CORONERS ACT, 2003

SOUTH *AUSTRALIA*

FINDING OF INQUEST

An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 26th day of June 2007, the 16th, 17th and 18th days of July 2007, and the 2nd day of August 2007, by the Coroner's Court of the said State, constituted of Mark Frederick Johns, State Coroner, into the death of Mona Belle Leslie.

The said Court finds that Mona Belle Leslie aged 95 years, late of Canterbury Close Nursing Home, Blamey Road, Elizabeth East died at Canterbury Close Nursing Home, Blamey Road, Elizabeth East, South Australia on the 28th day of September 2004 as a result of asphyxia due to glottic obstruction by food. The said Court finds that the circumstances of her death were as follows:

1. Introduction

1.1. Mona Belle Leslie was aged 95 years at the time of her death on 28 September 2004 at the Canterbury Close Nursing Home in Elizabeth East. A post mortem examination was carried out by Dr John Gilbert, Forensic Pathologist, and he provided a post mortem report which was admitted as Exhibit C3a in these proceedings. Dr Gilbert gave the cause of death as asphyxia due to glottic obstruction by food, and I so find.

1.2. In the post mortem report Dr Gilbert made a number of observations which I set out using his words:

> 'The glottic inlet was occluded by a loose bolus of finely divided beige food material as well as fragments of diced carrot and nearly intact peas.
>
> Oesophagus: Contained food material similar to that noted in the glottic inlet.

> Stomach content: Contained large, unmasticated fragments of sliced potato, a few fragments of onion ring, several peas which were mostly intact, a few fragments of diced carrot and small fragments of tomato.'

1.3. Dr Gilbert made the following observation in relation to Mrs Leslie's lungs:

> 'Occasional small airways contained traces of finely divided food material.'

1.4. Dr Gilbert made the following comment:

> 'Autopsy examination confirmed obstruction of the glottis by food material. The nursing home notes clearly stated that the deceased was supposed to be on a vitamised diet. This was indicated by a Dietary and Nutrition Care Plan formulated on 2 August 2004 stating that the deceased's diet should comprise "Vitamised and ¼ thickened fluids".
>
> Large fragments of unvitamised and largely unmasticated food were noted in the stomach and similar food material was noted in the glottic inlet (eg diced carrots and peas). The gastric contents also included finely divided material consistent with at least partially vitamised food material. It therefore appeared that at least part of the deceased's meal included unvitamised vegetables. In the presence of swallowing difficulties associated with severe dementia, there was an increased risk of aspiration of food.'

1.5. Dr Gilbert reported that an analysis of a specimen of blood obtained at autopsy showed that there was a greater than therapeutic level of citalopram in Mrs Leslie's bloodstream. Dr Gilbert commented that this may have been explained by post mortem redistribution and that it might also reflect accumulation due to decreased hepatic metabolism and/or renal elimination as a consequence of advanced age. Dr Gilbert noted that a symptom of a higher than therapeutic level of citalopram can include amongst other things drowsiness. He was raising the possibility that Mrs Leslie's aspiration of food may have been, in part, attributable to drowsiness from a greater than therapeutic level of citalopram. However, I do not take him to be pressing this theory, and in his oral evidence he certainly did not do so. In my view, the most likely explanation for the relatively high level of citalopram is that offered by Dr Gilbert in Exhibit C3a and set out above. I do not believe that drowsiness was a factor in Mrs Leslie's death.

1.6. Dr Gilbert gave evidence at the Inquest. He stated that the loose bolus obstructing the glottic inlet was approximately 2 to 3 centimetres across. This mass of food was found just above the larynx. Dr Gilbert stated that in layman's terms, Mrs Leslie choked on this food. He commented that the obstruction was too far down for it to have been removed by hand. The usual remedy in this situation, according to Dr Gilbert, is to squeeze the choking victim around the chest, thus causing a blast of

air from the lungs to dislodge the obstruction. He commented that had choking been suspected at a very early stage and the airway been cleared promptly Mrs Leslie may have survived the incident. On the other hand, he pointed out that Mrs Leslie was a very frail old lady at the time of her death.

1.7. Mrs Leslie's casenotes were admitted as Exhibit C10 in these proceedings. They showed that Mrs Leslie had a history of hypertension, osteoarthritis and dementia. A review of the casenotes shows that she was assessed by various medical professionals on a routine basis, including physiotherapists.

