

SPSO decision report

Case: 201508798, Lanarkshire NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Outcome: some upheld, recommendations

Summary

Ms C's late mother (Mrs A) had a history of bladder cancer and following surgery, self-catheterised through a stoma (a surgically-made opening from the inside of an organ to the outside) in her stomach. She was admitted to Monklands Hospital in February 2014 complaining of severe abdominal pain and a number of tests were carried out. Mrs A was discharged and continued to see hospital specialists as an out-patient but was readmitted several months later for an operation to remove her right kidney. When the operation was carried out, recurrent bladder cancer was found. Ms C said that following this operation Mrs A's dementia worsened. After several weeks, Mrs A was discharged again. She was readmitted the following month when she continued to deteriorate and she died several weeks later. Ms C raised concerns about the standard of medical care and treatment during Mrs A's three admissions to hospital and, in particular, said that the decision to carry out the operation was not reasonable and that medical staff failed to manage her pain and dementia in a reasonable way. Ms C also said that nursing staff failed to properly care for Mrs A's catheter and ensure that she had sufficient food and fluids and that the family had to provide personal care. Finally, Ms C raised concerns about the standard of communication.

We took independent advice from an urology adviser and a nursing adviser. We found that the medical care and treatment was reasonable including the decision to operate (although there was a record-keeping shortcoming). However, we also found that there were failings in relation to the standard of nursing care and treatment provided and communication. The overall assessment and care concerning Mrs A's dementia was below a reasonable standard and nursing staff failed to assess her capacity during two of her admissions to hospital. There were further shortcomings in relation to monitoring and recording fluid and nutritional intake. However, we were satisfied that clinicians did assist with Mrs A's catheter. In relation to communication, there was evidence that communication was challenging at times and no evidence that the family was as involved as they should have been in the wider care planning process.

Recommendations

We recommended that the board:

- ensure patients' capacity to consent to treatment on the ward is assessed and recorded in line with relevant guidelines and legislation and provide evidence of this;
- bring the nursing adviser's comments about shortcomings in communication to the attention of relevant staff and carry out audits to ensure compliance;
- bring the nursing adviser's comments about shortcomings in implementing the relevant standards in relation to dementia and nutrition, and the related record-keeping failings, to the attention of relevant staff and carry out audits to ensure compliance;
- apologise for the failings we identified; and
- ensure that sedation and/or analgesia prescribed in the ward before being taken for procedures out with the ward is fully and properly recorded in the medical records.