

Care provided to frail, elderly woman (11HDC00512, 16 April 2014)

Aged care provider ~ Weight loss ~ Nutrition and hydration ~ Care planning ~ Assessment and monitoring ~ Right 4(1)

A 95-year-old woman was admitted to a residential care facility (private hospital). The woman had a history of swallowing difficulties and weight loss, and she required a puréed diet. A month after admission, the woman's weight was recorded at 38.6kg.

Nursing assessments were completed at the time of the woman's admission. However, no initial short-term care plan was completed, and her long-term care plan was not completed until seven months after her admission.

For the first six months of her admission, the woman appeared to be eating and drinking reasonably well and her weight increased slightly. Nine months after her admission, it was noted that the woman might be dehydrated, and a fluid balance chart was commenced. She had started losing weight. A few weeks later, the general practitioner (GP) noted that the woman was very underweight and recommended that she have a nutritional supplement. The woman started on the nutritional supplement Complian, but she continued to lose weight.

Just over a year after her admission, the woman weighed 35.55kg. This was a loss of 10.8% over the previous six months. Although staff often observed that the woman was reluctant to eat, little was done to investigate or address her ongoing weight loss. The woman's care plan was updated. It was noted that the woman had been refusing to eat and that she appeared to prefer the assistance of particular staff. However, the care plan did not refer to the woman's puréed diet, the Complian, the fluid balance chart, or her ongoing weight loss.

Weight checks the following month indicated that the woman was continuing to lose weight. The woman was due to be seen for her monthly GP review but as the GP did not have time to see all of the patients he was scheduled to that day, the woman's review was postponed until the GP's next scheduled visit.

Before this could occur, the woman's condition deteriorated and she was admitted to a public hospital. She was diagnosed with, and treated for, community acquired pneumonia with secondary aspiration pneumonia and silent aspiration. A month later she was discharged to another private hospital. She died a short time later.

There were deficiencies in the care provided to the woman by the residential care facility, particularly in relation to care planning, weight management and the response to her weight loss, and the assessment and monitoring of her nutrition and hydration.

In these circumstances, it was held that there was a lack of reasonable care and skill in the services provided, and accordingly the residential care facility breached Right 4(1).