2. Ms Barbara Griffiths

2.1. Ms Barbara Griffiths gave evidence at the Inquest. She holds an aged care certificate level three and was working as a carer at Canterbury Close Nursing Home on 28 September 2004. She continues to work in the aged care industry in the State of Victoria. She commenced working in Canterbury Close Nursing Home in July 2003 and generally worked an afternoon shift. Her duties included assisting the residents with their daily living activities. This included assisting with the eating of meals, putting residents to bed and bathing and showering. She finished working at Canterbury Close Nursing Home in May 2005.

2.2. Ms Griffiths said that she was aware of Mrs Leslie's various medical conditions from her casenotes, and was able to recall those conditions when giving evidence. She described Canterbury Close Nursing Home as physically comprising two wings with a common dining area separating those wings.

2.3. Ms Griffiths stated that the dietary needs of residents were important. She said that some residents had difficulty in swallowing, particularly those affected by dementia. She noted that such patients can forget what they are doing when eating.

2.4. Ms Griffiths stated that on 28 September 2004 she assisted Mrs Leslie with her evening meal. She stated that Mrs Leslie was in bed and that her meal was sitting in front of her on the hospital trolley which extended over her bed ready for her to eat. Mrs Leslie was upright in bed with a pillow behind her. Mrs Leslie was alert when approached by Ms Griffiths and responded to her when Ms Griffiths said hello. Although Mrs Leslie did not talk, she acknowledged the greeting by facial expressions and body movements. Ms Griffiths could not remember what food

Mrs Leslie was served that night. She could not remember whether the food comprised whole pieces or was "mushy". However, Ms Griffiths stated that she fed Mrs Leslie slowly, making sure that she chewed first and then swallowed. Ms Griffiths could not remember if the meal she served to Mrs Leslie contained any whole potato and she could not remember if it contained any carrots and peas or onion rings.

2.5. Ms Griffiths stated that Mrs Leslie was eating well at first but then she started coughing. This occurred after she had had approximately three or four mouthfuls of food. Ms Griffiths stated that when the coughing started, she hit Mrs Leslie on the back. She stated that having attended a training session at Canterbury Close Nursing Home on the subject of choking she knew that it was appropriate to hit the victim on the back. She said that Mrs Leslie vomited and that she saw some food coming out. Ms Griffiths said that she immediately called the Registered Nurse, Tina Sharrock. She did not leave Mrs Leslie for that purpose but remained with her. According to Ms Griffiths, Mrs Leslie stopped coughing and was breathing but exhausted from her coughing effort. Ms Griffiths could hear a slight rattling noise in Mrs Leslie's breathing and thought it likely to be something in her throat. Ms Griffiths stated that when Mrs Leslie had stopped coughing she thought that Mrs Leslie's airway was no longer blocked. Ms Griffiths stated that she was quite clear that Mrs Leslie had not started feeding herself before Ms Griffiths' arrival.

2.6. Ms Griffiths was informed of the results of Dr Gilbert's autopsy examination, and his findings as to Mrs Leslie's stomach contents. Ms Griffiths could not remember what it was she had fed Mrs Leslie on the night in question. Ms Griffiths was informed that, according to Dr Gilbert, the large unmasticated pieces of food identified by him in Mrs Leslie's stomach had only been there for a short time. He did not believe that they would have remained there from Mrs Leslie's lunch. He said that they had been eaten very shortly before death. Ms Griffiths was unable to account for their presence in Mrs Leslie's stomach, stating:

> 'Because if she is on a vitamised, should be vitamised, or if she is on a soft diet, she should be on a soft diet.'[1]

[1] Transcript, page 80

3. Ms Ann Sinclair

3.1. Ms Ann Sinclair gave evidence at the Inquest. She had been interviewed by Senior Constable First Class Muir on 19 July 2006. A record of that interview was admitted as Exhibit C12 in these proceedings. Ms Sinclair is the Site Manager at Canterbury Close Nursing Home, a position she has held since approximately 2003. She was the Site Manager at the time of Mrs Leslie's death.

3.2. Ms Sinclair provided a report upon the circumstances of Mrs Leslie's death to the Manager, Aged Care Operations, at Anglicare, the ultimate proprietor of Canterbury Close Nursing Home. That report was identified by Ms Sinclair and admitted in evidence as Exhibit C12a.

