

Dear Ms Cattermole,

In response to your letter of the [REDACTED]th December, I take issue with your willful blindness of the concerns of inadequate care and support provided to my brother, the factual data I have, and your assumptions based on your bias.

I have addressed the issues with your response letter, as follows; original point in **bold**, your response in blue and my response in black.

Your claim in your letter of [REDACTED]th December 2016 that I declined to attend a meeting due to short notice, untrue, I was unable to attend due to prior health appointments. My exact phrase was as stated "Unfortunately, although a Wednesday is a favoured day for me, my role as an unpaid carer must take precedence over your plans and your short notice for a meeting on Wednesday 2[REDACTED]rd November; Two prior appointments were in place before your request for that particular day." I was not consulted for the meeting you state recently took place, or invited to the planned future review meeting which was to be held in December 2016, my concerns of neglect and abuse remain.

My letter of the 2[REDACTED]st November 2016 stated: "While under your care, and for the past two years, but not limited too, my brother has."

### **1. Suffered a poorly monitored fluid restriction that lasted 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 [REDACTED]'s 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.

The evidence I possess clearly indicates that my brother's fluid deprivation occurred and lasted for many weeks, with an occupational therapist noting my brother's intake of fluid per day was as low as 900ml. Further, the occupational therapist at the time noted poorly recorded documents were kept. I possess evidence of this event.

### **2. Is claimed to have, and yet not have Diabetes -**

There is no record of Mr D [REDACTED] having diabetes, he had a health check on [REDACTED].16 which confirmed this information. The GP has declined to share medical information with Mr C Bury, about his brother however it was thought by those attending the meeting that Mr C Bury would require

certain medical information if Mr D [REDACTED] were to be left in his care without any other supervision. Craegmoor have advised us that the outcome of the health check which was completed by a nurse from the surgery was that there are no new issues or changes to Mr D [REDACTED]'s health that need to be addressed that are not already being managed

I have a particular document stating that my brother is diabetic. To date, I have not had formal confirmation from his G.P. This is important so I can prepare meals when he visits. Further, when I had requested to see my brother's care plan it took over a year for the staff of the provider, including a solicitor, to promise to send me a copy, delay such, and approximately twelve months later refuse to post it and other data I wished to view. However, I did receive a poorly constructed home support plan that contained many inaccuracies, including medication, of which management of the provider was made aware of; and have not supplied an updated version.

For your record, I note you state that the G.P. has declined to share information with me. I informed [REDACTED] surgery of rule 2 of The Guide to confidentiality in health and social care, if ignored I understand the Court of Protection can make a decision to share information with family carers such as I, under the code of practice of The Mental Capacity Act.

As to the health check, I visited the surgery on 2<sup>nd</sup> November 2016, to attend my brother's appointment with him. I spoke with staff who informed me that he had not arrived, receiving an email later stating his appointment for a check up was missed due to an error by the surgery and home.

### **3. 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 1<sup>st</sup> Sept 2016. Staff clarified that medication is not given unless required i.e. if a facial twitch occurs and continues, causing Mr D [REDACTED] to become agitated/distressed, it is administered to prevent further agitation. Use of PRN medication is also recorded separately for monitoring purposes and Boots Chemist audit medication use/MARS sheets every 6 months.

I note you have chosen particular data, avoiding addressing the concern or misuse of medication. Regardless of your claim that the prescribed pro re nata medication (Diazepam) was for a facial twitch, I possess evidence that it was prescribed for anxiety but had been used to control behaviour. I also have proof that medication was inaccurately recorded and administered for many weeks. Your neglect to adequately investigate

such is for me concern in itself. There is conflicting data concerning the Diazepam which you appear not to have noticed.

#### **4. 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 [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 Bury may not like the clothes Mr D Bury wears but Mr D [REDACTED] is given choice in what he would like to wear daily.

I take issue with your statement that he had "some items of clothing that needed to be replaced i.e. trousers that were a little short." this is untrue, and I find it offensive to my brother. Further, it is not a matter of me not liking the clothes he wears, it is a matter of his dignity and his right to adequate clothing. Far from being a little short, the clothing has been torn, ill-fitting and inappropriate.

At the meeting of 1<sup>st</sup> September 2016, I provided photographic evidence of the ripped, ill-fitting and inadequate clothing provided to my brother, which, as stated, occurred on more than one occasion and over many months, I note your comment without having seen the submitted evidence. The photographs shown were for the period between November 2015 and August 2016. I also displayed a photo of scratches on my brother's arm when he arrived for his belated 40th Birthday, belated due to the home refusing to allow him home on his Birthday as he has always done. Ms Gronemeier and the provided advocate did not question the explanation of the scratches, accepting a weak excuse that he sometimes scratches himself. However, my brother can scratch himself when he becomes distressed, and as he did during the eighteen weeks of dental pain, he was left to endure during 2013.

