

**Circumstances surrounding the death in hospital of a man,
who had been a voluntary resident at an Approved
Premises, in August 2007**

**Report by the Prisons and Probation Ombudsman
for England and Wales**

February 2008

This is the report into the circumstances surrounding the death of a man, in hospital in August 2007. He was a voluntary resident in approved premises. The man was 79 years old when he died.

The man's death was not subject to a formal inquest. He died from natural causes. He did not note any next of kin on his probation records or have any known contact with family or friends.

The investigation was carried out by my colleague. I would like to thank the manager of the approved premises and his staff for their help and assistance.

In September 2006, the man was released on licence from prison to the approved premises. He was required to sign the sex offenders register. The man was under probation supervision by a probation area. His licence expired in March 2007 and the Local Authority was seeking appropriate disabled accommodation at the time of his death.

As has been the case following a number of my investigations, this report raises questions about the current ability of approved premises to care for elderly and frail hostel residents. It had been intended that the man would stay at the approved premises for just a week. In fact, he was present for eleven months until his death.

I make two recommendations for the attention of the Chief Officer, of the Probation Area. In the final version of this report both recommendations have been accepted by the Probation Area.

This version of my report, published on my website, has been amended to remove the name of the man who died and those of staff and others involved in my investigation.

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Prisons and Probation Ombudsman

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SUMMARY

The man was released from prison in September 2006 to an approved premises on licence. Prior to his release, the manager of the approved premises had informed the man's offender manager that he had reservations about his appropriateness as a resident. He was told that the placement would be for only a short period. The man had complex medical problems, including foot problems, which required frequent visits to a surgery for medical dressings to be changed.

On the man's arrival at the approved premises, he was allocated a ground floor room. The man used a wheelchair to assist with his mobility. He registered with a local doctor. With the help of staff at the approved premises who arranged transport, The man attended the local surgery on a regular basis for medical appointments including changing the dressings to his foot.

In November 2006, the manager of the approved premises made contact with the man's offender manager. The manager was concerned that the man was still at the approved premises and that the placement was proving to be unsuitable. The man's key worker assisted him in making a housing application to a local council.

The man attended out-patient appointments at hospital for x-rays and blood tests over the next few months. In February 2007, he was admitted to the hospital, but discharged himself back to the approved premises after a few days against medical advice. Following his discharge from hospital he refused to take his medication. The manager of the approved premises again contacted his offender manager and noted that hostel staff were becoming increasingly concerned for the man's welfare. He resumed his medication regime a few days later.

In March, the man took delivery of a motorised scooter. He used the scooter to attend surgery appointments and visit a public house. On 28 March, the manager of the approved premises contacted the District Manager for Approved Premises and Prisons to inform him that the man was now a voluntary resident. The man was proving to be a challenging resident.

Over the next few months there was continued pressure from the manager to arrange a move for the man. His health was deteriorating and staff were finding the situation demanding. The local council made an assessment of the man's needs and an occupational therapist visited him at the approved premises to identify the resources he would require in adapted housing.

In August 2007, the man was admitted to hospital to be treated for a leg infection and cardiovascular problems. A week later, he died whilst still in hospital.

INVESTIGATION PROCESS

On 4 September 2007, my investigator visited the approved premises and met the manager. Terms of reference and notices to staff and residents had been sent in advance of my investigator's visit. She reviewed the man's probation file and took copies of relevant documents.

The report has been written from papers held within his probation file. No interviews were undertaken as the documents held in his file provided sufficient information to complete this report.

THE APPROVED PREMISES

Approved premises (formerly known as probation and bail hostels) are approved by the Secretary of State to accommodate sentenced offenders and those directed to live there by the courts as a condition of bail, or following release from prison. Their purpose is to provide an enhanced level of residential supervision in the community, as well as a supportive and structured environment. They operate on each day of the year with 24-hour staff cover.

Each resident is allocated a key worker soon after arrival, and this member of staff acts as the primary point of contact for sorting out practical issues. Regular keywork sessions give residents the opportunity to discuss their difficulties in depth. Although these sessions are not governed by a set agenda, issues such as benefits, health and move-on accommodation are routinely discussed. An offender manager from the local probation area supervises the resident. The key worker links to the offender manager ensuring the offender manager is updated on the resident's resettlement plans and their conduct whilst living in the approved premises.

