

Attendance note

Attending Best Interests meeting (1 hours 20 minutes) with Chris Bury at Elgar House, Holmer Road, Hereford [REDACTED] 17.

Mr B [REDACTED] handed to me a letter that he had received in response to his earlier letter from H [REDACTED] H [REDACTED]. I said that I would place this with the file for [REDACTED] attention if it was decided that Mr Bury would pursue the matter.

I met with Mr Bury at [REDACTED] 45. The meeting commenced at [REDACTED] 20pm. The structure of the meeting was as set out in the agenda attached. S [REDACTED], D [REDACTED]'s social worker conveyed apologies on behalf of the RPR and the GP for their non-attendance. He outlined that the meeting was primarily about whether the current care that D [REDACTED] was receiving at H [REDACTED] H [REDACTED] was meeting his needs.

S [REDACTED] addressed the issue of capacity and stated that he had recently assessed D [REDACTED] in [REDACTED] and deemed that he lacked capacity.

S [REDACTED] handed out a 'benefit and burden' sheet.

S [REDACTED] last met D [REDACTED] a fortnight ago at H [REDACTED] H [REDACTED]. He said that he was relaxed, expressive and stated that he enjoys time at home with his mum and brother (Chris). S [REDACTED] was satisfied that Chris had his brother's best interests at heart and that he was genuine, he had no reason to doubt his sincerity.

He said that he visited H [REDACTED] H [REDACTED] on several occasions and had a number of concerns regarding the care that D [REDACTED] was receiving. There are issues with D [REDACTED]'s care plan, he was worried about D [REDACTED]'s weight and the management of this by the home. He had 'great concerns' about the communication within the home and the impact that this was having on D [REDACTED] albeit inadvertently. He felt that there was a significant breakdown between the family and the provider and as a result D [REDACTED] was missing out on family time and emphasised the importance of the communication with the family.

He pointed out that D [REDACTED] has a good relationship with 'A [REDACTED]' who is a care worker at the home and some other staff members.

He then asked for everyone around the table to give their views as to D [REDACTED]'s wellbeing.

Mr Bury raised his concerns. He raised issue with the care planning and the factual inaccuracies with regards to the medication contained within the plan. Mr B [REDACTED] said that he had heard that D [REDACTED] had had a couple of fits at the home but the family were not notified about this. He also raised concerns about M [REDACTED] A [REDACTED], an ex-employee of the home, Ms E [REDACTED] D [REDACTED]'s advocate and S [REDACTED] shared those concerns and said that they were happy that he

had left. Mr E [REDACTED] also raised concerns about a recent incident in particular which gave him cause for concern about H [REDACTED] H [REDACTED] where a patient had escaped the care home without anybody noticing for some time.

Mr Bury said that he had made subject access requests on three occasions but these were brushed under the carpet.

Dr K [REDACTED] said that he was advised that D [REDACTED] attends regular activities but there was a question mark as to how much activity he had been actually taking part in. Ms E [REDACTED] also raised similar concerns and said that she had been visiting on days when D [REDACTED] should have been partaking in swimming but noted that this had not happened. He said that he would be happy to meet with Chris Bury to discuss D [REDACTED].

Ms E [REDACTED] said that she had visited D [REDACTED] on two occasions H [REDACTED] H [REDACTED] and at the first visit she was left stunned and horrified at the lack of communication and general running of the care home and the impact that this had on D [REDACTED]. She wasn't able to see that D [REDACTED] had taken part in swimming on more than one occasion. When she questioned this she was given a feeble excuse. She said that family time was important for D [REDACTED]'s mental health and that he was denied this. She asked whether D [REDACTED] had the facility to contact his family via facetime/skype as she noted that he had a tablet to facilitate this however the staff at H [REDACTED] H [REDACTED] said that the tablet was not charged and that there were internet connectivity issues. She also said that D [REDACTED]'s living space and bathroom were not clean.

Ms E [REDACTED] and S [REDACTED] said that on the second visit they noted a positive change with D [REDACTED] and the atmosphere was better but that there had been no other improvement and the concerns raised previously had not been resolved. Ms E [REDACTED] said that she had significant concerns about D [REDACTED]'s wellbeing and that he was feeling lonely. She reiterated that family time was important for D [REDACTED]'s mental health.

A [REDACTED] is the lady dealing with D [REDACTED]'s financial arrangements. She said that the home had been in touch regarding the purchase of new clothes and discussions were taking place. D [REDACTED] is also entitled to a holiday but she said that money had not been requested for the arrangement of this. She said that he was also eligible for higher Personal Independence Payments which meant that he would be eligible to receive a car but noted that it would be a carer that would use this.

S [REDACTED] referred us to the benefits and burden sheet (see attached). The additional points raised by S [REDACTED] were that he is not comfortable with D [REDACTED] continuing to reside at H [REDACTED] H [REDACTED] and Dr K [REDACTED] agreed with this. S [REDACTED] said that he would work with Chris to look at other rehousing options. There was an agreement that there should be good transition management and contingency planning in place to ensure that D [REDACTED] adjusts well to the change.

S [REDACTED] will arrange to move D [REDACTED] to suitable alternative accommodation to be decided with Chris' assistance, within the next three months and he will then call a further meeting.

[REDACTED]