

**Report by the Local Government and Social Care
Ombudsman**

**Investigation into a complaint against
London Borough of Hounslow
(reference number: 16 009 664)**

18 July 2018

The Ombudsman's role

For 40 years the Ombudsman has independently and impartially investigated complaints. We effectively resolve disputes about councils and other bodies in our jurisdiction by recommending redress which is proportionate, appropriate and reasonable based on all the facts of the complaint. Our service is free of charge.

Each case which comes to the Ombudsman is different and we take the individual needs and circumstances of the person complaining to us into account when we make recommendations to remedy injustice caused by fault.

We have no legal power to force councils to follow our recommendations, but they almost always do. Some of the things we might ask a council to do are:

- > apologise
- > pay a financial remedy
- > improve its procedures so similar problems don't happen again.

Section 30 of the 1974 Local Government Act says that a report should not normally name or identify any person. The people involved in this complaint are referred to by a letter or job role.

Key to names used

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| Mrs X | The complainant |
| Mr Y | Her son |
| Mr X | Her husband and Mr Y's father |

Report summary

Adult care services

Mrs X complains about the lack of support the Council provided to Mr Y at his accommodation and after he became unsafe there.

Finding

Fault found causing injustice and recommendations made.

Recommendations

To remedy the injustice identified in this report, the Council has agreed our recommendations to:

- apologise to Mr Y, Mr X and Mrs X for the faults identified;
- pay Mr X and Mrs X £1,000 for the significant and avoidable distress, time and trouble;
- pay Mr Y £2,500 for the significant and avoidable distress, risk of harm and loss of opportunities;
- take action to ensure it has access to those social care records held by the health authority;
- require staff to log all cases and alert managers where the lack of historic records causes difficulty;
- consider what action it needs to take to prevent a repeat of the faults identified in this case. It should ensure:
 - care and support plans are completed promptly in future.
 - staff are clear what action to take to ensure adequate support following a placement breakdown.
 - it takes responsibility for the actions of its care providers or those to whom it has devolved responsibilities.

We welcome the positive action the Council has taken to learn from this complaint and avoid similar problems in future.

The complaint

1. Mrs X, complains the Council failed to provide Mr Y with adequate support in his supported accommodation and after it became unsafe for him to stay there. This led to him staying on Mr and Mrs X's sofa for 18 months. She also complains about the way it dealt with her complaints about this.

Legal and administrative background

Our role and powers

2. We investigate complaints about 'maladministration' and 'service failure'. In this report, we have used the word fault to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. We refer to this as 'injustice'. If there has been fault which has caused an injustice, we may suggest a remedy. (*Local Government Act 1974, sections 26(1) and 26A(1), as amended*)
3. We investigate complaints about councils and certain other bodies. Where an individual, organisation or private company is providing services on behalf of a council, we can investigate complaints about the actions of these providers. (*Local Government Act 1974, section 25(7), as amended*)
4. We may investigate complaints made on behalf of someone else if they have given their consent. (*Local Government Act 1974, section 26A(1), as amended*). Mr Y gave his consent for Mrs X to bring this complaint on his behalf.

Supported accommodation

5. Supported accommodation allows people to rent or own their own home and receive the support they need to live as independently in the community as possible. The person's needs must be assessed and a care and support plan agreed.

The Care Programme Approach

6. The Care Programme Approach (CPA) enables mental health and social care professionals to assess people with severe mental health needs and develop a care plan for them. A care co-ordinator is responsible for ensuring effective communication between parties and that the care plan is meeting the person's needs.

Ordinary residence

7. When a person decides to settle in an area voluntarily, they become 'ordinarily resident' in that area. This means the council in that area becomes responsible for any social care needs the person has.
8. The statutory guidance which supports the Care Act 2014 makes it clear that councils should give people considering moving to another area information, so they can make an informed choice. It says:
 - "People with care and support needs may decide to move home just like anyone else, such as to be closer to family...Where they do decide to move to a new area and as a result their ordinary residence status changes, it is important to ensure that care and support is in place during the move, so the person's wellbeing is maintained". (20.1)

