Investigation of a complaint against the Southern Health & Social Care Trust

Report Reference: 202003845

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The Role of the Ombudsman

The Northern Ireland Public Services Ombudsman (NIPSO) provides a free, independent and impartial service for investigating complaints about public service providers in Northern Ireland.

The role of the Ombudsman is set out in the Public Services Ombudsman Act (Northern Ireland) 2016 (the 2016 Act). The Ombudsman can normally only accept a complaint after the complaints process of the public service provider has been exhausted.

The Ombudsman may investigate complaints about maladministration on the part of listed authorities, and on the merits of a decision taken by health and social care bodies, general health care providers and independent providers of health and social care. The purpose of an investigation is to ascertain if the matters alleged in the complaint properly warrant investigation and are in substance true.

Maladministration is not defined in the legislation, but is generally taken to include decisions made following improper consideration, action or inaction; delay; failure to follow procedures or the law; misleading or inaccurate statements; bias; or inadequate record keeping.

The Ombudsman must also consider whether maladministration has resulted in an injustice. Injustice is also not defined in legislation but can include upset, inconvenience, or frustration. A remedy may be recommended where injustice is found as a consequence of the failings identified in a report.

Reporting in the Public Interest

This report is published pursuant to section 44 of the 2016 Act which allows the Ombudsman to publish an investigation report when it is in the public interest to do so.

The Ombudsman has taken into account the interests of the person aggrieved and other persons prior to publishing this report.

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Appendix 1 – The Principles of Good Administration

Case Reference: 202003845

Listed Authority: Southern Health and Social Care Trust

SUMMARY

I received a complaint about the actions of the Southern Health and Social Care Trust (the Trust). The complainant raised concerns regarding the Trust's handling of his community occupational therapy referral (the referral), which it received on 19 April 2019. The complainant lives with Crohn's Disease and Colitis, and has had a stoma since July 2017. The complainant's conditions require frequent and prolonged bathroom visits, and he is disturbed several times a night because of his stoma leaking, or other leakage. In the referral the complainant requested approval for an additional bedroom with an ensuite bathroom to be built onto his home to assist him with his stoma care, and to ease the impact of it on his family. The Trust approved an additional bathroom, but not an additional bedroom. The complainant said the Trust failed to take his conditions and his medical evidence into consideration when it made its decision.

The investigation established the Trust considered all the medical information provided to it when making its decisions. This included information about the complainant's medical conditions and the additional medical evidence provided. It established the Trust adhered to relevant standards in its handling of the referral and there was no evidence of maladministration in the decision-making process.

On this basis, I did not uphold the complaint.

THE COMPLAINT

1. This complaint is about the Southern Health and Social Care Trust's (the Trust) handling of the complainant's community occupational therapy (OT) referral (the referral), which it received on 19 April 2019. The complainant said the Trust failed to consider the impact of his medical conditions and his supporting medical evidence when it made its decision about the referral, and therefore failed to meet his needs.

Background

2. At the relevant time the complainant lived with his wife and two young children in a Northern Ireland Housing Executive[1] bungalow with two bedrooms and one bathroom.

3. The complainant lives with Crohn's Disease[2] and Colitis[3]. He underwent the '*total removal*' of his '*large bowel and rectum*' and had a stoma[4] since July 2017. The complainant's conditions require frequent and prolonged bathroom visits, and he reported regular disturbed sleep for him and his wife because of his stoma leaking, or other leakage connected to his conditions.

4. On 19 April 2019 the complainant's GP referred the complainant to the Trust for a community OT assessment[5]. The complainant sought approval for an additional bedroom with an ensuite bathroom to be built onto his home to mitigate the impact of his conditions on him and his family.

