

**Case 200700656: North Lanarkshire Council**

**Summary of Investigation**

**Category**

Local government: Care in the community/siting of social work facilities.

**Overview**

The complainant (Ms C) relocated from Renfrewshire to North Lanarkshire in October 2006. She raised a number of complaints regarding the transfer of her social work file and care package. She complained that North Lanarkshire Council (Council 1) failed to follow their own stated procedures when taking over her care and that poor administration and communication on Council 1's part, when carrying out a community care assessment, led to the introduction of inadequate care services and the subsequent cancellation of her care package.

**Specific complaints and conclusions**

The complaints which have been investigated are that:

- (a) Council 1 failed to carry out the transfer of Ms C's social work file in line with their own procedures (*not upheld*);
- (b) Council 1 withdrew Ms C's care package against her wishes (*no finding*);
- (c) Council 1 failed to carry out an adequate occupational therapy assessment at Ms C's home (*not upheld*);
- (d) Council 1 failed to carry out the recommendations made as a result of the Social Work (Complaints Review) Sub-Committee's findings (*not upheld*);  
and
- (e) the care package provided by Council 1 was unsuitable to meet Ms C's assessed needs (*not upheld*).

**Redress and recommendations**

The Ombudsman recommends that Council 1:

- (i) consider introducing formal guidance to social work staff on inter-authority case transfers and communication with incoming service users;
- (ii) introduce a policy of requesting written confirmation of a service user's intent to cancel their care in cases where the need for care remains;
- (iii) review Ms C's case and identify ways of introducing basic care quickly, whilst needs assessments are carried out;

- (iv) prioritise the completion of Ms C's care plan;
- (v) consider ways of formally recording service users' acceptance and understanding of any proposals before finalising care plans; and
- (vi) consider ways to record service users' non-acceptance of proposals and to escalate matters through the formal complaints procedure.

Council 1 have accepted the recommendations and will act on them accordingly.

## **Main Investigation Report**

### **Introduction**

1. The complainant (Ms C) moved to North Lanarkshire from Renfrewshire in October 2006. She has a form of dystonia, a neurological condition that causes muscle spasms, and requires Ms C to receive assistance at home with certain personal care tasks and household chores. When living in Renfrewshire, she received a social work care package that she found adequate to meet her needs. She was also able to organise her care services to fit in with her social and educational aims.

2. Upon relocating to North Lanarkshire, Ms C's needs were reassessed. She was dissatisfied with the care package that was subsequently offered by North Lanarkshire Council (Council 1), as the number of hours care were significantly reduced in comparison to the package that she had utilised in Renfrewshire. She was dissatisfied with the way that her needs were assessed and felt that Council 1's staff did not fully understand her condition or consider her social needs. She also felt that the proposed care arrangements were inflexible and would restrict her ability to study and seek employment. Ms C complained to Council 1 and her case was considered by a Social Work (Complaints Review) Sub-Committee (the Committee) in March 2007. Despite recommendations as a result of the Committee findings, Ms C said that her care did not progress and she, therefore, brought her complaint to the Ombudsman in June 2007.

3. The complaints from Ms C which I have investigated are that:

- (a) Council 1 failed to carry out the transfer of Ms C's social work file in line with their own procedures;
- (b) Council 1 withdrew Ms C's care package against her wishes;
- (c) Council 1 failed to carry out an adequate occupational therapy assessment (OT assessment) at Ms C's home;
- (d) Council 1 failed to carry out the recommendations made as a result of the Committee's findings; and
- (e) the care package provided by Council 1 was unsuitable to meet Ms C's assessed needs.

4. Since complaining to the Ombudsman, Ms C has continued to correspond with Council 1 to secure a care package that she is satisfied with. As a result of her ongoing communication with them, a number of subsequent issues have

arisen that were not included in her original complaint. The details of some of the original issues raised have also changed. Although Ms C has notified me of the developments in her complaints, unless stated otherwise, I have investigated only those matters raised in the original complaint. This report considers the actions of Council 1 from the time of Ms C's transfer to North Lanarkshire in October 2006, until the time of her complaint to the Ombudsman in June 2007.

5. I am aware that Ms C has pursued a complaint about her educational arrangements via other channels. Although I have referred to her university placement in this report, I have not investigated this matter as part of Ms C's complaint.

### **Investigation**

6. In order to investigate this complaint I have reviewed Ms C's social work file and correspondence between Ms C, Council 1 and various relevant parties. I have also identified relevant legislation (see Annex 2) and interviewed Ms C and Council 1. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Ms C and Council 1 were given an opportunity to comment on a draft of this report.

#### **(a) Council 1 failed to carry out the transfer of Ms C's social work file in line with their own procedures**

7. Prior to the onset of her dystonia in 1997, Ms C resided in Renfrewshire with her husband and daughter. Following her diagnosis her husband had been her main carer with additional support provided in accordance with the needs assessment carried out by the social work department of Renfrewshire Council (Council 2). Ms C was initially assessed as requiring an additional 15 hours per week of personal support, which was initially provided by Council 2's home care service. This level of support allowed Ms C to study for an HNC qualification at college, which she completed in July 2002. In August 2002 she and her husband separated.

8. Ms C's care arrangements varied over the following years as she tried to find a package that would suit her changing social, financial and educational circumstances. After moving house in 2005, she decided to employ the services of an agency to provide personal assistants, to carry out the 20 hours of care being provided by Council 2's social work department. Ms C was assessed as requiring a further 27 hours of care funded by the Independent

Living Fund. However, due to the financial contributions that she would be required to make toward this, she asked that this additional care be deferred for six months.

9. Ms C relocated from Renfrewshire to her home town in North Lanarkshire on 20 October 2006. She said that she wanted to move to a more suitable property and to be closer to her family, who could provide support in an emergency. Upon relocating, she was offered 20 hours per week care by Council 1's social work department, matching the number of hours care provided by the care package that she had utilised before leaving Council 2's services. Ms C, however, said that this was provided despite Council 1 failing to follow the correct procedure for transferring social work files between authorities. She complained that no formal case transfer meeting had taken place between staff of the two authorities and that it was not until 21 November 2006 that her social work file was actually handed over to staff of Council 1.

10. I asked Council 1 and Council 2 to explain their procedures for transferring social work case files between authorities. Council 1 explained that they do not have a formal procedure for inter-authority case transfers. Rather, they look at each individual's circumstances and ensure that the relevant documentation and background material are gathered. They stressed that it is important that all three parties communicate well during this process. Council 1 told me that ideally they require adequate notice of a new service user's intention to move to their area to allow time for a needs assessment and for care management arrangements to be made. They would also expect a transfer meeting to be arranged between senior staff of both authorities and for an up-to-date case file, the most recent needs assessment and a comprehensive transfer summary to be provided.

11. Council 2 do have a formal inter-authority transfer procedure. In the first instance, the area manager of the team transferring the case should write to their counterpart at the other authority, giving reasons for the individual's decision to relocate and any relevant background information. A case transfer meeting between senior social work staff of both authorities should be arranged. At this meeting the individual's social work file should be formally handed over to the new authority with Council 2's records being updated subsequently.

