

**Tales of the Un-Inspected**  
**Home Number 115**  
**By Eileen Chubb**  
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**Please note that at the time of writing the below report I had made a Freedom Of Information request to the Local Authority on Home 115 and was obstructed to such a degree that I knew I had uncovered something the Authorities would rather keep quiet about.**

**A small part of that information has just arrived and it amounts to a national scandal as it shows what the Authority's knew and when they knew it. Vulnerable elderly people suffered years of abuse because countless earlier concerns were ignored and all of this information was withheld from the public because CQC failed to carry out a single inspection throughout this time though fully aware of what was going on. Furthermore Social Services actions in obstructing my efforts to obtain this information amount to a deliberate cover-up.**

**What the public were not told.**

**Home 115 opened in 2009, within months the local Authority were made aware of widespread concerns; it seems members of the public reported these concerns. The local Authority has refused to let me see the detail of this information but it is described as a large scale Safeguarding investigation. The investigation was completed in January 2010 and an action plan was agreed with the company and said to be implemented.**

**It is at this point you would expect the care home regulator CQC to inspect the home and publish this information so the public are aware; however they allow the home to complete a self-assessment and registers this home as a fit provider. Whilst this process is underway the second large scale Safeguarding investigation begins in July 2010 after the Local Authority is informed of serious concerns. The concerns are said to be of a similar nature to those raised in the first investigation and are of such a serious nature a letter is written to the Chief Executive, whose previous company specialized in bedsores to the bone a prime example of which would be the case of Will Perin who was covered in so many grade 4 sores he could not lay on any part of his body without crying out in agony and even his fingers were gangrenous. ( See archive for my report on Home 41)**

**Another Action plan is agreed, a new Manager ,Deputy and new key staff are brought in. Investigation concludes in October 2010**

**At this point I would expect the CQC to inspect the home, not so.**

**The next incident happens in August 2011, a resident is roughly handled and the staff member involved dismissed and referred to regulatory body. This incident is not described as a large scale investigation.**

**Still no CQC.**

**The Third large scale safeguarding investigation commences a week or so later in August 2011. This is said to be in relation to similar issues as the previous two investigations which had said to have been resolved by an action plan. This time the investigation lasts until January 2012, some staff was referred to Safeguarding but many of the staff retrained. A further letter was sent to the Chief Executive.**

**At last in the middle of the Safeguarding investigation CQC inspect the home, in October 2011, they imply in their report published in November 2011 that are have recently been informed of concerns, of course now they find some things wrong. But of the Seven Outcome Areas inspected,**

**1 Major Concern**

**2 Moderate Concerns**

**3 Minor Concerns**

**1 Fully Compliant, this area being that the company management is monitoring the home to ensure quality care.**

**In January 2012 an individual safeguarding investigation takes place into the unexplained injuries of a resident, as the age of the injuries could not be established the case was not taken further by police and Social Services.**

**I am informed that in addition to the above the Authorities were made aware of eight other complaints, I am denied the detail other than five related to poor care and three to staffs conduct.**

**What I saw when visiting home 115 and 102 has been totally denied by the director of Social Services who also informs me those details of the safeguarding investigations can be found via the CQC web site, which is completely untrue.**

**The following report of my visits earlier this year to home 115 and follow up visit to 102, are based on what I saw and what information was publically available which was none of the above.**

**Home 115 opened in 2009 but the only inspection report available is dated November 2011, when the regulator CQC visited the home after been informed that residents had been harmed as a result of abuse and neglect. It would seem that this home has been approved and registered to open without being inspected and the only inspection that takes place is over two years later and is only carried out because vulnerable people have already suffered.**

**I will tell you why so many vulnerable people suffer because no matter how many alarm bells are ringing, those in a position of Authority turn a deaf ear until it is too late, home 115 is a prime example of this. When concerns are raised about this home they have been either ignored or totally denied. This home is linked to home 102 as it is in the same area and I wrote to the Authorities raising concerns about both. These letters are copied below,**

Letter regarding Home 102.

To Director Social Services xxx Council From Eileen Chubb Compassion In Care

10<sup>th</sup> November 2011

Dear Sir,

As you are aware I raised concerns about standards of care at Home 102.

These concerns were passed to D.C to investigate.

A message was left on my answer machine from D.C today, November 10<sup>th</sup> 2011 at 12.17pm, this message states that she has carried out an investigation and wished to inform me of her findings. I did use auto redial and was most surprised to find the call had been made from home 102, especially in light of the subsequent conversation.