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- “Where the person chooses to live in a different local authority area, the local authority that is currently arranging care and support and the authority to which they are moving must work together to ensure that there is no interruption to the person’s care and support”. (20.2)
 - “The aim of this process is to ensure that the person with care and support needs will be able to move with the confidence that arrangements to meet their needs will be in place on the day of the move. Local authorities are expected to achieve continuity of care by ensuring that the second authority has completed a needs assessment and developed a care and support plan for the individual prior to the day of the move”. (20.4)
 - “The key to ensuring that the adult’s care is continued is through both local authorities working together and that the adult and their carer, if they are continuing to care for the adult, are at the centre of the process”. (20.5)
 - “When the first authority has been notified by the second authority that it is satisfied that the person’s intention to move is genuine, the first authority must provide it with...a copy of the person’s most recent care and support plan...” (20.20)
 - “Throughout the assessment process, the first authority must keep in contact with the second authority about progress being made towards arranging necessary care and support for the day of the move. The first authority must also keep the adult and the carer informed and involved of progress so that they have confidence in the process”. (20.25)

Responsibility for social care

9. Where a council arranges for another person or body (such as a care provider or health authority) to carry out one of its functions, the council ultimately retains responsibility. In this case the local health authority and the Council had a partnership arrangement which meant the health authority dealt with social care on the Council’s behalf. It did this through a joint mental health team.

Safeguarding

10. A council must make necessary enquiries if it has reason to think a person may be at risk of abuse or neglect and has needs for care and support which mean he or she cannot protect himself or herself. It must also decide whether it or another person or agency should take any action to protect the person from abuse or risk. (*section 42, Care Act 2014*)

How we considered this complaint

11. We produced this report after examining relevant documents and interviewing the complainant and relevant employees of the Council.
12. We gave the complainant and the Council a confidential draft of this report and invited their comments. The comments received were taken into account before the report was finalised.

What we found

13. Mr X and Mrs X are both in their seventies. Their son, Mr Y, has a mental health condition which causes him difficulty coping with day to day activities. Mr Y lived successfully in high support accommodation, commissioned by the Council,

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- through the joint mental health team for many years. He lived many miles away from Mr and Mrs X but visited them from time to time.
14. Records from 2011 show Mr Y had difficulty with keeping his room clean and tidy, keeping to the chores rota, borrowing money and his diet. He worked at a voluntary job and owed his employer money. The records show he avoided sessions with his key worker. The key worker was part of the support team and the person responsible for overseeing his support.
 15. In 2012, records show professionals had concerns about Mr Y's voluntary work and the number of hours he was working. He would attend medical appointments regularly for injections but said he did not have time to complete appointments because he was not allowed enough time off work. He would ask for his injection only, without the assessment, and was sometimes agitated and anxious to get back to work. He also failed to engage with his key worker because of his voluntary work commitments.
 16. In 2013, records note ongoing concerns about his voluntary work and refer to a safeguarding concern about inappropriate touching by a worker there. Although we asked for all the safeguarding records, we did not see any further information about this concern. Mr Y said he was being exploited and owed the employer money. He also had debts to the supported housing provider (the Care Provider) and owed "huge" amounts to another resident. He was moved from high support to medium support accommodation.
 17. In May 2014, a social worker took over as Mr Y's care co-ordinator; this had previously been carried out by a nurse. Records show concerns about his weight, his voluntary work, and attendance for Care Programme Approach (CPA) reviews, although he always attended appointments for injections. He was not using the support available to him; this was partly due to the hours he worked at his voluntary job. He owed money to the Care Provider, had debts with other people and problems with his benefits. In the second half of the year his personal hygiene had deteriorated, he was wearing dirty clothes, losing weight and looking tired. He said he did not get on with people at the accommodation and wanted to move.
 18. The problems with engaging Mr Y in reviews continued as did concerns he was being exploited. His room was dirty and cluttered with dirty laundry; he said this was because other people used the washing machine when he needed to. His co-workers had told him he smelt. His care co-ordinator met with Mr Y and his key worker. Mr Y agreed to meet with his key worker for 20 minutes weekly.
 19. In April 2015, his key worker raised concerns about Mr Y's management of his finances with the care co-ordinator. He was in arrears by several hundred pounds and had spoken to a worker about not having enough money. He looked distressed and tired. The care co-ordinator noted that Mr Y lacked support from his key worker to manage his daily living activities. He also needed support with budgeting. The care co-ordinator spoke to the Care Provider's manager about the "dysfunctional" relationship between Mr Y and his key worker. They agreed a joint meeting to agree a support package to address Mr Y's rent arrears, lack of engagement and support needs.
 20. Over the next few weeks, Mr Y failed to attend several medical appointments and appeared to avoid contact with professionals.
 21. In July 2015, he attended a CPA review. He was noted to be scruffily dressed, forgetting his medication about twice each week, and not able to appreciate the