12. Ms C first advised Council 2 of her intention to relocate on 10 August 2006. It is apparent from records held by both Council 1 and Council 2 that Council 2 first instigated the transfer process in a letter dated 6 October 2006, which was received by Council 1 on 11 October 2006. The letter requested that senior social work staff of both authorities met in accordance with both of their normal procedures. Council 1 contacted Council 2 on the same day to advise that their senior social worker would not be available for a meeting due to being on annual leave and then jury duty, but that Council 2 should contact the home support team leader (Officer 1) who could attend in his place. Upon trying to contact Officer 1, Council 2 were advised that she was unavailable, but were asked to send Ms C's needs assessment and a transfer summary to Council 1.

13. Council 2 sent the needs assessment and transfer summary on 12 October 2006. Council 1 telephoned Council 2 to chase this on 13 October 2006 and the documents were sent again that day, via fax. A telephone note made by Council 2 following the conversation with Council 1 recorded that Council 1 were seeking to gain access to Ms C's new property in order to carry out a risk assessment. It is further recorded that Council 1 confirmed receipt of the documents and that Council 2 contacted Ms C to advise her that Council 1 would be contacting her on 16 October 2006 to make arrangements for the risk assessment.

14. On 17 October 2006, social work staff at Council 1 again telephoned Council 2. From the corresponding telephone note in Council 2's files it is apparent that a general discussion was held regarding the reasons for Ms C's relocation. Council 1 questioned the needs assessment that had been provided, as it was over 12 months old. They were assured that the document was the most recent version and that it represented an accurate assessment of Ms C's needs at that time. It was noted that there was no financial assessment for Ms C, as she had not yet completed the required documentation. Council 2 agreed to provide details of recent events relevant to Ms C's care and to ask her to complete the required financial assessments as soon as possible. Ms C was due to relocate on Friday, 20 October 2006. Council 2's telephone note records that Council 1 advised at that time that they would not be able to commence Ms C's care package from Monday, 23 October 2006, and that the package, when it did commence, would not be as flexible as the one provided by Council 2. Council 1 would provide a more task-orientated package. They stated that Council 2 would be responsible for the continued funding of Ms C's

care package. Following this conversation, Council 2 telephoned Ms C and discussed her financial assessment.

15. A further file note made on 17 October 2006 recorded that Council 2's senior social worker had advised that Council 2 would stop funding Ms C's care package upon her relocation on 20 October 2006. This was explained to Council 1 in the email detailing recent events relevant to Ms C's care.

16. On 3 November 2006, Council 1 telephoned Council 2 and advised that they had all of the documentation that they required to progress Ms C's care. Council 2 closed their social work file for Ms C accordingly.

17. Council 1 arranged for Ms C to receive a temporary care package which commenced on 31 October 2006 and provided 20 hours of care, matching the hours of service that she had received from Council 2. The package was put in place until such time as Council 1 could reassess Ms C's needs and make long-term arrangements for her. Ms C told me that she was at no time advised that these care arrangements were to be temporary. She also said that Council 1 did not retrieve her full social work case file from Council 2 until late November 2006. Ms C questioned how Council 1 could make decisions about the care that she required without access to her full file. A file note in Council 1's records confirms that they telephoned Ms C on 23 November 2006 to advise her that they had retrieved her complete file during a meeting with Council 2.

*(a) Conclusion*

18. Although Council 1 do not have a formal procedure for inter-authority case transfers, their normal procedure is very similar to the formal procedure followed by Council 2. Both require close contact between senior social work staff and the transfer of the most recent needs assessment and a transfer summary. Both also specify the need for a formal transfer meeting.

19. In Ms C's case, a formal transfer meeting did not take place. When reviewing this complaint, I have considered the likely impact of this on the case transfer process, given the specific circumstances surrounding Ms C's relocation.

20. It is clear from the evidence that I have seen that there was a delay on Council 2's part when informing Council 1 of Ms C's relocation (I have commented on this delay in a separate report: case 200701327). Council 2

gave only 14 days' notice of the move. Both authorities have shown that, at the time of notification of Ms C's relocation, they recognised the procedure that should have been followed and that attempts were made to arrange a formal transfer meeting between senior social work staff. Lack of staff availability meant that a meeting could not be quickly arranged. Given the short time available before Ms C's arrival in North Lanarkshire, I consider it appropriate that a formal transfer meeting was overlooked on this occasion in the interests of progressing the transfer process.

21. The information that both authorities specify within their transfer procedures as being essential was handed over to Council 1 and Council 1 confirmed that they received all of the information that they required to make arrangements for taking over Ms C's care. Some of this information was handed over after Ms C had already moved, however, I again attribute this to the short notice provided by Council 2 rather than any shortcomings in Council 1's administration of the case transfer.

22. Although no formal transfer meeting was held, there are a number of telephone records on file to show that the two authorities communicated well throughout the transfer process and that the topics normally discussed during transfer meetings were covered by telephone and email. Council 1 stressed that it is important for all three parties involved in the transfer to communicate well. I consider this to be particularly important in Ms C's case, given the short amount of time available to Council 1 to gather the information that they required and make arrangements for her care. Whilst I commend Council 1 for being proactive in communicating with Council 2 and arranging temporary care to match the service that Ms C had previously utilised, I was concerned by the apparent lack of communication with Ms C herself. I would have expected her to have been advised, in advance, of Council 1's different approach to care provision, the temporary nature of the package being arranged for her, details as to who would be funding her care and when she could expect the service to commence.

23. I do not consider the lack of a formal transfer meeting to have hindered the inter-authority transfer process. Similarly, I am satisfied that all of the information that would be transferred between authorities under normal circumstances was provided to Council 1 in reasonable time, given the short notice available for making arrangements. With this in mind, I do not uphold this complaint.



*(a) Recommendation*

24. Whilst I do not uphold this complaint, I was concerned by the lack of information provided to Ms C while arrangements were being made on her behalf.

25. The Ombudsman recommends that Council 1 consider introducing formal guidance to social work staff on inter-authority case transfers and communication with incoming service users.

**(b) Council 1 withdrew Ms C's care package against her wishes**

26. A temporary care package was introduced for Ms C on 31 October 2006, shortly after her relocation to North Lanarkshire. Council 1 provided a total of 20 hours home care, in line with the hours of service that Ms C had utilised in Renfrewshire. The package was introduced as a temporary measure to provide Ms C with the care that she required while Council 1 arranged for reassessment of her needs before establishing her long-term care plan.

27. Ms C said that she was not told that the 20 hours care being provided was a temporary arrangement. She also did not feel that reassessment was necessary, as the only change to her circumstances was her geographical location. Council 1 told me that they required a reassessment to be carried out in light of Ms C moving to a new town, a new property and the fact that her most recent needs assessment from Council 2 was over 12 months old.