I rang the phone number D.C cited in her message and it went to voicemail and I left a message saying I was available if she wished to call and that I was concerned she had made such a call from a home she was supposed to be investigating.

D.C returned the call within the hour and I found her manner completely

defensive and hostile.

Her primary concern was where I had obtained my information about this home, was it from a relative or staff member? I did point out if the information had been from either source she had no right to be asking for confidential information and that if the information had been from a staff member or someone in the home ( Which it was not ) her actions in asking for such information could have put a potential Whistle-blower at risk not to mention a resident at risk of retribution by the home especially given as D.C had made the first attempt to speak to me from an un-secure Telephone line at the very care home in question.

Her secondary concern was that the issues I had raised were witnessed because the care home was visited and this should not have happened as it invaded resident's privacy. I found this extraordinary as it implies your care homes do bear scrutiny by members of the public looking for a place for a relative. I pointed out that should a member of the public request that we look at care homes with them to advise on suitability that we were perfectly entitled to do so and as perspective customers the care home raised no such concerns with us about residents privacy in fact the primary concern in every single case is if we are self-funding.

Of least concern were the issues of poor care that were witnessed and I was informed that care plans had been read and no issues were found, I did not raise issues about care plans but about poor care, D.C said there was nothing found that was of the slightest concern to her but went on to say two residents in wheelchairs had no pressure cushions under them. I told her this was of grave concern to me not least because similar issues were identified in homes such as Parkside where so many died from infected bedsores in a ten day period. D.C is of the opinion that if neglect or abuse is not recorded in care plans then it is not happening, I am yet to discover a care plan stating "Neglected residents today hope to do better tomorrow" I was also asked how without touching residents could I know if they were wet, again a concern given that the answer is simply I noted their clothing was wet. I would ask if common sense is in short supply in X Social Services or if D.C's is determined to clear home 102 of all allegations at any cost. I am informed her investigation concluded today and that apart from a few minor slips she has no concerns about this home. My overall impression is that D.C is more interested in investigating the complainants rather than investigating the complaints. I ask you if you are willing to risk harm coming to those vulnerable residents because if it does this letter proves you had prior

knowledge and failed to act. I have now moved the care homes in your area up my list of priorities. It is not the fact that abuse can happen in a care home that should be judged, it is how of those in a position of authority act when such reports are brought to their attention that should be judged and quite frankly your council scores Zero.

Yours Faithfully

Eileen Chubb

**Letter regarding Home 102 and 115.  
To Director Social Services xx Council from Eileen Chubb Compassion  
In Care**

**8<sup>th</sup> February 2012**

**Dear Mr. X**

**Further to my letter of November 10<sup>th</sup> 2011 raising concerns about the conduct of your complaints officer, D.C, I stated that,**

***“Ms. D.C returned the call within the hour and I found her manner completely defensive and hostile. Her primary concern was where I had obtained the information about 102, was it from a relative or staff member, I did point out if the information had been from either source she had no right to be asking for confidential information and that if the information had been from a staff member or someone in the home (Which it was not ) Her actions in asking for such information could have put a potential Whistle-blower at risk not to mention a resident at risk of retribution by the home especially given as D. C had made the first attempt to speak to me from an un-secure Telephone line at the very home in question”***

**Your letter to me of December 20<sup>th</sup> states these matters have been investigated and resolved.**

**I was invited to speak again by X Pensioner’s Forum and did so on Monday February 6<sup>th</sup>. I was approached after the talk by an MS JS and Ms. SJ both of whom visit a resident home 102. I was appalled to be told that the manager of the home had accused them of giving me information and that I was alleged to have given their names to D.C as my informants. This is completely untrue. Ms. D.C’s conduct has already caused me grave concern but her relationship with this care**

home has prejudiced not only her judgment but her reason. It would appear that her obsession with the source of the information has led her to gossiping and speculating about possible complainants at the expense of investigating the actual concerns.

In view of this I would make it absolutely clear that I have contacts all over the country who gather information and visit homes. I have concerns about a number of homes in X area and in view of the fact that the source of my information is your main concern I visited home 102, and confirm my colleague's judgment.

This is what we witnessed.

It was around three in the afternoon but most residents were in bed, we were asked to wait in the hallway and the call alarm was sounding, a member of staff was walking to the kitchen and I asked if the noise was the fire alarm in an attempt to draw her attention to it and she replied it was a residents alarm but continued to the kitchen.

