SPSO decision report

Case: **201803624, Lanarkshire NHS Board**
Sector: Health
Subject: clinical treatment / diagnosis
Decision: some upheld, recommendations

Summary

C complained about the medical and nursing care and treatment given to their late parent (A) during their admission to Wishaw General Hospital. They also complained about the way staff behaved and communicated with the family and the way the board responded to their complaints. A was admitted to hospital suffering from breathing difficulties, after a chest infection. A was registered blind and had poor hearing and limited mobility. C was concerned about A's level of confusion, as well as a lack of personal care from nursing staff. Although C had power of attorney for A and had provided this to the board, they were not informed for a number of days that staff considered A lacked the mental capacity to make decisions about their treatment. C said that on one occasion they had overheard staff making derogatory remarks about C and A. Although C had felt that A was improving during their last visit, A was found dead early the following morning.

C complained to the board about A's care and treatment and met with medical and complaints staff twice. C was unhappy with the board's records of these meetings, as they had taken their own notes and they felt there were significant and substantial differences between the two. C felt that the board's complaint response was inaccurate and the findings inadequate. C told us they felt they had let A down and it was clear from C's submissions that the experience had been distressing for them.

We took independent advice from a consultant geriatrician and a nurse. In relation to A's medical care and treatment, we found that treatment of A's infection and the management of A's medication was appropriate. There was, however, a failure to monitor or assess A's delirium appropriately, and for this reason we found the medical care and treatment they had received fell below a reasonable standard. We upheld this aspect of C's complaint.

In relation to nursing care, we found that aspects of A's care had fallen below a reasonable standard, particularly the assessment of A's mobility and communication needs, and the response to A's repeated falls. We upheld this aspect of C's complaint. We noted that the board had already accepted there had been serious failings in nursing care and had taken steps to address these with individual staff, as well as an organisation.

Without independent witnesses, it is not possible for this office to determine what happened in relation to the alleged remarks made by staff. However, we considered that C's complaint in relation to this point was escalated and investigated appropriately. We did not uphold this aspect of C's complaint.

In relation to communication, we found that although some aspects of medical staff's communication with C was reasonable, overall there had been a failure to communicate with them about decisions relating to A's lack of capacity. Nursing staff's communication with C had also fallen below a reasonable standard. We upheld this aspect of C's complaint. However, appropriate action had been taken by the board to address those failings.

Finally, we found that the handling of C's complaint to the board had also fallen below a reasonable standard. We found that the board had not explained their approach clearly to C and although it was not unreasonable to attempt to resolve C's concerns by meeting with them, the board should have been clear with C what the process

would be and they should also have provided C with a clear indication of the conclusions of those meetings, as well as when the complaints process was at an end. We upheld this aspect of C's complaint.

Recommendations

What we asked the organisation to do in this case:

- Apologise to C for the failings identified in this report. The apology should meet the standards set out in the SPSO guidelines on apology available at www.spso.org.uk/information-leaflets.

What we said should change to put things right in future:

- Patients should be assessed using current delirium screening tools.

We have asked the organisation to provide us with evidence that they have implemented the recommendations we have made on this case by the deadline we set.