Investigation of a complaint against the Northern Health and Social Care Trust

Report Reference: 202005329/202400397

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The Role of the Ombudsman

The Northern Ireland Public Services Ombudsman (NIPSO) provides a free, independent and impartial service for investigating complaints about public service providers in Northern Ireland.

The role of the Ombudsman is set out in the Public Services Ombudsman Act (Northern Ireland) 2016 (the 2016 Act). The Ombudsman can normally only accept a complaint after the complaints process of the public service provider has been exhausted.

The Ombudsman may investigate complaints about maladministration on the part of listed authorities, and on the merits of a decision taken by health and social care bodies, general health care providers and independent providers of health and social care. The purpose of an investigation is to ascertain if the matters alleged in the complaint properly warrant investigation and are in substance true.

Maladministration is not defined in the legislation, but is generally taken to include decisions made following improper consideration, action or inaction; delay; failure to follow procedures or the law; misleading or inaccurate statements; bias; or inadequate record keeping.

The Ombudsman must also consider whether maladministration has resulted in an injustice. Injustice is also not defined in legislation but can include upset, inconvenience, or frustration. A remedy may be recommended where injustice is found as a consequence of the failings identified in a report.

Reporting in the Public Interest

This report is published pursuant to section 44 of the 2016 Act which allows the Ombudsman to publish an investigation report when it is in the public interest to do so.

The Ombudsman has taken into account the interests of the person aggrieved and other persons prior to publishing this report.

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SUMMARY

This complaint was about the care and treatment the Northern Health and Social Care Trust (the Trust) provided to the complainant's late mother during her period as an in-patient in Antrim Area Hospital (AAH) from 22 August to 5 September 2022.

The complainant raised several concerns about the nursing care provided to her mother. The complainant also queried why the Trust did not provide her mother with appropriate medication to manage her upset stomach symptoms. Further, she believed her mother did not receive appropriate support to maintain her mobility.

The investigation identified failures in the care and treatment the Trust provided. Specifically, the Trust: -

- did not provide appropriate personal and hygiene care to the patient on 30 August 2022;
- failed to act in accordance with relevant guidance as it did not appropriately communicate concerns about the patient's hygiene and personal care to other staff; and
- did not carry out a repeat assessment of the patient's potential for malnutrition in line with relevant guidance.

The investigation also established the Trust: -

- appropriately managed and monitored the patient's vomiting and diarrhoea episodes in line with relevant standards and guidance, including when the vomit contained blood;
- provided appropriate care for the patient's hygiene and personal care needs, in line with relevant guidance, throughout her period of admission, except for 30 August 2022; and
- prescribed and administered appropriate medication.

The investigation established the patient's mobility did not deteriorate during her admission.

The investigation did not establish whether the Trust denied the patient the opportunity to have a shower.

I recommended the Trust provides the complainant and her family with a written apology for the injustices the failures in care and treatment caused. I made further recommendations for the Trust to address under an evidence-supported action plan.

I also recommended that the Trust considers two additional opportunities for improvement based on observations made during the investigation.

I wish to convey my sincere condolences to the complainant and her family on the sad loss of their mother. Although I did not fully uphold the complaint, I recognise the complainant's concerns for her mother's best interests and hope this report provides the complainant with some reassurance.

THE COMPLAINT

1. This complaint was about the care and treatment the Northern Health and Social Care Trust (the Trust) provided to the complainant's late mother (the patient) in Antrim Area Hospital (AAH) from 22 August to 5 September 2022.

Background

2. Following assessment in the Emergency Department (ED) the Trust admitted the patient, who was 90 years old, to Ward B1 in AAH on 22 August 2022. During her period of hospitalisation, it assessed her for palpitations and being short of breath. The Trust discharged the patient on 5 September 2022. Sadly, she passed away on 11 November 2022.

Issues of complaint

3. I accepted the following issue of complaint for investigation:

- **Whether the Trust provided appropriate care and treatment to the patient during the period of 22 August to 5 September 2022 in relation to:**
    i. Nursing care associated with:
        a. Personal care and hygiene;
        b. Skincare; and
        c. Nutrition.
    ii. Medication prescribed and administered to the patient; and
    iii. The patient's mobility, including referral to and care provided by physiotherapy.

INVESTIGATION METHODOLOGY

4. To investigate this complaint, the Investigating Officer obtained from the Trust all relevant documentation together with its comments on the issues the complainant raised. This documentation included information relating to the Trust's complaints process.

Independent Professional Advice Sought

5. After further consideration of the issues, I obtained independent professional advice from the following independent professional advisors (IPA):
    - A Consultant Physician/Geriatrician for 14 years; MBChB, DipPallMed, FCP (Edin) (CP IPA);
    - A Senior Nurse with over 20 years' experience across primary and secondary care; RGN, MSc Advanced Clinical Practice, BSc (Hons) Nurse Practitioner, MA Health Service Management, Diploma in Adult Nursing, Diploma in Asthma, Diploma in COPD, V300 non-medical prescriber (Nurse IPA); and
    - A Chartered Physiotherapist with 36 years' experience; MSc, FCSP (Physio IPA).

    I enclose the clinical advice received from the CP IPA at Appendix three, the Nurse IPA at Appendix four and the Physio IPA at Appendix five to this report.

6. The information and advice which informed the findings and conclusions are included within the body of this report. The IPAs provided 'advice'. However, how I weighed this advice, within the context of this particular complaint, is a matter for my discretion.

