

SPSO decision report

Case: 201204700, Greater Glasgow and Clyde NHS Board
Sector: health
Subject: admission, discharge & transfer procedures
Outcome: some upheld, recommendations

Summary

Mrs C complained that nursing staff failed to provide support to her daughter (Ms A) after she was discharged from hospital. She said that they had failed to act appropriately in relation to two visits made to the local housing office to try to secure accommodation for Ms A. Mrs C also complained about the handling of her complaints.

To investigate the complaint, we took all relevant documentation into account, including Ms A's clinical notes and the complaints correspondence. We also obtained independent advice from two of our medical advisers.

The investigation showed that there were differing accounts of what happened after the first visit to the housing office, which we could not reconcile. Based on the available evidence and our advisers' comments, we found that Ms A's discharge was planned and that the support provided by the nursing staff was reasonable. We were, however, concerned about a lack of detail in the nursing notes, and made a recommendation about this. We also found that, while the board had provided a reasonable response to the issues Mrs C raised, they failed to respond within the timescale set out in the NHS complaints procedure.

Recommendations

We recommended that the board:

- ensure that, when nursing staff on the ward record clinical events, they do so in sufficient detail that it is clear to colleagues precisely what occurred, what risks there were (if any), and how matters were dealt with and by whom; and
- apologise to Mrs C for the delay in responding to her complaint.