

## Hospital Admission

*When she was taken into hospital, my mother was confused, but otherwise healthy and mobile. When she was discharged from hospital 4 months later, she was in quite a poor state, frail, immobile, disabled, incontinent, somewhat agitated, confused and rather dissociated from what is going on around her.....*Provider assessment Report dated October 1998.

It would appear that my mother was in the habit of wandering about a bit but on the evening of 24<sup>th</sup>. May 1998 she went for a long walk and got totally lost and exhausted. She was found sitting on a grass verge and an ambulance called. She was admitted to the geriatric ward of the Heath Road hospital, Ipswich. It was a difficult time for me as my job had just been re-located but we went to see her the following weekend. She didn't seem too confused but didn't seem to understand what was going on around her.

What soon became fairly obvious was that the hospital system is not trained to deal with people with dementia, and so when people with dementia go into hospital for other health reasons they are not properly looked after because the staff think they're being difficult. In my mother's case, she was wandering about, and at one point fell over and smashed her glasses and broke her teeth, and this didn't suit the ward regime at all. She was already on Respiridone but to calm her down they also gave her Temezepam and Melleril as well as the Aricept. A catheter was also inserted. So she was taking 2 lots of antipsychotics, neither of which are now recommended for Alzheimer's, plus a benzodiazepine known to accelerate Alzheimer's. With the side effects of Temezepam and Melleril clearly apparent within a month, her mobility was reduced to a slow shuffle with single nurse assist. To add insult to injury, she was provided with a deep armchair by the side of her bed to purposefully make it virtually impossible for her to stand up. I complained to nurses when we visited but they were more interested in chatting and laughing amongst themselves in the nurse's area. In phoning the ward regularly prior to this I was assured she was well and cheerful which clearly wasn't the case.

Soon after admittance to the hospital, it was discovered that she had bowel cancer and in July 1998, she underwent a left hemicolectomy for cancer of the colon. Prior to this operation when I signed the consent form, I told the doctor that a colostomy bag would be an absolute outcome disaster for an Alzheimer's patient and fortunately they did avoid that. When my mother was still in her own home and we made regular visits, we used to find her dirty underwear under the beds and we just assumed it was a continence issue, we didn't realise it was more serious. I think she was a bit ashamed and didn't know what to do so her remaining instinct was to hide it.

After her operation, she was on a recovery ward with other elderly ladies but visiting time was only in the evening which was a real difficulty for us so we managed to negotiate an afternoon visit. It was a bit embarrassing as all the other ladies were in their beds just listening to our conversation which with an Alzheimer's patient is not easy at the best of times. My mother was actually quite cheerful when we saw her and hooked up to a machine periodically dispensing medication. Unfortunately my mother thought this machine was a radio her sister had given her for her birthday and she kept fiddling with it, the machine clearly kept registering a fault and a nurse had to keep coming in to reset it.....and the rest of the ward were just silently looking at us.

At the end of July she was seen by a Consultant Psychiatrist and her medication was changed. The report clearly identifies the side effects of the antipsychotics.

On the 10<sup>th</sup> August she was moved to Hartismere Community hospital in Eye. We found out after the event. The basis of this move was to await placement in a care home. This hospital was a former workhouse/infirmary, not the most welcoming of hospitals but apparently it has now been refurbished. In 1998, I can best describe it as a bit of a dumping ground for patients bed-blocking in Ipswich. The nursing care was fine however and from the conversations we had with the nurses, they did look after her. However, she was back on the Temazepam and the catheter was still in use and because she was now virtually immobile, transfer was with a handling belt and 2 persons assist.

On the 4<sup>th</sup> September, she was moved to a Residential Care home in Ipswich. There was always the concern in my mind that she would not be accepted as one of the criteria was that she had to be weight bearing and my mother clearly wasn't doing that unassisted. Before discharge from Hartismere, a continuing care assessment should have been done to identify any nursing care needs but the NHS was clearly negligent in not doing that. It would appear that the NHS by default chose to transfer responsibility onto social services without the due process of assessment my mother was entitled to. There was no agreement involving me to discharge my mother from hospital. In the Social Work Research Findings 24, 1998, it concludes amongst other things that appropriate discharge requires a period of preparation, adequate notice of discharge to the concerned parties and a discussion of after care arrangements with all parties.