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- consequences of not paying for his accommodation (for example homelessness). Mr Y did not stay to complete the review and continued to avoid meetings.
22. In October, Mr Y attended his CPA review. The record notes he was irritable, refusing support to clean his room, and in debt to friends, the Care Provider and others, and he wanted a bigger room. An assessment of his mental capacity to manage his finances was planned for the next couple of weeks.
 23. The Council found Mr Y did not have the capacity to manage his finances and asked its financial affairs team to apply for appointeeship so it could manage his benefits.
 24. In January 2016, the Council withdrew from its partnership with the mental health NHS Trust (the health authority) and therefore, from the joint mental health team. It gradually ended its use of the Health Service recording system.
 25. Mrs X complained to the Council on 16 March. She complained Mr Y was not supported to keep his room clean and the communal areas were dirty. She said there were no dining chairs, net curtains were filthy and no soft furnishings, pictures, or other homely items. Mr Y was not supported with his finances and was in debt. There were no visible staff on duty and they did not answer the house phone. She also said Mr Y had no care plan and no life skills training or outings. Soon after Mrs X complained, the Council visited the accommodation to investigate her complaint. It met with the Care Provider and agreed an improvement plan. It also met with Mr and Mrs X.
 26. The Council opened a safeguarding enquiry and arranged a strategy meeting for 11 April. Mrs X says she spoke to the doctor who was present and he suggested Mr Y's GP be contacted for nutritional supplement drinks as he looked underweight.
 27. Mr Y asked the Council to send Mrs X information "regarding all aspects of my health & care", and regarding his care plans. This was so Mrs X could see what support the care provider should have given Mr Y and what support it had given. Six weeks later, the Council asked for identification. Mr Y did not have a driving licence or passport. He had lost his birth certificate and had no bank statements, utility bills or council tax bills because the Council dealt with his finances. The Council eventually sent some information but Mrs X had to ask for other records direct from the health authority.
 28. On 31 March, the Council responded and promised to write with the outcome of Mrs X's complaint, within two weeks.
 29. On 8 April, Mrs X spoke to the social worker as she was concerned that Mr Y had cut and bruised ears. She planned to take him back to stay with her for a couple of weeks. The Council added this to the existing safeguarding enquiry to be discussed at the strategy meeting and CPA review three days later.
 30. The CPA review meeting noted that Mr Y failed to engage with support or attend keyworker sessions; a condition of tenancy. It referred to the safeguarding enquiry which was looking at concerns about the long hours he worked, his finances, and the impact on his health and wellbeing. Mr and Mrs X were concerned about his physical health as he had lost weight. They wondered if Mr Y should be paid for the work he did and had spoken to the employer. Because of his long working hours and failure to attend keyworker sessions, staff were not able to effectively monitor or support him. However, Mr Y said work was important to his mental health and he did not feel able to approach staff at his accommodation. He wanted to move. Mrs X also wanted him to move.
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31. The strategy meeting held on 11 April 2016, identified ten actions including:
 - a support worker to help with budgeting;
 - appointeeship to be transferred from the Council to Mrs X;
 - the Care Provider to redevelop Mr Y's care plan and share it with Mr Y and Mrs X;
 - the social worker to speak to employers; and
 - Mrs X to resolve Mr Y's debts.
 32. The meeting concluded there was no financial exploitation at present and the enquiry was closed.
 33. In May, Mrs X complained again about the state of Mr Y's accommodation and lack of response to the issues previously raised. She said there had been small improvements in the communal areas. However, Mr and Mrs X had spent much time cleaning and clearing rubbish from Mr Y's accommodation; it took five visits to get it to an acceptable state. Mr Y's bed was covered in clutter and rubbish, the bathroom sink was black and unusable and the small fridge in his room was covered in dirt and mould inside and out. When the bed was cleared, the mattress was covered in cigarette burns. Mr Y was still not eating properly and was underweight. He did not always have money for food and was getting into debt. He did not do his washing. Mr and Mrs X gathered many black bin bags of dirty washing which had small creatures crawling through it and several cigarette burns. They had to burn most of it. Mrs X says Mr Y would get clothes from charity shops as he had none clean.
 34. On 16 May, Mr Y told Mrs X he had been beaten and exploited at his workplace so she contacted the social worker and the Police. The Council dealt with these concerns under the existing safeguarding enquiry. Mrs X took Mr Y home with her because of the alleged risk to his health and wellbeing from the people he had worked with, and the lack of support at his accommodation. Records show she hoped Mr Y would stay with her for two weeks to prevent him returning to his workplace. He said he was worried about returning to his accommodation because he feared his employers would come after him.
 35. On 2 June, the Council wrote to Mrs X in response to her complaint. It said the contracts team had visited the service in March and agreed an improvement action plan with the Care Provider. Mr Y advised the social worker he wanted to move closer to his parents' home.
 36. The following day, the Council completed a care and support needs assessment for Mr Y. It described his room in the current accommodation as "almost derelict". The assessment said Mr Y wanted eventually to live an independent life. It found he needed a high support placement and set out a risk management plan in response to four high risk areas with critical impact. In response to the risk of self neglect, it said Mr Y was to be moved to higher support accommodation. His "request to be moved closer to parents [in area B] to be taken into consideration and if possible adhered to"; this to be done "as soon as possible". This assessment assumed Mr Y's home to be at the supported accommodation.
 37. At his CPA review on 17 June, Mrs X complained about the state of Mr Y's accommodation and shared photos showing the dirty washing, dirty crockery and rubbish. Mr Y had been failing to engage and staff were not able to enter his room without his permission. Due to Mr Y's working pattern, he had usually been out while staff were present. The social worker acknowledged that nothing had been