Relevant Standards and Guidance

7. To investigate complaints, I must establish a clear understanding of the standards, both of general application and those specific to the circumstances of the case. I also refer to relevant regulatory, professional, and statutory guidance.

    The general standards are the Ombudsman's Principles[1]:
    - The Principles of Good Administration.

[1] These principles were established through the collective experience of the public services ombudsmen affiliated to the Ombudsman Association.

8. The specific standards and guidance referred to are those which applied at the time the events occurred. These governed the exercise of the administrative functions and professional judgement of those individuals whose actions are the subject of this complaint.

The specific standards and guidance relevant to this complaint are:

- The National Institute for Health and Care Excellence, British National Formulary, Treatment Summaries, Diarrhoea (acute) (undated) (NICE Diarrhoea Guidance);
- The National Institute for Health and Care Excellence, British National Formulary, Drugs (NICE Medication Guidance);
- The Nursing and Midwifery Council The Code Professional standards of practice and behaviour for nurses, midwives and nursing associates, October 2018 (NMC Code);
- The Nursing and Midwifery Council Standards of proficiency for registered nurses, May 2018 (NMC Standards);
- The National Institute for Health and Care Excellence Guidance, Health and social care delivery, Patient and service user care, Patient experience in adult NHS services: improving the experience of care for people using adult NHS services, June 2021 (NICE Patient Experience Guidance);
- The National Institute for Health and Care Excellence Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition Clinical guideline [CG32], August 2017 (NICE Nutrition Guidance);
- The Royal Pharmaceutical Society Pharmacy Guides, Professional Guidance on the Administration of Medicines in Healthcare Settings, 2019 (RPS Guide); and
- National Institute for Health and Care Excellence Diabetic foot problems: prevention and management Guideline NG19, October 2019 (NICE Diabetic Feet Guidance).

I enclose relevant sections of the guidance considered at Appendix six to this report.

9. I did not include all information obtained during the investigation in this report. However, I am satisfied I took into account everything I considered relevant and important in reaching my findings.

10. A draft copy of this report was shared with the complainant and the Trust for comment on factual accuracy and the reasonableness of the findings and recommendations.

THE INVESTIGATION

11. Within the overall issue of complaint, there were three specific sub-elements. However, the nursing care sub-element incorporated three specific issues. While each sub-element is addressed separately in the report, I have considered the three aspects of nursing care within that sub-element.

i. Nursing Care

Details of Complaint

Personal care and hygiene

12. The complainant said, during 22 and 23 August 2022, the patient was vomiting; however, although there were four nurses nearby, no-one attended the patient.

13. The complainant said, on 26 August 2022, the patient was incontinent of bowel but, although the patient informed a member of staff, they did nothing to help her. Further, on 31 August 2022, the patient soiled herself but again staff did not respond to the buzzer. The complainant said, following diarrhoea, staff left the patient all night without attending to her. The complainant said, although the patient had a mobile phone, she could not contact her family about this as the staff took the phone away from her that night. The complainant said, on 2 September 2022, the patient had personal care needs which the family raised with staff. However, when the family asked staff for the resources to attend to the patient's needs, staff refused. The complainant said, on both 3 and 4 September 2022, the patient needed changed, but staff again ignored the buzzer.

14. The complainant also said, throughout the patient's two weeks as an in-patient, she had no shower.

Skincare

15. The complainant said the patient was a diabetic, but she did not receive appropriate moisturising skincare for her legs and feet. She also said the Trust should have referred the patient to podiatry because of her diabetes.

Nutrition

16. The complainant said staff left the patient's food where she was unable to reach it while nurses *'stood by'* and did not help. She also said the patient did not always have access to vegetarian meals. Further, the Trust did not maintain food records.

Evidence Considered

Legislation/Policies/Guidance

17. I considered the NMC Code, the NMC Standards, the NICE Patient Experience Guidance, the NICE Nutrition Guidance and the NICE Diabetic Feet Guidance.

Trust's response to investigation enquiries

18. As part of investigation enquiries, the Trust had an opportunity to respond to the complaint. The Trust's response to the enquiries is at Appendix two to this report.

Relevant records

19. I considered the patient's clinical records of 22 August to 5 September 2022. These included ED records, test results, records documented by medical staff, National Early Warning Score[2] (NEWS) records, nursing records and discharge records. relevant extracts of these records are included in Appendix seven to this report.

[2] National Early Warning Score (NEWS) is a tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes.

Relevant Independent Professional Advice

20. The Nurse IPA provided advice about the nursing care provided to the patient in relation to personal care, hygiene, skincare and nutrition. The Nurse IPA's advice is enclosed at Appendix four to this report.

Analysis and Findings

Personal care and hygiene

21. I refer to the NMC Standards. I note these state '*observe, assess and optimise skin and hygiene status and determine the need for support and intervention … assess needs for and provide appropriate assistance with washing, bathing, shaving and dressing'.* Further, the NICE Patient Experience Guidance states, *'ensure that the patient's personal needs (for example, relating to continence, personal hygiene and comfort) are regularly reviewed and addressed. Regularly ask patients who are unable to manage their personal needs what help they need. Address their needs at the time of asking and ensure maximum privacy.'*

22. I refer to the nursing records. The person-centred assessment documented that the patient needed help with personal care and hygiene. On 2 September 2022, the family raised concerns with nursing staff about the patient not being cleaned of incontinence of bowel, for which the nurse apologised and agreed this would be given attention. I note the records indicate nursing staff regularly carried out the following with the patient: - skin checks; assistance with toileting; changing incontinence pads; and washing and cleaning.