28. Ms C told me that three meetings were arranged to discuss her needs. These were scheduled for 8 November, 15 November and 17 November 2006. A member of Council 1's social work team (Officer 2) visited Ms C at home on 8 November, accompanied by an occupational therapist (the OT). Council 1 provided me with a copy of the meeting note that was made following this visit. The note records that a lengthy discussion was held with Ms C regarding her support needs and whether her present care package was meeting her needs. Ms C is reported as saying that she felt that she would only require 17 hours care, rather than the 20 hours being provided at that time. Officer 2 advised that she would be carrying out a community care assessment for Ms C, but that this would require further visits. Further discussion was held regarding Ms C's daughter's education and the fact that she would not be staying at home with Ms C during weekends. Ms C reportedly said that, although home alone, she would not require support at the weekends. The note records that the further

home visit on 17 November 2006 was arranged and that Officer 2 had discussed Ms C's situation with the senior support manager (Officer 3) upon her return to her office. She asked whether Ms C's temporary support package could remain unchanged until further discussion could take place with Council 1's senior social worker. This was agreed. When commenting on a draft version of this report, Ms C told me that she did not accept the details recorded in the meeting note of 8 November 2006. She said that the meeting was in no way 'lengthy', recalling that it lasted around one hour. This, she noted, was the first visit that she had had from any of Council 1's Social Work staff. She also stressed that she did not suggest a reduction in the number of hours care that were being provided.

29. Council 1's files record that Ms C telephoned Council 1 on 9 November 2006 in a very distressed state to inform them that her daughter had run away from home. The corresponding telephone note explains the situation and states 'visit will take place with [Ms C] tomorrow as arranged'. Ms C told me that she was at no time told that she would be visited the following day.

30. On 10 November 2006 Officer 2 visited Ms C, accompanied by Officer 3. Ms C reportedly presented as being emotionally upset following the events of the previous day. She is noted as having asked Officer 2 and Officer 3 to leave and as having stated that she did not wish any home care support. The corresponding file note states that Officer 3 clarified this situation prior to leaving but that Ms C remained adamant that she did not wish the service to continue. The note goes on to state that Officer 2 told Ms C that she would contact her again on Monday (13 November 2006) 'and perhaps we could set a date for another visit'. Ms C agreed to this. A further note made on 10 November 2006 states that Officer 3 contacted the agency that was contracted to provide Ms C's care and advised them of the cancellation of Ms C's support services 'with immediate effect'.

31. Officer 2 visited Ms C again on 17 November 2006. A discussion was held concerning the home care services that Ms C may need. Ms C is reported as having advised Officer 2 that she wished to remain as independent as possible. She said that she would use internet shopping, however, would require some assistance with carrying out certain household tasks. Officer 2 noted that she would commence a care assessment for Ms C as soon as possible and follow-up their discussion with a telephone call.

32. On 23 November 2006 Officer 2 telephoned Ms C to advise that she had retrieved her social work files from Council 2. The telephone note made following this conversation records that Ms C was unhappy with the OT assessment that had been carried out on her property. She also questioned why she did not have a home care service in place. She was reminded by Officer 2 that she had cancelled this service during the home visit on 10 November 2006. Ms C denied having cancelled her care services. She is recorded as being unwilling to discuss further arrangements to carry out her community care assessment, although I note that she disagrees with this and told me that she continued to communicate with Officer 2 to make care arrangements. Two more meeting and telephone notes in Council 1's files recount discussions with Ms C about the cancellation of her home care service. The second note documents in detail a meeting with Ms C at her home on 9 December 2006 (I understand that the meeting may actually have taken place on 8 December 2006). At this meeting Ms C explained that, although she was initially provided with 20 hours home care, she did not see the benefit of homecare workers attending, given the restrictions on the duties that they could perform. The homecare workers were unable to provide assistance with personal care such as bathing and changing dressings. Ms C felt that she had to find work for the care staff to do to fill the time that they were at her house. Ms C was asked whether this led to her decision to cancel her care package. She again stressed that she had not cancelled her care package, and that she had been trying to get her services reinstated. A senior social worker attending the meeting asked Ms C whether it would be helpful to her if the service restarted. She said that it would, however, only if care staff were able to undertake the tasks that she required to be carried out.

33. On 23 November 2006 Ms C formally complained to Council 1 about the cancellation of her care package. Her complaint was eventually considered by the Committee on 22 March 2007. In her complaint Ms C stressed that she at no time asked for her care package to be cancelled during the home visit of 10 November 2006. She noted that the visit on that date was unscheduled and that she was under a great deal of stress due to her daughter having run away the previous evening. She explained that she had asked Officer 2 and Officer 3 to leave as she was unable to face discussing her care package at that time. Ms C's university personal assistant was also present during the home visit of 10 November 2006. She provided evidence before the Committee as well as a written witness statement confirming Ms C's version of events, which was

considered by the Committee. The Committee also considered the recollections of Officer 2 and Officer 3, who were both adamant that Ms C had asked for her care package to be cancelled. The Committee concluded that the recollections of two experienced officers, supported by meeting notes recorded at the time, were more likely to be accurate than the witness statement, which was produced some time after the event.

34. I asked Council 1 whether it was normal for a service user's request for the cancellation of their care package to be actioned following a verbal request. I asked whether written confirmation of the intent to cancel a service would be sought. Council 1 acknowledged that, in this case, a written request from Ms C, which could be held on file, would have been beneficial in light of the dispute that arose subsequently. They explained that care packages are cancelled every day for a variety of reasons. The service user may pass away, relocate to a nursing home or hospital or go into respite. The volume of cases and variety of circumstances leading to cancellation mean that it would be impractical to request written confirmation of a service user's intent to cancel their services due to the level of administration that would be involved.

35. During a meeting with Council 1, I asked what action was taken following the cancellation of Ms C's care package once it was established that she did in fact want her care package to remain in place. They told me that, following the meeting of 10 November 2006, Ms C was contacted on a number of further occasions whereby she continued to state that the care package that had been offered was inadequate in terms of meeting her needs and that she wished to make her own arrangements. Council 1 stated that it was not until January 2007 that Ms C asked for her care package to be looked at again. Ms C highlighted that it would not make sense for her to cancel a service upon which she relied and that Officer 2 was 'continually assessing' her throughout November and December 2006 without any progress.

36. When investigating this complaint I updated Ms C as to the information that I gathered from Council 1. Ms C advised me that she had received a copy of her social work file from Council 1 when pursuing her complaint via the Committee and noted that the telephone and meeting notes presented by Council 1 to highlight the action taken following the home visit of 10 November 2006 were not present in her copy of the file. She also told me that she believed her home care services were cancelled on

10 November 2006, prior to the home visit, as the care staff due to attend that morning did not show up.

*(b) Conclusion*

37. When considering this complaint I have taken into account Ms C's comments and the detailed meeting and telephone notes provided by Council 1. I have seen no evidence to suggest that these notes are not genuine.

38. It is impossible for me to confirm beyond any doubt whether Ms C asked for her care package to be cancelled on 10 November 2006. It is clear, however, that Officer 2 and Officer 3 left the meeting with the understanding that Ms C wished to withdraw from the service.

