

## SPSO decision report

**Case:** 201102968, Lothian NHS Board - Acute Division

**Sector:** health

**Subject:** clinical treatment / diagnosis

**Outcome:** some upheld, recommendations

### Summary

Miss C's mother (Mrs A) was admitted to hospital. She was very frail and had significant leg ulcers, and needed more care than could be provided at home. After a couple of weeks, Miss C had spoken with a healthcare professional about her mother's planned return home. However, Mrs A was then diagnosed with aspirational pneumonia (inflammation of the lungs and airways from breathing in foreign material). She was reviewed by a speech and language therapist, who considered that Mrs A's swallowing was unsafe and so she was given a modified diet. A doctor then reviewed Mrs A, and said that she had further deteriorated. She reassessed Mrs A's medication and decided that she should not be given normal quantities of food or drink by mouth ('nil by mouth') because of her difficulty in swallowing. Mrs A died of pneumonia a few days later.

Miss C complained to us that communication from staff was poor; that Mrs A went on to develop a urine and chest infection and that the doctor had, unreasonably, given instructions that should her intravenous antibiotic drip become detached, it was not to be re-fixed. Miss C said that when the drip became dislodged, despite repeated requests, it was not reinserted and Mrs A's medication was withheld. Miss C also said that, while her mother was in hospital, she had emphasised to staff that they needed to ensure that her mother received enough to drink as she knew it was critical that Mrs A did not develop an infection. Miss C said that her mother had been in great discomfort before her death, as she had not been receiving medication and had in fact developed a urine infection that had served to weaken her condition further.

After taking independent advice from a medical adviser, however, we did not uphold Miss C's complaints about her mother's care and treatment. Our investigation found that the care and treatment provided was reasonable, as was staff communication with Miss C, although they could have explained the meaning of 'nil by mouth' better. Our adviser said the records showed that Mrs A's leg wounds were appropriately treated, and her pain managed, and that there had been care from a multi-disciplinary team including physiotherapy, occupational therapy, dieticians, medical and nursing staff. The records were of a good standard and contained daily entries of the care and treatment given. We did, however, identify some shortcomings in the way the board dealt with Miss C's complaint in that there were a number of inaccuracies in their response.

### Recommendations

We recommended that the board:

- satisfy themselves that when a patient is to be 'nil by mouth', the situation is clearly explained to, and understood by, those concerned; and
- emphasise to all their staff the importance of responding to complaints in accordance with their stated policy.