23. I note the Trust acknowledged there were gaps in nursing documentation on 26 August and 31 August 2022, for which it apologised.

24. In terms of vomiting, the Nurse IPA referenced the records from all the clinical disciplines involved with the patient on 22 to 23 August 2022, including those from ED and the ambulance service. She advised these consistently indicated the patient did not experience vomiting at this time.

25. The Nurse IPA provided advice about the care and treatment of the patient's vomiting which occurred on 28 August 2022. She advised: nursing staff documented vomiting episodes on that day at 10.00, 12.00, 14.00 and 15.00 and continued to monitor the patient for further vomiting, as evidenced on the fluid balance charts. Nursing staff escalated the issue to medical staff who prescribed antiemetics[3]. Medical staff also directed the patient remain nil by food until she could be reviewed on 29 August 2022, after which the patient could eat a light diet. Medical staff prescribed the antiemetics for eight-hour intervals, if needed. Nursing staff administered an antiemetic at 12.46, at another time which was not legible, and on 31 August 2022 at 14.15. I note the Nurse IPA concluded nursing staff acted appropriately and in line with the NMC Code. Further, as there was no evidence of later vomiting episodes, the actions the Trust took were effective. In addition to the antiemetics, medical staff also prescribed regular Omeprazole[4] for indigestion and heartburn and Peptac[5] for heartburn. I refer to the CP IPA's advice at paragraph 63 below about the prescription of Omeprazole and Peptac.

26. The Nurse IPA provided advice about the provision of personal and hygiene care related to the patient's incontinence on 28 August 2022. She referenced the SSKIN[6] records. She advised: these indicated the patient passed urine at 9.00 and 10.00, after which staff washed the patient. Further, the nursing records evidence one member of staff assisted the patient with her hygiene needs on this day. I note the Nurse IPA advised that this was in line with both the NMC Standards, and the NICE Patient Experience Guidance.

27. The Nurse IPA provided advice on the patient's experience related to blood in her vomit. She advised: on 28 August 2022, the patient had one episode of haematemesis[7]. Although there were four episodes of vomiting on this day, there were no other episodes of haematemesis. Nursing staff escalated this to medical staff. Medical staff then referred the patient to gastroenterology for review. Medical

[3] Antiemetics are medications used to prevent or treat nausea and vomiting.
[4] Omeprazole is used to treat certain conditions where there is too much acid in the stomach.
[5] Peptac is used for the treatment of symptoms of gastro-oesophageal reflux such as acid regurgitation, heartburn and indigestion
[6] SSKIN is a bedside tool to help staff and residents/patients monitor skin concerns and proactively reduce the risks of developing a pressure ulcer. Documenting each aspect of the SSKIN checklist can help to achieve this. Residents /patients should be encouraged to change position regularly.
[7] Haematemesis is when there is either blood mixed in vomit, or the patient is vomiting blood.

staff prescribed pantoprazole[8] 'stat[9]' in response to the haematemesis. I note the Nurse IPA referenced the NMC Code and advised that escalation to medical staff '*would be the expected action to ensure patient safety'.*

28. The Nurse IPA advised on nursing care for other symptoms of the patient's upset stomach. She advised: on 29 August 2022, the patient experienced two episodes of type seven stool, '*entirely liquid*'. As with the patient's vomiting, nursing staff monitored her stools, specifically on stool charts. Further to the type seven stool, nursing staff sent a sample for testing, requested a side room for the patient and escalated the issue to medical staff. The Trust carried out blood tests, with the recommendation that the patient's aspirin be paused. Staff also updated the patient's family. I note her advice these actions were appropriate.

29. The Nurse IPA also provided advice about the general provision of personal care and hygiene during the patient's admission. She advised: the patient was incontinent of faeces on two occasions on 27 August 2022, once on 30 August 2022 and on two occasions on 4 September 2022. On the first of these dates, nursing staff assisted the patient with her personal care and hygiene needs. On 4 September 2022, nurses assisted the patient on both occasions of bowel incontinence. This included washing the patient, changing her pad and making her comfortable. However, *'it is not clear what assistance, if any, the patient received'* on 30 August 2022 for the episode of faecal incontinence. There are no records that staff gave her assistance with this. The Nurse IPA concluded, on 27 August and 4 September 2022, nursing staff assisted the patient with her hygiene needs and skincare, with the skin remaining intact. She also concluded, on 30 August 2022, staff failed to meet the patient's hygiene needs. She advised *'timely assistance promotes dignity'.* I note she advised this is not in line with the NMC Standards.

30. The Nurse IPA advised: on 31 August 2022, nursing staff *'poorly maintained'* the SSKIN charts. However, the records indicate staff assisted the patient with the commode at 18.00 and then twice more between 18.00 and 00.25. I note the Nurse

[8] Pantoprazole reduces the amount of acid the stomach makes. It is used for heartburn, acid reflux and gastro-oesophageal reflux disease (GORD).
[9] Stat indicates the medication is to be administered immediately

IPA advised staff provided the patient with assistance for her hygiene needs on this date.