5. The Trust conducted its OT assessment on 5 May 2019 and subsequently brought the complainant's case before its complex case panel[6] (CCP). On 24

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[1] The public housing authority for Northern Ireland.
[2] A complex, chronic digestive disorder that involves an abnormal immune response that causes excess inflammation. It most often affects the intestinal walls, particularly in the lower part of the small intestine and portions of the large intestine. However, inflammation can occur in any part of the digestive system, from the mouth to the anus. The inflamed tissues become thick and swollen, and the inner surfaces of the digestive system may develop open sores or ulcers.
[3] A condition that causes inflammation and ulcers in the lining of the colon or large intestine, which can lead to pain, diarrhoea, and bleeding.
[4] An opening that is made through the abdominal wall, which connects the bowel to the surface of the abdomen. Having a stoma means faeces will not pass out of the rectum and anus in the usual way. Instead, it will pass out of the stoma, into a disposable bag that is worn over the stoma. A stoma can be permanent or temporary.
[5] An assessment to determine how a person participates in the activities of daily living to determine what support they may require.
[6] Panel within the Trust to make decisions on housing adaptations for complex cases. Please refer to Appendix two to this Report for details on complex cases.

July 2019 the CCP approved the construction of an additional toilet and wash hand basin, but not the construction of an additional bedroom.

6. The complainant was unhappy with this decision and on 5 March 2020 requested the Trust review it. The CCP further considered the complainant's application and on 13 January 2021 escalated it to the case escalation panel (CEP[7]). On 22 June 2021 the CEP affirmed the CCP's original decision.

7. On 8 November 2021 the complainant raised his complaint with the Trust. The Trust provided its response on 17 January 2021. The complainant was dissatisfied with this response, and submitted a further complaint on 25 January 2021. The Trust provided its final response on 25 April 2022. The complainant remained dissatisfied with the Trust's responses and so brought his complaint to this Office.

Issues of complaint

8. The issue of complaint accepted for investigation was:

   1) **Whether the Trust's handling of the complainant's Community Occupational Therapy Referral, received on 19 April 2019, was reasonable, appropriate and in line with relevant standards?**

INVESTIGATION METHODOLOGY

9. To investigate this complaint, the Investigating Officer obtained from the Trust all relevant documentation together with its comments on the issues the complainant raised. This documentation included information relating to the Trust's complaints process.

Relevant Standards and Guidance

10. To investigate complaints, I must establish a clear understanding of the standards, both of general application and those which are specific to the circumstances of the case. I also refer to relevant regulatory, professional and statutory guidance.

[7] Part of the CCP, where complex cases are escalated to for a decision by senior OTs and the Head of OT at the Trust.

11. The general standards are the Ombudsman's Principles[8]:
    - The Principles of Good Administration.

12. The specific standards and guidance referred to are those which applied at the time the events occurred. These governed the exercise of the administrative functions and professional judgement of those individuals whose actions are the subject of this complaint.

    The specific legislation, standards and guidance relevant to this complaint are:
    - Southern Health and Social Care Trust's Protocol for Southern Trust Occupational Therapy – Adaptions, Equipment and Complex Case Panel, January 2013 (OT Protocol); and
    - Community Occupational Therapy Managers Forum: Best Practice and Criteria Guide for the Provision of Housing Adaptions, November 2007 (2007 Guidance).

13. In this instance, the Trust had discretion to decide whether the complainant met the necessary criteria in the 2007 Guidance for the construction of an additional bedroom with an ensuite bathroom. In investigating a complaint of maladministration, my role is concerned primarily with an examination of the Trust's administrative actions in making decisions. It is not my role to question the merits of a discretionary decision unless that decision was attended by maladministration.

14. I did not include all of the information obtained in the course of the investigation in this report. However, I am satisfied that I took into account everything I considered relevant and important in reaching my findings.

15. A draft copy of this report was shared with the complainant and the Trust for comment on factual accuracy and the reasonableness of the findings and recommendations. I gave careful consideration to the comments I received before I finalised this report.

[8] These principles were established through the collective experience of the public services ombudsmen affiliated to the Ombudsman Association.

THE INVESTIGATION

Whether the Trust's handling of the complainant's Community Occupational Therapy Referral, received on 19 April 2019, was reasonable, appropriate and in line with relevant standards?

