

**Care of rest home resident
(06HDC19526, 6 November 2007)**

General practitioner ~ Nurse manager ~ Rest home/Hospital ~ Pain management ~ Care planning ~ Standards of care ~ Documentation ~ Communication ~ Rights 4(1), 4(2), 5(2)

A 92-year-old woman was admitted to an aged care facility (which included a rest home and hospital) from her independent living unit for continuing care. The woman's family met with the care facility's rest home nurse manager to discuss her care needs. She suffered multiple medical problems, including increasing confusion, oedema of the legs, and constipation. Two months after this meeting, the family was advised that the woman had been reviewed by the GP and was being transferred to a public hospital for assessment and treatment of abdominal pain, dehydration and shock. Following an assessment at the public hospital, which revealed faecal impaction, she was discharged back to the care facility. The discharge letter outlined a bowel management plan and fluid replacement via IV therapy.

The woman was admitted to the care facility's hospital. The admitting registered nurse appeared to be unfamiliar with intravenous therapy, so the woman's grandson, a registered nurse, assisted her to connect up the IV fluids. However, because of an outbreak of an intestinal virus in the care facility, the stocks of IV fluids ran out and the woman did not receive the recommended hydration therapy for 24 hours.

A few days after her return to the care facility, the family expressed their concern about her care to the hospital nurse manager. The GP visited the woman later that day. However, a week later the quality of care had not improved, and the woman was demonstrating considerable pain. The family made enquiries about palliative care for her, but the GP did not consider that palliative care was required. The grandson contacted the DHB geriatric assessment team to request an urgent reassessment, which was carried out within 24 hours, and she was transferred to another care facility.

It was held that by not providing adequate supervision, direction and support of the clinical team and the opportunity for effective communication, the rest home nurse manager did not ensure that the woman received services of an appropriate standard, breaching Rights 4(1), 4(2) and 5(2).

The hospital nurse manager relied on registered nurses to appropriately document and evaluate care, but she was responsible for ensuring that care and documentation met standards. In relation to the woman's pain management and the planning and documentation of her care, she did not comply with the standards required, and breached Right 4(2).

The GP was held not to have provided the woman with a service with reasonable care and skill and that complied with professional standards, and breached Rights 4(1) and 4(2). It was also held that the rest home/hospital and the operational manager of the facility were both responsible for putting in place effective systems and monitoring them to ensure that staff provided a service with reasonable care and skill. By failing to do so, they breached Right 4(2).