31. On 2 September 2022, the patient's daughter complained to a nurse about the failure to change the patient following faecal incontinence. Although the records indicate the nurse *"apologised and said that it won't be disregarded, and [will] be documented",* there was no evidence the nurse either escalated this issue to the ward manager/ ward sister or communicated this to other nursing staff. The Nurse IPA advised: *'hygiene and continence are fundamental aspects of nursing care, and it is essential'* nurses support and assist patients who are not able to manage their needs independently. Further, *'neglecting hygiene and continence not only impacts on patient dignity but can result in actual harm; moisture related skin damage, pressure ulcers, infections'.* I note she concluded that, in line with the NMC Code, the nurse should have escalated this concern to the ward manager/sister, who could then communicate this *'to all members of the nursing team, to remind them of the importance of hygiene and how it negatively impacts on patient dignity when they cannot self-manage'.* Furthermore, in consideration that this might not be an isolated incident, she advised that ward managers need to be aware of these issues to enable them to identify any potential *'systemic issues'*. The ward manager could also provide assurance to the patient and their family that there would be no recurrence. The Nurse IPA advised there were no records to indicate the patient's family requested resources for the patient's hygiene needs.

32. Regarding washing, records indicate nursing staff assisted the patient with washing on 24, 26 and 28 August and 2, 3 and 5 September 2022. Further, records evidence assistance with ADLS[10] personal care 25 to 27 August, 29 and 31 August and from 1 to 5 September 2022. I note the Nurse IPA's advice *'there was … no reference to hygiene provision'* on 30 August 2022 and this did not align with the NMC Standards. Further, however, although there was no reference to the patient taking a shower, '*there is no evidence that the patient would have wanted a shower'*; therefore, the Nurse IPA could not *'conclude if this was an omission'.*

[10] Activities of Daily Living (ADLS) are fundamental self-care tasks that individuals perform daily to maintain their independence and well-being. These tasks include basic activities like eating, bathing, dressing, moving around, and using the toilet.

33. Having reviewed all relevant evidence, including the Nurse IPA's advice, I consider it was clearly recorded that the patient required assistance with ADLS. I accept the Nurse IPA's advice and am satisfied: -

- there was no evidence the patient experienced vomiting on 22 and 23 August 2022;
- on 28 and 29 August 2022, nursing staff managed and monitored the patient's vomiting and diarrhoea episodes in line with relevant standards and guidance, including that related to the haematemesis;
- nursing staff provided appropriate care for the patient's hygiene and personal care needs on two of the three days during which she experienced faecal incontinence; specifically, on 27 August and 4 September 2022; and
- nursing staff provided appropriate care for the patient's hygiene and personal care needs, in line with relevant guidance, throughout her period of admission, except for 30 August 2022. The care provided included washing the patient, assisting with toileting and ADLS personal care.

34. However, I also accept the Nurse IPA's advice and find that nursing staff failed to meet the patient's hygiene and personal care needs on 30 August 2022. This included a failure to provide appropriate care for the patient's faecal incontinence, as well as general personal care. Such failures indicate a lack of due regard for the patient's dignity. I consider this does not accord with either the NMC Standards or the NICE Patient Experience Guidance. Further, I find that nursing staff did not act in accordance with the NMC Code on 2 September 2022, when staff failed to report the patient's family's concern about her hygiene and personal care to the ward manager/sister and to communicate this to other nurses. I find each of these to be failures in care and treatment.

35. I am, however, unable to conclude whether the Trust denied the patient the opportunity for a shower during her admission.

36. I therefore partially uphold this part of the complaint.

Skincare

37. I note the NMC Standards state nurses must, *'observe, assess and optimise skin and hygiene status and determine the need for support and intervention'.*

38. I note the NICE Diabetic Feet Guidance states, *'adults with diabetes should have a foot check: when diabetes is diagnosed and at least once a year after that, if they think they have a problem with their feet, if they go into hospital and have any foot problems during the … stay'*

39. I note the Trust maintained SSKIN records for the period of the patient's admission and in the nursing records there is evidence of consistent skin and pressure checks, and repositioning of the patient.

40. The Nurse IPA provided advice on the patient's skin care, particularly in relation to her diabetes. She advised: *'it is not expected for nurses to moisturise a patient's skin during an acute hospital admission unless there was a specific reason, such as a skin condition, a prescribed topical emollient or an instruction from tissue viability or medical staff'.* At admission, staff recorded redness and *'mild'* oedema[11] on the patient's lower legs from water retention. There was also a moisture lesion to the groin, and she had a red and blanching sacrum[12]. This would be vulnerable to pressure damage. The Nurse IPA advised that nursing staff provided appropriate skincare, documented on SSKIN charts. They regularly checked pressure areas and changed the patient's position. I note she concluded the skin care met the patient's needs. Further, in relation to the patient's specific diabetic needs, *'there were no diabetic foot ulcers or diabetes related skin conditions'* which required additional care. She advised this was in line with the NMC Standards.

41. The Nurse IPA provided advice about whether nurses should have referred the patient to podiatry. She referenced the NICE Diabetic Feet Guidance. She advised: there was no evidence of '*any rationale for a podiatry referral over the course of this two-week admission.'* Although the patient had diabetes, *'in isolation [this] is not a sufficient rationale for podiatry referral'*. Nursing staff should check the patient's feet

[11] Oedema is a build-up of fluid in the body which causes the affected tissue to become swollen.
[12] The sacrum is a triangular bone at the base of the spine.

to identify any needs, for example, sores or blisters to then escalate to podiatry if required. I note her advice, there was no evidence of footcare issues.

