

## SPSO decision report

**Case:** 201605828, Forth Valley NHS Board  
**Sector:** health  
**Subject:** clinical treatment / diagnosis  
**Decision:** some upheld, no recommendations

### Summary

Mrs C complained about the care and treatment provided to her adult daughter (Miss A) at Loch View House, which is a specialist facility for providing care to patients with learning disabilities.

Mrs C raised concern that following her daughter's admission to Loch View House, staff did not take into account that her clinical problems could have been due to difficulties with Miss A's diabetes control. We noted that Miss A was under the care of a consultant psychiatrist during the admission and we sought independent advice from a psychiatric adviser. They considered that the medical records clearly showed that staff had reviewed Miss A's history of diabetes management in the community and had recognised that Miss A's behavioural change might be related to her diabetic control. We did not uphold this complaint.

Mrs C also complained about the way that staff managed Miss A's diabetes throughout the admission. We found that the board had acknowledged issues in relation to the provision of needles, required for administering medication, and had apologised to Mrs C for this. We took independent advice from a nursing adviser on this aspect of the complaint. They were satisfied that the board had put reasonable steps in place to address this issue and that appropriate steps for learning and improvement had been identified. We upheld this complaint, but did not make any further recommendations as the board had already taken action.

Finally, Mrs C expressed dissatisfaction that staff failed to communicate with her adequately about her daughter's treatment. The psychiatric adviser found that the medical records evidenced regular communication with Mrs C and other members of the family throughout the course of Miss A's admission. They added that the records showed a high level of contact, mostly by phone, with detailed discussion and timely responses to concerns raised. The adviser considered that this level of contact was appropriate given Miss A's needs and they noted the entries clearly described the views of the family and the efforts of the clinical team to reassure them where there were differences in opinion over the management of Miss A. We were unable to conclude that the communication was unreasonable and we did not uphold this complaint.