SPSO decision report

Case: **202003838, Forth Valley NHS Board**
Sector: Health
Subject: Clinical treatment / diagnosis
Decision: upheld, recommendations

Summary

C complained about the care and treatment provided to their parent (A). A had Alzheimer's disease (the most common cause of dementia) and C had a full power of attorney (POA) in place that was active at the time. This enabled C to make decisions about A's welfare.

A was admitted to Forth Valley Royal Hospital via the acute assessment unit, and was later transferred to a ward. C said that when admitted to hospital A was continent, could walk with a stick, slept through the night, and was eating and drinking. C said that the board made inappropriate changes to A's medication during their admission, and that, when later discharged, A had lost weight, was not eating and drinking, was very frail and could not stand up, and was doubly incontinent. C also had concerns about the way A was treated and spoken to by nursing staff, and that they were discharged with a very large pressure ulcer.

The board apologised for the way in which A was spoken to and treated by nursing staff and that the staff involved have received training and would be monitored going forward. The board also said communication with family members was not documented as it should have been.

The board said it would be expected for A's weight to reduce as they lost excess fluid. They explained that there was a change in A's appetite during their admission, however acknowledged that a referral to a dietician should have been made in light of this change in A's appetite.

The board said that A's mobility was at one point assessed as unsafe, but later it was recorded that A could mobilise with a walking frame. A's continence was recorded as variable during their stay and that A would often get up and mobilise to the bathroom.

In relation to A's pressure ulcer, the board said that A had pressure damage to their sacrum (lower back) on admission to the ward and that it was documented regularly over A's admission.

We took independent advice from a consultant geriatrician (a doctor who specialises in medicine of the elderly) and a nurse. We found that the medical care and treatment provided by the board, including changes in medication, was reasonable. However, the overall nursing care, and particularly the record-keeping, was unreasonable. We also found that the board did not communicate reasonably with C about A's care, discharge, or their ongoing needs

Therefore, we upheld C's complaints.

Recommendations

What we asked the organisation to do in this case:

- Apologise to C for the failures which the board have not already offered an apology for in previous

correspondence. The apology should meet the standards set out in the SPSO guidelines on apology available at www.spso.org.uk/information-leaflets.

What we said should change to put things right in future:

- Communication with those with POA should be of a reasonable standard. When a patient has been assessed as not having capacity, POA holders should be included in discussions and arrangements for a patient's care and discharge. The board should follow their process for assessing capacity including obtaining a copy of the POA paper work and keeping it within the clinical record of the patient.
- Patients with increased confusion should be appropriately assessed in line with Healthcare Improvement Scotland guidance and relevant records (such as the TIME bundle) completed as appropriate.
- Pressure ulcers should be assessed and appropriately graded, in line with the board's guidance for pressure care management.
- Records should be accurate and up-to-date. All charts should be completed appropriately and consistently. Patients who are experiencing issues with continence should receive appropriate support. Fluid balance charts and care and comfort checklists should be utilised to help support effective management of incontinence.
- The board should communicate with family members regularly and effectively, and the detail of conversations should be recorded. Families, where appropriate, should be involved in the discharge planning process, especially for people with a diagnosis of dementia.

We have asked the organisation to provide us with evidence that they have implemented the recommendations we have made on this case by the deadline we set.