39. Whilst I accept that, whether in error or under instruction, Council 1 cancelled Ms C's care package on the understanding that that was her desire, I am concerned about the circumstances surrounding the cancellation and the subsequent action taken. The note made by Officer 2 following the home visit on 10 November 2006 suggests that a follow-up telephone call would be made to confirm Ms C's intention to cancel. A further note, made the same day, however, shows that Ms C's care package was cancelled with immediate effect on the day of the home visit. The file note does not specify the time that the care package was cancelled, however, given Council 1's account of the home visit, I consider it most likely that the cancellation followed the meeting. It is clear that Ms C was under a great deal of stress at the time of the home visit, and this is acknowledged in Council 1's written records. With this in mind, I am concerned that any request that Ms C may have made to cancel her care package was acted upon so quickly without some form of confirmation, either during the follow-up telephone call, planned for 13 November 2006, or by asking Ms C to confirm her request in writing.

40. Council 1 told me that Ms C further confirmed her intention to make alternative arrangements during subsequent conversations and that it was not until January 2007 that she expressed an interest in reinstating her care package. The telephone and meeting notes covering November and December 2006 show that a number of discussions were held with Ms C regarding the care that she should receive. Ms C is noted as being reluctant to reinstate a service with the same number of hours as she received from Council 2, and with care staff that were not qualified to carry out the tasks that she required of them. Records also show that she was keen to have as little

intervention as possible and that she was willing to handle some tasks, such as shopping, herself. However, the notes clearly indicate that Ms C was keen to reinstate some form of care package soon after the cancellation of her temporary arrangements. Whilst ongoing care was discussed with Ms C during this period, it is unclear whether any action was taken to make arrangements for her care. The dispute over whether or not Ms C had intended to cancel her care package appears to have dominated proceedings, rather than Council 1 accepting that this did not remain her intention. Ms C clearly requires support at home and I was disappointed to note that the services that were cancelled so promptly were not reinstated with similar urgency once it was established that the need for care remained.

41. I am satisfied that efforts were made on Council 1's part to work with Ms C and establish her care needs. However, I am concerned that a number of discussions were held throughout November and December 2006 without any care plan being agreed. When Ms C first moved to North Lanarkshire Council 1 quickly put in place a temporary care package until her needs could be fully assessed. I consider that it would have been appropriate to make similar arrangements to ensure that Ms C received at least basic support while her long-term needs were being reviewed. I consider Council 1's handling of the reinstatement of care, upon establishing that the package had been cancelled in error, to be poor. However, I cannot determine whether Council 1 withdrew Ms C's care package against her wishes on 10 November 2006. I am, therefore, unable to reach any firm conclusions on this aspect of Ms C's complaint.

*(b) Recommendation*

42. Although I made no finding on this complaint, I was disappointed with Council 1's handling of the reinstatement of Ms C's care services.

43. The Ombudsman, therefore, recommends that Council 1 introduce a policy of requesting written confirmation of a service user's intent to cancel their care in cases where the need for care remains.

44. The Ombudsman also recommends that Council 1 review Ms C's case and identify ways of introducing basic care quickly, whilst needs assessments are carried out.

**(c) Council 1 failed to carry out an adequate OT assessment at Ms C's home**

45. As part of her complaint to the Committee, Ms C complained about the OT assessment, carried out by Council 1 to identify any adaptations that may be required to her home, in light of her disability. She felt that the assessment was of a poor standard and that the adaptations suggested were inappropriate in respect of her needs. Ms C was hoping to secure an improvement grant to fund any adaptations required. Any grant awarded would be based on the OT's recommendations and would not be approved without the OT's agreement that the requested adaptations were suitable to meet Ms C's needs.

46. To minimise the number of spasms that she experiences, Ms C is required to wear orthotic carbon fibre leg splints at all times. Without the leg splints, Ms C is unable to weight-bear and their removal can lead to spasmodic episodes, causing intense muscle contractures. Ms C is, therefore, required to bathe her legs separately from the rest of her body, using potassium permanganate. She requires assistance to do this. It is important that her feet remain dry to avoid skin maceration and infection.

47. The initial OT assessment was carried out on 8 November 2006. The OT who carried out the assessment recommended the installation of a bath lift and grab rails in Ms C's bathroom. These could not be installed, however, as no bath lifts of suitable size and width were available and the grab rails protruded too far to allow access.

48. Further OT assessment was carried out and the OT concluded that Ms C's bathroom would require to be modified to enable her to bathe in such a way that would keep her feet dry. It was recommended that Ms C's current shower was left in place with a separate wet-floor shower area replacing the bath. It was suggested that Ms C could utilise the wet-floor area whilst wearing special plastic bags over her feet to keep them dry.

49. Ms C was not satisfied with the OT's recommendations. She felt that the wet-floor area posed a slip hazard and that she would be stigmatised by having one 'normal' shower and one 'disabled' shower. She did not feel that the OT assessment was appropriate, as she had been provided with carbon fibre leg splints due to an allergy to plastic. The proposed bags for her feet were plastic and could have increased the slip risk. Ms C was also concerned about the impact that the adaptations may have on the resale value of her property and

noted that no proposal had been made as to the assistance that would be available for her to use such a facility, or who would cover the cost of the plastic bags, which cost around £19.00 each and require to be replaced regularly.

50. Council 1 told me that Ms C accepted the OT's recommendations in February 2007. A note contained within her Community Care Assessment, detailing a visit to her home on 7 February 2007, acknowledged Ms C's reluctance to accept the proposed wet-floor shower area. It states that an alternative adaptation was suggested. This would involve extending Ms C's existing shower area by removing an existing wall and extending into a cupboard in the kitchen. It is noted that this option would allow Ms C to retain her bath. The file note states that Ms C opted for this second proposal. It was agreed that grant funding could be applied for based on the cost of the wet-floor proposal, however, as no grants are available for the removal of walls, any additional costs associated with this would have to be covered by Ms C. A priority score of 18 was attributed to the adaptation plans.

51. On 11 February 2007, Ms C wrote to senior social work staff at Council 1. In her letter she said that her OT assessment had been scored inappropriately and concentrated on only one area. Ms C felt that the assessment's proposals failed to provide appropriate, permanent housing adaptations. Subsequent conversations between Ms C and Council 1 centred around the original OT assessment for the introduction of a separate wet-floor showering area and the removal of her bath. I have seen no further evidence of discussions regarding the alternative proposal, detailed in paragraph 48, within the subsequent correspondence or file notes. However, I understand that Ms C's preferred option was deemed to be unsuitable sometime after 7 February 2007.

52. As an owner/occupier of her property, for adaptations to be completed, Ms C was required to provide three quotes for the work to be done. Ms C provided only one quote for her bathroom adaptations. This was provided by a private contractor (the Contractor), whom Ms C felt understood her specific needs better than the OT had. The quote was for works totalling over £14,000.00 which included the installation of a shower area with a ledge that Ms C could hang her legs over to keep them dry, separate bath and under-floor heating. Ms C explained to me that the Contractor's proposal would have allowed her to shower without the need for plastic bags on her feet, and without assistance from care staff. The plans also provided full access to her bathroom and incorporated proposals for improved access to her kitchen.