#### **5. 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 [REDACTED] raised this incident with CQC and this was investigated and dealt with at the time. The incident occurred on the 3<sup>rd</sup> Oct 2016 when Mr D Bury 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 Bury'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 [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.

I would like to see the evidence that my brother raised this incident with The CQC; I believe your statement to be false and highly unlikely. I also note the conflicting information in your statements concerning my brother's fall and the email I received. It is clear that my brother did not receive professional medical intervention for two days; in my opinion, you accept this indication of abuse and the conflicting data.

## **6. Had missing inaccurate/emergency contact details recorded -**

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

I take issue with your false claim. I recall telling Ms Mendez during a phone call in early November (I believe on the 2nd) that our contact details have not changed since he arrived at H [REDACTED] [REDACTED] and remained as they were on the provided care plan dated 4th December 2013.

From my records there were 13 calls to H [REDACTED] [REDACTED] between September 2015 and December 2015, lasting some 50 mins 23 seconds. I also recall speaking with M [REDACTED] A [REDACTED] and R [REDACTED] Os [REDACTED], in later calls who provided relevant information to the length of the deprivation of fluid; these calls are recoverable.

The contact details were again verified when Ms Mendez visited the family home on 1st November 2016, where Ms Mendez promised to send me a copy of my brother's care plan; this I have never received. I possess a hard drive with a deleted but potentially recoverable audio-visual recording of this meeting of the 1st November 2015.

## **7. Now requires the use of a wheelchair -**

Mr D Bury 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 [REDACTED] would not be able to manage prolonged walking, such as on a trip out.

Your statement is contradictory and misinformed; I fail to understand why you ignore the fact, unless your bias is a factor.

I reiterate my brother has required the use of a wheelchair while out in the community, as reported by the home. At the meeting of 14th September, Mr Griffith stated a wheelchair was used for my brother while visiting a location due to my brother's knees and ankle being weak from

him being overweight, and not being able to walk. From my record of the meeting nobody cared to question this. Further, I question why a care home, residential or otherwise does not possess such basic equipment as a wheelchair; at least for use in an emergency situation.

#### **8. Has missing documentation, originally supplied by Mr. C Bury to the home during 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 [REDACTED]. The home does not have this information but have requested it to be (re)sent which they have not received so far.

It appears you have not examined the email exchanges between the priority group staff and me. This item relates to the list of Birthday's initially provided to the home during my brother's transition.

I requested the original list be returned to me or a copy of it many weeks ago, only recently receiving a sparse list of dates with a letter dated 1st December 2016. I recall Ms Sibanda's rather rude and demanding email relating to this.

I note you state they have not received the updated list. When the fact that I do not have a clone or a familiar to assist in addressing the inadequate care and support provided to my brother, and the biased manner in which you address my concerns. I considered, the list may have been re-sent by now, but for the fact Mr Watts has requested I do not contact the provider or home other than for family home visits, The home should have kept my supplied list on record. I note you have considered the provider's emails but not mine relating to this.

During the past weekend, I once more checked with my original, I find more than thirty dates are missing. There are clearly poor records kept by the home; I note you fail to challenge poor record keeping.

#### **9. 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 [REDACTED]. You have in the past made requests for Mr D [REDACTED] 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 [REDACTED] benefited from a structured routine and that it would be important to him

to have regular visits home. It was agreed that Mr D [REDACTED] would be given one month's 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 Bury 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 [REDACTED]. This arrangement was to meet Mr D [REDACTED] needs for routine, the home's need for forward planning and to give Mr C Bury some flexibility.

The home then increased the dates to eight a month to provide more options. The agreement was that Mr C Bury would contact the home to confirm the dates could go ahead. Craegmoor staff reported that Mr C Bury would often not make contact until the notice was too short or not confirm at all. It also transpired that despite Mr C Bury 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 Bury to contact only if they needed to be cancelled. It was also suggested that the home contact Mr C Bury by email/letter and they include information that advises if visits are often cancelled, this could be seen as denying Mr. D [REDACTED] his human rights i.e. right to a family life, the meeting also spoke of the rights of Mrs. Bury within the same context. The local authority will continue to support the provider and Mr C Bury to liaise and work collaboratively to support Mr D [REDACTED] 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 [REDACTED].

Mr D [REDACTED] visited his mother on her Birthday 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 [REDACTED] and so it was suggested that the home will have other activities available to distract Mr D [REDACTED] if visits are cancelled by Mr C Bury at last minute. The home needs to be clear with Mr C Bury that any carer present during the visit was there to care for Mr D [REDACTED] and not for the mother in case Mr C Bury does not wish to be present for a visit.

I must question if you are employed by the Local Authority or the Priory group, as you consistently defend the provider rather than my brother's rights and his family? Further, your email I received in error indicates to me that your primary concern is for the provider and my brother's best interests is a secondary concern.

