Investigation into the circumstances surrounding the death of a man, who was a resident at an Approved Premises managed by the Probation Service, on 20 September 2007

Report by the Prisons and Probation Ombudsman for England and Wales

March 2008

This is the report of an investigation into the death of a man, who was a resident at an Approved Premises managed by the Probation Service. He died from natural causes on 20 September 2007. He was 74 years old.

I would like to add my personal condolences to those already expressed to the man's family on behalf of this office by one of my Family Liaison Officers.

This investigation was undertaken by one of my investigators. I am grateful for the assistance he received from staff at the Approved Premises. In particular I would like to thank the Manager of the Approved Premises for his kind cooperation. It is evident that Approved Premises is both run and managed by caring and professional members of staff.

The man was taken by ambulance to a local hospital on 16 September and it was here that he died during the morning four days later. All loss of life is sad, but the man's passing raises no issues of wider concern.

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

Stephen Shaw CBE
Prisons and Probation Ombudsman **March 2008**

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SUMMARY

The man was born in 1933. He was 74 years old when he died on 20 September 2007 at a local hospital. The man died from natural causes as a consequence of an upper gastrointestinal haemorrhage (bleed from his stomach).

The man had been sentenced to two years imprisonment at Stafford Crown Court on 26 June 2006. He was initially held at HMP Birmingham and HMP Stafford before he transferred to HMP Wymott on 18 October 2006. During his first reception health screen at Birmingham, it was noted that the man was a smoker who had diabetes, asthma and mobility problems. It was also recorded that the man had previously undergone surgery on his prostate and, as a consequence, encountered problems with incontinence.

The man was released on licence from Wymott on 22 May 2007, after serving 11 months of his sentence. As part of his licence conditions the man was required to reside at an Approved Premises managed by the Probation Service.

On 6 September 2007, the man phoned the duty office at the Approved Premises from his room. He told staff that he felt giddy and had chest pains. Staff immediately called for an ambulance and then went to the man's room. He was taken to hospital. Whilst the man was in hospital, staff from the Approved Premises kept in contact with him on a daily basis. When the man was discharged from hospital on 13 September, he returned to the Approved Premises.

During the morning of 16 September, the man went to a car boot sale. On his return to the Approved Premises, he complained of having pains in his chest and was again admitted to hospital. The Approved Premises maintained contact with both the man and hospital staff.

Four days later, the man passed away in the hospital.

THE INVESTIGATION PROCESS

1. The investigation was opened on 9 August 2007 when my investigator issued notices announcing the investigation to staff and to residents. The notices included an invitation to those who wished to submit information relating to the man's death to make themselves known to my investigator. In the event, nobody came forward. My investigator also studied all relevant probation and prison records relating to the man. These included his main prison record, medical records, hostel records, supervision plan and licence. My investigator visited the Approved Premises on 16 October and 8 November and discussed aspects of the man's treatment with staff at the hostel.

2. My investigator contacted Her Majesty's Coroner to inform him of the nature and scope of my investigation and to request a copy of the Post Mortem report. Upon completion, this report will be sent to the Coroner to assist him in his enquiries into the man's death.

3. One of my Family Liaison Officers contacted the man's family. This gave them the opportunity to discuss the purpose of the investigation and to raise any concerns or questions that they would like explored and addressed. The family did not wish to raise any specific concerns relating to the care the man received whilst under the supervision of the Approved Premises. I hope that this report helps the family better understand the events leading up to the man's death.

THE APPROVED PREMISES

4. The Approved Premises, formally known as a Probation and Bail Hostel, opened in 1976. The purpose of an Approved Premises is to provide an enhanced level of residential supervision in the community, providing a supportive and structured environment for offenders.

5. The hostel contains accommodation for 26 male residents, who are subject to bail, licence or a community sentence. Places are predominantly offered to individuals who are registered with the multi-agency public protection unit. The building has 24 single bedrooms and one double. One of the single rooms has been adapted as a bed-sit facility.

6. The hostel is managed by a Senior Probation Officer (SPO) who has overall responsibility for its running. He is assisted by a Deputy Manager who is responsible for the day-to-day management of residents. The frontline team is made up of Key Workers (Probation Service Officers) covering between them evening and weekend shifts, as well as Night Care Workers.

7. The admission policy at the Approved Premises is based on an assessment of risk. In recent years the residents' profile has changed significantly, with prolific lower risk offenders superseded by those convicted of more serious violent or dangerous offences. These offenders are assessed as posing a risk of re-offending or harm to the public and, at any given time, the Approved Premises manages a number of 'high risk' offenders. The majority of residents are required to stay as a condition of a court order or prison licence.

