Investigation into the death of a man at an Approved Premises in July 2008

Report by the Prisons and Probation Ombudsman for England and Wales

January 2009

This is the report of an investigation into the circumstances of the death in July 2008 of a resident at an Approved Premises. Although his death was caused by a heart attack, the post mortem found a high level of morphine in his blood which is likely to have been an indirect cause of his death. He was 42 years old, and had suffered from depression and epilepsy for many years.

I would like to extend my condolences to the man's family and friends for their loss.

Two of my colleagues conducted this investigation. I am grateful for the assistance they received from the Probation Area involved, and in particular the staff of the Approved Premises.

One of my Family Liaison Officers contacted the man's mother and brother to inform them of my investigation and to offer them the opportunity to raise any concerns. I hope this report answers any questions they may have about the circumstances surrounding the man's death.

I make two formal recommendations in this report. I also highlight an area of good practice relating to the co-locating of a probation officer within the Approved Premises.

I understand that the death of the man who is the subject of this report was the first death that has occurred at this Approved Premises and the first death at any Approved Premises in this area since March 2003.

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Prisons and Probation Ombudsman **January 2009**

CONTENTS

Summary

The Investigation Process

Approved Premises

Key Findings

Issues

Recommendations

SUMMARY

The man was convicted in 2001and sentenced to six years imprisonment for a serious sexual offence. He was released early on licence only to be recalled to prison having committed a further offence in 2005. He remained in custody for 30 months before being released from HMP Wymott and arriving at the Approved Premises in May 2008.

He had a history of mental health problems, self harm, and misuse of drugs and alcohol and was known to the Probation Area.

One of the licence conditions of his release from prison was to reside at the Approved Premises. Although he was sceptical about his release into the community when he first arrived there, with the help of the support networks available to him he soon appeared to settle down.

Throughout his time in the Approved Premises (AP), he was seen as being a quiet man who kept himself to himself. He had been prescribed medication for his physical and mental ailments whilst he was in custody, and this continued at the AP. He appeared to manage his medication well, and staff had no concerns about his health; nor did they believe he was misusing drugs.

During the day on 15 July 2008, all appeared normal. The man had collected his medication from the office and expressed no concerns. However, later that evening during the routine room checks, he was discovered in his room in what looked like a kneeling down position at the end of his bed. Staff who discovered him said it appeared as if he was looking for something under the bed; his right arm was over the top of the bed. He failed to respond to staff calls.

The emergency services were contacted and two members of staff attended to the man by checking him for any signs of life. None could be found. Whilst they were putting him on the floor to commence cardio pulmonary resuscitation (CPR), the paramedics arrived and took control. Shortly afterwards, the paramedics confirmed that he had died. He was aged 42.

The post mortem undertaken confirmed that the cause of the man’s death was ischaemic heart disease (heart attack) and coronary artery atheroma (narrowing of the coronary artery). There was no prior indication that he had a history of heart disease. Subsequent toxicological examination revealed the presence of morphine. It is not known how he came by the drug.

THE INVESTIGATION PROCESS

1. The investigation was conducted by two of my senior investigating officers. I am grateful for the assistance they received from the Probation Area, especially from the manager and staff at the AP. Although those interviewed were coming to terms with the man's death, they made facilities available and participated fully in the investigation.

2. My investigators visited the AP, studied their records and interviewed eight staff. One of my investigators also liaised with the police and they were content that there had been no third party involvement in the man's death.

3. One of my Family Liaison Officers contacted the man's mother and brother and explained the investigation process to them. They were invited to raise any concerns or questions for the investigation to consider. His mother and brother had no particular matters to raise. They said that the man had been getting on with his life, looked well, and was clean of drugs and alcohol. He was also looking forward to ending his period of probation supervision in October. He had not complained about the hostel at all - it was his home and he had settled in and made friends there.

THE APPROVED PREMISES

4. Approved Premises (APs), formerly known as Probation and Bail Hostels, are approved by the Secretary of State within Section 9 of the Criminal Justice and Court Services Act 2000. They provide accommodation for people granted bail in criminal proceedings and also supervision and rehabilitation for people convicted of offences. Hostels provide a supportive, structured environment in the community for high risk and difficult to manage offenders. The purpose of the period of residence is to ensure that the individuals concerned are subject to close oversight in the community.

