

Case: 201100068, Lothian NHS Board
Sector: health
Subject: clinical treatment; diagnosis
Outcome: not upheld, no recommendations

Summary

Miss C complained about the care and treatment of her elderly mother (Mrs C) in hospital, as well as Mrs C's treatment at the clinics she had been attending. Mrs C was admitted to hospital after collapsing. She had type II diabetes and kidney failure. She was assessed with low blood pressure and a reduced heart rate and spent several days in a high dependency unit before being transferred to a general ward. Miss C felt that her mother was moved to the general ward too quickly, and was not properly assessed.

We did not uphold Miss C's complaints. We found that clinical involvement in her mother's care did not change at all when she was moved to the general ward, and that the transfer was reasonable. We noted that Miss C and her family could have been advised more fully about the difference in nurse to patient ratio once her mother was moved from the high dependency unit. Miss C was unhappy, too, with staff communication with her, her mother and her family. She told us that when her mother's condition changed, staff did not contact her and she only found out when she telephoned the ward. Our investigation established that Mrs C's condition began to deteriorate about an hour before Miss C's call and that staff were engaged in treating her mother during that time. The board have, however, since raised with staff the issue of timely communication with family members.

Miss C complained about the discussions staff had with the family about Mrs C's continued care after she had a heart attack. Miss C felt the clinical staff were allowing her mother to die rather than help her. We found that the clinical decisions taken were appropriate and that staff discussed decisions (such as the discontinuation of dialysis) with the family regularly and sensitively. Miss C also said that no-one helped her mother to eat or drink. We found, however, that staff assessed Mrs C's requirements when she was admitted to the general ward, and decided that she did not need such assistance. The board also

provided us with a detailed and reasonable explanation about Mrs C's fluid requirements, which we passed on to Miss C in our decision letter.

Finally, Miss C complained about Mrs C's treatment at the renal and diabetic clinic prior to her admission to hospital. Because Mrs C's insulin dose was significantly reduced on admission, her daughter was concerned that the clinic had been overdosing her mother. We found, however, that Mrs C's dosage prior to admission was appropriate. When she was admitted, Mrs C's blood sugar levels were low because of a deterioration in her kidney function, which is why the dosage was changed.