

Case 200503013: Lothian NHS Board

Summary of Investigation

Category

Health: Hospital; Mental health services; Psychiatric assessment

Overview

Mrs C has complained that the admission assessment which took place in her home on 2 November 2004 was inappropriate, after which she was admitted to Rosslynlee Hospital (the Hospital) under section 24 of the Mental Health (Scotland) Act 1984 (the legislation at the time). This investigation, therefore, focuses on the detailed assessment that is recorded as having taken place and the subsequent admission into hospital. Mrs C was transferred to the Royal Infirmary of Edinburgh (RIE) after two days in the Hospital, as she was physically unwell and the assessment of symptoms and care she required could not be provided within the Hospital.

Specific complaints and conclusions

The complaints which have been investigated are that:

- (a) Mrs C was not properly assessed prior to admission to the Hospital in November 2004 (*not upheld*); and
- (b) Mrs C was inappropriately admitted to the Hospital in November 2004 (*not upheld*).

Redress and recommendations

The Ombudsman has no recommendations to make.

Main Investigation Report

Introduction

1. Mrs C complained that she had been admitted to hospital without a proper assessment of her condition. She had been displaying symptoms of uncharacteristic behaviour over a period of time that caused her family some concern. Mrs C's main carer was unable to continue caring for her and an assessment was carried out by the community based mental health team, who agreed she was unwell and should be admitted to hospital. The appropriate measures were introduced to manage the transfer from home to hospital as Mrs C was unwilling to consider this herself, in part, because of her presenting symptoms. An assessment was carried out by Mrs C's General Practitioner (GP 1), in the first instance on 1 November 2004, who referred Mrs C to the mental health team.

2. A home visit by a Psychiatrist and a Community Mental Health Nurse took place the following day, 2 November 2004. This resulted in an admission to hospital under Section 24 of the Mental Health (Scotland) Act 1984. The assessment made was that her physical health may be impacting on her mental state and that removal to hospital with a view to assessing these matters was needed. Further assessment and test results confirmed the requirement for Mrs C to be transferred from Rosslynlee Hospital (the Hospital) to the Royal Infirmary of Edinburgh (RIE) for assessment and treatment. Mrs C was diagnosed as suffering renal failure and following treatment, recovered from this.

3. During the time Mrs C was in the RIE, the mental health section which had been served lapsed. However, it was felt that Mrs C was stable and able to understand the need to be in hospital, therefore, her detention under the Mental Health (Scotland) Act 1984 was not reinstated. She was eventually discharged home and followed up by the Community Mental Health Team. Mrs C complained to Lothian NHS Board (the Board) and they replied to her complaints on 31 January 2006. Mrs C then complained to the Scottish Public Services Ombudsman on 7 February 2006.

4. The complaints from Mrs C which I have investigated are that:

- (a) Mrs C was not properly assessed prior to admission to the Hospital in November 2004; and
- (b) Mrs C was inappropriately admitted to the Hospital in November 2004.

Investigation

5. I have read the documents provided to me by Mrs C and I have read the complaint file provided by the Board, along with a copy of the relevant medical records relating to these specific areas of complaint. Further to the initial enquiry to the Board, I also sought further information relating to the decisions that had been taken to admit Mrs C to the Hospital as opposed to any other hospital setting at the time. In addition, I sought advice from a Clinical Adviser to the Ombudsman who, with a broad experience and view of the NHS, gave her view on this particular aspect of the mental health complaint.

6. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Mrs C and the Board were given an opportunity to comment on a draft of this report. Abbreviations used in this report are set out in Annex 1.

(a) Mrs C was not properly assessed prior to admission to the Hospital in November 2004

7. On 1 November 2004, an urgent referral was made by GP 1 to the Community Mental Health Team. The referral letter described a history of mental health problems and physical health problems, with Mrs C's family acting as her main support and care network. The referral also explained that the family had been concerned about some aspects of Mrs C's behaviour over previous months. Mrs C had been seen on two occasions that day (1 November 2004) by GPs from the practice who then sought further advice regarding her care and treatment.

8. In response to the referral, the Community Mental Health Team Psychiatrist (Doctor 1) visited Mrs C at home on 2 November 2004 with a Community Mental Health Nurse in attendance. During the interview between Doctor 1 and Mrs C, she presented with some mental health symptoms and described a disturbed pattern of sleep and sensations during preceding days, claiming members of her family were trying to harm her. Doctor 1 took a history from Mrs C and considered her to be suffering a mixed affective state, of an organic origin. Doctor 1 has recorded in the notes that Mrs C had attended RIE earlier that day.