42. Having reviewed all relevant evidence, including the Nurse IPA's advice, I consider the records evidence the Trust provided ongoing skin care during the patient's admission. I also consider there is no evidence of any issues with the patient's feet during the period. I accept the Nurse IPA's advice, and find the Trust provided skin care in line with relevant standards, including for the patient's specific diabetic needs. Further, I accept the Nurse IPA's advice and find there was no requirement to refer the patient to podiatry in the circumstances.

43. I therefore do not uphold this part of the complaint.

Nutrition

44. I refer to the NICE Nutrition Guidance. I note this states, '*all hospital in-patients should be screened on admission and screening should be repeated weekly'.*

45. The patient's records indicate the Trust carried out a Malnutrition Universal Screening Tool[13] (MUST) assessment with the patient on 24 August 2022. This indicates she had a '*fair appetite'*, although changed. I note the Trust recorded her weight on 22 and then again on 28 August 2022. It is documented in several records that the patient was a vegetarian and had insulin-controlled diabetes. I note Speech and Language Therapy (SALT) also assessed the patient on 24 August 2022, following a concern about aspiration[14]. SALT concluded there were no concerns. There are a few references in the nursing records to the patient's food consumption; specifically, on 22 and 23 August, and 1, 2, 4 and 5 September 2022. The first two records respectively state the patient had '*minimal supper*' and ate breakfast. On 1 and 2 September 2022 respectively, the patient was '*tolerating small bites of food'* and *'refused lunch… encouraged to [eat a] small amount of food*'. However, on 4 September 2022, the patient had breakfast and dinner, and on 5 September was *'eating and drinking'.*

[13] The Malnutrition Universal Screening Tool (MUST) identifies patients who are malnourished or are at risk of malnutrition.
[14] Aspiration is when something enters the airway or lungs by accident. It may be food, liquid, or some other material.

46. I refer to the Trust's response to investigation enquiries. It stated the patient's records documented the patient's vegetarian diet. Vegetarian options are available for patients and patients can choose their meals. I note the Trust stated it could not identify any record that the patient had raised concerns about her meal options. Further, the catering manager confirmed there were no issues with supplies for vegetarian options during the patient's admission.

47. The Nurse IPA provided advice on the management of the patient's nutrition, including consideration of the patient's diabetes. She advised the MUST assessment of 24 August 2022 indicated the patient had a low risk of malnutrition. Consequently, the Trust did not need to record her food intake as this level of risk requires weekly screening. Although the Trust recorded the patient's vegetarian diet several times, the nursing records do not indicate what food choices the Trust offered the patient. However, *'there is no mention … of meat products being offered'.* She advised the Trust monitored the patient's blood sugar as required because of her diabetes. The results of this monitoring do not indicate any concerns with the patient's dietary intake. I note the Nurse IPA's advice the Trust should have repeated the MUST assessment on 31 August 2022, one week after the original assessment, but it failed to do so.

48. Having reviewed all relevant evidence, including the Nurse IPA's advice, I find the Trust appropriately carried out a MUST assessment after the patient's admission in line with the NICE Nutrition Guidance. I also find the Trust proactively referred the patient to SALT early in the period of admission, which assessment did not identify any concerns. While I consider there are some records which indicate the patient's food intake fluctuated, I accept the Nurse IPA's advice and find the MUST assessment indicated a low risk of malnutrition which did not require maintenance of food charts during the first week, to 31 August 2022. I also accept the Nurse IPA's advice and find the Trust appropriately monitored the patient's blood sugars, and this did not indicate any concerns with either the patient's dietary intake or her diabetes. The Nurse IPA was unable to determine whether staff always offered the patient appropriate food options as a vegetarian. However, as there were multiple instances of documentation of the patient's vegetarian diet in her records and there is no evidence either the patient or her family raised any concerns during her

admission, I find that, on the balance of probabilities, staff did offer the patient vegetarian options.

49. However, I also refer to the Nurse IPA's advice, on 31 August 2022, the Trust should have repeated the MUST assessment, including weighing the patient. I find the Trust's omission did not accord with the NICE Nutrition Guidance and is a failure in care and treatment.

50. I therefore partially uphold this part of the complaint.

Summary

51. I refer to my findings at paragraphs 34 and 47 in which I identified failures in care and treatment. Therefore, I partially uphold this element of the complaint.

Injustice

52. I considered carefully whether the failures in care and treatment caused injustice to the patient and her family. In relation to the failures in the provision of personal and hygiene care on 30 August 2022, I consider the patient sustained the injustice of distress, discomfort and lack of dignity and the patient's family sustained the injustice of anger and upset because of the patient's experience. I also consider the failure to communicate the family's concerns to other staff caused the patient's family to sustain the injustice of uncertainty about her care and lost opportunity to receive reassurance that the concerns would be addressed. In relation to the failure to carry out another MUST assessment, I refer to the Nurse IPA's advice that the outcome of a further MUST assessment cannot now be determined. Therefore, I consider the patient sustained the injustice of the loss of opportunity for reassessment for malnutrition, and the patient's family sustained the injustice of uncertainty about the patient's food intake.

ii. Medication prescribed and administered to the patient

Details of Complaint

53. The complainant said, after the patient's vomit contained blood, her family insisted on medical staff review. Although medical staff explained that changes in the

patient's medication were the most likely cause of this, the complainant said the patient had a hernia of which the hospital should have been aware.