I have given ample time in the past and on occasion short notice for casual family home visits, which had not been an issue until recent

months. I note you now state the home requires "at least a weeks' notice to accommodate everyone's requests." I question who "everyone's" is as the priority is my brother's care and support and his family. I note the time necessary for the home continually increasing, including from our agreement at the meeting of 1█th September 2016.

If the provider cannot provision adequate support for all the clients and has the lack of flexibility for my brother and other residents, this is an indication of abuse. My brother has one to one care for ten hours per day that appears to be not used for him but shared with other residents of the home, and in my opinion, you seem to support such without challenge.

At the meeting of the 1█th September 2016, it was not unanimously agreed that routine benefited my brother, as you state. I informed those present how he did sometimes benefit from a non-restrictive structured routine, but this must not be regimental or demanding as he has had less structure all his life with his family and before going into care and receiving the inadequate care and support. It appears to me that little was understood by the professionals at the meeting of 1█th September, who have an obligation to my brother.

You are again incorrect. I ingeminate, at the meeting, it was agreed, with reluctance by Priory staff, that I would receive a monthly schedule of my brother's activities, where I would select days for visits with fallback dates should they need to be cancelled and rescheduled; with compromise made by my brother's family. There was no agreement for the backup date to be a week later.

It was also agreed that I would receive weekly updates with a more detailed monthly update; service has been poor at best. Of the thirteen weekly reports I have received seven, of the monthly report I have received one in thirteen months. Further, the agreement was broken by Priory group staff with support from the supplied social worker Ms Gronemeier and the negligent IMCA Mr Stevens.

I did not agree to contact the home when they changed the agreement and started to dictate dates that my brother was allowed to visit us. You state "staff reported that Mr C Bury would often not make contact until the notice was too short or not confirm at all." Your comment is untrue; I did not receive the promised monthly schedule for my brother, thus our agreement was broken, further the home have failed to reply to me on occasion. The meeting of 1█th September's agreement was broken by the staff and not me; this was not followed up by Ms Gronemeier, or the supplied advocate, Mr Stevens.

Further, I recall Ms Sibanda saying at the meeting that Ms Mendez was not the most reliable of people, from experience I agree, in part due to being lied to and misinformed.



Contradictory to your comment of "it also transpired that despite Mr C Bury being reminded to use the appropriate number or email", which when I have done as requested in the past, the management have claimed not to be available. As such I use the email addresses, I found. I request visits via the addresses I have previously used, and I asked for the organisation to liaise between me and the home. Such is indicated in emails, which you appear not to have analysed.

I take issue with yours, and the provider's vexatious allegation that I could be denying my brother and my mother of their human rights, particularly when the provider dictates family home visits with local authority interference. I request that you provide ALL evidence you believe validates your claim against me, as I shall seek redress.

You and staff, who are involved in my brother's, mother's, and my support as an unpaid carer, have an obligation to the care and support provided; this is not an option but a legal responsibility. You personally appearing to have the provider of my brother's inadequate care and support as your primary concern.

The home was informed at the meeting of 14th September to have a backup planned activity should my brother miss a requested visit, or if a visit had to be cancelled due to illness, emergency or other reason. You will note the number of cancelled visits by both the provider and me, be they short notice or longer?

I note you are stating, that if we decided to allow a carer to remain with my brother during family home visits, they would not be there for our mother. Such implies you are suggesting our mother should be without adequate care and support should I not be present, for whatever reason, Indicating to me that no support would be provided should it be required.

#### **10. Had false claim made concerning his G.P. -**

The issue of misquoting Mr D [REDACTED] 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

Such would have remained, had I not contacted and informed the G.P. of your false claim. I suspect the senior manager you refer to is yourself.



### **11. 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

These have not been addressed as you state. Evident in emails and documents are the false claims and excuses made for these events by the home and provider management. Other family members can verify such.

### **12. Had lack of privacy during telephone calls -**

Craegmoor staff explained that Mr D [REDACTED] 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 [REDACTED] 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 [REDACTED] to physically make the call, but then have privacy to make the call and staff supporting him from a distance.

Although my brother now appears not to be able to use a phone without support, a concern in itself. He has indeed been upset during calls, and the limited conversation we do have has indicated so, attempting to tell me that he is distressed, evident in recordings. To date, his social worker has not investigated my suggestions or considered a recommendation that I proposed for family contact.

### **13. 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 [REDACTED] can chose.

I fail to understand why Craegmoor is not aware of any personal activities being removed when this is evident in a particular document and highlighted at the meeting of 1<sup>st</sup> September 2016; activities only being re-instated when I raised concern. I note the inaccuracy in your data, you have listed group activities as person-centred activities.