9. Doctor 1 considered a plan at the time and entered it in the medical record: that being to admit Mrs C to the Hospital's Elderly Assessment Unit on

her current medication and to continue assessment of her condition the following day. Doctor 1 planned to advise the family accordingly. Mrs C's daughter agreed that her mother's behaviour was not typical. Mrs C was, however, unwilling to go to the particular hospital recommended. Due to the concern for Mrs C's mental health, it was decided by Doctor 1 that a section of the Mental Health (Scotland) Act 1984 would be imposed to ensure her safe transfer and admission to hospital and a Mental Health Officer was called to support the application under the Mental Health (Scotland) Act 1984. Mrs C was duly taken to the Hospital, where she quickly settled on the unit.

10. I have considered the information available and the expression of concern by Mrs C's family that she had been unwell for a period of time and matters had reached a point where they sought assistance.

11. The details available demonstrate that Mrs C was unwell and required admission to a safe setting and also required early attention to be given to her mental health presentation. I understand the presentation of Mrs C's mental health condition was the priority health condition at that time, although it was recognised that she was also physically unwell. A decision was made to admit Mrs C to the Hospital. I understand that soon after admission it became clear that Mrs C was also suffering further from underlying physical health problems which staff were able to observe more readily. After a short period of time, staff took action to have Mrs C admitted to the RIE for a full assessment of her physical needs.

12. The documented records of the home visit made on 2 November 2004 and the decisions taken by the doctor at the time were very clear and I have read that advice was also taken by Doctor 1 from a senior colleague regarding the potential for admission on this occasion. The assessment carried out at Mrs C's home was very thorough and full consideration was given to treating her presenting symptoms, which could not be contained any longer in her own home in the care of her family. At the time, the mental health difficulties were the main focus and it is understood that it was only after a brief stay in hospital other physical symptoms were fully assessed and it was recognised that Mrs C required further specialist attention. The information available to me has been adequate to show the appropriateness of the assessment prior to admission to the Hospital on 2 November 2004.

(a) Conclusion

13. Mrs C was assessed by GP 1 the day before she received a visit from the Community Mental Health Team which led to her admission to the Hospital. The information that is recorded in the medical records demonstrates that a full and comprehensive assessment was undertaken and recognition was given to the distress of Mrs C and her family at the time. An adviser to the Ombudsman agreed that it appeared the clinical presentation indicated the need for hospital admission to determine the level and extent of Mrs C's mental health. Additionally, it is recorded that Mrs C had taken steps to harm herself and caused distress to her family through her disturbed behaviour. I fully appreciate she was also developing a physical condition which subsequently required urgent attention and called for a transfer to the RIE. However, the advice I have received is that the assessment which was carried out in her home was appropriate at the time and, accordingly, I do not uphold this aspect of the complaint.

(b) Mrs C was inappropriately admitted to the Hospital in November 2004

14. Mrs C complained that she was admitted to the Hospital when she should not have been.

15. Further to the assessment that was carried out by Doctor 1 and a Community Mental Health Nurse, a Mental Health Officer was called to support the admission to hospital under Section 24 of the Mental Health (Scotland) Act 1984, an emergency recommendation for admission to hospital. The records indicated that Mrs C settled into the unit but was physically unwell and it transpired she was in renal failure and required to be transferred to the Intensive Care Unit at the RIE. Her physical condition took precedence at this time over her mental health problems. During her stay in RIE the section of the Mental Health Act she was placed under lapsed and it was not reinstated.

(b) Conclusion

16. Mrs C was presenting with symptoms relating to a mental health state and Doctor 1 made a clinical decision that the priority was to ensure Mrs C's safety and to be able to carry out a more formal assessment within hospital. The advice I have received is that the decision to admit her to the Hospital was appropriate at the time, taking into account it was a closer location to Mrs C's home. Under the particular circumstances, it was correct that Doctor 1 should have made the decision to arrange for Mrs C to be admitted to the Hospital rather than another hospital at that particular time for further assessment. In

view of the information available from the home based assessment indicated in head (a) within this report, I do not uphold this aspect of the complaint.

19 December 2007

Explanation of abbreviations used

Mrs C	The complainant
GP 1	General Practitioner
The Hospital	Rosslynlee Hospital
RIE	Royal Infirmary of Edinburgh
The Board	Lothian NHS Board
Doctor 1	Community Mental Health Team Psychiatrist