

SPSO decision report

Case: 201203858, Lanarkshire NHS Board
Sector: health
Subject: nurses / nursing care
Outcome: some upheld, recommendations

Summary

Mrs C complained about the standard of care and treatment her elderly mother (Mrs A) received in hospital. Mrs C felt that Mrs A was handled roughly by nursing staff and had been left on an incontinence mat with her pyjama bottoms removed and the curtain drawn around her bed in the event that she needed to go to the toilet during the night. Mrs C also raised concerns that: the number of ward moves Mrs A had during her stay in hospital caused her to be unsettled; the television facilities were inadequate; there was a delay in restarting Mrs A's statin medication (a drug used to reduce cholesterol and the likelihood of further cardiac disease); and that the standard of discharge planning was poor.

Although we did not find sufficient evidence to support that Mrs A had been handled inappropriately, we were dissatisfied with the board's explanation of why her pyjama bottoms were removed. They had said that, as Mrs A had been admitted with back pain, removal of her pyjama bottoms would prevent further painful movement during the night in the event that Mrs A needed the toilet and would also prevent them from becoming soiled. We did not consider the board's reasons were justified because the staff did not appear to have given thought to providing Mrs A with a hospital gown or arranging for her to wear a nightdress in order to maintain her dignity.

In relation to Mrs A's discharge from hospital, we upheld the complaint as we considered that care fell below a reasonable standard because Mrs A had not been reviewed by a doctor 17 days prior to her discharge and no consideration was given to either transferring her to a specialist geriatric unit in the hospital or referring her to a local geriatrician for inpatient review. We also found that Mrs A's statin medication was appropriately stopped when she was noted to have impaired kidney function, as statins can affect this. However, when Mrs A's kidney function returned to an acceptable level, no consideration appeared to have been given to re-starting it until Mrs C raised the matter at the time of discharge, so we upheld this complaint.

We did not uphold Mrs C's other complaints. Although the various moves Mrs A had between wards within the hospital were not ideal, we were of the view that these were necessary for specific reasons and to improve her clinical care. In addition, we did not consider the television facilities to be unreasonable and noted that the board had already taken steps to remind staff to ensure that patients were aware of the available facilities.

Recommendations

We recommended that the board:

- share with relevant nursing staff our comments with regard to maintaining a patient's dignity in relation to continence issues;
- ensure that Mrs A's consultant reflects on our comments regarding her discharge;
- review the hospital's discharge planning process with a view to ensuring that, where relevant, patients under the care of an orthopaedic consultant should be reviewed by geriatric services;
- remind relevant nursing staff that when patients are being transferred between wards, they should ensure the patient and their family are fully informed where appropriate;

- undertake an audit of the medicines reconciliation process for patients discharged from orthopaedic wards; and
- apologise to Mrs C for all the failures identified.