8. 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 is drawn up for the most serious offenders which benefits from the information, skills and resources provided by the individual agencies, including the police, co-ordinated through MAPPA.

9. Whilst at the Approved Premises, residents are required to abide by the rules and regulations. These include a strict overnight curfew between 11:00pm and 6:00am. During the day residents are free to go out unaccompanied, and are not required to tell staff where they are going. Breakfast and an evening meal are provided to all residents. There is also the opportunity for residents to move into self-catering accommodation using the bed-sit facility. The Approved Premises has a comprehensive system of closed circuit television. This monitors movements in and out of the building, as well as other strategic points.

10. Upon arrival at the Approved Premises residents receive a full induction and are made as welcome as possible. During the induction process they are told about the local house rules and their required behaviour.

Details of next of kin, personal information and medical information are also recorded. A Probation Service Officer was the man's Key Worker and he acted as a conduit between the man and his Offender Manager.

11. Residents are required to maintain regular contact with the Deputy Manager, Key Worker and their Offender Manager. They all work to the Approved Premises Risk Management and Supervision Plan which is drawn up by the Deputy Manager and the Offender Manager using eOASys (electronic offender assessment system) as a directive. The main emphasis of these contacts is to explore the cause of the residents' offending behaviour in a structured way and to develop skills to avoid re-offending. The staff and resident meetings are supplemented by the residents' inclusion in accredited programmes of work, for example, sex offending programmes. The process is further assisted, in most cases, by in-house group work programmes which are mainly aimed at offering learning opportunities to assist the residents in acquiring new life skills.

KEY EVENTS

12. On 26 June 2006, the man was sentenced at Stafford Crown Court to two years imprisonment for indecent assault. He arrived at HMP Wymott on 18 October after previously being held at HMP Birmingham and HMP Stafford. The man's medical history consisted of diabetes, asthma and mobility problems. It was also noted that the man had previously undergone surgery on his prostate. A range of medication was prescribed for the man to treat his various conditions.

13. On 22 May 2007, the man was released from custody on licence. As part of his licence conditions he was required to reside at the Approved Premises. A letter summarising the man's medical history was prepared by medical staff at Wymott before he was released, and was forwarded to the Approved Premises. An appointment was made by the Approved Premises with their local General Practitioner (GP) surgery and the man registered there on 23 May. He walked with the aid of a stick and had been given a ground floor room at the hostel due to his lack of mobility.

14. When interviewed for this investigation, the man's Key Worker recalled that they had their first meeting on 27 May 2007. At their initial meeting, the Key Worker checked how the man felt about being at the Approved Premises and how he was settling in. This was an opportunity for the man to express any concerns he had about his situation. The Key Worker also explained his role, the man's responsibilities, and the expectations of the Probation Service whilst he was a resident at the Approved Premises.

15. The Key Worker recalled that there had been occasions when the man's behaviour had caused concern and where he had acted inappropriately. The Key Worker said that he ensured that any inappropriate behaviour was discussed with the man and dealt with. The Key Worker felt that the man had very little realisation of where he was and that he was in denial concerning the seriousness of his offences. When issues were raised with the man he had a habit of breaking into song or whistling to disengage from events.

16. The Key Worker said that he felt comfortable about talking to the man although the man's behaviour led to him being given direct instructions about how to deal with other residents and to treat others with respect. There were no further incidents of inappropriate behaviour at the Approved Premises after the man had been given a warning by the Key Worker of the implications of any recurrence.

17. After the man was warned about his behaviour, he had a spell of buying his own food and eating it in his room but staff were then able to encourage him to eat with other residents. The Key Worker also recalled that the man experienced some problems with incontinence but the Approved Premises asked for an Incontinence Nurse to come in to assist him. The Key Worker added that, although the man had mobility

problems, he was able to drive and had been very proud when he purchased a car.

18. On 6 September 2007, the Key Worker was on duty with another member of staff. At around 7:30pm, the man rang the duty office at the Approved Premises from his room and told staff that he had pains in his chest. They immediately called for an ambulance and then went to the man's room. While the staff were waiting for the ambulance they talked to the man, asking him what he had eaten and where he had been during the day.

19. The man was then taken by ambulance to the Accident and Emergency Department (A&E) at the local hospital. After the man left for hospital, the Key Worker informed a Police Inspector from the Public Protection Unit. The Police Inspector visited the man in A&E and liaised with medical staff to ensure that they were made aware of possible risks. The man was later admitted to a ward and the Approved Premises then kept in daily contact with the hospital. The man was diagnosed as having experienced a bleed from his stomach (gastrointestinal bleed). An endoscopy was performed. (An endoscopy is a test that looks inside the body. The endoscope is a long flexible tube that can be swallowed. It has a camera and light inside it.) Two ulcers were found in the man's stomach.