5. The AP is one of two hostels in the area. Both are run by the one manager. At this AP, the deputy manager is responsible for the day to day running and deputises for the manager in his absence.

6. There are four assistant managers who carry out face to face work with the residents (key work meetings), and who work between the hours of 8.00am to 10.00pm. The AP also has supervisors (support workers) who assist the managers. These staff also cover weekends and night shifts. The AP also has a probation officer based on site who holds all case files for offenders once they move into the hostel. This allows her easy access to residents to monitor their rehabilitation. Hostel staff and the probation officer together generate individual supervision plans for the residents

7. The AP has 26 single bedrooms for men aged 18 years and above. All the residents tend to be at high risk of harm to the public, apart from life licensees who tend to be of medium or low risk. The hostel can accommodate 12 sex offenders.

8. On arrival, all residents undergo an AP induction. This consists of an initial hostel familiarisation, induction about the basics of the hostel, followed by the hostel rules, including the medication policy. Unless a resident is subject to individual curfew arrangements imposed by a court, they must be on the premises between the hours of 11.00pm and 6.00am.

9. Residents are responsible for their own healthcare. However, in common with all APs, this AP holds a doctor’s surgery once a week. The doctor sees all new residents shortly after their arrival, registers them and carries out a medical review. The doctor leaves all prescriptions with the staff who use the local pharmacy. The pharmacy delivers the medication to the AP, and it is kept locked up in the office and dispensed to residents as prescribed. Residents are generally given their medication within 30 minutes after mealtimes and then from 9.30pm until 10.45pm. Residents attend the office hatch to collect their medication and it is signed out by the member of staff dispensing it. The exception is medication like the opiate substitutes methadone or subutex

(buprenorphine), which is taken at the pharmacy in front of the pharmacist.

10. Room searches are carried out randomly or if staff have cause for suspicion. Similarly, residents are also told at induction that random drug tests may be carried out. Some residents are required to be tested as a requirement of their licence conditions. As with all APs, this AP has rules regarding alcohol and drugs. The possession or use of alcohol, solvents and controlled substances is not allowed either in the AP or within the grounds.

KEY FINDINGS

Prior to moving to the Approved Premises

16. The man was convicted in 2001 for a serious sexual offence and received a six year prison sentence. The risk factors linked to his offending behaviour were complex. He was reported to have had a difficult upbringing, abused drugs and alcohol, and suffered from depression.

17. In the course of his prison sentence, he was transferred to HMP Wymott. His behaviour was considered good and he achieved enhanced status under the prison's Incentives and Earned Privileges Scheme. He used his time constructively to address his offending behaviour, including participation on the Sex Offender Treatment Programme (SOTP). The man was also a Listener and became the Deputy Chair of Wymott Alcoholics Anonymous group. (Listeners are provided with training from the Samaritans and assist prisoners who require additional support.) He remained at Wymott until July 2004 when he was released early on licence.

18. Despite his work at Wymott, the man's drug use and mental health problems escalated after his release, notwithstanding regular contact with the community mental health team services and drugs agency. He committed a further serious offence in March 2005. His licence was revoked and he was returned to prison custody at HMP Preston. He was later given a 30 month custodial sentence, with a release date from prison of 13 May 2008.

19. On 4 May 2005, the man returned to Wymott. It was noted on his probation record that his latest offence was linked to drug dependency. He was considered to be at high risk of re-offending and was to commence further offender rehabilitation work as soon as possible. A number of agencies helped his drug dependency and mental health problems. He found it difficult to deal with issues from his past and he attended a number of counselling sessions. He was described as a prisoner who kept himself busy on the wings, and he became a Listener again. The man was in regular contact with his probation officer, who supervised him over the years.

20. In December 2007, he received notification of his release from prison in May 2008. He was in regular contact with his probation officer regarding his release plan and the support that would be available after release. One of the conditions of his release was residence at the AP.

21. The man had a further session with the psychiatrist on 16 April 2008, although he refused to attend the next appointment on 1 May. The prison Mental Health In-Reach Team therefore made arrangements to refer him to the local Community Mental Health Team.

22. As part of his release plan, the prison's healthcare unit faxed details of his medical history to the AP. They included his history of depression and epilepsy, and a list of his current medication which was:

    - Co-codamol (pain reliever, also useful in treating cold and 'flu-like' symptoms)
    - Carbamazepine (mood stabiliser drug used primarily in the treatment of epilepsy)
    - Mirtazapine (anti-depressant).

