

## SPSO decision report

**Case:** 201902211, Dundee Health and Social Care Partnership  
**Sector:** Health and Social Care  
**Subject:** continuing care  
**Decision:** not upheld, no recommendations

### Summary

Mr C's mother (Mrs A) was in hospital for an extended period of time after a stroke. He complained that during that time the partnership failed properly to communicate with and include him in discussions about her care. He also said that the partnership unreasonably restricted the times when he could visit Mrs A.

Mr C complained to the partnership that he had been treated poorly by staff who failed to include him in discussions about Mrs A's care. He said that he particularly wanted to discuss the appropriateness of the use of cannabidiol (CBD) in the management of Mrs A's pain but that staff reacted negatively to this and made assumptions about his intent. He said that they unreasonably imposed restrictions on him.

In response, the partnership said that where a person had capacity to make their own decisions, like Mrs A, they were duty bound to allow them to make their own choices. Similarly, they had a legal duty to safeguard patients and to take necessary steps if there were concerns about their safety or wellbeing. With regard to the use of CBD oil, a number of meetings had been arranged with Mr C so that advice and guidance could be given about this but that he could not always attend, despite attempts being made to accommodate him.

We found that CBD oil capsules had been found in Mrs A's bed and an Adult Support and Protection case conference had been convened as a consequence. While Mr C had been invited, he could not attend. A further meeting was held, after being rearranged to suit Mr C to discuss non-prescribed medication and there had been lengthy discussions about the potential harm that could be caused. At this meeting, it was agreed, amongst other things, that Mr C would not bring non-prescribed medication in to the ward, that he would visit at specific times and that his visits would be supervised. These agreed measures would apply for two weeks after which they would be reconsidered. Further meetings were held because Mr C was unhappy and there had been incidents on the ward. After Mrs A's health improved and she became more able to state what she wanted, the issues with Mr C reduced. Mrs A was discharged from hospital.

On the basis of the information above, we did not uphold Mr C's complaint that communication was unreasonable nor did we consider that the partnership had unreasonably imposed visiting restrictions upon him; we did not uphold the complaint.