SPSO decision report

Case: **201406600, Lanarkshire NHS Board**
Sector: health
Subject: clinical treatment / diagnosis
Outcome: upheld, recommendations

Summary

Mrs C complained about a lack of communication from clinical and nursing staff when her late father (Mr A) was admitted to Wishaw General Hospital. Mr A was 95 years of age and along with other health problems, he suffered from dementia. Mrs C had power of attorney (a legal document appointing someone to act or make decisions for another person) for her father. Mrs C complained that she was not allowed to remain with Mr A when he was initially admitted to hospital and that staff did not ask her for information about his medical history or the symptoms which he presented with. Mrs C also complained that staff failed to inform the family of the seriousness of Mr A's condition and that a Do Not Resuscitate form had been completed for him.

The board maintained that the level of communication from staff was appropriate and that he received a good standard of clinical treatment and nursing care.

After taking independent clinical and nursing advice from a consultant geriatrician and a senior nurse, we upheld Mrs C's complaints about the lack of communication from staff towards Mr A's family: we found that this had had a detrimental effect on the level of clinical treatment and nursing care which he received. We found that Mrs C would have been a valuable source of information to the clinicians and nurses and that would have assisted in the delivery of appropriate care and treatment. Generally, the level of clinical treatment and nursing care which was provided was appropriate for a patient with complex health issues but integral to this is a need for good communication to ensure that staff were aware of Mr A's symptoms and medical history, and that the rationale for their decision-making is communicated to relatives. We also found that there was some confusion between staff about the care and treatment planned for Mr A.

Recommendations

We recommended that the board:

- apologise to Mrs C for the failings in communication which would have improved their ability to provide Mr A with appropriate clinical treatment;
- ensure that the contents of our investigation are shared with relevant clinical staff in order that they can reflect on their actions and discuss it during their appraisal process;
- apologise to Mrs C for the failings in communication which would have improved their ability to provide Mr A with appropriate nursing care;
- ensure that the contents of this investigation are shared with relevant nursing staff in order that they can reflect on their actions;
- apologise to Mrs C for the failings in general communication from staff regarding Mr A's clinical condition and prognosis; and
- provide an action plan which evidences that lessons have been learned from this complaint.