SPSO decision report

Case: **201200935, Lanarkshire NHS Board**
Sector: health
Subject: admission, discharge and transfer procedures
Outcome: some upheld, recommendations

Summary

Mr C's brother (Mr A) was in hospital for two months before being discharged to a care home. Mr C's other brother (Mr B) had welfare and continuing power of attorney for Mr A. Mr C complained that staff failed to take into account Mr A's communication problems related to his cognitive impairment (a condition that affects the ability to think, concentrate, formulate ideas, reason and remember) and his rapid deterioration while he was in hospital. Staff also failed to notice his legs were swollen or that he had injured his eye. Mr C asked to see a doctor who knew Mr A but as that person was unavailable, the family had to speak with another doctor who was not familiar with him. The doctor suggested an assessment. Mr C said that when this was carried out, Mr A's dementia and inability to recognise threats and dangers to his own safety were obvious. Mr C was also unhappy that nursing staff put items of lightly and heavily soiled clothing in the same bags for taking home to launder.

As part of the arrangements to discharge Mr A from hospital, an occupational therapist and social worker visited his home. Mr C did not agree with their findings, or that the proposed adjustments to the house would enable his brother to live there. The family were, therefore, concerned about Mr A's planned discharge home. The hospital consultant phoned Mr C at home to explain why Mr A was being discharged, but the family were not told exactly when this would happen. On arriving at visiting time one day, Mr B found an ambulance crew taking Mr A to be discharged home. The family said this was not acceptable, and Mr A was returned to the ward. He was eventually transferred to a care home. Again, Mr C said that the family and Mr A's social worker were not told about this in advance and only learned of it in a phone message left on an answering machine. Mr C complained about Mr A’s care and treatment at the hospital. In particular, he complained about the lack of clinical treatment which was provided; a lack of co-ordination by health and social work staff; a failure to properly assess Mr A's needs and a failure to communicate with Mr C and his other brother about Mr A’s welfare and eventual discharge.

After taking independent advice from one of our medical advisers, we upheld Mr C's complaints about care and treatment and about communication with Mr A's family. We found that while the care and treatment provided in relation to Mr A’s physical health, including medication, was reasonable, there were failures in relation to his mental health care needs. These included fully assessing his capacity for decision-making, which was of considerable concern to us. While we found evidence in the medical records of communication by nursing staff with Mr A's family about his discharge planning, the medical consultant's communication with them was limited to one phone call. This was below a reasonable standard, as the communication failed to meet the needs of Mr A or his family in relation to Mr A’s welfare given the complexity of his condition. We found, however, that the assessment and planning for discharge was reasonable. We found evidence that Mr A's family were involved and we were satisfied that the arrangements themselves were reasonable.

Recommendations

We recommended that the board:

- ensure that failings identified in relation to communication and documentation are brought to the consultant's attention and reviewed as part of the consultant's annual appraisal;

- apologise to Mr C for the failures identified;
- bring our adviser's comments about the review of Mr A’s prostate medication to the attention of relevant staff;
- provide evidence of how they are implementing Scotland's National Dementia Strategy with particular reference to communication with the families and carers of patients with cognitive impairment; and
- introduce a policy to ensure that the cognitive function of elderly patients is assessed and, if this is impaired, that capacity for decision-making is also assessed.