### **14. 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.

An error on my part. From my record it is closer to three years that professionals have ignored my request for a dietician. I have evidence that dietician/nutritional therapist was refused for my brother by the local authority and not by the G.P., as you imply. My brother has health issues, such as IBS which I believe relate to his poor diet and the care and support provided to date, such has made him increase in weight by approximately 30 kilo's (5 stones). I believe the person that the negligent advocate consulted was a complimentary medicine and non-medically trained nutritional therapist who is researching pet food.

#### **15. Has increased in weight, significantly -**

Mr D [REDACTED] 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 [REDACTED] 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.

Regardless of your claim that my brother has lost 8 kilos since January 2016, this is untrue and does not correspond with the data I have from other sources. If my brother has lost 8 kilo's, this would be between 2<sup>th</sup> November 2016 and the time you were informed before 1<sup>th</sup> December, indicating to me that he has been put on a type of crash diet, possibly deprived of adequate food in an attempt to reduce his weight quickly.

#### **16. 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 [REDACTED] is weighed once a week. Suggestions were also made by the home to increase exercise e.g. E fitness, walking and swimming.

The home may have the view that my brother has a healthy diet, yet documentation contradicts such, as does the approximately 30 plus kilos (5 stone) in weight he has put on since living at H [REDACTED] H [REDACTED]. If your suggestion that he is to increase walking is accurate, such would also contradict previous information provided by the home and increase the possible need for the use of a wheelchair.

#### **17. Has been regressed rather than encouraged to develop his skills -**

This was raised by Mr C Bury 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.

You imply there is no evidence, although none was requested, that my brother has been regressed. I again take issue with your claim and your inadequate knowledge. I believe you have no understanding of my brother or autism.

You will take note; I was informed he has recently, with assistance written a letter to Santa, and will be meeting Santa at the home, being treated more like a child than an autistic adult. For your record, my brother grew up and was treated like any other child; he was made aware and understood that Santa does not exist. He may like some things created for a younger audience, such as Rupert Bear, and more childlike humour, as many adults do, but lying to him about Santa after so many years? Such is not in his best interest.

Further, and not limited to, I note his computer skills and enjoyment of computer games has decreased significantly, all while under your provided care and lack of support for him.

#### **18. Has been isolated from his family support -**

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

The above has not been addressed as you state. Phone records from the provider will highlight the lack of initiated contact by H [REDACTED] [REDACTED] my brother has had with his family in over a year, due to not being provided adequate support, appearing to me deskilled at using a phone.

#### **19. Was supplied with an IMCA and advocate who falsified record and/or neglected their duty -**

Mr C Bury 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 have indeed raised this concern with Onside Advocacy and have received a response from them, I question how many times such an incident may have occurred and not been addressed, especially when the vulnerable adult does not communicate verbally or little is understood of their communication.

Further, at the meeting of 1<sup>st</sup> September 2106 your provided social worker (Ms Gronemeier) accepted without question false information from Ms Stevens (IMCA and paid RPR). I am aware there is no defence for negligence where it involves a vulnerable person.

Since appointment, I have not been informed of the newly provided paid representative's name and details by the local authority or provider.

**20. I had to become involved to arrange medication for family home visits, due to the lack of support by those at the meeting of 1<sup>st</sup> September 2016 -**

[This has been addressed previously in points above.](#)

Such has not been addressed above as you have stated. The provider's managers (Ms Sibanda and Mr Griffith) and staff (P██████), the advocate (Mr Stevens) and your provided social worker (Ms Gronemeier) did not request the formalised consent from the G.P. for the administration of medication. I asked at both the meetings I attended for such formalisation, such was neglected by those I mentioned it to; I had to arrange this myself. I recall Ms Sibanda saying when I showed her The Medicines Act 1968 legislation on my laptop, that it only applied to care homes; I inform you this is untrue.

**21. I had to become involved once more, to find out who was responsible for my brother's finance within the organisation, due to the home and Ms Sibanda'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.](#)

Such is not addressed above as stated. Evident in emails from Ms Sibanda and colleagues is the refusal to tell me the person name that I need to contact, and who was responsible for my brother's finance and property in their organisation. I spent considerable time pursuing this myself eventually receiving the information I required from The Office of The Public Guardian, informing me that the local authority were responsible, and with no assistance from the provider or the local authority.

You may feel your response has covered all the points I raised and answered my complaint. However, it indicates to me that you are willing to ignore abuse of vulnerable people, especially when those people do not talk or have limited speech.

It is disappointing that a family that have fostered many children over many years, including adopting my brother are now so poorly regarded by you.

In my opinion, you are an element of the declining poor service provided to vulnerable people and their supporting families by some local

authorities; and not a part of the solution. Possibly due to your bias, willful ignorance or unwillingness to challenge providers and failure.

Sincerely

Chris Bury