

## SPSO decision report

**Case:** 201708720, Lothian NHS Board - Acute Division  
**Sector:** health  
**Subject:** hygiene / cleanliness / infection control  
**Decision:** upheld, recommendations

### Summary

Mrs C complained about the care her mother (Mrs A) received at St John's Hospital. Mrs C complained about the number of ward moves that Mrs A experienced. Mrs A had dementia and Mrs C said that the number of ward moves caused Mrs A to become disorientated. Mrs C also complained about the personal care that Mrs A received and the communication from nursing staff.

We took independent advice from a nursing adviser. We found that:

- the number of ward moves that Mrs A experienced was unreasonable in view of her reduced cognitive function and delirium (sudden confusion)
- the board had failed to keep adequate records regarding the risk assessment and decision making for Mrs A's ward moves and how Mrs A and her family were informed of the ward moves
- the board failed to adequately assess and document Mrs A's care needs. In particular there was no care plan in place to cover Mrs A's personal hygiene needs
- a "Getting to Know Me" document was not in use during Mrs A's admission to St John's Hospital.

In light of the above we upheld Mrs C's complaint.

### Recommendations