The OT did not accept the Contractor's proposal. The OT advised Ms C that the proposal did not meet her assessed needs and that they, therefore, could not approve the plans for submission with Ms C's grant application. Ms C told me that she felt that it would be pointless to provide quotes based on the OT's recommendations, as she did not agree with the proposals.

53. It is clear from the correspondence between Ms C and Council 1 that both parties had differing opinions as to the type of work that should be carried out. Council 1 explained to me that the OT aims to provide adaptations that allow the service user to be independent, but that safety is the main priority. The OT makes recommendations based on the safest way to meet a service user's assessed needs. The resulting recommendation will be for the minimum adaptation required to safely meet the service user's assessed needs. Ms C's preferred adaptations, as proposed in the Contractor's quote, were not considered to be as safe as the OT's wet-floor proposal.

54. I asked Council 1 whether Ms C would be able to install her chosen adaptations if she met any additional costs herself. They told me that, as an owner/occupier, Ms C is entitled to make any changes to her property that she would like, however, to receive grant funding, the adaptations would have to be satisfactory to the OT. Council 1 stressed that they could only endorse adaptations that had been passed as safe by the OT. Some owner/occupiers take the opportunity to redecorate or upgrade their properties while work is being carried out on their grant-funded adaptations. Ms C told me that she highlighted to Council 1 that the Contractor's proposal was only for the minimum adaptations required to provide safe use of her bathroom and that she recognised that it was her own responsibility to cover the cost of any additional decorative work.

55. In her complaint to the Ombudsman, Ms C expressed her dissatisfaction with Council 1's apparent reluctance to consider her own views as to what adaptations would be best for her. Council 1 told me that Ms C was fully involved in the consideration of ideas for the adaptations. They explained that four home visits were carried out and that she was involved in a number of discussions about the best way for her to bathe. The conclusion of these discussions was that a wet-floor shower area was the only safe option. Council 1 researched Ms C's medical condition and sought the advice of a

home improvements grants officer, structural experts and qualified OTs when reaching their decision.

*(c) Conclusion*

56. Council 1 have shown that they listened to Ms C's views as to how her bathroom could best be adapted. Although Ms C did not agree with the conclusions of the OT assessment, I am satisfied that her circumstances were properly researched and that a thorough assessment of her bathroom was carried out, and that all of the relevant information was available to the OT when making a decision as to what adaptations should be introduced.

57. I am unable to comment on conversations that may have taken place between Ms C and Council 1, however, I have seen no evidence in Council 1's file notes, or correspondence, which explains why Ms C's preferred option of extending her existing shower area was deemed to be less safe than the proposal put forward by the OT. A stalemate appears to have developed with Ms C having clear ideas as to what adaptations would be best for her and Council 1 stating that their proposal is the only acceptable option.

58. Ms C wrote to Council 1 on numerous occasions asking that they reconsider her proposal. She raised a number of reasonable concerns relating to the practicalities of living with the adaptations proposed by the OT. Council 1 reiterated their position on a number of occasions in response to Ms C's letters, however, I have not seen any evidence of her specific concerns being answered, or of explanations as to why her preferred option for adaptations was deemed to be unsuitable.

59. Ms C's concerns regarding the OT assessment of her home were the subject of a great deal of correspondence. Disappointingly, the matter did not progress as a result and I understand that grant funding is now no longer available to Ms C as, for the time being, limited funds have led to any projects with an OT assessed score of less than 19 being declined. Both parties must take some responsibility for the matter being drawn out longer than should have been necessary, however, I am concerned by the apparent lack of explanation to Ms C from Council 1 as to the reasoning behind the OT's findings.

60. The award of an improvement grant was reliant on the findings of the OT. Although the OT's findings could have been explained more clearly, Council 1 were very clear as to what adaptations would be considered appropriate for

submission with a grant application. The correspondence that I have seen shows that they consistently reinforced their position and that it was made clear to Ms C that no alternative adaptations would be considered. To secure a grant on this basis, Ms C was required to submit three quotes for the work that Council 1 considered acceptable. She failed to do this and no grant application was processed. Although Ms C disagreed with their findings, Council 1's decision was made following consultation with her and was based on advice from professionally qualified staff. Whilst Ms C's preferred adaptations were not agreed to, I am satisfied that the proposed adaptations were carefully thought through and appropriate to the improvement grant system, whose purpose is to provide at least the minimum level of adaptation necessary to allow a service user to safely inhabit and utilise their property. As such, I do not uphold this complaint.

*(c) Recommendation*

61. The Ombudsman has no recommendations to make.

**(d) Council 1 failed to carry out the recommendations made as a result of the Committee's findings**

62. Dissatisfied with the transition of her care package from Council 2 and with the cancellation of her care, Ms C formally complained to Council 1's Chief Executive on 23 November 2006. Her complaint was eventually escalated to the Committee and was heard by them on 22 March 2007. The Committee published their findings in a report on 14 June 2007.

63. The Committee considered eight separate complaints, covering the transfer of Ms C's social work files from Council 2, the cancellation of her care package, the OT assessment, and the organisation of her care package.

64. The Committee considered evidence and witness statements presented by staff of Council 1, Ms C, her sister and personal assistant, as well as various relevant background documents. None of the eight individual complaints were upheld by the Committee, however, three recommendations were made as a result of Ms C's experiences. In acknowledgement of the dispute as to why Ms C's personal care package was cancelled, the Committee recommended that Council 1 'put in place procedures to ensure that when services are withdrawn from vulnerable clients, the Council's position is confirmed in writing, and clients are given the opportunity to discuss outstanding issues'. Additionally it was acknowledged that Ms C was now requesting personal care

services and a further recommendation was made 'that the [social work] department deal with this request appropriately'.

65. The Committee's third recommendation was that Council 1 should 'consider introducing a care plan for vulnerable people at home and in receipt of Council Social Work services in order to ensure clarity in respect of the nature of the service(s) to be provided, why the service(s) is being provided and when the service(s) is to be provided'.

66. In her complaint to the Ombudsman, Ms C complained that Council 1 had failed to take any action to satisfy the recommendations laid out in the Committee's report. She told me that, as a result, her personal circumstances had not improved since the time of her initial complaint to Council 1.

67. I asked Council 1 what action they had taken following publication of the Committee's findings. They told me that a report was compiled in response to the Committee's findings, shortly after the report was published. I have not been provided with a copy of that report, however, my discussions with Council 1 with regard to Complaint (b) highlighted that they did not believe that it was feasible to change their procedures in response to the Committee's first recommendation.

68. With regard to the Committee's second recommendation, Council 1 told me that an individual care plan was created for Ms C, proposing a care package that was to commence on 13 June 2007. For the service to commence, Ms C was required to sign the care plan, confirming her agreement of the proposals. Council 1 told me that Ms C refused to sign the care plan and that the care package had, therefore, not been implemented. Council 1 provided me with a copy of the care plan and of telephone notes taken shortly after it was forwarded to Ms C. A telephone note, dated 20 June 2007, recorded that Ms C had called Council 1 and advised that she was unable to sign her acceptance of the proposed care plan, as she did not agree with the number of hours care that were to be provided. Ms C said that this was due to the care plan being presented in draft format and a lack of provision for her personal care needs. She is noted as having advised that she was going to take the matter to her solicitor. Ms C confirmed her position, that day, in an email to Council 1.