3.3. Ms Sinclair has a considerable amount of experience in the aged care sector. She stated that Canterbury Close Nursing Home is a 51 bed nursing home comprising two wings, one containing 23 beds and the other 28 beds. She stated that there is a dining room between the two wings. During an evening shift the staffing complement consists of one registered nurse, one enrolled nurse and six care workers. This evidence accords with the account of Ms Griffiths who said that there were three care workers at the beginning of such a shift and then two care workers subsequently. In this account Ms Griffiths was referring to the number of workers per wing and not in total for the facility.

3.4. Ms Sinclair described the systems in place at Canterbury Close Nursing Home. She stated that there were three categories of diet available at the time of Mrs Leslie's death. There was the normal, or ward diet, the soft diet and the vitamised diet. She said that the normal diet comprises food that would be eaten by normal healthy persons. She said that a soft diet comprises vegetables which are cooked to a very soft consistency and meat which is vitamised. She said that a vitamised diet consists of meat and vegetables which have both been vitamised. She said that a resident will have a normal diet unless a registered nurse notices that this causes a problem for the resident. Generally speaking a speech pathologist will then perform an assessment and determine the type of diet that the resident should be on. Ms Sinclair said that it is usual practice for residents to maintain the diet which they have been receiving prior to admission, at least at the commencement of their care at Canterbury Close Nursing Home. Thereafter, reassessment occurs as necessary.

3.5. Ms Sinclair said that a registered nurse can make a decision to change a diet from normal to soft or from soft to vitamised but may not direct a change in diet in the opposite direction. In other words, a registered nurse may not direct that a resident be placed on a "harder" dieter than that currently applicable. Ms Sinclair stated that it is necessary for a speech pathologist to reassess a resident before the resident can resume a "harder" diet. She said that this might sometimes happen if a resident has been ill and then recovers.

3.6. Ms Sinclair explained the system for ensuring that any dietary changes assessed by a registered nurse or a speech pathologist were duly recorded. She explained that the registered nurse was responsible for completing a form headed "Dietary Changes". The form provides for the registered nurse to write down the change which is requested for the specified resident. In Mrs Leslie's case there were three such forms requesting dietary changes. These forms were, in accordance with Canterbury Close Nursing Home procedure, forwarded to the kitchen and a further copy was placed on the resident's casenotes. The first form is dated 25 July 2003 and requests that Mrs Leslie be placed on a "soft diet". The second form is dated 18 October 2003 and requests that Mrs Leslie be placed on "thickened fluids". The third form is dated 29 February 2004 and is of less significance to these proceedings as it relates only to afternoon tea. Clearly the most significant of those documents was the request dated 25 July 2003 requesting that Mrs Leslie be placed on a soft diet.

3.7. Ms Sinclair was asked to consider that document in the course of her evidence[2]. Ms Sinclair said that she understood from the various records that Mrs Leslie had been on a normal ward diet until 25 July 2003 when registered nurse Carol Stinson made the decision to change her to a soft diet. There was nothing in the casenotes which assisted Ms Sinclair in determining why it was that Registered Nurse Stinson made that decision. However, Ms Sinclair was confident that from 25 July 2003 onwards Mrs Leslie would have been provided by the kitchen with the soft diet[3]. Having regard to the casenotes, Exhibit C10, Ms Sinclair was able to inform me that a speech pathologist assessed Mrs Leslie on 30 October 2003. A copy of the speech pathologist's recommendation which was produced as a result of that assessment advised that Mrs Leslie be placed on a ward diet. Ms Sinclair agreed that there was an inconsistency between the dietary change form indicating that Mrs Leslie was to be

[2] Transcript, page 103
[3] That is soft vegetables and vitamised meat; Transcript, page 104

on a soft diet from 25 July 2003 and the speech pathology recommendation of 30 October 2003 that she be on a ward diet. However, Mrs Leslie's casenotes[4], did not contain any dietary change form requesting that the kitchen place Mrs Leslie back onto a normal diet. It was Ms Sinclair's evidence that in those circumstances the kitchen would have maintained Mrs Leslie on the same soft diet that she had been on before the speech pathologist decided that her diet could be upgraded to a ward diet[5].

3.8. Ms Sinclair reviewed Mrs Leslie's progress notes[6] for the period late October 2003 through until the date of Mrs Leslie's death and informed me that she found no entries which would have changed Mrs Leslie's diet from that time onwards. Accordingly, I find that from the point of view of the kitchen staff, Mrs Leslie would, at all times after 25 July 2003, have been required to be provided with a soft diet.

