SPSO decision report

Case: **201005291, Greater Glasgow and Clyde NHS Board - Acute Services Division**
Sector: health
Subject: clinical treatment / diagnosis
Outcome: some upheld, action taken by body to remedy, recommendations

Summary

Ms C, who is a member of the Scottish Parliament, complained on behalf of a constituent (Mrs A) who had a number of concerns about the care provided to her late husband (Mr A). Mr A had dementia and was admitted to hospital with increasing confusion, shortness of breath and infections. When investigating the complaints, we took independent advice from three advisers - a physiotherapy adviser, a nursing adviser and a consultant geriatrician (a doctor specialising in medicine for older people).

We did not uphold Ms C's complaint that Mr A's physiotherapy treatment was inadequate, as we found the treatment to be frequent. We noted that the physiotherapy team continued to try to help Mr A to mobilise although he was increasingly not able to work with them, due to his dementia. We also found that they had appropriately referred Mr A to medical staff when they noticed unusual symptoms when trying to help him to mobilise (Mr A was later diagnosed with a fractured hip).

We also did not uphold the complaint that Mr A was not given adequate assistance with eating and drinking. We found that a dietician had made appropriate assessments, it had been recognised that Mr A had increasing problems with swallowing, and the notes indicated that staff had continued to try to help Mr A to eat and drink. He had lost a lot of weight, but our medical adviser considered that this was due to the fact that he had difficulty swallowing.

We upheld Ms C's complaint that Mr A had not been given appropriate assistance with dressing on some occasions, as the board had accepted this. We also noted there was no assessment recorded in the notes about Mr A's level of independence in relation to personal care (including his ability to dress) and we criticised this.

We did not uphold the complaint that the board did not discuss with Mr A's family his transfer to a nursing home, as we found evidence of discussions of this nature in his records. We did, however, uphold a complaint that the transfer was not reasonable at that time, given that Mr A was suffering from a severe pressure sore that was not highlighted to nursing home staff by ward staff. Finally, we upheld the complaint that the pressure sore was allowed to develop and worsen. This was because, although we found evidence that a high risk area was initially recognised, there was no evidence thereafter that it was treated.

We noted that, since the time of Mr A's care in 2010, the board had implemented a range of new policies, training and audits in relation to care of patients with dementia, nutritional care and tissue viability. We, therefore, made recommendations only in respect of the implementation of these.

Recommendations

We recommended that the board:

- provide their action plan for education and staff training in relation to patients with cognitive impairment;
- provide evidence to the Ombudsman that appropriate assessment of patients' levels of independence on

rehabilitative wards is taking place; and

- provide evidence that full relevant information is provided during the transfer and discharge of patients to nursing home and other community care environments, and that staff are aware of their responsibilities in this regard.