20. The Manager of the Approved Premises confirmed that whilst the man was in hospital he kept in contact with his brother. The man also continued to update his brother about his condition whilst he was in hospital.

21. When interviewed a former resident of the Approved Premises, told my investigator that the man was a pleasant person who was very sociable and had a very good sense of humour. The former resident said that the man never argued with other residents and they could not help liking him.

22. My investigator asked the former resident about the man's health. He replied that, although the man could not walk very far, he was able to get around the hostel. He said that, due to his mobility problems, if the man walked into town he would get a taxi back. He added that the man bought a car which the former resident's friend did a bit of work on. When asked about the man's admissions to hospital, he recalled that when the man went into hospital for the first time the man told him that he had stomach ulcers.

23. On 13 September, the man was discharged from hospital and returned to the Approved Premises. The former resident accompanied the man in the taxi back to the hostel. The Key Worker recalled that the man was very pleased to be back at the Approved Premises and bought cakes for all the staff.

24. On his return from hospital the man had been given additional medication. When asked how the man's medication was administered to him, the Key Worker said that medication for all the residents is kept in the duty office in a locked cabinet. Residents have 24 hour access to the medication via a hatch in the duty office. The Approved Premises expects residents to take their medication at the correct intervals but, if someone is absent minded, staff will remind him. My investigator was able to see how this process was administered and was able to view the man's medication record.

25. On 14 September, the man attended a meeting with the Key Worker. The man claimed that he felt much better. The Key Worker noted that he appeared quite unwell and a little confused about his medication, but otherwise he was fine.

26. On 16 September, the former resident and the man went to a car boot sale. After they returned to the Approved Premises, the former resident went to visit relatives. Around 12.10pm, the man phoned the duty office and asked for an ambulance to be called as he felt unwell and had chest pains. Staff immediately called for an ambulance. The man was again taken to hospital and the Approved Premises then kept in daily contact with the hospital. Staff at the Approved Premises did not contact the man's family when he was taken to hospital. They assumed that the man would keep his family informed, as he had done previously.

27. When the former resident returned in the evening, he discovered that the man had been admitted to hospital. He went to visit the man in the hospital and saw him again on 17 and 18 September. The man also phoned him and asked him to run a few errands. The man asked the hospital to treat the former resident as his next of kin and to keep him informed of any developments. He confirmed that no other residents visited the man.

28. Around midnight on 19 September, the former resident received a call from the hospital. He was told that the man was very ill and was not expected to last the night. He informed hostel staff about this and they immediately contacted the hospital. The hospital confirmed that the man was very poorly and advised the hostel to phone throughout the night for updates on his condition.

29. At 1:30am on 20 September, the hospital contacted the Approved Premises and informed staff that the man had been moved to intensive care. The former resident went to the hospital the following morning and was told that the man's ulcers were bleeding and there were clots on his lungs. Medical staff also informed him that the treatments for the two conditions were in conflict and that the ulcers had worsened. The man was taken into theatre on a number of occasions but nothing could be done for him. The man was made to feel as comfortable as possible and the former resident remained with him.

30. Later that morning at around 11:30am, the Key Worker contacted the hospital. He was told that the man was very poorly and that the hospital had experienced problems contacting his family. The Key Worker asked if he could assist with contacting the man's family but was told that it was now too late. The call was then cut off. The Key Worker immediately phoned back and was told that the man had died. The Key Worker logged what had happened before notifying the man's Offender Manager of his death. The Key Worker then contacted the man's family. He explained his role and what had happened and also offered his condolences. Staff also immediately informed the other residents.

31. Arrangements were later made for the man's belongings to be given to his family. Staff from the hostel also attended his funeral.

32. The post mortem report records the man's death as being due to natural causes, as a consequence of upper gastrointestinal haemorrhage (bleed from his stomach) caused by perforation of gastric adenocarinoma (perforated ulcer). An inquest into the man's death will not take place as there were no suspicious circumstances surrounding his death.

CONCLUSION

33. The man moved to the Approved Premises in May 2007 and died of natural causes in September 2007 in the local hospital.

34. I would like to commend the actions taken by staff when the man was taken ill. On both occasions staff at the Approved Premises summoned an ambulance immediately so that the man could receive appropriate treatment in hospital. The decision to allocate the man a room on the ground floor at the Approved Premises was also good practice. Indeed, I think that the Approved Premises treated the man with sensitivity and professionalism. The Chief Officer of the local Probation Area will wish to share that conclusion with the staff of the Approved Premises.

35. I make no recommendations arising from this investigation.