Detail of Complaint

16. The complainant said he struggles to sleep at night. He said he experiences leaks from his stoma and the site of his rectal surgery, as well as night sweats. He explained his stoma bag also ruptures at times because of sulphur burps that cause '*gastroenteritis type symptoms*' such as nausea and vomiting. He said this means he often needs to change his bedding during the night, sometimes more than once in a single night. He also explained he sometimes needs to get out of bed to use the bathroom '*multiple*' times in a single night. The complainant said this not only interrupts his sleep, but also impacts his wife, who is unable to get a full night's sleep '*due to*' his '*disability*' and the '*symptoms*' he '*experiences*'. He explained this affects his family's '*well-being*'.

17. The complainant said the Trust was '*supposed*' to provide '*facilities*' for his '*greater safety, comfort and convenience*'. However, its decision to approve an additional toilet and wash hand basin only, without an accompanying additional bedroom, failed to meet his needs to have '*independent sleeping arrangements*' to allow him to '*better manage*' his condition.

18. The complainant said the Trust had medical evidence from his GP, his Consultant Surgeon and his stoma nurse stating that he required '*independent sleeping arrangements*' because of his '*disability*'. The complainant said he informed the Trust the night-time stoma management plan it referred to when making its decisions did not work for him. However, the Trust failed to consider his conditions and this medical evidence when it made its decision, and therefore failed to ensure it met his needs. The complainant felt the Trust's decisions were based on '*inaccurate information*'.

Evidence Considered

Legislation/Policies/Guidance

19. I refer to the following policies and guidance which I considered as part of investigation enquiries:
    - OT Protocol; and
    - 2007 Guidance.

I enclose relevant extracts from the above at Appendix two to this Report.

The Trust's response to investigation enquiries

20. The Trust stated the complainant sought approval for the construction of an additional bedroom with a bathroom onto his home. This was because of the disruption caused to the complainant's wife as a consequence of his management of his stoma care. The Trust confirmed it approved the construction of an additional bathroom onto the complainant's home to assist with stoma care, but not an additional bedroom.

21. The Trust stated it did so having reviewed the complainant's position on '*a number of occasions*' by way of '*professional supervision*' by its CCP and CEP – the latter of which consisted of senior occupational therapists and its Head of OT. It explained this included consideration of all available medical information in the context of the 2007 Guidance.

22. The Trust stated its assessments, and the available medical information, showed the complainant was '*able to safely mobilise and transfer independently around his home*'. He did not '*require any specialised equipment to complete activities of daily living*' and can '*independently manage the task*' of attending to his stoma. As a result, '*there are no grounds for an additional bedroom*'. It stated '*it is not deemed essential or reasonable to provide an additional bedroom when a suitable and accessible bedroom is already in place*'.

23. The Trust stated it made its decision having considered the complainant's '*clinical presentation on assessment*', his '*level of occupational functioning*', and his stoma management plan. It said the '*clinical rationale*' for approving an

additional bedroom was '*not sufficient or in line with regional OT practice*'. It stated the complainant's position did not meet the criteria for '*multiple handicaps and management problems*' in the 2007 Guidance. It clarified the construction of an additional bathroom, however, did meet the required criteria in the 2007 Guidance for the provision of an additional bathroom.

24. The Trust acknowledged the impact on the complainant's wife, but stated this is '*not considered a management issue*' under OT practice. It explained recommendations for housing adaptations are based on '*the assessed needs of the person with the disability*'. It added '*disturbance to other members of the household is not grounds for the provision of housing adaptations*'.

25. The Trust acknowledged the complainant's GP and his stoma nurse supported the approval of an additional bedroom. It also acknowledged the complainant's consultant surgeon indicated the options for long-term management of his condition were '*still being explored*' at the time. However, these '*do not supersede OT practice and independent clinical decision-making in relation to the assessment and recommendation of housing adaptations following holistic assessment*'. It explained such support '*does not automatically lead to the outcome of a recommendation of a provision*'.

Documentation and records examined

26. I completed a review of the copy documentation the Trust provided in response to my investigation enquiries, and the documentation I received from the complainant. I enclose relevant extracts at Appendix three to this Report.

Analysis and Findings

27. I am satisfied that in requesting an additional bedroom with an ensuite bathroom, the complainant sought an adaptation and extension to his current bungalow. The 2007 Guidance (Appendix two refers) sets out the relevant standards the Trust must apply when considering an application for housing adaptations and extensions.