54. The complainant also challenged why the Trust did not give the patient any medication to alleviate her upset stomach symptoms and make her more comfortable.

Evidence Considered

Legislation/Policies/Guidance

55. I considered the NICE Diarrhoea Guidance, the RPS Guide and the NICE Medication Guidance. I enclose relevant sections of the guidance considered at Appendix six to this report.

Trust's response to investigation enquiries

56. The Trust's response to the enquiries is at Appendix two to this report.

Relevant records

57. I considered the patient's medical records for the period of 22 August to 5 September 2022.

Relevant Independent Professional Advice

58. The CP IPA provided advice about the medication prescribed for the patient. The Nurse IPA provided advice about the administration of medication to the patient. The CP and Nurse IPAs' advice are enclosed at Appendices three and four respectively.

Analysis and Findings

59. I note the NICE Diarrhoea Guidance states*, 'most episodes of acute diarrhoea will settle spontaneously without the need for any medical treatment. Oral rehydration therapy … is the mainstay of treatment for acute diarrhoea to prevent or correct diarrhoea dehydration and to maintain the appropriate fluid intake once rehydration*

is achieved … the antimotility[15] drug loperamide hydrochloride[16] is usually considered to be the standard treatment when rapid control of symptoms is required …. It … should be avoided in bloody or suspected inflammatory diarrhoea'.

60. I note the RPS Guide states, *'records are kept of all medications administered or withheld, as well as those declined … When a medication is not administered or refused, details of the reason why (if known) are included in the record and, where appropriate, the prescriber multidisciplinary team is notified in accordance with the organisational policies and procedures. Appropriate action is taken as necessary'.*

61. The CP IPA provided the following advice in relation to the patient's hernia. There was no reference to a hernia in the patient's records. However, the patient was prescribed Omeprazole prior to her admission. This suppresses stomach acid; therefore, the hernia may have been a Hiatus Hernia. '*This is a condition where the stomach can slide up into the chest, and cause acid reflux symptoms'.* On her admission, the Trust initially withheld the patient's Omeprazole because of concerns about a low sodium level. This is a known side-effect of this medication. This decision was reasonable. Later, when the patient experienced nausea/vomiting, the Trust recommenced this medication, together with other anti-sickness medications. The patient's sodium level had returned to normal because of her medical care. Therefore, it was safe to try to administer the acid-suppressing medication again. Further, because of the incident of blood in the patient's vomit, it was appropriate to restart this medication. I note the CP IPA's advice, although there are no specific guidelines related to this, the Trust's decisions were *'in keeping with common practice.'*

62. The CP IPA referenced the NICE Diarrhoea Guidance and the NICE Medication Guidance and provided advice about the patient's upset stomach, including the medication prescribed. The advice is detailed in paragraphs 63 to 65 below.

63. She advised: the patient's diarrhoea and vomiting were *'most likely*' because of the antibiotics prescribed and administered to the patient. The Trust appropriately sent

[15] Antimotility agents are medications that can be used to relieve the symptoms of acute watery diarrhoea by reducing the frequency and intensity of bowel movements.
[16] Loperamide hydrochloride is used to control or relieve the symptoms of acute diarrhoea.

stool samples on 29 August 2022, with negative results. The patient did not receive any laxatives which would have caused the diarrhoea. Further, although some of the medications which the patient took prior to admission can be associated with diarrhoea, as these pre-dated the admission, it was unlikely that these caused the patient's symptoms. The Trust prescribed the following for the patient's upset stomach symptoms: - for nausea and vomiting, both Ondansetron[17] and Metoclopramide[18] on 28 August 2022 and Ondansetron on 31 August 2022; for acid reflux, Peptac on 28 August 2022, Pantoprazole intravenously from 29 August 2022, then Omeprazole from 31 August 2022. I note her advice that the medications prescribed for the patient's nausea and vomiting were reasonable.

64. The CP IPA advised: it is not recommended to prescribe medication to slow down the bowels or firm up stools when diarrhoea is present until an infective cause is excluded. The Trust took steps to identify if a bowel infection, known as Clostridium Difficile[19] (C.Diff), was present. This can occur when patients receive antibiotics for other infections, as was the case for this patient. In cases of C.Diff, medication to slow down the bowel can lead to dangerous swelling of the bowel. I note her advice it was reasonable for the Trust not to prescribe such medication while waiting for the results of the stool tests. She also advised that, although after the negative stool results on 31 August 2022 the Trust could have considered prescribing such medication, the Trust's decision not to do so was reasonable. This is because, after the one incident of watery stools earlier, the patient's further stools were not particularly frequent or watery. Therefore, the Trust could most safely manage her symptoms by ensuring good hygiene, personal care, and hydration.

65. The CP IPA concluded the Trust prescribed the patient appropriate anti-sickness medication, to administer as required. I note her advice it was reasonable that the Trust did not prescribe anti-diarrhoea medication.

