Complimentary short-term care provided to elderly man
16HDC01074, 29 March 2018

Retirement village ~ Registered nurse ~ Aged care ~
Complimentary short term care ~ Policies and procedures ~ Right 4(1)

An 84-year-old man was admitted to hospital with a pathological fracture of the right neck of femur. He was discharged to his home at an independent town house at a retirement village. At the time of discharge, the man was touch weight-bearing only, and had an indwelling catheter (IDC). He had a number of medical problems and was on numerous medications.

During the week that followed the hospital discharge, the man and his wife struggled to cope at home. The clinical manager of the retirement village met the man and his son to discuss their concerns. The clinical manager said that she reviewed the man's needs and offered him "two days [of] complimentary care", which was accepted.

The retirement village explained that generally the service is provided in the rest home unit but, at the time of the man's admission, the rest home was full and therefore he was placed in the serviced apartment building connected to the rest home. As such, the man's care fell under the responsibility of the senior caregiving staff rather than a registered nurse.

The clinical manager explained that she "incorrectly assumed" that no formal admission documentation was required for the man because he was an independent resident. Therefore, the only documentation she completed for the man was progress notes.

The clinical manager stated that she discussed the man's needs with the senior caregiver in charge. On a handover sheet, the senior caregiver documented: "[Consumer] — respite [until] Sunday?" The clinical manager said that she also spoke to the hospital nurse on duty about the man's care, and had expected the hospital nurse to visit him and provide additional oversight. The clinical manager acknowledged that she did not communicate these intentions to the hospital nurse clearly and, as a result, the hospital nurse did not attend to the man.

The man's progress notes document that a serviced apartment caregiver informed the hospital coordinator (a registered nurse (RN)) that the man's catheter was leaking. The hospital coordinator visited and documented that his "catheter was leaking at penis [and] insertion site". She then advised the man that "he would have to go to [hospital] to have a new catheter inserted as [the retirement village staff] were unable to do it for him".

The hospital coordinator said that it was her understanding that, as an independent resident, the man did not require any documentation, and she was unaware of any policy relating to complimentary short-term care. She stated: "As [the man] was admitted to a serviced apartment his care fell under the responsibility of the serviced apartment area …"

The hospital coordinator recalled that the man said that he would telephone his son and ask him to take him to hospital. She then left the man with the caregiver. The retirement village told HDC that the caregiver heard the man leave a voicemail message indicating that he needed to be taken to hospital. The retirement village stated that the caregiver assumed that the voice message would be received, and therefore informed the serviced apartment senior caregiver that the man would be going to hospital with his son. On the handover sheet, the senior caregiver noted that the man had "gone with son to hospital re catheter". However, this did not occur and the man remained in the serviced apartment.

The retirement village stated that at 10.30pm the serviced apartment senior caregiver went off duty without updating the handover sheet and alerting the team that the man was in the serviced apartment.

The following morning, the man's son arrived at the retirement village. An exchange occurred between the son and the senior caregiver in charge where it became clear that the caregiver was unaware that the man was still present in the serviced apartment. They then found the man in a distressed state.

The retirement village told HDC that the bed was wet and the man had removed his catheter bag. The son told HDC that he found his father "in a state of shock; cold confused, dehydrated and in pain". He added that his father was "sitting in shorts only on a urine-stained bed" and "his catheter had leaked all the way through his bed … and had dried from the night before". The consumer had not had any breakfast or cares since the previous night. At the son's request, an ambulance was called and the man was admitted to hospital.

Findings

It was held that the retirement village did not have adequate policies and procedures in place for the delivery of complimentary short-term care to independent residents. It therefore failed to guide its staff to deliver the service in an appropriate and safe way. In addition, the retirement village failed to communicate adequately regarding the service that was being offered to the man. It was found that, overall, the retirement village did not provide services with reasonable care and skill, and therefore breached Right 4(1).

The clinical manager failed to assess the man adequately and to document his needs at admission adequately. She also did not have the requisite knowledge of the retirement village policies and procedures around complimentary short-term care, yet was responsible for offering the service to residents. It was found that the clinical manager did not provide services to the man with reasonable care and skill, and therefore breached Right 4(1).

The clinical picture that the man presented to the hospital coordinator should have triggered an adequate assessment and examination of the man. The hospital coordinator's advice to the man to arrange his own admission to hospital demonstrated a lack of care, and was inappropriate. Accordingly, it was found that the hospital coordinator did not provide services to the man with reasonable care and skill, and therefore breached Right 4(1).

Recommendations

It was recommended that the retirement village provide evidence of a number of changes made to its policies and procedures, the development of a specific policy for complimentary short-term care, an audit of the standard of staff documentation for residents admitted to the service, and training provided to staff around the relevant policies and procedures.

The retirement village was referred to the Director of Proceedings, who filed proceedings by consent against the retirement village in the Human Rights Review Tribunal. The Tribunal issued a declaration that the retirement village breached Right 4(1) by failing to provide services with reasonable care and skill.

It was recommended that the clinical manager provide evidence that she has undertaken further education on the principles and requirements of admission and care planning in aged care as well as effective communication. It was also recommended that the clinical manager provide a written letter of apology to the family.

It was recommended that the hospital coordinator carry out a reflective practice case study on the care provided, undertake further education or training on indwelling catheter management, and provide a written letter of apology to the family.