Maria Mallaband

Kents Hill care Home
50 Tunbridge Grove
Kents Hill
Milton Keynes
Buckinghamshire
MK7 6JD

15 May 2020

## Report for HM Coroners-Calogero Scarito (13/12/31-15/02/20)

### Preamble

Mr Scarito was admitted to Kents Hill Care Home on 11.10.19 from his home address, where he was living with his wife of 60 years. Mr Scarito was diagnosed with Dementia about 6 years ago and his condition has deteriorated gradually. Whilst at home, he was struggling to look after himself and his wife was not able to cope with caring for him at home. A referral was made for social services input to assess and a Best Interest Decision was made by the family and Social Services that determined Mr Scarito would benefit from a permanent admission to Kents Hill Care Home in relation to meeting his 24 hours care needs and to maintain his personal safety. He was not able to reliably communicate his needs. There was a language barrier as Mr Scarito had periods of speaking Italian. Staff had a communication board in place with basic Italian words. He had periods when he would say some English words. Due to periods of confusion and lack of concentration he needed one-to-one support during activity sessions.

Following a Mental Capacity Assessment, it was found that M. Scarito had lack of capacity to make his own decision to reside in a care facility. He had little insight into his illness and how this impacted on his ability to make informed decisions about his accommodation, care, treatment and personal safety. A Deprivation of liberty order was granted with no conditions from 10/01/20 to18/12/20 as Mr Scarito needed continuous supervision for care and to maintain care delivery and his personal safety.

### Care Delivery:

Walking independently without any aids but assessed as at high risk of falls.
Nutritionally he was able to eat independently with a MUST score of 0-2.
Personal care required 1-2 care staff due to his inability to understand simple requests.
Continent of faeces and urine but voided urine inappropriately within the care home initially. As his condition deteriorated, he became Incontinent of urine and faeces and was provided with continence aids.
Skin integrity was initially good however, over time he developed several moisture lesions that healed using barrier cream.
Sleeping was disturbed at times as he would walk with purpose but on returning him to his room he would return to sleep.
Required support to take his medication in part due to the language barrier and cognitive disfunction. No episodes of refusing medication.

### Medical History:

Registered Office:
Maria Mallaband Care Group
Westcourt, Gelderd Road. Leeds. LS12 6DB
Tel. 0113 238 2690 Fax: 0113 238 2691
Email: admin@mmcg.co.uk
www.maria-mallaband.co.uk
Company Number: 03135910

Dementia
Hypertension
High risk of falls

**Medications:**
Paracetamol 500 mg -as required
Medi-derma ointment-twice a day
Amlodipine 5mg -once daily
Lansoprazole 15mg -take one twice a day
Senna 7.5mg -as required
Losartan 50mg-daily
Laxido 0ral powder -one sachet twice a day
Anticipatory medications were prescribed also by the General Practitioner (GP).

**Incidents:**

**iCareHealth accident form dated 20.10.2019**
Mr Scarito had his first fall in the Home which resulted in him being admitted to the Milton Keynes University Hospital (MKUH) as he had sustained a head injury which was bleeding. The daughter was contacted by a member of staff following his return to the care home to enquire if he had a CT Scan performed and the outcome of that scan as she had attended the hospital. No discharge letter was provided by the hospital.

30.10.2019
Taking into consideration the falls prior to admission and his difficulty while mobilising a referral to the local NHS falls team was submitted. A sensor matt was put in place to alert staff via the nurse-call system when Mr Scarito attempted to mobilise without assistance.

**iCareHealth accident form dated 07.11.2019**
Mr Scarito had another unwitnessed fall whilst walking on the corridor with purpose which ended in him having skin/cut to his forehead. Following the company policy for falls he was monitored for 24 hours (Blood Pressure, pulse, temperature, oxygen saturation, bleeding, nausea, vomiting). The family was informed about the fall.

**iCareHealth accident form dated 09.11.2019**
Mr Scarito was found lying on the floor on the corridor. The nurse-in-charge examined Mr Scarito for possible injuries, none was none at that time. He was monitored as per company policy for potential falls and potential head injury. The family was informed.

