



INQUISITION

An Inquisition taken for our Sovereign Lady the Queen

At Coroner's Court Rochdale on the 2nd day of July 2004
and by adjournment on 25th day of July 2008 At Coroner's Court Rochdale

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Before and by me Simon Nelson
Her Majesty's Coroner for Greater Manchester (North) District

The following matters were found

1 Name of Deceased
Azrar AYUB

2. Injury or disease causing death **THE FOLLOWING** contributed to the unexpected death of Mr Ayub:

- 1a Schizophrenia and its associated treatment
- b Physical and psychological exertion brought on by prolonged restraint
- c Agitated state prior to restraint, increasing during restraint
- d Medication and the side effects which can cause stress on the cardio-vascular system

3. Time, place and circumstances at or in which injury was sustained
Due to the length of the incident, we have clarified in detail as follows:- SEE ATTACHED

4. Conclusion of the Coroner as to the death

5. Particulars for the time being required by the Registration Acts to be registered concerning the death

(a) Date and place of birth 14 December 1979		Halifax	
(b) Name and Surname of deceased Azrar AYUB			
(c) Sex Male		(d) Maiden surname of woman who has married	
(e) Date and place of death Twenty - Eighth May 2004 Prestwich Hospital, Bury New Road, Manchester, M8 6RB			
(f) Occupation and usual address c/o Rivington Ward, Prestwich Hospital, Prestwich			

Signature of Her Majesty's Coroner
Signature of Jurors (present)

Simon Nelson

Booth
C. Sheppard
Home Officer

W. J. ...
C. Fairhurst
g.c. ...

Wingard P. ...
C. Fairhurst

On Friday 28th May 2004 Mr Ayub was a patient on Grassmere Ward. At 8.00 p.m. he asked for medication from the Nurse In Charge as he was experiencing disturbing thoughts. It is our opinion that he was well enough at this point to appreciate he was in need of additional medication, which was a reasonable request.

The refusal to administer the medication was deemed reasonable, as the Nurse in Charge felt a period of time for the effects of the initial medication to be seen, was necessary.

Mr Ayub was upset at the refusal, but remained compliant and he returned to his room, as requested.

Once inside his room, it appears Mr Ayub became more agitated. It is our opinion that the presence of three members of staff at the threshold of his bedroom door escalated his degree of agitation.

At this point, we feel the restraint and administration of the inter-muscular injection of Lorazepam were appropriate as Mr Ayub did not appear to comply and the period of restraint was managed in accordance with the Control and Restraint policy, which lasted for approximately 25 minutes.

Given Mr Ayub's behaviour at this stage and the lack of resources available, we accept the decision to seclude him in Rivington Ward's Seclusion Room was appropriate. However, we agree this contributed to his stress levels.

As Mr Ayub wasn't fully compliant at this time, it appears the transfer to the top of the stairs was managed as well as possible under the circumstances.

When the group reached the top of the stairs the jury are of the opinion that full control of the restraint was lost. From this point, we firmly believe the restraint was inappropriate as carrying a patient clearly broke the Trust's policy and possibly caused further distress upon Mr Ayub.

Whilst we agree the need for a speedy transfer to the Seclusion Room was necessary, we are of the opinion Mr Ayub's bell-being should have been paramount in the process and not enough consideration was given to the patient's/staff welfare, which may have heightened the risk of injury.

It is our opinion Mr Ayub's level of compliance was reasonable at this stage of the transfer.

We believe a member of staff briefly knelt upon Mr Ayub's back, although we do not feel this was intentional, but may have contributed to his stress.

Mr Ayub remained compliant and we believe more consideration should have been given to the door being closed i.e. seclusion commencing and more thorough checks being undertaken for his well-being (as per Section 12.3.3 of

the Preventing and Managing Violence and Aggression Policy.) It is our opinion that insufficient checks were made regarding the facilities to observe, prior to the decision to seclude being made as this may have assisted in understanding Mr Ayub's physical condition in the absence of a doctor.

From the evidence available, we are unable to determine whether Mr Ayub was still alive when staff exited the Seclusion Room. Had the Seclusion Policy been fully adhered to, we believe the issues arising from the observation could have been avoided (Section 5.1). As per Section 6.2 of the policy, we agree the position in which Mr Ayub's head was placed made it impossible to observe adequately.

At approximately 9.15 p.m., the nurse chosen to observe the seclusion raised initial concerns in respect of Mr Ayub's breathing. Further concerns were raised with the Nurse-In-Charge at 9.20 p.m. The room was re-entered at 9.25 p.m. It is our opinion this delay may have had a negative impact on the outcome. There appeared to be sufficient members of staff present to enable the room to be re-entered without the presence of a male member of staff, as Mr Ayub presented no risk towards them. It appears the duty doctor was not notified immediately upon the decision to seclude. We believe there was a breakdown in communication between staff as to when/whether the duty doctor was called (as per Section 4.2 of the Policy). If the doctor had arrived within the 30 minute period, a medical assessment could have been made.

In our opinion the ratio of Seclusion Rooms/Patient was inadequate and relevant to Mr Ayub's death and the whole incident may have been de-escalated earlier.

We feel the observation guidelines require more clarity on how a member of staff can observe and complete documentation at the same time.

With regards to the Continuation Sheet (appendix D) (exhibit C1), we strongly agree the completion was inadequate and there is no evidence that this observation was appraised by a senior member of staff. We believe the usual observation through the window impaired clear viewing and underlying checks should have been made prior to Mr Ayub being placed in the room. Had a check list been available this may have assisted staff in better understanding the requirements.

No evidence has been supplied to confirm if regular maintenance checks of the Seclusion facilities were made.

The lack of auditory assistance also impaired the ability to assess Mr Ayub's condition.

It is the Jury's opinion, based on the balance of evidence provided, that there has been an attempt to conceal the carrying of Mr Ayub, the (unintentional) kneeling upon his back and the degree of the observation and assessment.