28. Having reviewed the 2007 Guidance, I am satisfied the standards applicable to this complaint are set out in *Section 4*, which governs '*General Alterations and*

Extensions to Living Space'. It establishes general notes for the Trust when it considers a referral of this type. It also establishes specific criteria for an additional bedroom in a bungalow, and an additional bedroom on the ground floor of a house.

29. These general notes (Appendix two refers) state the Trust must consider the '*medical/management needs*' for a client with a disability. The complainant's GP stated in their letter dated 14 February 2020 supporting the complainant's request (Appendix three refers) that the complainant lives with a disability. The Trust has not challenged this position. I therefore accept the GP's position in this respect. The general notes in the 2007 Guidance also state the Trust must consider whether additional space is required to allow a person with a disability to '*join in normal everyday family life activities*'. However, they are also clear that '*additional space will never be provided on the grounds of overcrowding*'.

30. *Section 4.5* of the 2007 Guidance provides specific criteria in respect of an application for an additional bedroom in a bungalow. It states a '*client*' will meet this criteria where '*an existing bedroom is being converted to a specialised bathroom/shower room facility*', or where an '*elderly, disabled relative*' is coming into the home, and it does not have adequate sleeping provision in place for them. S*ection 4.5* also states the Trust should take '*points (d), (e), (f) and (g)*' as outlined in *section 4.3* '*into consideration where appropriate*'.

31. Section 4.3 provides specific criteria for an additional ground floor bedroom. The specific criteria set in *sections 4.3(d)* to *4.3(g)* are:

'*(d) There is only one reception room on the ground floor. Where there have previously been two rooms which have been converted into a through room, the expectation would be that the room should be restored to its previous condition thus providing two rooms again one of which would be used as bedroom, or*

(e)There are two or more reception rooms but they cannot reasonably be expected to be used as bedroom accommodation because of the size or make up of the household, or

(f) The existing room used by the client for sleeping in is not of sufficient size form wheelchair manoeuvrability or other essential equipment, or

(g) The need is to provide separate sleeping accommodation for a person with multiple handicaps and management problems, e.g. disruptive behavioural problems (must be confirmed by medical and clinical psychologists reports and be agreed by appropriate Multi-Disciplinary Team)'.

32. I note the Trust determined it was appropriate to consider *section 4.3(g)* in addressing the complainant's referral, following his review request. It exercised its discretion to decide the complainant did not meet this criterion, and therefore did not meet the criteria for the construction of an additional bedroom. As set out above, it is not my role to question the merits of this discretionary decision unless my investigation identifies maladministration in the manner in which the Trust took that decision. My consideration of the Trust's actions in relation to this issue of complaint therefore examined the process the Trust followed to make the decision that complainant did not meet the criteria for an additional bedroom.

33. In that respect, the OT Protocol (Appendix two also refers) establishes the process the Trust must follow when exercising its discretion. It establishes from the outset that when considering an OT referral for an adaptation, the Trust must conduct a '*full assessment*' with '*clearly identified*' options and '*clinical reasoning*' to enable it to make an '*informed decision*'.

34. The OT Protocol sets out that following receipt of a referral, the Trust must:

    I. assign the referral to an OT;

    II. That OT must then complete an OT assessment with the '*client*';

    III. The OT must then discuss and appraise the referral and assessment with a manager. The OT Protocol refers to this step as '*supervision*'.

    IV. If the OT and their manager determine the case is complex and would require major adaptations during the supervision, the OT must present the case to the CCP for further consideration. The OT Protocol sets out

that a case is considered complex if the '*client*' has a '*progressive serious medical condition with resultant long term physical disability problems*' or where there are '*environmental issues*' such as '*topography, Space Constraints, Design/ layout*'.

V. The CCP's remit includes to '*ensure that quality of service is provided to the client within resources available*', to '*ensure that services provided are equitable*' and '*provide expert opinion, guidance advice on complex cases*'.

VI. The CCP considers the case. This includes appraising the options for support and clarifying any outstanding issues. The CCP then makes its decision in respect of the referral.

VII. The OT then communicates that decision to the '*client*'. If the Trust approved an adaptation, it signs it off and sends the approval to the '*appropriate housing authority*'.