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- put in place when the plan for staff to support Mr Y to maintain his own room and develop independent living skills began to fail. The minutes note this “was agreed by all present”.
38. Mrs X had now taken over as appointee, looking after his finances, and Mr Y was looking healthier and happier since staying at his parents’ home. Mr Y agreed and said he had put on 3lbs in weight. All present at the review meeting agreed Mr Y needed a high level of support. Also, that with hindsight, the placement was not likely to have been able to manage Mr Y’s difficulties and needs and they needed to find an alternative placement.
 39. The Council said it was looking for a placement outside of its area, near Mr and Mrs X, who said they were pleased the Council would support Mr Y to live near them. The meeting agreed that due to the risks, Mr Y should stay with his parents for the time being until the Council could find a suitable placement. It advised this could take a long time due to a shortage in the area. All professionals present at the review agreed there was no need for Mr Y to continue his tenancy so there and then, he wrote a letter giving four weeks’ notice. This was accepted on the basis he would remain at his parents’ address until a placement could be found. Mrs X says she, and Mr X, said “loud and clear” that they did not agree to this several times.
 40. When the Council offered to discuss Mrs X’s complaint outside the meeting, Mrs X said the meeting had addressed most of her points. The Council agreed to send a written response.
 41. Mrs X wrote to the Council and stated that Mr Y surrendering his tenancy was against her express concerns as she feared he would be made homeless. She said she was very upset and angry and this would cause problems at home. On 22 June 2016, during a telephone conversation with Mrs X, the Council advised her that it did not believe surrendering his tenancy would be best for Mr Y.
 42. On 24 June, the Council faxed an urgent referral to the mental health team in area B. It said Mr Y would be staying at his parents’ home and so was ordinarily resident in area B. It said this arrangement had the potential to break down abruptly. It asked for information about how to progress this urgently. It says it completed a full transfer summary and the handover period lasted until 6 October. Records show there was no response from area B’s adult social care team, and no further contact by the Council to follow up the referral. It is evident that Mr Y’s health needs were picked up in area B, but no evidence of confirmation that his social care needs were handed over.
 43. On 29 June, the Council wrote to Mrs X and said it now believed it would be best to go ahead with ending the tenancy. It apologised for any distress it had caused. It said the only suitable accommodation it had was in areas where Mr Y would not be safe. It also said it was working with the mental health services in the area where Mr Y was now staying. It would work closely with Mr Y and the care co-ordinator from area B, to “explore the support they can offer” to Mr Y. The social worker would share the assessment which stated he needed high supported accommodation with the council in area B. The Council also said that Mr Y could not get supported accommodation in area B while he had a tenancy in Hounslow. It confirmed that it would continue with ending the tenancy.
 44. On 13 July, the Council closed its safeguarding enquiry as Mr Y was no longer working in the same place and so could no longer be at risk as alleged.
 45. On 18 July, Mr Y’s tenancy ended.
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46. On 26 July 2016, the social worker contacted Mr Y's advocate and advised her he had moved to area B. She asked for details of the nearest advocacy service. The social worker followed this up nine days later as she had not heard. The advocate replied to say that she had referred him to the local service and was waiting for a response. On 13 October, the Council completed a care and support plan based on the assessment completed on 2 June, over four months previously. It stated that all Mr Y's needs would be met by living in a high support placement near his parents.
47. On 14 October, the social worker called the advocacy service and was told the advocate was in the process of supporting Mr Y with sourcing accommodation.
48. In December, the Council's access to the Health Service recording system ended, despite it containing social care records. The Council says it made several approaches to the health authority to obtain information, but the health authority would not agree. The Council advised Mr Y to ask for his information from the health authority and advised Mrs X to approach the Care Provider for its records about Mr Y. This was also not successful.
49. When Mrs X chased the Council about accommodation, it said it was no longer responsible for providing accommodation and the council in area B said it had nothing available. The Council acknowledges that, with hindsight, it could have explained the impact of his actions more clearly to Mr Y and his parents.
50. Mr Y now has his own accommodation in area B, but lived with his parents, sleeping on their sofa, for 18 months. Mrs X says this caused them all much distress and Mr Y became suicidal.
51. Mrs X complained to us when she had not received a final response after six months. We asked the Council to respond to the complaint. Its letter dated 3 March 2017 said:
- "The reason why [Mr Y] is on a waiting list for accommodation in [area B] is because the family moved [Mr Y] to [area B] before the transfer arrangements could be agreed with the local Mental Health Services in your area. This resulted in a change to [Mr Y's] ordinary residence status under the Care Act 2014. [Mr Y's] early move to live in [area B] led to him becoming ordinarily resident in [area B] and because of the change in his ordinary residence status, [Mr Y] is now eligible to be on a waiting list for appropriate supported accommodation in [area B]."*
52. We wrote to the Council to ask for more information about the events Mrs X complained about. It could not access all its own social care records because they were on the health service system to which it had no access. The health authority refused to share the information with the Council so we contacted the health authority directly and it took them nine months to send us the information.

