

SPSO decision report



Case: 202001398, Greater Glasgow and Clyde NHS Board - Acute Services Division
Sector: Health
Subject: Clinical treatment / diagnosis
Decision: some upheld, recommendations

Summary

C complained to us on behalf of their parent (A) who has dementia. A was admitted to Glasgow Royal Infirmary (GRI), after falling at home. A's condition improved and they were discharged home. After a few days, A was readmitted to GRI and treated for pneumonia (inflammation in the tissue of the lungs). Although A responded well to the treatment, their family was concerned about their mobility and pain when moving. A was referred for imaging of their pelvis and hip, which did not find a skeletal injury. Later that month, A was transferred to Stobhill Ambulatory Care Hospital. Around a week later, A was given a lumbar x-ray, which found a vertebral wedge fracture (a fracture of the bones commonly called the lower back). C raised concerns about A's medical care and their nursing care at both hospitals.

We took independent advice from a consultant physician in geriatric medicine (a specialist in medicine of the elderly). We did not consider that there was an unreasonable delay in carrying out A's lumbar x-ray. In particular, we found that it was appropriate that the medical staff had focused on ruling out A having fractures that might be treatable with surgery. We did not uphold this aspect of C's complaint.

We also took independent advice from an acute nursing specialist. We found that A's pain was not assessed appropriately, as nursing staff did not use the correct tool for someone with cognitive impairment (a condition that affects the ability to think, concentrate, formulate ideas, reason and remember). We also found that A fell at a time that they should have been under enhanced supervision by nursing staff due to their high risk of falls. 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 A's nursing care. The apology should meet the standards set out in the SPSO guidelines on apology available at www.spsso.org.uk/information-leaflets.

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

- Patients with cognitive impairment should have their pain levels assessed using an appropriate tool so it can be managed appropriately.
- When patients are considered to require enhanced observations in a cohort room, there should be appropriate nursing staff (in terms of both skill mix and staffing levels) to implement this.

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.