Notes from meeting with Code A 19/7/02

I commenced the meeting by introducing myself, my job and my role as investigator for this complaint. I outlined my proposed approach as being:-

- Refer to her letter to the GMC and explore the points raised
- Agree issues still outstanding
- Discuss those issues
- Summarise discussions
- Agree next steps

Code A was happy with approach. I informed Code A that this was being treated as a formal complaint and as such strict timescales would be adhered to(i.e. completion in 20 working days) but in view of the complexity of the case and the current holiday season the interviews might be delayed in certain cases. Code A informed that she would be notified if delays occurred.
My role as investigator is to ascertain facts. Code A stated that facts were limited as she is not able to give dates, times and cannot name specific staff involved.

Code A was very welcoming and I felt she genuinely wishes to put this whole episode of her life behind her. Code A discussed personal information regarding her relationship with her mother and family information that made her relationship very special. Code A describes being left with "a legacy of guilt" that she did not complain louder or insist that her mother was transferred to another hospital. She feels that she had to become stronger and more assertive during the time her mother was on the ward and this constituted a change in personality for her and one that does not sit comfortably. Code A became emotional during the meeting when describing her relationship with her mother and whilst outlining to me her mother's personality etc. Code A said that it had helped to talk. The meeting took over 1.5 hours.

Code A was not happy with the meeting with the consultant, Ann Turner and with Code A. The letter did not arrive in time, she was shopping in Chichester when they phoned ahead to check that the meeting was convenient, when Code A said that it would be difficult to be back in time she was told that it would be not possible to rearrange very quickly as Dr Dewhurst was very busy. Code A was unaware that Code A was going to be present. She did not consider this to be appropriate as the review of the notes was to be independent.

11 issues were raised in the GMC letter and we discussed each in turn. Code A made constant comparisons to care in Haslar – there for 18 days. Mrs Middleton had not previous history of bowel problems – always liked her food.

1. Asked repeatedly for call bell to be left in reach
   Left without a blanket, sitting on a hoist sling – marked legs – very uncomfortable. Purchased longer skirts to cover legs but due to the sling it wasn't possible for these to be pulled down to cover legs properly. Conflicting information given – eg some said she could use a straw, some said she couldn't, always told she must eat and drink more – told she mustn't do it alone but no-one came to help. Needed time when eating and drinking as very slow.

2. Overload of fluid – discussed the term and that it didn't necessarily mean that she had been given too much fluid but that her body wasn't coping with circulating volume and unable to excrete as usual. Code A had noted that mother looked "fatter" with the fluid but didn't seem to cause concern until she collapsed – told over the phone that she'd had some sort of "attack"

3. Left in bed a lot – did she have physiotherapy for her chest? No record in notes

4. Incident with tablets reported by patient in opposite bed to daughter next day. Code A phoned in to complain, noted in nursing documentation - ?action taken, not referred to again. Mrs Middleton asked daughter not to complain in case it made it worse for her.

5. Visited to find mother very unwell. Found to have bowel obstruction. Procedure performed in the four bedded bay – fully audible to others. Mrs Middleton left traumatised and embarrassed. Already embarrassed with lack of privacy – having to use commode with others listening, sensitive to smells.

6. Unable to recall who nurse was

7. Mother reported this to Code A she was very upset that she might smell. Unable to identify nurse.

8. Unable to be covered properly – see previous remarks

9. As Mrs Middleton's condition deteriorated she developed a stare that family and friends found unnerving. Code A wondered what her mother was thinking at these times and her mother's closest friend has remarked that that look will remain with her forever.

10. Standards of nursing care to be addressed in investigation. Discussed Consultant's role in overseeing nursing care. Dr Lord had written that nursing care standards were not within her jurisdiction. Code A believes that the consultant should have overall responsibility.

11. Lack of caring and humanity – to be explored through interviews and review of notes.

Following discussion regarding points in letter I had some further questions for Code A

Admission: How did named nurse introduce herself and ward etc. ? Named nurse was just a name over the bed. Not introduced to ward or concept of rehabilitation. Only very occasionally did anyone approach Code A Code A – she always had to make the first move to obtain information. She would wait for nurses to come out of handover only to be told 'I don't know – I've only just come on duty'.

Communication: poor, between everyone – patient, relatives and professionals.

Summary of main issues:

- Information and communication
- Attitudes – towards patients and relatives
- Nursing management of nutrition and fluids, skin care and continence
- Who was accountable for the care?
- Complaints procedure – picking up the clues that a relative is unhappy
- Documentation – Code A spoke with staff very frequently – concerns not documented.

Code A agreed with above summary.
We discussed outcome of stroke. I was able to tell Code A that mother's age, previous history of heart disease and her presentation of stroke with decreased conscious level, dysphagia and incontinence were indications of a poorer prognosis. Code A seemed unaware of this. She concluded by stating that even if the outcome had been the same, i.e. that her mother had died, she believed that a more caring approach was required, treating people as a person, as part of a family.
Code A asked my advice regarding the NMC. She had sent a letter to them outlining the issues but they replied that they would need much more specific detail. I informed Code A that it was entirely at her discretion whether she went ahead with a further letter to the NMC. I informed Code A Code A that if a very serious problem was discovered that local action would be taken, plus the NMC would be notified. We agreed that unless concrete evidence became available it was unlikely that this would occur.

I left my contact details with Code A and said that if necessary I would contact her for clarification of details. Code A shook my hand at the end of the meeting and thanked me for my time.