancelled visits would cause Mr D B█ and so it was suggested that the home will have other activities available to distract Mr D B█ if visits are cancelled by Mr C B█ at last minute. The home needs to be clear with

Mr C B■■■ that any carer present during the visit was there to care for Mr D B■■■ and not for the mother in case Mr C B■■■ does not wish to be present for a visit.

Had false claim made concerning his G.P. –

The issue of misquoting Mr D B■■■'s GP in a complaint response has been addressed by liaison with the GP and a senior manager in Adult Wellbeing. Records have been amended so facts are recorded appropriately and the GP's considerations addressed with the home

Been denied visits for Birthday's, significant religious and established celebratory occasions due to lack of support and provision –

This links to and is addressed in the point above

Had lack of privacy during telephone calls –

Craegmoor staff explained that Mr D B■■■ needs support with telephone calls - in verbally responding to any communication and to support him in engaging in conversation. In addition staff can support him if becomes distressed or anxious, which has happened on occasion. Mr D B■■■ is unable to hold the phone close to his ear, which is how staff can hear parts of conversations. It was suggested at the meeting that the home do a Best Interest Decision regarding this intervention. This has now been completed and a plan is in place to support Mr D B■■■ to physically make the call, but then have privacy to make the call and staff supporting him from a distance.

Had personalised activities withdrawn –

Craegmoor stated that they were not aware of any activities having been withdrawn. Weekly planners were provided and viewed which included organised activities, day trips out, music sessions, library visits, community activity, meals out, E Fitness, puzzles and games, reading time, swimming, tablet games, movie night, life skills, Arts & Crafts and numerous occasions when Mr D B■■■ can chose.

Had request for a dietician neglected for over 18 months –

The GP was requested to make a referral to the dietician but this was declined. The GP was of the view that the home needed to address this through a behaviour programme and the social worker has an email & letter from GP confirming this.

Has increased in weight, significantly –

Mr D B■■■ is overweight. He has lost 8 kilos since January 2016. The home is addressing his weight and follows a 'Ten steps to eating well' programme. It was suggested to the home that further attention is given to this and Mr D B■■■ is given 'healthy options' at meal and snack times. The home has also recorded a Best Interest Decision to address his diet/choices and the outcome of this is to support him to make healthier diet choices.

Has had a poor diet –

The home is of the view that he has a healthy diet but are going to give this more focus as discussed and shared (see above). Mr D B■■■ is weighed once a week. Suggestions were also made by the home to increase exercise e.g. E fitness, walking and swimming.

Has been regressed rather than encouraged to develop his skills –

This was raised by Mr C B [REDACTED] and considered by the home and the social worker during the recent review in September 2016. No evidence was provided to support this at the time nor has been since.

Has been isolated from his family support –

Please see above points considered and addressed in relation to this comment

Was supplied with an IMCA and advocate who falsified record and/or neglected their duty –

Mr C B [REDACTED] has already raised this as a complaint which is being dealt with, by Onside. You are due to receive a response from the provider. A new Relevant Paid Representative is due to be allocated as the current one feels unable to continue).

I had to become involved to arrange medication for family home visits, due to lack of support by those at the meeting of 14th September 2016 –

This has been addressed previously in points above.

I had to become involved once more, to find who was responsible for his finance within the organisation, due to the home and Ms. S [REDACTED]'s refusal to tell me who was the person assigned, when he obviously was in need of clothes that fit and not torn –

This point has been addressed previously and Hereford Council has been awarded Court of Protection Property and Affairs Deputy, including Appointeeship.

I feel my response has covered all the points you have raised. I trust this now answers your complaint fully.

Yours Sincerely

[REDACTED]

S [REDACTED] C [REDACTED]

Complex Care Manager