35. I reviewed all relevant documentation relating to the Trust's decision-making process – both in respect of its original decision and its subsequent review decision.

Original Decision

36. The Trust documented it triaged the referral on the date of receipt and added it to its waiting list. On 13 May 2019 the Trust assigned the case to an OT.

37. On 15 May 2019 the OT conducted an assessment with the complainant and completed an assessment report, as the OT Protocol required. I reviewed the assessment report. I am satisfied the OT documented her physical assessment of the complainant, as well as her assessment of his activities of daily living. She documented details relating to his accommodation, his medical needs and support needs. She recorded the referral was for an additional bathroom, but that at assessment the complainant also sought an additional bedroom. She recorded the reasons for the referral. Under '*action*' she recorded she would

contact the complainant's stoma nurse for '*further advice*' and discuss the case '*at supervision*'.

38. The documentation shows that on 21 May 2019 the OT took part in a supervision discussion with her line manager in respect of the referral, as the OT Protocol requires. I reviewed the OT's record of that supervision. I note the OT completed the requisite form to document the supervision, set out in *appendix 2.1* to the OT Protocol. In that record, the OT documented her appraisal of the referral. She also documented the complainant's preferred option. The OT documented that she discussed the referral with the '*professional lead*' and decided to approve the construction of an additional toilet and wash hand basin. She documented her rationale for this decision – being '*client having difficulty attending to Stoma, with only one bathroom in property. Client's son and wife do not have access to bathroom for up to an hour at a time as client tending to Stoma*'.

39. In respect of the additional bedroom, the OT documented that having discussed this with the '*professional lead*' she would contact the complainant's stoma nurse for additional information before discussing the case again at supervision. The OT subsequently documented a telephone conversation with the complainant's stoma nurse. I reviewed that record. It documented that the stoma nurse provided the OT with information relating to stoma care generally, and specifically in respect of the complainant.

40. The record of supervision documents the OT spoke with the professional lead in June 2019 after obtaining information from the stoma nurse. The professional lead documented the decision that the complainant's request for an additional bedroom was complex, and that it was therefore '*appropriate*' to discuss it with the CCP. I am satisfied this was in line with the OT Protocol regarding complex cases.

41. The documentation shows the CCP considered the referral on 24 July 2019, as the OT Protocol requires. I reviewed the record of the CCP's decision. I am satisfied the record documented the CCP's consideration of:

- The complainant's medical history;

- The contents of the OT's assessment report following her assessment of the complainant;
- The problems the complainant was facing at that time relating to his health conditions – both in terms of impact on the complainant, but also his wife; and
- The information the complainant's stoma nurse provided to the OT.

42. The record documents the CCP's decision not to approve the complainant's request for an additional bedroom. It recorded its rationale for this decision - being that there was '*limited clinical evidence to support the provision of an additional bedroom and management techniques can be adopted to reduce the risk of leakage*'. The record also documents the CCP's agreement with the OT's original decision to approve an additional toilet and wash hand basin. The OT records document that the OT communicated this decision to the complainant on 30 July 2019, as the OT Protocol requires.

43. Having reviewed the above evidence, I am satisfied that at each relevant stage of the process the OT, the professional lead and the CCP documented:

    - their appraisal of the referral;
    - the factors they considered;
    - the decisions they made; and
    - their rationales for those decisions.

44. I am satisfied the Trust considered the complainant's medical conditions and the medical evidence available at that time when making its decisions. I am also satisfied the Trust adhered to the process set out in the OT protocol when considering the referral and making its original decision.

Review Decision

45. I note when the complainant submitted his review request in January 2020, he provided the Trust with additional information about his condition, and the

impact managing those conditions had on him and his wife. He provided a letter from his GP supporting his application for an additional bedroom and providing further details of his conditions and the problems he experienced. The complainant also reiterated to the Trust that the night-time stoma management plan was not working for him.