3.9. Ms Sinclair gave evidence that each resident at Canterbury Close Nursing Home had a resident care plan. These were reviewed every three months. The resident care plan was reduced to writing. It is sufficient in these findings to refer to two examples which appear in Exhibit C12b. One is dated 3 March 2002. It also bears endorsements dated 9 August 2003, 20 November 2003, 7 February 2004 and 3 May 2004, each of them evidencing the date on which the care plan was updated following a quarterly review. The other care plan is dated 2 August 2004, and was the care plan which existed in relation to Mrs Leslie at the time of her death. From these documents it is evident that the Canterbury Close Nursing Home procedure that required the care plan to be reviewed on a quarterly basis was duly complied with. However, an examination of the two care plans reveals some significant discrepancies. The penultimate care plan, which was last revised on 3 May 2004, correctly identifies Mrs Leslie's diet type as "soft/vitamised" with "thickened fluids". It was common ground that the expression "soft/vitamised" corresponded with a soft diet in that the vegetables were required to be cooked to a soft consistency and the meat was required to be vitamised. By contrast with the penultimate care plan, the care plan of 2 August 2004 provided that Mrs Leslie's diet should be vitamised. There were other references under the heading "Dietary and Nutrition Care Plan" which were not applicable to Mrs Leslie, the most significant of which cautioned against offering Mrs Leslie "protein" puddings because these interfere with the uptake

[4] Exhibit C10
[5] Transcript, page 108
[6] Exhibit C10

of Sinemet. In fact, Mrs Leslie was not prescribed the drug Sinemet and never had been. That drug is prescribed for the treatment of Parkinson's Disease, a condition from which Mrs Leslie did not suffer. Clearly, the entries inserted in the care plan under the heading "Dietary and Nutrition Care Plan" did not relate to Mrs Leslie.

3.10. The evidence of Ms Doherty explained how this discrepancy arose. Ms Doherty is a registered nurse. She was employed at Canterbury Close Nursing Home between June 2002 and August 2004. During the period of three months prior to her resignation in August 2004 she was responsible for transferring the resident's care plans from the paper based system which had been employed until then, to a new computerised system. Ms Doherty acknowledged that the care plan of 2 August 2004 could not have been correctly transcribed by her from the previous care plan. She speculated that the material which she inserted under the heading "Dietary and Nutrition Care Plan" was in fact cut and pasted from another resident's care plan. This would be the only way she could account for the presence of the reference to the drug Sinemet, and the erroneous reference to a vitamised diet for a person who was supposed to be on a soft diet.

3.11. In my opinion, Ms Doherty's frank acknowledgement of her error is commendable. I think it is likely that her explanation for the error is correct. While it is disturbing that such an error might have been made, it did not have any effect on the ultimate outcome in this case. Furthermore, I note that the error was – fortunately – not such as might have caused any harm, because it provided for a more conservative and safer diet than the soft diet which was actually applicable. It would have been more concerning if the error had been to purportedly place Mrs Leslie on a normal diet. In any event, the kitchen would only effect a change in diet if given notice by means of one of the dietary change forms which I have already described. That process did not follow from Ms Doherty's error and would not be likely to have followed from any such error. Nevertheless, the possibility did exist that such an error might have led to a dietary change notice, and may have, in different circumstances, played a significant part in the outcome.

3.12. I further note that this error in the care plan existed between 2 August 2004 and the date of Mrs Leslie's death without any action being taken to correct it. It would appear that no one noticed the error during that period.

3.13. It is also notable that the care plan that was then applicable to Mrs Leslie was not amended to acknowledge the dietary change which was put in place on 25 July 2003, notwithstanding reviews on 9 August 2003, 20 November 2003 and 7 February 2004. In fact, it was not until the review of 3 May 2004 that this modification was noted and incorporated into Mrs Leslie's then care plan.

3.14. These administrative deficiencies speak for themselves. However, I note that they have been detected and acted upon by Anglicare and Canterbury Close Nursing Home in the period following Mrs Leslie's death. I need say nothing more about these matters in this finding.