In all we saw one cook, the manager and four care staff, two of whom spent considerable time in the kitchen chatting even though call alarms were sounding constantly.

The manager showed us several occupied rooms, she asked residents permission but as an afterthought.

Apart from four residents sat in one lounge, a resident sat alone in another lounge who looked agitated and in need of attention and a male resident in the corridor, all other residents were in their beds and we saw their feet as we passed. At one time the manager entered a room to just turn of the call alarm and whatever the resident was calling for was not ascertained.

There was a large chair in the hallway, various mobility aids and several unused incontinence pads draped over handrails in one area all of which were a hazard.

The sluice room door was unlocked and open and also a hazard.

One male resident was lying on his bed un-covered and his legs were bare.

Were shown a room occupied by a female resident in bed and noted medication on the floor by her bed which had been trodden on, it was not noticed by manager though clearly visible.

Home 115.

Whilst I was in the area I thought I would visit several other homes I had received information about, in particular Home 115 whom I have received repeated concerns about and whom yourselves and the CQC

have known about for some time. This is the home I visited first and it was appalling. My full report will be written up and includes the following concerns,

The first thing that hit us was the overwhelming smell of faeces throughout the home and not just in pockets; I have only ever found this level and type of odor where there is widespread neglect. There were only three staff visible; one carer who looked rushed came out of a bedroom carrying soiled items. The nurse showing us around and a second nurse sitting in an office writing care plans. We asked about empty rooms and were told the home was half full, so of the 76 places there were about 38 residents. We saw at most 10 residents in the public areas so the remainder must have been behind closed bedroom doors in spite of being high dependency residents with dementia. That is not care it is warehousing at best and would explain the smell in the home.

The residents seen looked unkempt and in particular a female resident whose hair was clumped and matted with filth, who was wearing soiled clothing and was distraught and clung on to me, the nurse tried to hurry me past her even though this resident was desperate to catch up and would have fallen as her slippers were ill fitting and caused her to stumble. This poor woman was distraught and the nurse stood up the corridor whilst I tried to comfort her, as I have not been trained to walk past such obvious mental and physical suffering. I was able to give her reassurance and she stopped sobbing after a while and smiled at me and started to tell me about her husband. This is a home no one with an ounce of compassion or decency could walk out of and not cry for those condemned to be resident there.

You can imagine my shock when I saw the front page of the S. Local newspaper later that day and discovered that both the Council and the CQC had visited that home just four days earlier and judged it to be improved!

This judgment could only be arrived at if you visited the home with your own oxygen supply, blindfolded and wearing earphones or because your closure of the Council run Dementia services could only happen if you condemned the residents to move to homes such as Home 115.

I request a list of all safeguarding, concerns and complaints you have received since home 105 opened, I am aware you cannot give names and I require only information on the concerns and dates these were received, should you decline to provide this information I will have to

**conclude your actions do not bear scrutiny. Please be aware this charity serves only those at the mercy of the care system and we expect that you do your job in fulfilling your duty of care to the most vulnerable.**

**I look forward to hearing from you,**

**Yours Sincerely**

**Eileen Chubb**

**The official response to the above from X Local Authority is complete denial.**

**I know that some staff made attempts to blow the whistle in Home 115; I know that the senior company management has run a different company in the past, a company which caused me much concern.**

**I also know that the Charity Action on Elder Abuse is generously funded by this company to run a “Whistle-Blowers” help line. Yet the Whistle-blowers in this home told the local newspaper,**

***“Staff had blown the whistle on standards in this home and reported concerns to the authorities, one worker says we kept reporting concerns but little was being done”***

**Who would trust a help-line funded by a charity funded by the company you were blowing the whistle on? The saddest thing is that this company hides behind such shams. Any charity that takes funding from the care industry ends up protecting the care industry and that is why I have always felt so strongly about this that when I founded Compassion In Care I had it written into our constitution that we would never take money from the care industry or any government source. I am proud to say that we have stood by that principle always even when just a few hundred pounds remained in the bank and I had to walk miles to inspect homes.**

**I am now informed that despite the council and the CQC visiting the home just 72 hours prior to my visit that they visited again 24 hours after my visit and still found nothing wrong, in fact I am told the council’s findings can be confirmed by the CQC. I cannot share their confidence in CQC, the one and only CQC inspection relies on the council’s opinion that home 115 is improved. Whilst the Authorities and**

**regulator are covering each other's back who is protecting the vulnerable?**

**Eileen Chubb**