The approved premises accommodates 32 people. The residents are either on licence and classed as posing a high risk to others, or live at the approved premises as part of their bail conditions.

There are 32 individual bedrooms, as well as communal kitchens, and television rooms. During the day, the hostel is staffed by the manager (a senior probation officer), deputy manager (probation officer), two probation service officers and administration staff. At night, a probation service officer sleeps at the approved premises, and a night officer stays on duty throughout. There is also a duty manager on call.

On arrival at the approved premises, the resident is interviewed by their key worker. Details of next of kin, personal information and medical information are recorded and a compact setting out standards of behaviour for living at the premises is signed by the resident.

MAPPA

Multi-Agency Public Protection Arrangements (MAPPA) support the assessment and management of the most serious sexual and violent offenders. The aim of MAPPA is to ensure that a risk management plan that is drawn up for the most serious offenders benefits from the information, skills and resources provided by the individual agencies co-ordinated through MAPPA.

OASys

The Offender Risk Assessment System (OASys) provides automatic sharing of data and operational information between the Probation Service and Prison Service IT systems so that updated offender information can be accessed instantly and securely by either organisation. This in turn should improve the consistency of offender assessment, provide courts with better informed sentencing advice, and support informed decisions on release and interventions.

KEY FINDINGS

The man was convicted of sexual offences at Crown Court in September 2002 and sentenced to six years imprisonment. He served much of his sentence at one prison. He was released on licence to the approved premises in September 2006. His licence was to run until March 2007.

Prior to the man's arrival at the approved premises, staff at the hostel raised concerns that the accommodation and routine of the hostel were not suitable for his needs. He was an elderly man with complex medical problems. In September, the hostel manager, had sent an email to the man's offender manager. The manager requested that the offender manager refer the man to the Multi Agency Risk Assessment Procedure (MARAP) to consider his accommodation needs. The man's constant attendance for medical appointments meant that a clear indication was required as to who would pay for his taxi fares.

Nevertheless, the man was allocated to the hostel. Staff were told that this was a short term measure.

On arrival at the approved premises, the man registered with the police on the sex offenders register. An induction document was completed by hostel staff and due to his limited mobility he was allocated a ground floor room. The document noted the man had a gangrene toe, swelling of his leg and shortness of breath. He was prescribed medication of Frusemide, Cloperolol, Nicorandil, Simvastatin and Chlorphenamine. The man used a wheelchair for mobility.

The man registered with a local doctor and attended the surgery to get the dressings on his foot changed. The doctor prescribed him with some pain killers on 1 October. The man made regular visits to the surgery to get his dressing changed. He received his medication every day from staff at the hostel.

A month later, the man met with his offender manager to discuss an application for housing with the local authority. On 2 November, the deputy manager at the hostel, sent an email to the offender manager informing her of the man's progress and that his key worker would liaise with the offender manager when she returned from leave.

A week later, the man met his keyworker and completed a housing application form for accommodation with a local council. On 8 November, the man attended an outpatient hospital appointment at hospital in relation to his foot problems.

In December, the man was advised about his use of paracetamol. He had been taking too many tablets, too close together and in between dosage times. He was given two paracetamol to keep in his room. All other medication was still being issued by hostel staff. On 31 December, the man was notified that his housing application had been accepted by the council but he needed to 'bid' for a home.

In the New Year, the man received a telephone call from the housing department informing him his application for housing had now been turned down because he was living in probation controlled accommodation.

Later January, he attended hospital for a chest x-ray and blood tests at the request of his GP. On 30 January, the man spoke to a social worker from his local social services about his housing needs. The next day, he returned to hospital for an outpatient appointment. On his return to the hostel, he told staff he would need a Magnetic Resonance Imaging (MRI) scan. The man was experiencing pain in his leg and was worried about this.

On 14 February, the man was taken to the accident and emergency department at hospital by ambulance. He had difficulty breathing and looked unwell. He was admitted to a ward, prescribed antibiotics and advised to rest. The next day the man discharged himself against medical advice. Four days later, he refused his medication, saying that he would stop taking it to see if his breathing improved. The next day, the hostel manager sent an email to the man's offender manager informing her that the man was refusing his medication. The hostel manager asked the man's offender manager to visit her client as a matter of urgency to persuade him to take his medication. On 20 February, the man resumed taking his medication.