66. I refer to the Nurse IPA's advice at paragraph 25 above which details the medication administered to the patient for her nausea, vomiting and stomach acid. Further, the Nurse IPA referenced the RPS Guide and provided the following advice

[17] Ondansetron is used to prevent nausea and vomiting.
[18] Metoclopramide is an anti-sickness medication.
[19] Clostridium Difficile is a type of bacteria that can cause diarrhoea. It often affects people who have been taking antibiotics.

about the medication administered to the patient. Where prescribed medication is missed or omitted, numerical codes should be documented to indicate the reasons for this. During the patient's admission, there several occasions when it is not clear if the patient received the prescribed medications. This is because the relevant box did not contain any information. On 27 August and 1 September 2022, nursing staff did not appear to administer Ferrous Fumarate. I note her advice, *'it is very unlikely that there would have been any impact from omitting to administer ferrous fumarate'.*

67. The Nurse IPA also advised, on 25 August pm, 26 August am and pm and on 27 August am and pm, nursing staff did not appear to administer Doxycycline[20]. The CP IPA provided additional advice about the possible omission of Doxycycline. She advised the following. Nursing staff did not omit to administer Doxycycline; rather medical staff changed the prescription to an alternative intravenous antibiotic. This was because *'there was a clinical need to escalate'* to intravenous antibiotics, following advice from a Microbiology Consultant. Medical staff changed the prescription on 25 August 2022 and documented this on the medical notes but not on the patient's Kardex[21]. Although there is a line through the prescription on the Kardex, there is no date to indicate the cessation of Doxycycline. Therefore, the dose given on the morning of 28 August 2022 was unnecessary as the patient was still in receipt of the intravenous antibiotic. However, I note the CP IPA's advice, *'a single extra dose would not have caused any harm to the patient and would not have contributed in any significant way to her symptoms'*. Further, the decision to change the medication was appropriate and reasonable.

68. I accept the CR and Nurse IPAs' advice and am satisfied the Trust prescribed and administered appropriate medication to the patient. Therefore, I do not uphold this element of the complaint.

69. Whilst I accept the CP IPA's advice and am satisfied that the antibiotic was replaced with another antibiotic, therefore nursing staff did not omit its administration, I note the prescription and cessation of the antibiotics were not

[20] Doxycycline is an antibiotic used to treat bacterial infections.
[21] Kardex is a simple card designed to document which medicines a patient should receive along with the dose and frequency they should be given.

consistently documented on the patient's Kardex. Further, although I also accept the Nurse IPA's advice that the omission of the Ferrous Fumarate would be very unlikely to impact the patient, I note the failure to record the reason for this does not accord with the RPS Guide. I made an observation about these issues at paragraph 95 below.

iii. The patient's mobility, including referral to and care provided by physiotherapy

Details of Complaint

70. The complainant said nursing staff did not assist patient out of bed during her admission. Further, the patient had no mobility assessment or physiotherapy. Consequently, the patient had difficulty walking at discharge.

Evidence Considered

Legislation/Policies/Guidance

71. I considered the NMC Code.

Trust's response to investigation enquiries

72. The Trust's response to the enquiries is at Appendix two to this report.

Relevant records

73. I considered the patient's medical records form her admission.

Relevant Independent Professional Advice

74. The Nurse IPA provided advice about nursing staff's role in providing support for the patient's mobility, including referral to physiotherapy. The Physio IPA provided

advice about physiotherapy's input to the patient's care. The Nurse and Physio IPAs' advice are enclosed at Appendices four and five, respectively.

Analysis and Findings

75. I note the NMC Code states nurses should '*make a timely referral to another practitioner when any action, care or treatment is required'.*

76. I note the patient's records indicate nurses regularly assisted her out of bed for toileting needs.

77. The Nurse IPA provided the following advice. There is evidence that nurses regularly mobilised the patient up and out of bed to sit, and to use the commode. She referenced the NMC Code and advised, there was no evidence that nurses encouraged the patient's mobility. Given the patient's mobility needs, *'it is expected that nurses would refer her to physiotherapy prior to encouraging her to mobilise'*. I note the Nurse IPA concluded, nursing staff should have referred the patient to physiotherapy earlier.

78. The Physio IPA provided the following advice. Throughout the admission, the patient continued to get out of bed with one or two staff assisting her. This is '*consistent with pre admission mobility*'. Following the decision to refer the patient to physiotherapy on 1 September 2022, a physiotherapist attended the patient on 2 September 2022. However, because the patient was very sleepy at that time, no intervention took place. The next working day was 5 September 2022, which was the day the patient was discharged. A physiotherapist carried out a '*detailed assessment'* with the patient on that day. *'It is clearly documented that the patient required assistance with getting up and with mobilising, consistent with*' her pre-admission mobility. I note the Physio IPA's advice that the physiotherapy assessment '*does not indicate a decline in mobility … and as such does not indicate need for physiotherapy intervention'.*

79. I consider the records, and both the Nurse and Physio IPAs' advice confirm staff assisted the patient out of bed throughout her admission. Although I accept the Nurse IPA's advice the patient should have had an earlier physiotherapy referral, I

also accept the Physio IPA's advice there was no indication in the detailed physiotherapy assessment that the patient's mobility had deteriorated from before her admission. Therefore, I do not uphold this element of the complaint.

80. In relation to the Nurse IPA's advice about the timing of the referral to physiotherapy, I refer to the observation at paragraph 96 below for the Trust to consider.

CONCLUSION

81. I received a complaint about the Trust's care and treatment of the patient related to nursing care, medication and mobility. For the reasons outlined in the report, I partially upheld the complaint.

82. Specifically, I found the Trust failed to: -
    - provide the patient with appropriate personal and hygiene care on 30 August 2022;
    - communicate the concerns the patient's family raised about the patient's hygiene and personal care to other staff; and
    - carry out the required weekly follow-up MUST assessment on 31 August 2022.

