SPSO decision report

Case: **202207112, Greater Glasgow and Clyde NHS Board - Acute Services Division**
Sector: Health
Subject: Clinical treatment / diagnosis
Decision: not upheld, no recommendations

Summary

C complained about the care and treatment that their late parent (A) received from the board. C complained that the board failed to reasonably treat an ulcer on A's toe or manage their related pain. C also complained that A was unreasonably transferred to a nursing home from the ward when they were too frail and unwell to leave the care of the hospital. C advised that the communication with them in relation to A's transfer was unreasonable, both in the way the matter was discussed with them by the social worker and as the ward failed to explain that their parent was nearing the end of his life. C said that they were only made aware of this by a GP at the nursing home who explained A was receiving end of life care.

The board's response to C's complaint confirmed that A had received treatment for their toe ulcer during their inpatient admission, with follow-up treatment planned following their discharge to the nursing home.

On the matter of A's referral to nursing home care, the board advised that this had been discussed with C by phone. The board said that the documentation of the phone call reflected that C was in agreement with the plan, with the purpose of the referral being to arrange long term care for A. Prior to discharge, A was reviewed by a ward doctor and it was determined that they were fit for discharge based on their improving blood results following a recent chest infection and as their observations were stable. The board expressed regret that A returned to hospital 10 days later having deteriorated since leaving hospital.

We took independent advice from a consultant physician and geriatrician. We found that a plan to manage A's toe ulcer had been put in place and that they advised that A had received pain relief as required. We considered that the plan of care made by the board was reasonable.

In reference to A's discharge to the nursing home, we found that this had been arranged in discussion with C, noting that A was not suitable for further rehabilitation, and that their cognitive function now prevented them from living safely at home. We considered the plan of care made for A in terms of their long term care needs was reasonable and in keeping with their circumstances. Therefore, we considered that the care and treatment provided by the board to A had been reasonable. We did not uphold the complaint.