A week later, the man and the offender manager discussed his medication routine. She told him that if he refused medication he would need to sign a disclaimer. If his health deteriorated through refusing to take medication, then his bed at the hostel might have to be withdrawn.

On 1 March, the man received a letter from the council, which said that he would be considered for general housing. An occupational therapist would visit him at the hostel to assess him for adapted housing.

The next day, a blood test indicated that the man's medication should be extended and an appointment was made for him to attend the hospital. Later that day he was issued with a formal warning by the manager at the hostel as he had been offensive to a staff member.

On 8 March, the hostel manager sent a further email to the offender manager as he was concerned that the man's licence was about to expire. The hostel manager said that the man had been located to the hostel on a short term placement, but had now been living there for five months. The hostel manager reiterated his concerns about the need for more suitable accommodation. On 15 March, the man did not attend an outpatient appointment at the hospital for an endoscopy. The hospital agreed to re-arrange the appointment.

Four days later, the man took delivery of a motorised scooter to help with his mobility. Amongst other things, he used the scooter to visit the doctor. On 22 March, he was spoken to by staff and warned not to use the scooter whilst under the influence of alcohol. He had been using the scooter to go to a local public house.

The man's licence expired on 28 March. Later that day, the hostel manager also spoke to the man about using his scooter after visiting the pub and consuming alcohol. Despite his licence expiring, the man remained at the approved premises.

On 1 May, the hostel manager sent an email to the district manager for approved premises and prisons in the probation area. The hostel manager requested that the

man be moved from the hostel within one week. He noted in the email that the man was now a voluntary resident. He had used racist and inappropriate language, his health problems were not improving and he was causing concern to hostel staff and residents. The next day, staff received a call to say that the local Adult Services Team would visit the man to discuss his future including his housing needs. The man did not attend a hospital appointment arranged for him that day.

On 8 May, following a probation management meeting, the man was re-graded as a level one offender. A representative from the council housing department failed to attend the meeting and so the man's housing needs could not be discussed. The hostel manager sent an email to the assistant chief officer, in the probation area, informing him that the man was still resident at the hostel and the situation was now unmanageable.

The man attended an appointment on 14 May with the adult services team. On his return he did not give any feedback to hostel staff. He went to an appointment at the hospital's outpatient department on 30 May. The next day, the hostel staff took a telephone call from the council requesting the man's offender assessment document (OASys) and details of his previous convictions as he was to be assessed for disability housing. The hostel staff referred the housing worker to the man's offender manager.

On 1 June, the housing officer contacted hostel staff to inform them that they would look for suitable accommodation for the man. He would need to be assessed regarding any housing adaptations and would be placed on the waiting list for a suitable property. On 16 July, the housing worker rang the hostel again to say that little progress had been made in locating a suitable property for the man who had limited his options by requesting housing in a few areas.

The man attended the hospital for an x-ray on 18 July and it was noted that he appeared to be unwell and short of breath. Nevertheless, he still was going out to the pub on his scooter. On 26 July, staff noted that he was staying in bed, was struggling to breathe and looked unwell. The deputy hostel manager instructed staff to keep hourly observations on him. Staff noticed later that, when he came to collect his medication, his legs were very swollen. An ambulance was called to take him to hospital and he returned to the hostel later.

On 31 July, the council contacted hostel staff to inform them that an occupational therapist would visit the man on 1 August to assess his disabilities. Hostel staff noted that he was still unwell, his legs were swollen and clear fluid was leaking from the back of his left leg. The occupational therapist assessed the man on 1 August, and said that the council would be in contact when a suitable property became available.

The man's condition did not improve, and two days later staff advised him to make an appointment with the nurse at the doctor's surgery. His legs were very swollen and fluid was still leaking from his leg. The deputy manager telephoned the surgery to pass on her concerns with regard to the man's health.

The man went to the surgery on 7 August, but was unable to see the nurse without an appointment. Later he returned and saw his doctor. A referral was made for him to see the nurse on 9 August. The doctor changed his medication. By this stage the fluid leaking from the man's leg was so excessive that domestic staff at hostel did not feel safe or confident dealing with his laundry.