83. I consider these constitute failures in care and treatment that caused injustice to the patient and her family. Specifically, I recognise the failure in personal care and hygiene on 30 August 2022 caused the patient to sustain the injustice of distress, discomfort and lack of dignity and the patient's family to sustain the injustice of anger and upset because of the patient's experience. I also recognise, because of the failure to communicate the family's concerns about the patient's personal and hygiene care, her family sustained the injustice both of uncertainty about the patient's care and lost opportunity to receive reassurance that their concerns would be addressed. Further, I recognise the failure to carry out a further MUST assessment caused the patient to sustain the injustice of a loss of opportunity for appropriate reassessment for malnutrition and her family to sustain the injustice of uncertainty about the patient's food intake.

84. I also found: -

- the Trust appropriately managed and monitored the patient's vomiting and diarrhoea episodes, including the haematemesis episode;
- other than on 30 August 2022 the Trust provided the patient with appropriate personal and hygiene care throughout her period of admission; and
- the Trust prescribed and administered appropriate medication to the patient.

85. I also concluded the patient's mobility did not deteriorate during her admission.

86. I was unable to conclude whether the Trust denied the patient the opportunity to shower.

87. I also included observations related to accuracy in medication records and timing of referrals to physiotherapy for the Trust to consider as additional opportunities for improvement. These are at paragraphs 95 and 96 below.

88. Throughout my consideration of this case, the complainant's desire to ensure her mother's needs and best interests were met were clearly evident. I hope this report provides the complainant with some reassurance.

Recommendations

89. I recommend the Trust provides to the complainant a written apology in accordance with NIPSO's 'Guidance on issuing an apology' (July 2019), for the injustice caused because of the failures in care and treatment identified (within **one month** of the date of this report).

90. I recommend the Trust reminds relevant staff of the importance of adhering to the NMC Code, 8.6 and 14.1 to 14.3; the NMC Standards, 4.1 and 4.3; the NICE Patient Guidance, 1.2.9; and the NICE Nutrition Guidance. This should be evidenced by records of training and information sharing.

91. I further recommend the Trust should provide relevant staff with the opportunity to reflect on the findings of this report and the full Nurse IPA's advice, in consideration of their own practice. The Trust should note this in appraisal documentation. The Trust should evidence this through records of information sharing.

92. I recommend the Trust should undertake a sample audit on the ward to assess compliance with the NICE Nutrition Guidance. The Trust should provide details of the audit outcomes to this office, with an associated action plan for any shortcomings identified.

93. I recommend the Trust implements an action plan to incorporate the recommendations at paragraphs 90 to 92 and should provide me with an update within **six** months of the date of my final report. The Trust should support its action plan with evidence to confirm it took appropriate action (including, where appropriate, records of any relevant meetings, training records, information sharing and/or audit outcomes).

94. I offer, through this report, my condolences to the complainant and her family on the sad loss of their mother.

Observations

95. I refer to paragraph 69 above related to the patient's medication records. The Trust may wish to consider reminding relevant staff of the importance of the RPS Guide in relation to ensuring accurate and complete recording of medications prescribed and administered on all relevant documentation.

96. I also refer to paragraphs 77 and 80 above. On this occasion, the patient's mobility did not deteriorate because of the timing of referral to physiotherapy. However, the Trust may wish to consider a review of this process on the ward to facilitate earlier referrals to physiotherapy.

MARGARET KELLY
Ombudsman **July 2025**

Appendix 1

PRINCIPLES OF GOOD ADMINISTRATION

Good administration by public service providers means:

1. Getting it right

- Acting in accordance with the law and with regard for the rights of those concerned.
- Acting in accordance with the public body's policy and guidance (published or internal).
- Taking proper account of established good practice.
- Providing effective services, using appropriately trained and competent staff.
- Taking reasonable decisions, based on all relevant considerations.

2. Being customer focused

- Ensuring people can access services easily.
- Informing customers what they can expect and what the public body expects of them.
- Keeping to its commitments, including any published service standards.
- Dealing with people helpfully, promptly and sensitively, bearing in mind their individual circumstances
- Responding to customers' needs flexibly, including, where appropriate, co-ordinating a response with other service providers.

3. Being open and accountable

- Being open and clear about policies and procedures and ensuring that information, and any advice provided, is clear, accurate and complete.
- Stating its criteria for decision making and giving reasons for decisions
- Handling information properly and appropriately.
- Keeping proper and appropriate records.

- Taking responsibility for its actions.

4. Acting fairly and proportionately

- Treating people impartially, with respect and courtesy.
- Treating people without unlawful discrimination or prejudice, and ensuring no conflict of interests.
- Dealing with people and issues objectively and consistently.
- Ensuring that decisions and actions are proportionate, appropriate and fair.

5. Putting things right

- Acknowledging mistakes and apologising where appropriate.
- Putting mistakes right quickly and effectively.
- Providing clear and timely information on how and when to appeal or complain.
- Operating an effective complaints procedure, which includes offering a fair and appropriate remedy when a complaint is upheld.

6. Seeking continuous improvement

- Reviewing policies and procedures regularly to ensure they are effective.
- Asking for feedback and using it to improve services and performance.
- Ensuring that the public body learns lessons from complaints and uses these to improve services and performance.