3.15. Ms Sinclair acknowledged the evidence of Ms Griffiths that she was not aware that Mrs Leslie's care plan was readily accessible in Mrs Leslie's room. Ms Sinclair said it was been stored in Mrs Leslie's wardrobe in accordance with the general procedure at Canterbury Close Nursing Home for patients whose condition was not such that they might interfere with a care plan stored in their room. Ms Sinclair frankly admitted that she was very concerned that a personal carer would not have been aware of the place at which he or she could access a resident's care plan. The system at Canterbury Close Nursing Home contemplated that carer workers would be well acquainted with the contents of the care plan. There was clearly a mismatch in the understanding of management of the requirements of their staff, and the reality on the ground, at least so far as Ms Griffiths was concerned.

3.16. Ms Sinclair was unable to explain how it was that Mrs Leslie was fed a meal which contained large pieces of potato, onion rings, and intact peas. She stated that a soft diet should never include peas, although in this respect her evidence was inconsistent with that of some of the other witnesses. Given her seniority, I prefer Ms Sinclair's evidence in relation to that issue. Ms Sinclair also acknowledged that in feeding Mrs Leslie food which contained large pieces of potato, Ms Griffiths was not as careful as she should have been. Ms Sinclair acknowledged that Ms Griffiths should have checked Mrs Leslie's care plan when she saw large pieces of food in her dinner. If she did not see the large pieces of food, then she ought to have done so. Ms Sinclair said that in such circumstances Ms Griffiths should have checked with the registered nurse. Ms Sinclair did not agree that Ms Griffiths would have been too busy to take steps to check the appropriateness of the meal.

3.17. Ms Sinclair noted that the reaction of registered nurse Tina Sharrock on her arrival was to place Mrs Leslie in an upright position. Ms Sinclair stated that she would have laid Mrs Leslie on her side and not placed her in the position adopted by Ms Sharrock. In this respect Ms Sinclair noted that there were, at Canterbury Close Nursing Home, flowcharts setting out the proper management of a suspected choking victim which were prominently displayed in a number of places throughout the facility. An example of the flowchart was admitted as Exhibit C8e in these proceedings.

4. Ms Tina Sharrock

4.1. Ms Sharrock gave evidence at the Inquest. Ms Sharrock explained that she did not place Mrs Leslie on her side in accordance with the flowchart because she had not formed the opinion that Mrs Leslie was a choking victim. She said that if she had formed the opinion that Mrs Leslie was a choking victim she did not know what she would have done. This a surprising admission given the presence of the flowchart in a number of places throughout the facility, and Ms Sharrock's training as a registered nurse. Ms Sharrock, it appears, thought that Mrs Leslie was suffering from a chest infection which had caused her coughing. It was for this reason she did not treat Mrs Leslie, at least at first, as a choking victim. In this respect, I consider that Ms Sharrock made an error of judgement. Mrs Leslie's coughing had occurred during a meal. She was an extremely frail and elderly resident who suffered from dementia, a known risk for choking. She was on a soft diet. That fact should have been plain from the remains of the meal which would have been on the plate and which Ms Sharrock could easily have checked. Ms Sharrock should, in my opinion, have had a high level of suspicion that the episode she was confronting was likely to be a choking episode. She should not so readily have assumed that she was dealing with a chest infection, particularly in the absence of any previous symptoms of chest infection that day.

4.2. If Ms Sharrock had treated the case as one of potential choking, she could in no way have compromised Mrs Leslie if it turned out that the difficulty was in fact a chest infection. If she had lain Mrs Leslie on her side as required by the choking victim protocol, the outcome may have been different, as pointed out by Dr Gilbert. If Ms Sharrock had performed a lateral chest thrust, a manoeuvre which was also the

subject of some evidence at the Inquest and which was described in the flowchart[7], the outcome may have been different. However, the fact remains, as pointed out by Dr Gilbert, that Mrs Leslie was an extremely elderly and frail lady at the time of her death. If these precautions had been taken by Ms Sharrock the outcome may have been no different, although Mrs Leslie's chances of survival may have been improved.

5. Recommendation

5.1. I recommend that Canterbury Close Nursing Home reinforce with its staff that in circumstances where residents are found to be in distress from coughing during a meal, staff should not dismiss the possibility of a choking episode until they have taken proper steps to satisfy themselves that the incident is not a choking episode.

[7] Exhibit C8e

Key Words: Choking (Food); Nursing home.

In witness whereof the said Coroner has hereunto set and subscribed his hand and Seal the 2nd day of August, 2007.

State Coroner

Inquest Number 14/2007 (2957/04)