Conclusions

53. It is apparent from the records that, from 2011, Mr Y had difficulty with finances, keeping his room clean, and his diet. From 2012 concerns were regularly expressed about the impact of his work on his health and wellbeing. Given this background, when he moved to accommodation with a lower level of support in 2013, the Council should have been alert to these issues. Eventually, in April 2015, it agreed actions to address the issues, but we did not see any evidence these were either implemented or followed up. Actions agreed in the strategy meeting a year later addressed the same issues which had not improved. In fact,

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- it took until June 2016 before the Council acknowledged that support was not adequate. It was at fault here and accepts this. We cannot say Mr Y would not have been exploited, or would not have had any problems in more suitable accommodation, but he was at an avoidable risk of harm and lost opportunities to avoid debt, self neglect and possible exploitation, for almost three years.
54. Although a safeguarding concern was raised in 2013 about the actions of those Mr Y worked with, we did not see any evidence this was processed beyond the record that it was raised. This may also have triggered intervention much sooner than eventually was the case. Again, we cannot say it would have changed anything but it was another opportunity lost and added to the injustice caused by the inadequate support.
 55. When Mrs X took Mr Y home with her, it was because it was not safe for him to remain in his accommodation and she was concerned the Council was not protecting him. This was partly because of the alleged threat from his employers but also because of the lack of support in his accommodation. It is clear this was only a temporary solution in an emergency; Mrs X mentioned two weeks only. Given Mrs X's approach throughout, we have accepted, on the balance of probability, that she objected strongly to Mr Y giving up his tenancy at the CPA review in June 2016. If the Council had listened to Mrs X, it should not have agreed that he would remain at his parents' address until a placement could be found.
 56. The Council did not develop a care and support plan for over four months following its assessment; it was at fault here. If, as the assessment suggests, the Council had not at this point decided Mr Y had moved to area B to settle, it should have offered Mrs X a carer's assessment. We did not see any evidence it did this, or that it tried to meet Mr Y's identified needs for higher support and to live independently. The first action it took was to fax an urgent referral to the mental health team in area B; it did this three weeks after the assessment. At no point did it contact the social care service in area B. The Care and Support statutory guidance is quite clear there should be no break in service when someone transfers to another area. This is not to say a break is always avoidable; however, in this case, the Council could have taken steps to avoid it, but did not. Although Mr Y's situation did not fit exactly with the examples given, the principle is the same and the Council was at fault here. This caused Mr Y, Mr X and Mrs X significant and avoidable distress.
 57. The Council handed the responsibility for Mr Y's care to Mr and Mrs X though it knew he was there because it had failed to provide him with the care he needed. It knew the arrangement could break down quickly and it would take a long time to find accommodation in area B. We did not see any evidence that it considered alternatives or interim measures. Mr Y should not have had to sleep on his parents' sofa for 18 months either for his own, or Mr and Mrs X's, wellbeing. Mrs X had been clear it was only short term and, while she was aware it could take some time to find accommodation, it is clear she did not realise it could take this long. The Council was at fault here and this caused significant and avoidable distress to Mr Y, Mr X and Mrs X.
 58. Throughout these events, Mrs X pursued her complaints, first about the quality of accommodation and lack of support, then about the advice to end Mr Y's tenancy. Mrs X then had to complain about the lack of support to Mr Y because of the Council's advice.