69. Council 1 told me that, in response to the Committee's third recommendation, detailed written care plans and written arrangements for

service were to be developed and progressed within housing and social work services, as part of their assessment, care planning and recording procedures. This would be the subject of a forthcoming report.

*(d) Conclusion*

70. The Committee's first recommendation was for Council 1 to introduce a procedure whereby any cancellation of care services is confirmed to the service user, in writing, by Council 1. Council 1 have not provided me with evidence to show that such a procedure has been put in place. As I explained in Complaint (b), when discussing Ms C's specific circumstances with Council 1, I suggested that it may have been prudent to ask Ms C to confirm her apparent intent to cancel her personal care package in writing before cancelling the service. They advised me that it would be impractical to do so due to the variety of reasons service users have for cancelling their care packages and the volume of administration involved. I remain satisfied that a procedure could be implemented, without significant impact on Council 1's operations, that would maintain clear, formal records as to service users' wishes, avoiding disputes at a later date. The Committee's recommendation suggests that they would agree and I was, therefore, disappointed to learn that such action has not been taken.

71. The Committee recognised that, regardless of the circumstances surrounding the cancellation of Ms C's personal care package, it was not her intention to make her own arrangements and that Council 1 should deal with her request for the reinstatement of her care service appropriately. Council 1 have shown that they worked with Ms C to assess her needs and identify the service that would be most suitable for her. A care plan was produced as a result of these discussions and sent to Ms C for her approval. The care plan was not approved, as Ms C was dissatisfied with the level of care proposed by Council 1. Although Ms C disagreed with the proposed care plan and was able to provide a number of reasons as to why she felt that Council 1's conclusions were a poor reflection of the care she required, I see this as a separate issue to that of whether or not Council 1 took appropriate action to reinstate a personal care service for her. Whilst it is unfortunate that the care plan was not the one that Ms C was anticipating, Council 1 followed the correct procedure to reach a decision as to the level of care that they felt was appropriate. As such, I do not consider that they failed in respect of the Committee's second recommendation.

72. The Committee also recommended that Council 1 'consider' introducing care plans that would make it clear to service users what they can expect from

their care packages. I interpret the use of the word 'consider' as the Committee suggesting that Council 1 reflect upon ways of improving the service that they provide and use their discretion as to how to communicate the terms of future care packages, rather than there being a call for specific changes to be made. Having reviewed the documentation accompanying Ms C's needs assessment and the subsequent proposed care plan, I am satisfied that Council 1's current arrangements are clear as to their intended purpose. The care plan itself clearly displays what need has been assessed, the level of care required and why (where necessary) and the day and time that the service will be provided. In Ms C's case, she did not agree with the level of care being proposed and the care plan was, therefore, not finalised. The evidence that I have seen, however, suggests that she was consulted on a number of occasions regarding the type of care that she would require and that it was the reduced number of hours care, compared to that which she had previously utilised, that resulted in Ms C's refusal to accept the care plan.

73. I have no concerns regarding the presentation of Council 1's conclusions as to Ms C's service requirements in the care plan. I consider that it was unnecessary for Council 1 to take any action in direct response to the Committee's third recommendation. It is, however, important to regularly review any procedure to ensure good practice and I was, therefore, pleased to learn that they are making efforts to further improve this aspect of their service.

74. I am satisfied that Council 1 took appropriate action with regard to the Committee's second recommendation and that no action was necessary in response to the third. I was disappointed to learn that the Committee's first recommendation was not acted upon, however, it is clear from discussions that I have had with Council 1 that they did consider what action could be taken, albeit concluding that it would be infeasible to make the procedural changes that would be required. I am confident that more could be done in this regard and have recommended procedural changes in Complaint (b) accordingly. As each of the Committee's recommendations have been considered, albeit with conclusions that did not satisfy Ms C, I do not uphold this complaint.

*(d) Recommendation*

75. The Ombudsman has no recommendations to make.

**(e) The care package provided by Council 1 was unsuitable to meet Ms C's needs**

76. Before moving to North Lanarkshire, Ms C was allocated a total of 20 hours care each week, with a further 27 hours, identified by the Independent Living Fund as appropriate, which she chose to defer for six months due to financial constraints. The 20 hours provided by Council 2 consisted of 14 hours of assistance with bathing and personal care and a further six hours of assistance with shopping and household tasks. Due to the short notice that Council 1 received regarding her relocation into their area, a temporary care package was put in place, which matched the 20 hours care that Ms C had been used to. Ms C, however, did not find the temporary care package to be suitable, as the care being provided did not match that which she had been used to, and did not address the specific needs that her condition led her to have. She said that this was due to Council 1 making arrangements for her care without full details of her medical condition and the breakdown of services provided by Council 2. Ms C's temporary care package was introduced on 30 October 2006, however, Council 1 did not collect her social work file, containing this detailed information, from Council 2 until 21 November 2006. In the meantime, Ms C's temporary care package was cancelled. Following the cancellation of her care package in November 2006, Ms C sought to reinstate her care and services resumed in January 2007, providing three hours personal care per week.

77. Following Ms C's complaint to the Committee in March 2007, a formal care plan was produced, itemising each of the personal needs that had been assessed for Ms C and noting areas where she could maintain her independence, as well as those where assistance was required. It was noted that 1.5 hours of assistance would be required for shopping, preferably on a Wednesday morning, and a further 1.5 hours for general housework, preferably on a Monday morning. The care plan further recorded that Ms C was able to wash, bathe, get in and out of bed, dress and visit the toilet without assistance. It was noted that Ms C occasionally experienced spasms and that care staff should not intervene, but should make sure that any obstacles were removed from her immediate surroundings. Ms C would be able to self-medicate but may require assistance with this during a spasmodic episode.

78. Council 1 told me that on 27 April 2007, Ms C's circumstances were reviewed during a home visit and that a decision was made to supplement her existing care package of three hours per week by an extra four hours for social

activity and assistance with paying household bills. In an email to me dated 14 November 2007, Ms C said that, at that time, she was still awaiting the implementation of these additional hours, as an appropriate service provider had not been sourced by Council 1.

79. Ms C contacted Council 1 on 21 May 2007 and requested a full re-assessment of her needs and the provision of a care package that would provide the hours of service and personal assistance that she required. Council 1 declined this request as, based on their ongoing dealings with Ms C, they did not consider her circumstances to have changed significantly since the time of her last needs assessment.