46. I note the OT updated the record of supervision on foot of that information in March 2020. I reviewed the updated record. The OT documented the complainant's review request, and his reasons for it. She documented the additional information the complainant's GP provided, and the information the complainant provided about the impact of his conditions for him and his wife. She documented options available on foot of this information, as follows:

'1) Provision of additional bedroom. This would allow him to sleep independently and therefore enable him to manage his condition over night without affecting the other members of the family. This would ease management of his physical condition and thus may improve his mental health and overall home life'; or

'2) No change in recommendation: client's family life is likely to continue to be impacted because of disturbance in sleep. This may continue to have a negative effect on [the Complainant's] mental health'.

47. The OT documented that she considered *section 4.3(g)* of the 2007 Guidance (set out above, and in Appendix two) may apply to the complainant's case.

48. I am satisfied she documented discussing the new information and these options with the OT team lead in supervision. The team lead documented the decision to '*return*' the case to the CCP for '*further discussion*' because of the new information available.

49. The documentation shows the CCP discussed the case on 29 July 2020. I reviewed the record of the CCP's decision. I am satisfied the record documented the CCP's consideration of:

- The information it had in advance of making its original decision;

- Its original decision;
- The new information the complainant provided;
- The letter from the complainant's GP;
- A report from the complainant's consultant about the long-term management of his condition;
- Email correspondence from the Northern Ireland Housing Executive; and
- The applicability of *section 4.3(g)* of the 2007 Guidance.

50. The record documents the CCP deferred making its decision to enable the OT to seek additional and updated information from the complainant's stoma nurse and his consultant. I am satisfied the major adaptions flowchart in the OT Protocol (Appendix two refers) entitles the CCP to '*take further action as required*' to make its decision. I was therefore in line with the process set out in the OT Protocol for the CCP to make this decision.

51. I reviewed the complainant's OT records. They document that the OT obtained additional information from the complainant's consultant on 19 November 2020. The consultant provided details of the complainant's condition at that time, and options for long-term management. The records document the OT obtained additional information from the complainant's stoma nurse on 23 November 2020. The stoma nurse advised the complainant was compliant with techniques to manage his conditions. She provided additional information about the management of his conditions. The stoma nurse advised an additional bedroom would '*be of benefit*' to the complainant.

52. I am satisfied the OT updated the record of supervision again in November 2020. I reviewed the updated record. The OT included her consideration of the additional information from the consultant and the stoma nurse. I am satisfied the OT documented discussing this with the team lead as part of supervision and documented presenting the same two options for consideration. I am further satisfied the team lead documented the decision to '*return*' the case to

the CCP. I am satisfied this was in line with the process set out in the OT Protocol.

53. The documentation shows the CCP discussed the case further on 13 January 2021. I reviewed the record of the CCP's decision. I am satisfied the record documented the CCP's consideration of:

- The information in respect of the process to date;
- The letter from the complainant's GP;
- The updated information from the complainant's stoma nurse;
- The updated information from the complainant's consultant; and
- The applicability of *section 4.3(g)* of the 2007 Guidance.

54. The record documents the CCP's decision to escalate the case to the CEP. I note there is no specific reference to the CEP in the OT Protocol. However, from my review of the relevant documentation, it is apparent the CEP is an extension of the CCP, which is comprised of the Head of OT, and other senior clinicians.

55. The documentation shows the CEP discussed the case on 22 June 2021, and that the Head of OT sat on the panel. I reviewed the record of the CEP's decision. I am satisfied the record documented the CCP's consideration of:

- The complainant's medical conditions at the time;
- The problems the complainant identified and the impact of them for him and his wife;
- The OT assessment;
- The information from the complainant's GP;
- All information provided by the complainant's stoma nurse;
- The information provided by the complainant's consultant;

- The complainant’s independent mobility in his home – that he ‘*is independent with mobility and transfers and has no history of falls*’.

- The previous considerations of the OT and the CCP.

56. The record documents the CEP’s decision to retain the CCP’s original decision – being to approve an additional toilet and wash hand basin, but not an additional bedroom.

57. The CEP recorded its rationale for this decision - being that there was ‘*no evidence to support the recommendation of an environmental adaptation of an additional bedroom and ensuite bathroom based on [the Complainant’s] current;*

    - *clinical presentation;*

    - *level of occupational functioning;*

    - *stoma care needs for which there is a recommended night time stoma management plan and the proposed Occupational Therapy Recommendation of an additional toilet would further support this*’.