23. A further update was sent on 12 May, as the previous day the man's movements had been weak and involuntary, he had been drowsy and his speech was slurred. He had been referred to outside hospital for what appeared to be an epileptic seizure. However, he discharged himself from the hospital on the same day and returned to prison. He was monitored by the In-Reach Team who met him the following day. He said that he was stressed because of his forthcoming release from prison, but had no thoughts of harming himself.

The man's arrival at the Approved Premises

24. On the morning of 13 May, the man was released from Wymott and arrived at the AP around midday. He was first inducted by the hostel's probation officer; his previous probation officer was also present. He received his induction into the AP and the rules, including the terms of his licence, were explained. He was allocated a room and signed the required compacts to confirm that he understood and would abide by the rules. He was given a curfew time of between 8.00pm and 6.00am and also had to sign in at 9.00am, 1.00pm and 5.00pm. The times were allocated to prevent him being out of the AP for prolonged periods. At interview with my investigator the hostel's probation officer said that the man needed reassurance as he was feeling anxious and stressed, especially as he had never stayed in an AP before.

25. The probation officer and the Community Psychiatric Nurse (CPN), a support worker from the Community Mental Health Team, also attended the man's induction. He had had contact with the CPN a few days before his release from Wymott when he had expressed concern about being released and having access to drugs. The probation officer and CPN reminded the man of the support networks, and encouraged him to use them to assist his adjustment back into the community. He was provided with a crisis plan which gave numbers and contact details should he need to talk to someone. An appointment was made for him to see a consultant psychiatrist on 10 June.

26. In addition to the induction by his probation officers, an assistant manager also met the man. She told my investigator that the AP had received all the relevant paperwork, including the healthcare reports. When she met him, he was quite nervous about being released from prison but was polite and co-operative, telling her that he planned to turn

his life around. Although he seemed to feel that he had a lot going on in his life, the assistant manager said she had no concerns regarding his well being. A medication sheet was prepared and his medication was listed.

27. On the evening of the man's second day at the AP (14 May 2008), he asked to speak to a second assistant manager. This assistant manager told my investigators that the man was quite upset. He had met his brother earlier in the day and told him about the rehabilitation work he had completed in prison. The man said his brother had reacted very negatively. He was in a very depressed mood and told the second assistant manager about his difficult upbringing. The second assistant manager spent some time talking to him and exploring ways in which the AP could help and support him. This included the possibility of the man undertaking counselling if he felt it would help. Before their conversation ended the second assistant manager checked that the man had no current thoughts harming himself.

28. The man was assigned a key worker. The key worker told my investigators that his initial meeting with him took place within 48 hours of his arrival. It was a fairly light and quick meeting to make introductions as he was aware that he had already been inducted by his colleagues.

29. On 16 May, the man spoke to the hostel's probation officer at around 3.30pm about his curfew times. His main concern related to whether it was necessary for him to sign in the AP register book when he did not leave the premises. The hostel's probation officer clarified this issue for him and they came to an agreement which meant he no longer had to sign when he remained in the AP during the day.

30. The AP CRAMS record (an electronic record which records the details of any contact with residents) shows an entry by a third assistant manager on Saturday 17 May. It said that the man, "does not seem to be coping too well with his transition from prison to the hostel."   The man said he had been used to a network of support in prison which had all disappeared. He was depressed and worried that his contact with his friend would be stopped. The third assistant manager spoke with the man and eventually he began to relax. Together they considered how he could make positive progress whilst at the AP. He agreed to speak to the third assistant manager whenever his mood was low, and would contact the AP doctor and the CPN for additional support.

31. The AP administrative officer described him as a "very nice man". She had been aware of his arrival at the AP and then noticed him about two days later when he had had his long hair cut short. She said that he was always polite to her and now looked very smart. Whenever he went to the office, which was regularly because of his licence conditions, he gave her no cause for concern.

32. The man had a doctor’s appointment on 23 March and the third assistant manager accompanied him to provide support. The doctor discussed his mental health and it was agreed to change his current anti-depressant medication to a small dose of a beta-blocker (propranolol). The man also had asthma and was prescribed two inhalers.

