

Robin J. Balmain
H.M. SENIOR CORONER



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BLACK COUNTRY CORONER'S DISTRICT
(SANDWELL • DUDLEY • WALSALL • WOLVERHAMPTON
Metropolitan Borough Councils)

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Date: 26TH February 2014 Our Ref: RJB

Your Ref:

REGULATION 28 REPORT TO PREVENT FUTURE DEATHS

THIS REPORT IS BEING SENT TO :

Nursing and Midwifery Council
First Floor,
1 Kemble Street
London
WC2B 4AN

1. CORONER

I Robin John Balmain am the Senior Coroner for the Black Country Coroners Jurisdiction

2. CORONER'S LEGAL POWERS

I make this report under {paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013.

3. INVESTIGATION AND INQUEST

On 23rd March 2011 I commenced an investigation into the death of **Bertram Theophilus HAMILTON** of Mansby House, Ryland View Nursing Home, Arnhem Way, Tipton, West Midlands. The investigation concluded at the end of the inquest on 21st February 2014. The conclusion of the inquest was that death was due to Natural Causes.

4. CIRCUMSTANCES OF THE DEATH

Mr. Hamilton had been a long term resident in a care home. On the morning of his death, his blood sugar was checked because he was diabetic and was found to be 1.6, but despite this an injection of insulin was given by a nurse [REDACTED]. Although Mr. Hamilton died shortly afterwards, the expert evidence was to the effect that the insulin probably did little harm in the context of Mr. Hamilton's then existing condition.

5. CORONERS CONCERNS

I am concerned that the nurse in question appeared not to know that insulin should not be given to a person whose blood sugars were so low. In addition, I was

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Continuation

concerned that the nurse was not frank and open in giving evidence to me and claimed that she had given Mr. Hamilton a sugary solution, that she had re-checked his blood sugars and gave the insulin only after the blood sugar level was high. None of the contemporaneous documentation, including documentation completed by the nurse herself, supported such a contention.

The **MATTERS OF CONCERN** are as stated above and relate to the question of whether the nurse is a fit and proper person to act as such.

6. ACTION SHOULD BE TAKEN

In my opinion action should be taken to prevent future deaths and I believe you have the power to take such action.

7. YOUR RESPONSE

You are under a duty to respond to this report within 56 days of the date of the report, namely by **25th April 2014**.

8. COPIES and PUBLICATIONS

I have sent a copy of my report to the Chief Coroner and to the following interested Persons :

- a) The Nurse [REDACTED]
- b) The BUPA Care Home,
- c) Ryland View Nursing Home, Arnhem Way, Tipton, West Midlands.
- d) The Care Quality Commission

I am also under a duty to send the Chief Coroner a copy of your response.

The Chief Coroner may publish either or both in a complete or redacted or summary form. He may send a copy of this report to any person who he believes may find it useful or of interest. You may make representations to me, the Coroner, at the time of your response, about the release or the publication of your response by the Chief Coroner.

R.J. Balmain
Senior Coroner
BAP