58. Having reviewed the above evidence, I am satisfied that at each relevant stage of the review process the OT, the team lead, the CCP and the CEP documented:

    - their appraisal of the referral and the additional information provided;

    - the factors they considered when making decisions;

    - the decisions they made; and

    - their rationales for those decisions.

59. I am satisfied the records demonstrate the Trust considered the complainant’s medical conditions and the medical evidence available at that time when making its decisions. I am satisfied that the Trust adhered to the process set out in the OT Protocol when considering the 2007 Guidance and making its

review decision. I consider, therefore, the Trust's handling of the complainant's the referral was reasonable, appropriate and in line with relevant standards.

60. I appreciate the complainant was disappointed with the Trust's decision, and that he feels the decision did not resolve all the problems he was experiencing or meet his needs. I appreciate the complainant's position that the night-time stoma management plan in place did not help him, but yet the existence of the plan formed part of the Trust's rationale for its decision. However, I am satisfied the Trust considered his view as part of its consideration of the referral. It is understandable for the complainant to have questions, given the support for his request for an additional bedroom from his GP and his stoma nurse. However, as set out above it is not my role to question the merits of the Trust's discretionary decision unless my investigation identifies maladministration in the decision-making process. Having reviewed all relevant evidence I am satisfied there is no evidence of maladministration in the process the Trust followed. I therefore do not uphold the complaint.

CONCLUSION

61. I received a complaint about the Trust's handling of the referral. The complainant said the Trust failed to consider the impact of his medical conditions and his supporting medical evidence when it made its decision to approve an additional toilet and wash hand basin, but not an additional bedroom for his home.

62. The investigation established there was no evidence of maladministration in the process the Trust followed in making its decisions. Therefore its handling of the referral was reasonable, appropriate and in line with relevant standards. The Trust's records demonstrate it considered all the medical information provided to it when making its decisions – including information about the complainant's conditions and medical evidence provided.

63. I therefore did not uphold the complaint.

64. I note in the CEP’s record of its decision, it advised the complainant that if his circumstances change, he can make a referral to the Trust for re-assessment. I wish to remind the complainant of this in concluding this report.

MARGARET KELLY
Ombudsman
27 March 2024

Appendix One

PRINCIPLES OF GOOD ADMINISTRATION

Good administration by public service providers means:

1. Getting it right

- Acting in accordance with the law and with regard for the rights of those concerned.
- Acting in accordance with the public body's policy and guidance (published or internal).
- Taking proper account of established good practice.
- Providing effective services, using appropriately trained and competent staff.
- Taking reasonable decisions, based on all relevant considerations.

2. Being customer focused

- Ensuring people can access services easily.
- Informing customers what they can expect and what the public body expects of them.
- Keeping to its commitments, including any published service standards.
- Dealing with people helpfully, promptly and sensitively, bearing in mind their individual circumstances
- Responding to customers' needs flexibly, including, where appropriate, co-ordinating a response with other service providers.

3. Being open and accountable

- Being open and clear about policies and procedures and ensuring that information, and any advice provided, is clear, accurate and complete.
- Stating its criteria for decision making and giving reasons for decisions
- Handling information properly and appropriately.
- Keeping proper and appropriate records.
- Taking responsibility for its actions.

4. **Acting fairly and proportionately**

- Treating people impartially, with respect and courtesy.
- Treating people without unlawful discrimination or prejudice, and ensuring no conflict of interests.
- Dealing with people and issues objectively and consistently.
- Ensuring that decisions and actions are proportionate, appropriate and fair.

5. **Putting things right**

- Acknowledging mistakes and apologising where appropriate.
- Putting mistakes right quickly and effectively.
- Providing clear and timely information on how and when to appeal or complain.
- Operating an effective complaints procedure, which includes offering a fair and appropriate remedy when a complaint is upheld.

6. **Seeking continuous improvement**

- Reviewing policies and procedures regularly to ensure they are effective.
- Asking for feedback and using it to improve services and performance.
- Ensuring that the public body learns lessons from complaints and uses these to improve services and performance.