

REGULATION 28: REPORT TO PREVENT FUTURE DEATHS (1)

*NOTE: This form is to be used **after** an inquest.*

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| | <p>REGULATION 28 REPORT TO PREVENT FUTURE DEATHS</p> <p>THIS REPORT IS BEING SENT TO: The Alexandra Court Care Home The Manager/proprietor 110 Victoria Road East Cleveleys Lancashire FY5 3SZ</p> |
| 1 | <p>CORONER</p> <p>I am Alan Wilson, Senior Coroner, for the area of Blackpool & Fylde</p> |
| 2 | <p>CORONER'S LEGAL POWERS</p> <p>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.</p> |
| 3 | <p>INVESTIGATION and INQUEST</p> <p>On 15 May 2015 I opened an investigation into the death of Jean Dorothy Gillespie aged 89 years. The inquest concluded on 28TH October 2015.</p> <p>The conclusion of the Coroner as to the death was a Narrative verdict: Jean Gillespie died of bronchopneumonia, the onset of which was contributed to by the effects of not receiving prescribed medication she required to control the potentially life threatening condition Myasthenia gravis.</p> <p>The medical cause of death was:</p> <p>1 (a) Acute cardiorespiratory failure 1 (b) Bronchopneumonia 1 (c) Myasthenia gravis</p> <p>2 Senile Multi Organ Involution.</p> |
| 4 | <p>CIRCUMSTANCES OF THE DEATH</p> <p>Residing at a care home for respite care since 9th April 2015 the last of a supply of Jean Gillespie's prescribed medication Pyridostigmine was administered to her on the morning of 25th April 2015. At approximately 5pm on 26 April 2015 she was observed to be suffering from symptoms attributable to the condition Myasthenia gravis. She was taken to hospital but her condition deteriorated and she passed away at 22.26 hours on 8 May 2015.</p> |
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| 5 | <p><u>CORONER'S CONCERNS</u></p> <p>During the course of the inquest the evidence revealed matters giving rise to concern. In my opinion there is a risk that future deaths will occur unless action is taken. In the circumstances it is my statutory duty to report to you.</p> <p>The MATTERS OF CONCERN are as follows:</p> <ol style="list-style-type: none"> 1. The inquest heard that a senior member of the care staff with responsibility for administering medication to residents and for re-ordering supplies of medication did not know that the deceased suffered from myasthenia gravis, nor was this a condition she had heard of before. 2. When supplies of the necessary medication were about to expire she did seek to re-order supplies. When they did not materialise she did not appreciate the urgency the situation demanded until symptoms became evident. 3. I am concerned that irrespective of whether this is a care home rather than a nursing home that staff with responsibility for administering and / or re-ordering supplies of medication for potentially life threatening conditions are aware of the conditions and what the medication is prescribed for so that staff can then react accordingly. 4. Further, consideration of the care home records made no reference to the name of the condition, the symptoms that can materialise, nor what the prescribed medication was for. A member of staff previously unfamiliar with this patient who may have responsibility for administering her medication would not have been able to familiarise themselves with the necessary knowledge from a perusal of the care home records and I am concerned there is a risk of future deaths were this situation to be replicated. <p>At the conclusion of the inquest, I indicated to the Properly Interested Persons that I proposed to write to the Trust by way of a report in accordance with the provisions of paragraph 7 of Schedule 5 of the Coroners and Justice Act 2009.</p> |
| 6 | <p>ACTION SHOULD BE TAKEN</p> <p>In my opinion action should be taken to prevent future deaths and I believe you [AND/OR your organisation] have the power to take such action.</p> |
| 7 | <p>YOUR RESPONSE</p> <p>You are under a duty to respond to this report within 56 days of the date of this report, namely by 28th December 2015. I, the coroner, may extend the period.</p> <p>Your response must contain details of action taken or proposed to be taken, setting out the timetable for action. Otherwise you must explain why no action is proposed.</p> |
| 8 | <p>COPIES and PUBLICATION</p> <p>I have sent a copy of my report to the Chief Coroner and to the following Interested Persons</p> <p>The family of Jean Dorothy Gillespie [REDACTED] The Coroner's Society</p> <p>I am also under a duty to send the Chief Coroner a copy of your response.</p> |

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| | <p>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.</p> |
| 9 | <p><i>A.A.Wilson</i></p> <p>Alan Wilson Senior Coroner for Blackpool & The Fylde Dated: 2ND November 2015</p> |