



Portsmouth and  
South East Hampshire

**Health Authority**

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JT/CH

23 November 1998

Mr C R S Farthing

**Code A**

Dear Mr Farthing

**Re: Thalassa Nursing Home**

I am now in a position to respond to your complaints in regards to the care received by Mr Cunningham whilst he was a patient in the above nursing home.

There is no dispute that Mr Cunningham was admitted to Dryad Ward, Gosport War Memorial Hospital, for treatment of a pressure sore on the 21 September 1998.

From your letter, it would appear that your complaint was raised following a discussion with a registered nurse who informed you that Mr Cunningham should have been admitted to hospital two weeks previously and in her opinion, had she allowed a pressure sore to develop to 50% of Mr Cunningham's, she would have been dismissed. The identity of this registered nurse whilst known to you, has not been declared to the Registration & Inspection Unit.

Therefore, in view of these comments, the nursing notes from the Nursing Home and Day Hospital have been viewed in order to ascertain:

- a) When the pressure sore developed.
- b) The actions taken by nursing staff.
- c) Was there any medical intervention prior to Mr Cunningham's admission on 21 September 1998.

The nursing notes have confirmed:

- a) The nursing notes record that on admission to Thalassa Nursing Home on 28 August 1998, Mr Cunningham had a dressing to his sacral area and that the skin was intact but red. The nursing staff in their assessment have concluded that tissue damage had occurred.

- b) The care plan and nursing notes identify that pressure relieving equipment was used and actions taken to ensure that Mr Cunningham did not have constant pressure to the affected area. Later nursing notes identify that the original pressure relieving mattress used was replaced by a Quatro Mattress which is an electronic air mattress.
- c) Mr Cunningham attended the Day Hospital on 14 September 1998 and although the pressure sore was not viewed by medical staff, nursing staff attended to the wound. A further attendance on 17 September 1998 noted that the wound was not re-dressed but it was noted that there was excudate present. On his third visit, Mr Cunningham was admitted for "aggressive" treatment to the pressure sore.

In viewing these notes, any comments passed have to be based on whether the notes indicate that actions/interventions undertaken by staff are reasonable.

Therefore, the notes would indicate that there was no medical advice sought from the time Mr Cunningham was admitted to Thalassa until he came under the care of the Day Hospital. However, the nursing notes give no indication that medical intervention was necessary. From the notes, it is apparent that the wound began to deteriorate following the visit to the Day Hospital on the 17 September 1998. When Mr Cunningham was admitted to Dryad Ward, the nursing home was requested to hold the "bed" for 2/3 weeks. From past experience when a patient is admitted to hospital for whatever reason and this request is made, it is because there is every intention for the patient to return. Additionally, I also have to acknowledge that there were occasions when Mr Cunningham refused or was reluctant to accept care.

The copy of the Death Certificate that you kindly forwarded to me states clearly that Parkinson's Disease and Sacral Ulcer are other significant conditions contributing to the death but not related to either the disease or condition causing it which was Bronchopneumonia. This is acknowledged as fact.

Therefore your complaint that Mr Cunningham was admitted to hospital with a pressure sore is substantiated. In regards to the comments made to you by a senior member of the nursing team of Dryad Ward, whilst this was a professional opinion at the time, the nursing notes made at Thalassa Nursing Home show that reasonable care and attention was given to Mr Cunningham whilst he resided there. I am not in a position to state whether the admission should have occurred earlier than it did as when a decision was made it was based on the clinical evidence at the time. Therefore I am unable to comment on the professional opinions given by the staff concerned.

I appreciate that you may find this response unhelpful in answering your complaint but feel that you have been given an account of the findings from the nursing notes in relation to your complaint.

If I can be of further assistance, please do not hesitate to contact me.

Yours sincerely

**Code A**

**Jackie Tarrant (Mrs)**  
**Nursing/Residential Care Home Inspector**