80. In late May 2007, Ms C's health deteriorated and medical assistance was sought for her. Due to her weakened state, Ms C did not feel able to deal directly with Council 1 and asked that any contact was made with her mother or solicitor until such time as she was able to resume talks with them. During this period, the care plan which resulted from the Committee's recommendations was sent to Ms C. She refused to sign the plan, as she disagreed with the conclusion that only three hours care per week would be necessary. She wrote a detailed letter to Council 1 on 23 June 2007, explaining that she did not feel that Council 1 had followed the correct procedures when making arrangements for her care. She stated that she could not understand how there could be any justification for a reduction in the hours of care that she received from 20 hours to only three, and suggested that her needs assessment had not been comprehensive. She drew Council 1's attention to the various pieces of legislation relevant to social work and the provision of care, noting that a comprehensive assessment should cover personal and social care, health care, accommodation, finance, education and employment and transport access. Ms C also noted that she was entitled to request a reassessment of her needs at any time.

81. On 7 July 2007, Ms C indicated that she was able to resume contact with Council 1. Council 1 told me that, given Ms C's view that she had experienced difficulties when dealing with their staff, it was agreed that an independent assessment, carried out by a separate authority (Council 3), would be appropriate. This was arranged and two visits to Ms C were made by social work staff from Council 3 in July 2007 for an independent review of her care needs. In the meantime, while Council 3 were completing their assessment,



Council 1 increased Ms C's care package to a total of 14 hours. Again, however, Ms C failed to agree to the proposed package.

82. I have been provided with copies of a substantial amount of correspondence between Ms C and Council 1 regarding their assessment of her needs and the concerns that she had regarding their conclusions. A number of conversations with Ms C are also documented in Council 1's telephone records. Ms C complained on a number of occasions that there was insufficient flexibility within her care package to enable her to live an independent life and achieve her educational, social and employment goals. She noted that the package provided by Council 2 had been structured around her and her daughter's daily routine. Care was provided Monday to Friday between 08:00 and 10:00 and then 16:00 until 18:00, allowing time for Ms C to attend university between 10:00 and 15:00 each day and leaving her weekends free for her to concentrate on course work. In correspondence with Council 1, Ms C stressed that her care needs had not changed since her move to North Lanarkshire, and that the only change to her circumstances was her geographical location. She maintained that the 20 hours care package that she had previously utilised should remain in place, accordingly, to allow her to re-commence her education.

83. The evidence that I have seen suggests that Council 1 deemed Ms C's circumstances to have changed significantly. Her daughter no longer lived at home with her and she was no longer attending university. Furthermore, Ms C is quoted in a number of meeting and telephone notes as advising that she would not require a full 20 hours of care. An email, dated 14 November 2006, from Council 1 to Ms C's local councillor adds that the care staff that had initially provided her care under the temporary arrangements in October 2006 had reported not having sufficient work to keep them busy. Ms C was reported as managing her home care by herself. This, however, was never substantiated, or discussed with Ms C.

84. Ms C told Council 1 that the 20 hours care arranged by Council 2 did not make specific provision for her daughter. Her daughter merely benefited from the care package in as much as Ms C had time to concentrate on her and the fact that basic household tasks were carried out by the homecare workers. Her personal care needs did not change upon her daughter leaving home. She also advised Council 1 that it was the loss of her care package, when it was cancelled, in her opinion, erroneously, in November 2006, along with the length of time taken to reintroduce her care, that resulted in her having to drop out of

university. Reinstatement of an adequate care package would allow her to resume her studies and ultimately find work, which would in turn reduce the burden on Council 1 in terms of funding and support for her care. In response to Council 1's suggestion that she had requested a reduction in hours during conversations in early November 2006, Ms C denied having done so. She said that she had assumed that Council 1 and Council 2 were in agreement that 20 hours was the appropriate level of care for her, as Council 1 introduced a care plan on that basis shortly after her arrival in North Lanarkshire. At that time, Ms C was unaware that the 20 hours care provided was a temporary arrangement, pending reassessment of her needs.

85. I discussed Ms C's change in circumstances with Council 1. From her point of view, she was stuck in a vicious circle; a reduction in her care services had led to the breakdown of her educational and employment prospects and she would be unable to fulfil these without an increased level of care. She was not deemed as requiring an increased level of care, as she did not have the family and educational commitments that she used to. Council 1 explained to me that, once care services are in place, a service user's needs can be reassessed at any time and additional hours added where deemed suitable. They also noted that Ms C received support whilst attending university, but that this was funded by the Student Awards Agency for Scotland and not Council 1. They said that, although Ms C's needs could be reassessed should she return to education, there was no guarantee that additional hours would automatically be allocated to her.

86. Ms C was of the opinion that any decisions regarding her care arrangements should be made with her direct involvement, rather than Council 1 making decisions on her behalf. She suggested that care services should be structured to fit around her personal commitments, rather than being provided at times most suited to the care provider. Ms C felt that Council 1 failed to work in partnership with her to provide the best possible care package in respect of her specific needs.

87. Given the amount of correspondence going back and forth between Ms C and Council 1, and the obvious difference in opinions as to what care should be provided to her, I asked Council 1 whether they had, at any point, asked Ms C to provide a detailed breakdown of the care that she would ideally like to receive. They told me that they had not done so. I asked whether it would be beneficial to have such a statement from Ms C. Council 1 perceived a

significant difference between Ms C's expectations as to the type of service that should be delivered and the service that they could realistically provide. They, therefore, felt that it would raise Ms C's expectations unfairly to ask her for details of her 'ideal' care package. Council 1 also noted that Ms C's views as to what services should be provided had changed frequently since she moved to their area. They said that on more than one occasion, Ms C had seemingly been happy with care arrangements, but then subsequently changed her mind, preventing any progress in developing her care package. There are a number of examples of this within the documentation that I have seen. Meeting notes in Council 1's files report that face-to-face and telephone discussions with Ms C had been positive and that she was satisfied with the proposed care arrangements. Similarly, telephone messages state that Ms C was keen to have a reduced level of care compared to her previous 20 hour package and that she wished to be as independent as possible and make her own arrangements for many of the services that were previously utilised. In contrast to this, all of the correspondence that I have seen from Ms C maintains that she believed the reinstatement of her 20 hour package to be the only way for her to live an independent life whilst achieving her health, educational and employment goals.

88. Council 1 told me that Ms C's dystonia causes memory loss and that she occasionally forgets the details of conversations and what has been agreed. Ms C refutes this and explained to me that her memory is sound, however, her condition means that it takes her longer than average to process information. Council 1 said that they have found Ms C difficult to work with at times, and that the relationship between her and their social work staff was often strained. They told me that, in light of this, and to ensure consistency of information, they allocated a single staff member to act as Ms C's point of contact and that all enquiries are now passed to the relevant staff through that individual. Ms C, however, said that she had struggled to contact Council 1 this way and that the new system was not working.

89. Although this report deals only with the initial period following Ms C's relocation to North Lanarkshire and Council 1's actions when seeking to introduce a long-term care plan for her, I am aware that Ms C remains dissatisfied with the package that she currently utilises and that she continues to communicate with Council 1 in an attempt to secure care services in line with her expectations.

