



FINDING OF INQUEST

An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 30th day of July 2013 and the 19th day of May 2014, by the Coroner's Court of the said State, constituted of Mark Frederick Johns, State Coroner, into the death of David Stanley Ayres.

The said Court finds that David Stanley Ayres aged 65 years, late of Peppertree Grove, 407 Anzac Highway, Camden Park, South Australia died at the Royal Adelaide Hospital, North Terrace, Adelaide, South Australia on the 25th day of June 2011 as a result of sepsis due to aspiration pneumonia. The said Court finds that the circumstances of his death were as follows:

1. Introduction, cause of death and reason for Inquest

1.1. David Stanley Ayres died on 25 June 2011. He was aged 65 years. The cause of death at pathology review was sepsis due to aspiration pneumonia¹, and I so find. At the time of his death Mr Ayres was subject to a level one detention and treatment order, which had been imposed by a psychiatric registrar at the Royal Adelaide Hospital the day prior to his death. Mr Ayres' death was therefore a death in custody within the meaning of the Coroners Act 2003 and this Inquest was held as required by section 21(1)(a) of that Act.

2. Background

2.1. Mr Ayres grew up in Woodville with his parents and sister. He suffered from an intellectual disability and was diagnosed with schizophrenia in his teens. He was admitted to mental health institutions on a number of occasions throughout his life.

¹ Exhibit C2a

Mr Ayres' father died in 1971 and he continued to reside with his mother until she became too elderly to care for him.

- 2.2. On 15 December 2008 Mr Ayres was placed under the care of the Guardianship Board and the Public Advocate appointed as his full guardian. Mr Ayres took up residency at the Peppertree Grove residential facility in December of 2008. Peppertree Grove cares for intellectually disabled and mentally ill people. Maria Atkins from the Office of the Public Advocate was appointed guardian for Mr Ayres in 2009².
- 2.3. Ms Atkins visited Mr Ayres on three occasions at Peppertree Grove and noted that he was clean, well fed and happy, and that the staff appeared to pay him special attention. Mr Ayres had a community support worker who would take him out regularly. He also had a case worker from the Beaufort Clinic at the Queen Elizabeth Hospital. The Beaufort Clinic managed Mr Ayres' medication for schizophrenia, the drug clozapine. This meant that he was quite closely managed, as that is a requirement for the prescription of that drug..
- 2.4. On 12 May 2010 the guardianship order was revoked as Mr Ayres appeared settled and happy and there were no health or lifestyle decisions required to be made on his behalf. So, at the time of his death, or just prior to it, there was no community treatment orders or anything of that nature in place.

3. The events leading to Mr Ayres' death

- 3.1. On 8 June 2011 Mr Ayres was visited at Peppertree Grove by his general practitioner, Dr Malcolm Mackay. The manager of the facility had contacted the doctor and informed him that Mr Ayres was not well and that he had a suspected urinary tract infection.
- 3.2. The entry in Dr Mackay's notes states that on examination Mr Ayres was afebrile and that his chest was clear. Dr Mackay provided a statement to the Court³ which states that Mr Ayres' pulse and blood pressure were normal, that his skin colour was good, and that he appeared in no distress.

² Exhibit C6a

³ Exhibit C12a

- 3.3. The note refers to urinary tract infection as a differential diagnosis, although Mr Ayres did not provide a urine specimen. Mr Ayres was a very difficult patient. He was distrustful of people examining him and often refused to undertake certain procedures and examinations.
- 3.4. The plan was to commence Mr Ayres on cephalexin for five days, with four 500mg tablets per day. Dr Mackay in his statement said that this was done to cover the possibility of a urinary tract infection or any other bacterial infection that may have been present.
- 3.5. In the case notes for Peppertree Grove⁴ there is a record of the daily medications that Mr Ayres were taking. These were his usual medications such as clozaril, prohibitor, Renitec, Uremide and Valpro. With the addition of another medication an additional sheet was filled out by the staff who would administer the medications. The record keeping of the additional medication leaves a lot to be desired.
- 3.6. The notes of the residential facility have only documented five entries for the cephalexin being administered to Mr Ayres. There should have been around 20 entries.
- 3.7. A statement was taken from Ms Marie Mahon⁵, the Manager of Peppertree Grove. She explained that whenever extra medication is prescribed to a resident, as soon as the medication arrives it is placed in a locked cupboard, details of the medication and how often it is to be taken are then entered onto a whiteboard. This enables all members of staff to see exactly what is required and when it is required. Once medication is given it is entered into the medication book.
- 3.8. Ms Mahon was asked to explain the reason why there is no record of the other occasions when the medication should have been dispensed to Mr Ayres. She suggested that it was not entered into the book as it should have been, as staff may have been distracted by other residents. However, when an inventory of Mr Ayres' medication was done after his hospitalisation, there was no cephalexin left over. The inference is that it was all given but not documented properly.

