

SPSO decision report

Case: 201508215, Grampian NHS Board
Sector: health
Subject: nurses / nursing care
Decision: some upheld, recommendations

Summary

Mrs C raised a number of concerns about the palliative care that her mother (Mrs A) received. Mrs A had been diagnosed with terminal pancreatic cancer and was receiving care in her home from a multi-disciplinary team including her GP, district nurses and a Macmillan nurse. Once Mrs A's care needs increased, she was referred to a specialist palliative care facility, where she died. Mrs C also complained about the way her complaint was handled by the board.

Mrs C complained about the nursing care her mother received. We took independent advice from a nursing adviser and a consultant geriatrician. Although we found that a number of aspects of the nursing care were reasonable, the nursing adviser was critical that nurses did not record the assessment of Mrs A's pressure areas for a number of months. We were also critical that although staff had ordered a pressure-relieving cushion for Mrs A, this was not delivered and the order was not followed up by nurses. We upheld this part of Mrs C's complaint.

Mrs C was also concerned about the level of input provided by a dietician. We found that the dietician had visited Mrs A on one occasion, and we were satisfied that the dietician had made a number of attempts to contact Mrs A following this. The geriatrician adviser also felt that Mrs A had received appropriate dietetic input whilst an in-patient at the palliative care facility, and both advisers felt that the board had responded reasonably to this aspect of Mrs C's complaint. We did not uphold this aspect of Mrs C's complaint.

Mrs C also complained about the communication with her about the reasons for her mother's admission, as well as the communication with her during her mother's admission. We noted that the Macmillan nurse specialist took a different view about the purpose of admission to that of Mrs A's GP, who had referred Mrs A. The nursing adviser said that staff were entitled to take different views, and did not consider that the Macmillan nurse took an unreasonable view. Regarding the communication during admission, we found that the documentation in relation to communication with Mrs C was not sufficiently detailed. Therefore it could not be determined whether staff had ensured that Mrs C had a full understanding of Mrs A's condition. We upheld this part of Mrs C's complaint.

Mrs C also expressed concern about the level of support and information she was provided with as a carer for Mrs A. We found that the Macmillan nursing records showed reasonable care and support. Mrs C was concerned that staff failed to explore whether she would have been able to care for her mother if her mother was discharged. We found that staff had discussed plans to discharge Mrs A and had referred her to social work, which the geriatrician adviser considered appropriate, as a carer assessment would have taken place. As Mrs A died before discharge was progressed, it was not possible to say what kind of carer assessment would have been undertaken. In response to Mrs C's complaint, the board undertook to explore carer support opportunities within palliative and frail elderly services. We did not uphold this complaint, but we considered that it would have been appropriate for the board to inform Mrs C about what steps it was taking in relation to carer support.

In relation to complaints handling, we noted that the board had not met the 20-working-day target for responding to complaints. However, Mrs C's complaint was detailed and involved multiple departments. We were therefore

not critical that the board took longer than this and we found that Mrs C had been kept informed about the delay. We considered that the board's response was reasonable and we considered that the learning points that had been identified by the board were appropriate. We did not uphold this complaint.

Recommendations

We recommended that the board:

- feed back the findings of this investigation to the nursing staff involved in Mrs A's care to ensure that each request for equipment is followed up and to ensure that patients' pressure areas are monitored appropriately;
- take steps to ensure that conversations with patients and their families are recorded in detail in the clinical notes; and
- provide Mrs C with information about the steps taken to explore carer support opportunities within palliative and frail elderly services.