33. The man went to supervision meetings with the hostel’s probation officer on 27 May and 3 June. He said he was happy to have the change to his medication which he hoped would improve his sleep. He was still finding it difficult to settle in the AP and the hostel’s probation officer suggested he try some herbal remedies. Arrangements were being made to see whether he could be taken out fishing, something he was very keen to do. They discussed how he should move forward with his rehabilitation, and how to manage the stress and anxiety he was experiencing.

34. The man attended a session with his key worker on 11 June. They talked about the key worker’s role and the support available to the man. He talked about his upbringing and how he found it difficult to open up and talk about issues. His interest in fishing was raised and it was hoped this would soon be arranged. Although he now said he was finding things a little easier, the key worker noted that the man had a lot of problems that he would need help and support with.

35. Over the next two weeks, the man had regular contact with the hostel’s probation officer and the key worker, as well as the support of the CPN. The AP arranged for the man to have contact with a community support worker, who visited him weekly and took him out in an attempt to lift his mood. He got back in contact with his step-father, who, following a risk assessment, was allowed to take him out on regular fishing trips.

36. At the man’s supervision meeting on 24 June, the hostel probation officer said his mood was much brighter than the previous weeks. He was enjoying being out of the AP more and valued the fishing trips. He still had issues regarding his past and the hostel’s probation officer talked to him about them. It was suggested that he meet with a counsellor used by the Probation Service. He remained anxious about this area of his life and the hostel’s probation officer noted her concern that staff should keep a watchful eye on him.

37. The second assistant manager said that he spoke with the man on occasions. He offered support and reminded him of the services of the counsellors should he wish to speak with someone else. The second assistant manager said that the man “mellowed” quite a lot and seemed to have settled in well at the AP. His mood generally seemed good and he would mix with residents and staff.

38. On the morning of 26 June, there was a key work session with the man because he felt anxious at the prospect of the session planned with the counsellor later that day. The meeting was later postponed because of

how he was feeling, and the key worker agreed with the man to conduct some individual sessions to try and alleviate his anxiety.

39. The hostel's probation officer held a supervision meeting with the man on 4 July. Whilst discussing his progress, he said that going fishing was having a positive influence as he was having more up than down days. He continued to find it difficult to sleep and felt the sleeping medication was ineffective. He said that, because he was dyslexic, reading at night was not an option. The hostel's probation officer suggested he address this issue and enrol for the education provision at the AP. She reminded him that they were to start individual sessions as part of his rehabilitation work.

40. When the hostel's probation officer met the man on 9 July, she discussed the plan for his rehabilitation work. She reminded him that his licence was due to expire in October 2008 and he should complete the work, look at risk factors, and think about how he planned to move on. In addition, they would work to prevent any drug and alcohol misuse and assist managing his depression. The hostel's probation officer suggested he see the doctor about his sleeping problems.

41. The key worker completed an application for housing for the man in preparation for living in the community during a key work session on 10 May. He was still having problems sleeping and was due to see the CPN later in the day.

42. The first assistant manager said that, from the contact she had with the man, he seemed to settle into the AP despite being nervous when he arrived. He kept himself to himself and was looking forward to moving on.

43. The first assistant manager recalled that, on Sunday 13 July, the man had come downstairs before lunch and had said he was not feeling well and had flu-like symptoms. Two other residents also came down at a similar time with the same symptoms. He asked if he could have his medication earlier because he was not well, did not intend to have lunch and wanted to go back to bed. The first assistant manager explained that they were very strict on the dispensing times of medication, but on this occasion allowed him to have his medication early. She later checked on him a couple of times in his room to make sure he was okay. She told my investigators that he looked as if he had cold like symptoms.

Events of 14 July

44. One of the AP supervisors at interview with my investigators, described the man as quiet and someone who tended to keep himself to himself. He said it was not unusual for staff not to see much of him as he remained in his room a lot of the time. However, he would on most occasions come to collect his medication and collect his meals. He never caused staff any problems.

45. During the day on 14 July, the man approached the AP supervisor and told him that he had a set of kitchen knives in his room. The supervisor said that the man was in a chatty mood and asked if he was allowed to keep the knives in his room. He explained that he had bought them in preparation for his new accommodation when he left the AP. The supervisor advised him that the knives should be kept in the office, which is what subsequently happened.

Events on 15 July

46. According to staff interviewed by my investigators, there was nothing unusual about how Tuesday 15 July began. The second assistant manager was working on an early shift and arrived for duty for 7.45am. He left just before 10.00am to take another other resident to view a property. He returned around lunchtime when his shift finished and he did not see the man.