⁴ Exhibit C17

⁵ Exhibit C16c

- 3.9. On Tuesday 14 June 2011 Mr Ayres did not want to get out of bed to participate in the breakfast routine, and this was apparently not unusual for Mr Ayres. Peppertree Grove was a supported residential facility and not a nursing home, and the residents were to a degree left to their own devices as to how they conducted their day.
- 3.10. The statements of Ms Val Inglis⁶ who was a carer at Peppertree Grove, Mr Douglas Bolt⁷ who was the gardener, and Ms Marie Mahon all described the morning at different times. Some of their accounts were that at various times in the morning they checked on Mr Ayres and that he appeared to be sleeping. Ms Inglis actually went into his room and noticed Mr Ayres to be fully clothed when lying on his bed without a blanket. She asked if he wanted a blanket over him a number of times, but he replied 'No'.
- 3.11. Mr Bolt ultimately inquired with Ms Mahon if Mr Ayres was all right when he went into his room around lunch time, and it was at that time that Ms Mahon entered the room, heard raspy breathing, and noticed Mr Ayres' eyes to be glazed over. She rang the ambulance.
- 3.12. The ambulance attended at 1307 hours. The ambulance officers noted that Mr Ayres had finished a course of antibiotics the day before with a diagnosis of a urinary tract infection.
- 3.13. On examination he was found to be cold. He was in urine-soaked clothing and semiconscious. He was taken directly to the Royal Adelaide Hospital where he was diagnosed with sepsis secondary to community-acquired pneumonia. He was admitted to the intensive care unit and treated with IV tazocin and ionotropic support. A chest X-ray revealed left lung consolidation. It was postulated that Mr Ayres may have suffered a seizure earlier that morning, leading to incontinence and then unconsciousness.
- 3.14. While in ICU Mr Ayres suffered a further seizure and it was noted at this time that his valproate level was sub-therapeutic so it was titrated up and no seizure activity was noted after that time. After two days of ICU care Mr Ayres improved clinically and he was transferred from the ICU to a ward. His course of IV antibiotics was completed, he remained afebrile and his white cell count improved. This was

⁶ Exhibit C14a

⁷ Exhibit C15a

notwithstanding the difficulties that staff had treating Mr Ayres due to his intellectual disability. Mr Ayres, it is clear from the case notes, was combative and suspicious of nursing and medical staff and their interventions.

- 3.15. Whilst on the ward on 23 June 2011 Mr Ayres was noted to have developed a cough and, upon testing, his white cell count had increased. A further chest X-ray was undertaken and on this occasion it revealed a consolidation in the right mid upper lung, however the pneumonia that had been located upon admission had gone.
- 3.16. It was thought that this further pneumonia was hospital-acquired pneumonia and he was treated differently on this occasion with gentamicin, cefazolin and metronidazole on the ward. The possibility of aspiration pneumonia was also covered as Mr Ayres was noted to eat his food very quickly and suffered vomiting shortly after his meals.
- 3.17. There is a very comprehensive statement of Dr Peter McKenzie at Exhibit C13A. He is a specialist physician at the Royal Adelaide Hospital who treated Mr Ayres over his inpatient admission. His statement describes the treatment regime and Mr Ayres' response in the days before his death.
- 3.18. Given the relapse in Mr Ayres' condition and his reluctance to allow examinations, the consensus was reached that a detention order be implemented so that medication and treatment could be administered in the short term and that a guardianship order be sought for the long term. This occurred on 24 June 2011 with a consultant review to occur the following day for confirmation or revocation of the order.
- 3.19. Also on 24 June 2011 registrar, Dr Nicola Williams, assessed Mr Ayres. She was under the supervision of Dr McKenzie. She has provided a statement⁸ that Mr Ayres was afebrile, his oxygen saturations were 96% on four litres of air and his heart rate was 90 beats per minute. Clinical examination revealed no focal lung signs and he was able to talk sentences, however he was gasping for breath at that time.
- 3.20. The case notes reflect that social work, physiotherapy and psychiatric teams were involved with him on this day. It appears that plans were being made for Mr Ayres to be considered for a facility with a higher level of care when he was discharged, as his functioning had decreased whilst he was in hospital.

⁸ Exhibit C13a

3.21. Grace Manuel⁹, registered nurse, stated that at approximately 0815 hours on 25 June 2011 she gave Mr Ayres his numerous medications. She recalled that Mr Ayres did not appear to have difficulty swallowing the tablets and that he had eaten breakfast at around 0715 hours.

3.22. She returned a short time later to give Mr Ayres his nebuliser and said:

'When I left Mr Ayres he seemed normal ... I didn't notice anything unusual.'

3.23. At approximately 0845 hours Ms Manuel was attending on another patient close to Mr Ayres and noticed that he was pale and slightly slumped over. She went to rouse him and found that he was unresponsive. A code blue was called and CPR commenced and it was found that Mr Ayres was in ventricular fibrillation. Two cycles of defibrillation and adrenaline were administered without success. Mr Ayres was pronounced life extinct at 0855 hours¹⁰.

4. Recommendations

4.1. In my opinion Mr Ayres was appropriately treated. I have no recommendations to make in this matter.

Key Words: Death in Custody

In witness whereof the said Coroner has hereunto set and subscribed his hand and

Seal the 19th day of May, 2014.

State Coroner

Inquest Number 19/2013 (1006/2011)

⁹ Exhibit C3a

¹⁰ Exhibit C4b