

Notes from Meeting – re: Care of Mrs Dulcie Middleton
02/08/02

Present:

Jane Williams – investigator
Philip Beed – Clinical Manager, Daedalus Ward, Gosport War Memorial Hospital
Betty Woodland – RCN Steward

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

The medical and nursing notes were available at this meeting for reference.

Philip and Betty had not seen the letter outlining the complaint from Code A Code A to the GMC. The opportunity to obtain copies and time to read the letter was provided.

I asked Philip to outline his impression of Mrs Middleton:-

She was a large lady, who had suffered a major stroke leaving her with poor movement and swallowing problems. She required two nurses to use a hoist to move her at all times. Philip recalled that she had reported having a problem with loose bowel movements, but the documentation did not record whether this was prior to the stroke or subsequently. 'Bowels' were a real problem, Mrs Middleton constantly had diarrhoea and loose bowel movements, she would request the commode many times, often in quick succession which caused a problem meeting the needs of other patients. The ward caters for 24 patients and in the evening and overnight staffing levels are 4 and 3 staff respectively.

Philip remembers Mrs Middleton as being poorly motivated and depressed.

The issues were examined in the order they appeared in, in the letter.

1. If Code A visited and found this to be so but cannot give dates and times it is impossible to provide reasons. It is possible that a nurse was called away, or distracted, this doesn't excuse this but in reality may happen. Mrs Middleton was given assistance with eating and drinking. Philip clearly recalls assisting her on many occasions. She would take two or three mouthfuls then refuse any more. Philip attempted to ascertain the reasons (likes, dislikes, portions, pain, etc.) but Mrs Middleton simply stated that she didn't want any more. Philip talked to Mrs Middleton regarding her daughter's concerns that she wasn't eating and urged her to talk to her daughter about this.

Mrs Middleton would often choose to stay in bed rather than to sit out. Philip was aware that he and staff would reposition Mrs Middleton at meal times to make eating and drinking easier, but Mrs Middleton would often slip down the bed.

Philip recalls Code A bringing in drinks and puddings to tempt Mrs Middleton and he remembers that she had said they weren't being given to her from the fridge. Again Philip felt that staff/patient ratios had a bearing

on this issue although at this time the ward had their usual ratio and were not experiencing undue staffing problems. The ward was experiencing many other difficulties at this time and staff, including Philip were under extreme stress. In addition Philip was attending many meetings with regard to the implementation of intermediate care and was frequently absent from the ward.

2. Medical staff were constantly monitoring her U&Es and making adjustments. Her condition fluctuated from day to day.
3. Mrs Middleton attended physiotherapy for stroke rehab' when able. Philip referred me to Shirley Dunleavy, senior physiotherapist regarding any other issues
4. Philip was aware of the issue with the Sando-K, but on checking his diary found that he was on Annual Leave, which would account for SSN Pat Wilkins involvement. Philip could see that documentation did not provide evidence of any follow up discussions.
5. Mrs Middleton was unwell and required medical attention in terms of investigations, examinations and treatment. The ward caters for the needs of patients requiring rehabilitation not acute treatments and whilst any invasive procedure may be unpleasant and undignified, at that time the priority was to make a diagnosis and relieve symptoms. A treatment room is not available on the ward.

At this point Philip reflected that perhaps they had failed to recognise the 'warning signs' of Code A increasing distress and dissatisfaction. During one week that Philip recalled, Code A spent at least 30-60 minutes with a registered nurse on every visit, often to the detriment of other patients' care and attention. Code A attended every ward round and was seen by Dr Lord on each occasion which also took large amounts of time. Code A Code A appeared to seek information from every different nurse and asked the same questions but although she appeared happy with the answers at the time, did not seem to meet her need.

In retrospect, these alarm bells should have resulted in organising a case conference with Code A other family members and key staff. This approach has been recognised as useful and is part of the current action plan for the ward.

6. Mrs Middleton requested to use the commode frequently. Philip recalls a situation where she asked for the commode three times in immediate succession without using it. Each time requires two nurses to get the hoist, get the commode, position the sling, use the hoist to facilitate movement onto the bed to adjust clothing (if sitting out in a chair), onto the commode then the reverse actions back into the chair or into bed. After three times and with other patients calling for assistance decisions have to be made regarding prioritising care
7. Without specifics cannot answer this point, but Philip thought it could be clumsy attempt to reassure Mrs Middleton rather than a purposefully derogatory remark.
8. Philip remembers Mrs Middleton's clothes being too small. Mrs Middleton found it uncomfortable being dressed and undressed and it was difficult to adjust these clothes to cover Mrs Middleton's legs. Philip asked Code A

- Code A** whether it would be possible to supply some larger clothing. She brought more in but they did not appear to be any larger. Philip reports that patients are always covered and not left exposed purposefully, but that blankets might slip leaving the patient uncovered after the nurse had left.
9. Philip was not aware of any 'strange behaviour' and I recounted **Code A** **Code A** description of a stare that left her and other visitors disturbed. Philip did not recall any such facial expression. Philip's subjective opinion is that Mrs Middleton and **Code A** had a difficult relationship and may be was fearful of her daughter. Her daughter could be very 'pushy' and whilst Philip recognised that **Code A** was trying to encourage and motivate her mother, Mrs Middleton was unwilling to discuss why she did not want to eat with her daughter.
10. Philip refutes that staff were uncaring or unprofessional. Mrs Middleton probably had more care than any other patient on the ward at that time. Philip has never had cause to question any member of staff's professionalism. With other events on-going at the time staff may have been defensive on occasions and 'keeping their heads down' and this may have been a contributing factor in the communication with **Code A**
11. As above.

I asked Philip about the role of the named nurse and the approach the ward uses when screening and assessing nutritional needs.

Patient are allocated a named nurse who is responsible for assessing, planning and evaluating care. This would include documentation. Whilst the named nurse cannot be on duty all the time, the team of nurses she/he works in have an overview of that patient and will reassess in the absence of the named nurse. Communication with the patient and their family is a key role for the named nurse and Philip would have expected the named nurse to have met with **Code A** and introduce themselves and the ward etc.

A nutritional screening should have been undertaken on admission. The form is contained with the admission pack. It is not possible to state whether this was undertaken because the screening sheet is not present in the medical or nursing records. Concerns regarding intake were noted and triggered the referral to the dietitian. Records of weight monitoring are present. Nursing staff were in frequent consultation with the Dietitian. Philip concluded that on reflection, it might have been advantageous for **Code A** to meet with the Dietitian. Certainly, intake should have been documented more thoroughly on food and fluid charts.

The meeting concluded with a general discussion regarding the fact that the ward had not been able to provide the support **Code A** required. Mrs Middleton received a very large input of nursing care to meet her very complex needs in comparison to other patients on the ward.

Philip and Betty were given the opportunity to add anything further, clarify issues or ask questions.

I agreed to send a copy of these notes to Philip.