

Notes from Meeting – re: Care of Mrs Dulcie Middleton
30/07/02

Present:

Jane Williams – investigator

Pat Wilkins – Senior Staff Nurse, Daedalus Ward, Gosport war Memorial Hospital

These notes are not a verbatim transcript of the meeting, but a record of key points and important issues raised.

At the meeting Pat was given the opportunity to read the letter from Code A Code A to the GMC outlining her complaint. We used this letter as a framework for discussion. The medical and nursing notes were available for reference.

The numbering below refers to the numbered points contained in that letter.

1. Mrs Middleton was a large lady who required frequent repositioning. She declined to get out of bed on some days. It may have been that staff had been with Mrs Middleton trying to encourage her to eat but on many occasions she declined. Daedalus Ward uses a rehabilitation approach and therefore the emphasis in the early days of her care was to encourage her to feed herself.
2. Regarding fluid overload, medical team were constantly monitoring her U&Es and adjusting fluid prescription. On review of the fluid balance charts output was not well recorded.
The norm for immobile stroke patients is to apply compression stockings to prevent DVT. Mrs Middleton had compression hose to start with but her skin was delicate and they were subsequently not applied. Bandages were applied toe to knee to avoid taping dressings directly to her skin. Her legs were oedematous.
3. Physiotherapy when Mrs Middleton was up to it.
4. Pat became involved in this particular incident when it was passed on to her from S/N Sally Webb. Pat spoke with Mrs Middleton and the night nurse involved, Sylvia Giffing. Mrs Middleton disliked the potassium medication intensely. She was taking Sando-K. Mrs Middleton would hold the fluid in her mouth for long periods of time, some would dribble out. It was imperative that Mrs Middleton took the medication. Nurse Giffing reported to Pat that she has been backwards and forwards to Mrs Middleton trying to encourage her to take little amounts and to swallow the solution. Nurse Giffing reported to Pat that what she had said was that she couldn't out the nebuliser on until she had swallowed what was in her mouth. Nurse Giffing was trying to finish the drug round. Nurse Giffing offered to speak directly to Code A but she declined. Pat felt that Code A Code A was happy with the response she got. Pat omitted to record these conversations.
5. Code A made references to her mother having been sick. On many occasions this was due to food leaking from her mouth that she had not swallowed. She held food in her mouth for long periods of time. Daughter had tried to feed her mother on occasions and had similar problems.

6. Always a problem balancing the care needs of a whole ward. Pat couldn't remember any specific incident.
7. Unable to comment as Pat unaware of this incident
8. Mrs Middleton's clothes were too small and staff found it difficult to help Mrs Middleton dress and pull her clothes down. She may have been left sitting on the sling because she required frequent moving. The usual practice is to fold back the leg sections of the sling away from under the thighs to prevent creasing or indentation of the skin.
9. Unaware of 'strange behaviour' reported by [Code A]
10. Pat believed she had a good relationship with [Code A] and spent long periods of time answering questions and concerns. She never complained to Pat regarding the uncaring nature of the nurses. [Code A] sought frequent information from all members of staff, apparently seeking out different opinions. There was the feeling that no matter how much staff did for her mother it was never enough and they couldn't please her.

I asked Pat regarding nutrition assessments and the role of 'named nurse' on the ward.

A nutritional screening should have been completed on admission. Pat could not locate this in the notes. Pat examined the food and fluid charts and thought that they had not been completed satisfactorily. A record of weights was located in the notes.

The named nurse for a patient should make contact with the family and ensure communication is effective. They would normally outline what happens on the ward, routine, availability of drink facilities etc. In the nursing notes any such discussion are not evident. The named nurse plans the care and completes the records of plans and evaluation of care.

Pat was given the opportunity to add any other comments. Pat stated that as a rehab ward the emphasis of care is different. Haslar may have raised [Code A] [Code A] expectation regarding her mother's potential for recovery and also what Daedalus Ward could provide. Mrs Middleton received hours of care and was a very poorly lady. The medical and nursing teams worked very hard to manage her condition and spent hours talking with [Code A]. The events at the time might have affected the way staff communicated with relatives as morale was low and stress levels high.