**iCareHealth accident form dated 11.11.2019**
Mr Scarito had another unwitnessed fall which resulted in a head injury. The nurse-in-charge examined him, and 24 hours post fall monitoring form completed, no concerns detected. The family was informed.

**iCareHealth accident form dated 06.12.2019**
During the early morning Mr Scarito was found on the floor in the main lounge. He was checked over by the nurse-in-charge for possible injuries. He had sustained a scratch to his head. A period of 24-hour observation was taken with no concerns reported.

11.12.2019

Mr Scarito was seen by the local NHS Falls Team and in conjunction with the General Practitioner (GP) his hypertensive medication was discontinued, and blood pressure was monitored by the Registered Nurse's for 2 weeks.

**iCareHealth accident form dated11.12.2019**

Mr Scarito was found lying on the floor following an unwitnessed fall. A period of 24-hour observation was taken with no concerns reported.

14.12.2019

Continuing Health Care (CHC) was contacted for support particularly around his mobility and dementia needs.

17.12.2019

The GP reviewed Mr Scarito's medication and requested that his Amlodipine was to be discontinued.

24.12.2019

Mr Scarito had 4 readings of high blood pressure (average 183/90 mm/Hg) and the GP was contacted who prescribed Losartan 50 mg to be administered in the morning.

**iCareHealth accident form dated 25.12.2019**

Mr Scarito had a further unwitnessed fall where he was checked by the nurse-in-charge and no injuries sustained, reassurance was given, and the family was informed. His observations were recorded for 24 hours as per company policy for unwitnessed falls and no concerns were reported.

27.12.2019

Mr Scarito was seen by the GP and his antihypertensive medication was changed to an evening medication time of 1800 hours as he was hypertensive during the previous night.

**iCareHealth accident form dated 06.01.2020**

Mr. Scarito had a fall resulting to a skin tear on his nose and forehead. He was reassured, he was alert. He was examined for injuries by the nurse-in-charge. As an unwitnessed fall resulting in a head injury 24 hours post fall monitoring was completed with no concerns reported. The next of kin informed.

10.01.2020

It was observed and reported that Mr Scarito was limping (right) leg whilst walking and he was finding it difficult to weight bear. The GP was contacted requesting a home visit referring to the fall he sustained a few days ago. The GP booked an ambulance and Mr Scarito was taken to the MKUH for a CT Scan following the fall.

11.01.2020

Mr Scarito was discharged from A&E accompanied without discharge notes or any follow-up documentation regarding investigations undertaken and the findings. The care home contacted the A&E department to enquire and requested the discharge summary.

21.01.2020

The GP discontinued Mr Scarito's medications Lansoprazole and Losartan. However, he presented over the next few days with vomiting episodes. The GP was contacted, and advice was to restart the discontinued medications. Mr Scarito's general medical condition started to deteriorate, his mobility was very poor, unable to weight bear and he was nursed in bed. He required support to be supported

and encouraged with drinks and meals. Two care staff were required to attend to his personal care needs.

28.01.2020
The GP was contacted due to his presenting weakness and pain on the right arm/hand. The GP organised for Mr Scarito to be transported via Ambulance to MKUH for an X-Ray where they have diagnosed Mr Scarito with acute and chronic subdural haematoma.

07.01.2020
Mr Scarito was readmitted to Kents Hill Care Home for palliative care. On admission his vital signs were recorded as $SaO_2$- 95% on air and a low body temperature recorded at 35.8$^{o}$ Celsius.

10.01.2020
The GP was informed about Mr. Scarito's return to the care home GP requested that Losartan 50 mg was discontinued, and the staff were to monitor his blood pressure.

12.01.2020
The GP Surgery was contacted again to inform that his blood pressure readings were high and as a result the GP re-prescribed Losartan 50mg.

13.01.2020
The GP was contacted to request anticipatory medications as Mr. Scarito was approaching the end-of-life.

14.01.2020
Mr Scarito was placed on an end-of-life care pathway and kept comfortable/pain free. The Family was involved in this decision.

15.01.2020 at 0120 hours
Mr. Scarito passed away peacefully. The family was immediately informed and reassured.

C Kerekes

Deputy Manager

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