

Case: 201004953, Forth Valley NHS Board
Sector: health
Subject: clinical treatment; diagnosis
Outcome: not upheld, action taken by body to remedy, no recommendations

Summary

Mr C complained about the standard of care and treatment his late wife, Mrs C, received at Stirling Royal Infirmary. She died three weeks after being admitted to hospital.

Mr C had concerns about a number of aspects of his wife's care including a belief she had had an allergic reaction to antibiotics administered, that there were not sufficient efforts made to feed Mrs C out of bed and into a chair, that Mrs C could not refuse suctioning as had been explained by the hospital and that Mrs C was not moved to another ward at the family's request. Mr C felt that his wife had received substandard care because she was elderly. Mrs C had undergone a bronchoscopy procedure (used to view a patient's lung) to clear an obstruction in her lung and she did not recover from this. Mr C felt this operation should have been performed sooner to allow Mrs C a greater chance of survival.

Two of our advisers, a nursing adviser and a consultant geriatrician, considered Mrs C's medical files and the correspondence between Mr C and the hospital. They both found the care and treatment provided to Mrs C had been of a good standard. The clinical adviser found the hospital's explanation with regards to Mrs C's face and hand swelling had been rational - that she had suffered a seizure. He found no evidence of her having been given medication she was allergic to. He felt the ongoing and increasing difficulties with Mrs C's lungs had been monitored and treated to an acceptable standard. He noted radiological investigations were performed promptly. He noted the bronchoscopy, given it was a particularly invasive procedure, was performed at an appropriate stage of Mrs C's care.

The nursing adviser noted the communicative difficulties between Mr C, other family members and members of staff on the ward. The hospital had already

apologised for any difficulties the family had experienced with the consultant responsible for Mrs C's care.

The adviser found the nursing care to have been of a good standard. She found the plan for the feeding of Mrs C to be appropriate in the circumstances and that frequent assessments were undertaken by a speech and language therapist to assess Mrs C's swallowing capabilities.

While recognising Mr C's concerns and his need for an independent review of his late wife's care, given the advice we received about the standard and quality of care, we did not uphold the complaints.