*(e) Conclusion*

90. It is clear from the evidence that I have seen that the progression of Ms C's care arrangements was slow and difficult for both parties. As I mentioned in paragraph 22, at the time of her initial transfer into their area Council 1's communication with Ms C could have been better. She arrived in North Lanarkshire with the reasonable expectation that the care arrangements that she had utilised in Renfrewshire would remain in place, and this was confirmed, to her mind, by the introduction of a 20 hour care package shortly following her relocation. Ms C was, at that time, unaware that the 20 hours was a temporary arrangement. Furthermore, whilst I consider it appropriate for Council 1 to have reassessed Ms C's needs following her relocation, I have seen no evidence to suggest that it was ever explained to Ms C why this reassessment was necessary, or that Council 1's approach to care provision may not be the same as Council 2's. Had her expectations in this regard been managed at the time of her arrival in North Lanarkshire, then the needs assessment process may have run more smoothly.

91. I accept Ms C's position that the 20 hours of care that were provided in the temporary care package did not match the service that she had previously received from Council 2. I also accept that this would have been due to the lack of detailed information in Council 1's possession during the period immediately following her relocation. As I commented in my conclusion to complaint (a) in this report, the normal transfer of information between Council 2 and Council 1 when Ms C relocated to North Lanarkshire was delayed through no fault of Council 1's. I remain satisfied that it was reasonable for them to have introduced a temporary care package for Ms C until such time as they could carry out a full reassessment of her care needs. It would have been beneficial to Ms C and Council 1 if they had been able to arrange the collection of her full social work file earlier than 23 November 2006. This file contained important, detailed information about her condition and the specific care requirements associated with it. Again, however, I acknowledge the unusual circumstances of this case and the ad hoc nature of the arrangements. I have seen no evidence to suggest that Council 1's procedures would have failed to gather this information under normal circumstances.

92. It is obviously very important to Ms C that she is involved in any decisions made about her care. I am satisfied that Council 1 discussed Ms C's needs in detail with her, and that they appropriately researched her condition and the impact that it has on her day-to-day life. Decisions as to the level of care that

should be provided were made by professionally qualified staff, based on the information that Ms C provided. I have seen no evidence of maladministration on Council 1's part when reaching their initial decision to allocate three hours per week of care, however, I acknowledge that Ms C ultimately disagreed with their decision.

93. Council 1 showed a willingness to find a suitable care package to meet Ms C's assessed needs and increased the number of hours allocated to her on more than one occasion. These revised proposals were rejected by Ms C. Whilst I acknowledge Ms C's reasons for rejecting the proposals, each time a care plan was rejected, Council 1 were required to reassess Ms C's needs and create an entirely new plan. This undoubtedly contributed to delays in finalising a care package and can only have confused matters.

94. It is very important that social work service users receive the support that they require. As Council 1 explained, once a care package is in place, it can be reviewed at any time. Council 1 assessed Ms C's needs in an appropriate manner and provisions were made to provide her with care, albeit at a level, and in a form, that she felt was inadequate. Ms C chose not to accept a care package that was less than she expected to receive on a long-term basis, rather than securing a basic level of care and then seeking to improve her package. In this respect, I consider Ms C to be at least partly responsible for the delay to the reinstatement of her care.

95. There was an obvious conflict of opinion between Ms C and Council 1 as to the impact that her condition has on her daily activities and the level of support that should be provided in light of this. Ms C, understandably, wanted to maintain the level of support that had previously afforded her the freedom to pursue her educational and employment goals. Council 1 are obliged only to provide the minimum level of care required to ensure that Ms C is safe in her home and has access to basic services and social activities. Their decision as to the level of care to be provided will be based on the available budget and the service user's current circumstances. In Ms C's case, this means that her care package was based on the fact that she had no work or educational commitments at the time of assessment. This would also lessen the likelihood of flexibility in the timing of the service, although I note that it is standard and reasonable practice for care to be provided in accordance with the service provider's availability, given their commitment to a number of service users.

96. It is impossible for me to comment on the content of discussions that took place between Ms C and Council 1, however, it is apparent that on more than one occasion Council 1 staff were left with the impression that Ms C was content with certain proposals only to be told by Ms C, at a later date, that this was not the case. Whatever the cause of these irregularities, the result was more delay and frustration for both parties. For a mutually agreeable care package to be secured for Ms C and relations between her and Council 1's staff to recover, some form of structured communication would have to be introduced whereby Ms C's opinion is sought, differing views discussed and appropriate action agreed with Ms C's approval formally recorded. I am concerned that previously both parties reiterated their position in written correspondence, without clear explanation, leading to protracted discussions that did not result in positive action being taken to finalise Ms C's care package. It may not always be the case that Ms C, or other service users, accept Council 1's decisions, or that Council 1 are able to accede to the service user's requests. If, after both parties have explained their positions in detail, an agreement cannot be reached, the service user's objections should be formally recorded in their social work file and the matter referred to Council 1's formal complaints procedure.

97. I was disappointed that such a high level of communication between Ms C and Council 1 did not result in an agreement being reached as to the level of care she should receive, even if this was a compromised level supported by clear explanations from Council 1 as to why they could not reinstate a full 20 hour package. I acknowledge, however, that the negotiation of a mutually agreeable package is not solely in Council 1's hands and that communication was not always trouble-free between the two parties. However, whilst Ms C did not agree with the level of care proposed by Council 1 following their assessment of her needs, Council 1 have shown that their decisions in this regard were properly made. They have also demonstrated a willingness to continue to work with Ms C to identify any improvements that can be made to her care package.

98. In all the circumstances, I do not uphold this complaint.

*(e) Recommendation*

99. Although I did not uphold this complaint, I acknowledge that this matter continues to have an immediate impact on Ms C's life. I consider it important that Council 1 do all they can to reach a conclusion that Ms C understands and accepts.

100. The Ombudsman, therefore, recommends that Council 1 prioritise the completion of Ms C's care plan.

101. A common theme ran through Ms C's complaints in that disputed issues were often drawn out due to misunderstandings between her and Council 1 as to what proposed action had been agreed. This led to protracted correspondence and a lack of progression of her care.

102. The Ombudsman recommends that Council 1 consider ways of formally recording service users' acceptance and understanding of any proposals before finalising care plans.

103. The Ombudsman also recommends that Council 1 consider ways to record service users' non-acceptance of proposals and to escalate matters through the formal complaints procedure.

104. Council 1 have accepted the recommendations and will act on them accordingly. The Ombudsman asks that the Council notify her when the recommendations have been implemented.

**Explanation of abbreviations used**

Ms C	The complainant
Council 1	North Lanarkshire Council
The Committee	Council 1's Social Work (Complaints Review) Sub-Committee
OT assessment	Occupational therapy assessment
Council 2	Renfrewshire Council
Officer 1	A home support team leader at Council 1
Officer 2	A member of Council 1's social work department
Officer 3	A senior support manager at Council 1
The OT	An occupational therapist at Council 1
The Contractor	A private sector bathroom supplier
Council 3	South Lanarkshire Council



**List of legislation and policies considered**

The Disabled Persons (Services, Consultation and Representation) Act 1986

The Chronically Sick and Disabled Persons Act 1970