47. The AP administrative officer also arrived for work that morning. Working mainly in the office, she recalled seeing the man approximately three times during her shift. He had gone out and returned to the AP twice. On one of these occasions, he had said he was going to the bank and later returned and paid his rent to her.

48. The AP administrative officer described the man's mood as okay and said that they had a bit of a chat. He gave no indication that he was worried about anything or that he felt unwell. She recalled giving him his medication for the day, the last time being around 3.00pm. She said he was someone who took his medication reliably and knew when to go to the office to collect it. The administrative officer left the hostel at 4.40pm.

49. Despite the administrative officer saying that she gave the man his medication on 15 July, my investigator was unable to trace the medication sheet for the days after 11 July. (The medication sheet listed all the medication that he was receiving, along with staff signatures for every time he had collected his medication from the office.)

50. At 3.00pm in the afternoon, the AP supervisor began his evening shift which would end at 10.00pm. He received a handover from the staff on duty and no concerns were raised about any of the residents. The first assistant manager and the hostel's probation officer were also on duty. The AP supervisor said that it was a busy afternoon. There had been an altercation between two residents which required both the hostel's probation officer and the first assistant manager to conduct interviews that continued until the early evening. The AP supervisor staffed the office and carried out the administrative work. The hostel's probation officer left at around 7.00pm; The AP supervisor and first assistant manager remained on duty.

51. In interview, the AP supervisor did not recall seeing the man that afternoon or evening. This was not unusual, and he would have expected to see him when he was next due his nightly medication at around 9.30pm.

52. At around 5.00pm, the staff normally have tea with the residents. On this particular evening, the staff had arranged to have a social event with the residents and had organised a quiz evening. After tea, the first assistant manager and the AP supervisor started to arrange the quiz which took them up to around 7.50pm, which is the time one of the evening AP checks are carried out. (The check is to establish who is in the AP and make sure all is well.) In her interview, the first assistant manager said that she had not seen the man that evening, although this could have been because she had, in the most part, been dealing with the altercation between the other residents.

53. The AP supervisor started the room checks at about 7.50pm at room number two upstairs, as room one, downstairs, was not occupied. He completed his room check at the last room, number 27 which was the man's room.

54. When the AP supervisor arrived at the man's room, he knocked on the door but did not receive a reply. He used his master key to gain entry into the room. When he went inside, he saw the man in what he described as a kneeling down position at the end of his bed, between a chair and the bed. He said the man appeared to be looking for something under the bed and his right arm was on top of the bed. The AP supervisor did not see anything within close proximity of the man.

55. The AP supervisor called the man's name but got no response. He walked over to where he was kneeling and shook him and lifted his arm. He still failed to respond and the AP supervisor then realised that something was wrong. Staff carry alarms to summon assistance in an emergency. However, as the man was "a big lad", the AP supervisor knew he would be unable to move him on his own and quickly made his way to get assistance from the first assistant manager.

56. The first assistant manager told my investigators that it was about 8.00pm when she arrived at the man's room. She went inside and saw him between the chair and the bed. He was not moving and, unsure whether to move him or not, she immediately used her mobile telephone to call 999.

57. The paramedic who answered the emergency telephone call advised the first assistant manager to check the man for any signs of life and try to put him in the recovery position or on his back. Because of the position he was in, she said this was difficult. She could find no pulse, although in trying to locate a pulse she noticed that the man's body was warm. As he was a heavy man, she went for assistance and asked a resident who

was in the hallway for help. She asked another resident to wait for the ambulance outside the building.

58. Along with the AP supervisor, the resident lifted the man whilst the first assistant manager listened to the instructions from the paramedic about what to do for him. The first assistant manager said that she was first aid trained, and fully expected to begin cardio pulmonary resuscitation. However, while she was receiving the instructions from the paramedic on the telephone, other paramedics arrived. Three paramedics entered his room, took control of the situation and asked everyone else to leave. A few moments later they told the first assistant manager that the man had died. They then asked a doctor to attend the AP.

After the announcement of the man's death

59. The first assistant manager immediately returned to the office and telephoned the duty manager, the police, and the manager. The duty manager arrived very quickly and activated the Death in an Approved Premises procedure. The manager arrived soon afterwards.

