

Management of rest home resident's care during transition (08HDC04291, 19 March 2009)

Rest home ~ Private hospital ~ Registered nurse ~ Clinical nurse manager ~ General practitioner ~ Skin integrity ~ Nutrition ~ Standard of care ~ Documentation ~ Transition ~ Change of ownership ~ Right 4(1)

This case highlights the challenges and responsibilities faced by a new rest home owner when taking ownership of an existing facility. Taking on a rest home is not like any other business. Along with buildings and staff come vulnerable residents for whom the facility is home. Dealing with difficult circumstances, having to introduce new policies and procedures and familiarise staff with them, and the need to assess staff competency levels and prepare for certification audits, does not excuse owners from the duty to ensure that residents continue to be well cared for while changes are implemented, and to support staff in key management positions during the transition.

In such instances, team work, collaboration and regular communication between all parties are vital. The lack of direct information given to a man's family towards the end of his life was one reason that prompted a family to complain.

An 85-year-old man was transferred to a rest home following an admission to hospital for a left hip fracture. He had multiple medical problems including advanced Parkinson's disease with associated cognitive impairment, depression, postural hypotension and compromised skin integrity. His elder daughter lived overseas, and his younger daughter had an enduring power of attorney.

The rest home was previously owned by a company that went into receivership. During this period, the clinical nurse manager left and the rest home was without a clinical nurse manager for several months. A fortnight after a new clinical nurse manager was appointed, another company took ownership of the rest home. Over the ensuing months, the new owner sought to introduce new policies, procedures and systems to the rest home, and completed several audits legally required of a new establishment. The nurse manager was involved in this, and also covered for the facility manager, who was unable to continue working owing to illness.

The man developed a pressure ulcer on his right hip. Nursing care to manage his wound continued throughout the year. Although there were occasional signs of improvement, his pressure ulcer deteriorated and he also developed a pressure ulcer on his left hip. Three months later the man's daughter visited and was concerned by the severity of his pressure ulcers. Following review by a gerontology nurse, the man was transferred to a public hospital for surgical debridement. Following several weeks of palliative care, he died in hospital.

The investigation found that there were deficiencies in the care and management of the man's ulcers, his nutrition was not managed adequately, and the deficiencies in the man's care were also reflected in the documentation by the clinical nurse manager and her team. The clinical nurse manager lacked insight into the level of care the man required, and did not fulfil her responsibilities and manage his care appropriately. Her care breached Right 4(1).

It was held that the rest home did not take adequate steps to support the clinical nurse manager and her staff, and ensure that the man was provided with services with reasonable care and skill. The rest home breached Right 4(1).