The next day, a housing worker from the council rang to inform staff that they were now searching the local area for suitable accommodation for the man. The man saw a chiropodist on 9 August. The chiropodist asked for details of his doctor as his legs needed dressing. He was still going out on his scooter despite his poor health and painful legs. On 12 August, hostel staff called an ambulance as he was unwell and his legs were very painful, but he refused to go and later that day went out on his scooter.

On 13 August, the hostel manager sent the assistant chief probation officer a further email to complain about the lack of support for hostel staff. The hostel manager concluded his email by saying, "We fear that one of these days we will go to this man's room and find him dead. As a result of his illness, his room is in a great mess. The cleaners are now, quite rightly, refusing to clean his room. We have had to call for specialist cleaners which will be at great cost to the Service. Incidentally, as I look at this man's file, I am reminded that this is not the first time I have made a 'complaint' about this man and the level of work put in him by his former officer."

The following day, the man was admitted to hospital following a referral from his doctor. He was given intravenous antibiotics and assessed by cardiovascular specialists. Staff at the hostel kept in regular contact with the hospital over the next few days.

A week later, on 21 August 2007, staff received a call from the hospital to inform them that the man had died at 9.35pm.

The man had not registered his next of kin with the hospital and he did not note any next of kin with the probation service. It was agreed that the hospital would make his funeral arrangements after they had made extensive but unsuccessful enquiries to trace any of his next of kin.

ISSUES

The man's placement at the approved premises

The man was directed to live at the approved premises, following his release from prison, even though it was noted that the hostel was not an appropriate location due to his age and health problems. The placement was originally for a week, but he remained there for 11 months until his admission to hospital.

The hostel manager raised the inappropriateness of the man's location on many occasions with his managers. One email noted that the man was unmanageable in the hostel. Whilst recognising the problems of finding suitable accommodation taking into account his age, disabilities and offending history, there did not seem to be a constructive plan between his offender manager and the housing providers to address his housing needs. Frankly, this does not appear to have been treated as an urgent issue by either party.

The Probation Area should review with local housing providers the availability of appropriate accommodation for prisoners released on licence and after their licences have expired.

In two of my recent investigations of men who have died in similar circumstances, I have recommended that the National Offender Management Service address the needs of older residents in Approved Premises. I am pleased that my recommendation has been accepted and look forward to the results. The approved premises, like most hostels, is not currently equipped to deal with elderly and sick residents like this man.

The man's care at the approved premises

The man arrived at the hostel with complex medical problems. Staff correctly identified the medical issues and supported him in arranging appointments with his doctor and nurse. He was encouraged and reminded when to attend appointments at the surgery.

It was noted in an email from the hostel manager to the man's offender manager that district nurses would not visit The approved premises. Therefore arrangements were made for him to attend surgery appointments, either by taxi or by his own means.

The man decided to discharge himself from hospital, and occasionally failed to keep medical appointments at his surgery and the local hospital. As his health deteriorated, hostel staff made concerted efforts to ensure he accessed medical interventions and advised him on his own responsibility for his health.

I judge that the standard of care offered to the man by hostel staff was excellent and beyond what could ordinarily be expected. Hostel staff assisted him to complete and submit a housing application and enquiries were made to progress the application. The man was a challenging resident but staff ensured that he received his meals, medication and support.

The Chief Officer of the Probation Area should formally commend the hostel manager and the staff at the approved premises for the help and support offered to the man whilst he was a resident in their care.

RECOMMENDATIONS

- 1. The Probation Area should review with local housing providers the availability of appropriate accommodation for prisoners released on licence and after their licences have expired.**

Accepted - Whilst this recommendation is clearly not an issue confined to this Area, and probably has national resonance, it is right to say that brokering access to appropriate supported accommodation for offenders is a matter best dealt with at local level. I have therefore commissioned a review of a) the quality and effectiveness of our links to Supporting People arrangements across the seven Local Authority Districts in the area, and b) the range and volume of supported accommodation that we are able to access in each District. These reviews will enable us to identify any gaps, blockages or missed opportunities that may require remedial action.

- 2. The Chief Officer of the Probation Area should formally commend the hostel manager and the staff at the approved premises for the help and support offered to the man whilst he was a resident in their care.**

Accepted - The Director of Operations and Performance on behalf of the Chief Officer has sent a formal note of commendation to the manager and staff at the approved premises. The PPO's acknowledgement of the quality of care offered to the man during his stay at the approved premises is appreciated.