60. The police arrived and interviewed staff and residents. Shortly afterwards, they confirmed that they were content that the man's death had not involved a third party. They had found no evidence of self harm, or of drug misuse in and around his room. As with the paramedics, their belief was that the man had died of natural causes.

61. Most of the residents were downstairs waiting for the quiz night to begin. The first assistant manager went and spoke with them as soon as possible and told them of the man's death. She offered support and counselling to anyone who felt that they needed it.

62. The police said they would contact the man's family and did so that night. All staff were offered support from the manager and duty manager. A counselling service was arranged for anyone who felt they needed further support.

63. The next day, the manager contacted the man's family to offer his condolences. The probation district manager also visited the AP to offer support. A residents meeting was held in the afternoon and residents were given the opportunity to speak about any issues.

64. The man's family later visited the AP to meet with the staff. Some of the staff and a resident also attended the funeral which was held on 23 July 2008.

Post Mortem

65. The post mortem report concluded that the man's death was a result of ischaemic heart disease (heart attack) and coronary artery atheroma. In addition, the toxicology examination revealed a significantly high level of morphine in his blood. The pathologist concluded that the morphine would have indirectly contributed to his death.

ISSUES RAISED IN THE INVESTIGATION

Having a probation officer based at the Approved Premises

66. The man's nervousness was very apparent when he arrived at the AP. He was anxious about reintegrating back into the community and staying at an AP. He received a full induction from the staff there, which was enhanced by the presence of his previous and present probation officers. They were able to update hostel staff of the man's offending and health history as well as his release sentence plan.

67. I have not come across a probation officer working in this way in an Approved Premises before this investigation, and I welcome it as good practice. The arrangement helps to ensure continuity of care, monitoring and support to individuals who can find the transition from prison to the community difficult.

    The co-location of a probation officer within the Approved Premises is good practice.

Medication records

68. Although staff were sure that the man regularly took his medication until his death, there is no record for the period between 11 and 15 July. Given that previous records show that he took his medication consistently, I do not believe that anything different occurred in the four days prior to his death. The AP manager told my investigators that the page containing the details appeared to have been misplaced, and there was a possibility that it had been taken by the police. I have been unable to find out if this is what occurred.

69. Keeping medical information safe and available is of the utmost importance because it can assist and inform others about the care of an individual. Care should therefore be taken at all times to ensure that documents are stored safely.

    The manager of the Approved Premises should ensure that all residents' documentation, especially medical records, is regularly updated and securely kept. Documents which are taken out of the Approved Premises, should be logged and signed out.

The presence of morphine

70. As noted, the post mortem report indicated that the man died from ischaemic heart disease and coronary artery atheroma. Along with staff, my investigators found no reported history of him having a heart disease. There appears to have been no reason to suspect that he was at risk.

71. In addition, the toxicology examination revealed a significantly high level of morphine present in his blood. The morphine could have indirectly contributed to his death. Morphine was not part of the man's prescribed medication and I can only assume that it was obtained illicitly. Staff at the AP came into contact with the man regularly, and they told my investigators that he gave no indication at all that he was using any illegal or non-prescribed drugs.

72. I am not sure there is anything useful that I can add to this matter. I have made no further inquiries of my own as to how the man came by the morphine, nor do I think it likely that anything would now be discovered. Self-evidently, illicit drug use is dangerous and staff at the AP must remain vigilant that those who have used drugs in the past do not do so again whilst they are residents. Perhaps the only lesson is about the need for continued vigilance against the misuse of drugs. The Chief Officer of the Probation Area may wish to share that message with all AP staff.

Debrief meeting

73. Staff were informed of the man's death and offered support individually. There was no formal process, in the form of a team meeting, for staff to get together to discuss events. In previous investigations at Approved Premises, staff have indicated the value of a team de-brief after an event such as a death on the premises as it can identify many learning points. I therefore make the following recommendation:

    The manager of the Approved Premises should consider holding de-brief meetings with staff after any serious event.

RECOMMENDATIONS

1. The manager of the Approved Premises should ensure that all residents' documentation, especially medical records, is regularly updated and securely kept. Documents which are taken out of the Approved Premises should be logged and signed out.

2. The manager of the Approved Premises should consider holding staff de-brief meetings after any serious event.

Good practice

3. The co-location of a probation officer within the Approved Premises is good practice.

The Probation area has agreed to all recommendations made in this report.