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59. When Mrs X and Mr Y asked for all his social care records, the Council referred them to the health authority and the Care Provider for the information it did not have. We cannot say it was at fault here, but when Mrs X could not get the information she requested from the Care Provider, it should have got the information from the Care Provider itself. The Council tried to get the information but failed to do this with both the health authority and the Care Provider. The Council also did not need identification from Mr Y since it knew he had discussed getting the information with his care co-ordinator, and there was not any doubt about his identity. This was an unnecessary barrier to obtaining his own information and frustrated Mrs X who wanted this information to support her complaint.
60. The Council quickly visited Mr Y's accommodation in response to Mrs X's concerns about this, but took another three months to advise her of the outcome of her complaint. It was at fault here. It was also at fault when it advised Mr Y to end his tenancy without properly discussing the consequences, and when it took over six months to provide her with a final response. The various delays and difficulties in pursuing her complaint caused Mrs X significant and avoidable distress, time and trouble.
61. The Council's lack of access to its own records on the health service system caused considerable delay to Mrs X's complaint to us. As the Council had devolved its responsibility for social care in mental health to the health service, it remained responsible for the service. This breakdown in arrangements between health and social care means that, since December 2016, the Council has had no past social care records for people under its mental health team. The Council is at fault for not having suitable arrangements in place and we have considerable concerns about the impact it has on its wider provision of adult social care.
62. For many months the health authority did not co-operate with our investigation. This is a statutory duty and its failure to do so is unacceptable. We have written to the health authority to express our concerns about this.

Recommendations

63. The Council must consider the report and confirm within three months the action it has taken or proposes to take. The Council should consider the report at its full Council, Cabinet or other appropriately delegated committee of elected members and we will require evidence of this. (*Local Government Act 1974, section 31(2), as amended*)
64. In addition to the requirements above, and to remedy the injustice identified in this report, the Council has agreed to:
- apologise to Mr Y, Mr X and Mrs X for the faults identified;
 - pay Mr and Mrs X £1,000 for the significant and avoidable distress, time and trouble; and
 - pay Mr Y £2,500 for the significant and avoidable distress, risk of harm and loss of opportunities.
65. It has also agreed to:
- take action to ensure it has access to those social care records held by the health authority;
 - require staff to log all cases and alert managers where the lack of historic records causes difficulty;

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- consider what action it needs to take to prevent a repeat of the faults identified in this case. It should ensure:
 - care and support plans are completed promptly in future.
 - staff are clear what action to take to ensure adequate support following a placement breakdown.
 - it takes responsibility for the actions of its care providers or those to whom it has devolved responsibilities.
66. The evidence it provides to us should include an action plan with dates by which the actions will be completed. This should also include details of cases affected by the lack of historic records, and the process for ensuring adequate support following a placement breakdown.

Decision

67. We have completed our investigation. We have found fault by the Council which has caused injustice to Mr Y, Mr X and Mrs X. The Council should take the action identified in paragraphs 63 to 66 to remedy that injustice.