Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Oliver Mulangala, a prisoner at HMP High Down, on 13 July 2024

A report by the Prisons and Probation Ombudsman

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OUR VISION

To deliver high quality and timely independent investigations and work closely with partners to achieve tangible benefits for the safety and confidence of those in custody and under community supervision.

WHAT WE DO

WHAT WE VALUE

The Prisons and Probation Ombudsman aims to make a significant contribution to safer, fairer custody and community supervision. One of the most important ways in which we work towards that aim is by carrying out independent investigations into deaths, due to any cause, of prisoners, young people in detention, residents of approved premises and detainees in immigration centres.

If my office is to best assist His Majesty's Prison and Probation Service (HMPPS) in ensuring the standard of care received by those within service remit is appropriate, our recommendations should be focused, evidenced and viable. This is especially the case if there is evidence of systemic failure.

Mr Oliver Mulangala died from synthetic cannabinoid (spice) toxicity on 13 July 2024, at HMP High Down. He was 40 years old. I offer my condolences to Mr Mulangala's family and friends.

The clinical reviewer concluded that Mr Mulangala's clinical care was of a good standard and equivalent to that which he could have expected to receive in the community.

Mr Mulangala experienced several drug-induced seizures and was therefore aware of the risks and possible adverse consequences of using illicit substances. I am satisfied that he was offered appropriate support and information.

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

Adrian Usher
Prisons and Probation Ombudsman **October 2025**

Contents

Summary

Events

1. Mr Oliver Mulangala was recalled to prison on 7 December 2022 and taken to HMP Wormwood Scrubs. He was later convicted of violent offences and sentenced to 30 months imprisonment. He transferred to HMP High Down on 5 June 2023.

2. Mr Mulangala had high blood pressure and diabetes, as well as a longstanding history of substance misuse. He was given information about the risks of using illicit substances, but repeatedly declined formal support.

3. Between May and November 2023, Mr Mulangala had at least six drug-induced seizures. The most serious incidents, in May and September, led to him being admitted to the intensive care unit of a local hospital. On 15 November 2023, Mr Mulangala agreed to receive formal support and was allocated to a substance misuse practitioner. A mandatory drug test taken on 13 December was negative and there were no further reports of drug taking in the following months.

4. At 8.58am on 13 July 2024, a prisoner found Mr Mulangala lying on the floor of his cell, unresponsive. A prison officer radioed a medical emergency code and an ambulance was requested. Paramedics saw obvious signs of rigor mortis (stiffening of the body after death) and pronounced life extinct at 9.15am.

Findings

5. The clinical reviewer concluded that Mr Mulangala's clinical care was of a good standard and equivalent to that which he could have expected to receive in the community. However, he made recommendations on matters not directly linked to Mr Mulangala's cause of death, which the Head of Healthcare will need to consider.

6. High Down has an up-to-date drug strategy, as well as a separate protocol for managing and supporting prisoners who use psychoactive substances. There are many initiatives in place to reduce drug trafficking and the demand for drugs, including swabbing all mail and staff parcels; increasing the use of drug detection dogs; greater collaboration with the police to reduce the incidence of drones; and locating prolific users together as a cohort, with rewards for abstinence.

7. The substance misuse service has a solid collaborative relationship with other areas of the prison. It is well integrated into the prison's communication channels and is consulted on strategic issues. Each time Mr Mulangala was found under the influence of drugs, offers of psychosocial support were timely. However, due to increased demand and a shortage of staff, the substance misuse service was not always able to meet the expected timescales for subsequent reviews.

8. The staff member who conducted the early morning count of prisoners did not check Mr Mulangala and the officer who later unlocked him did not seek a verbal response to indicate that he was safe and well. The prison took prompt action to address these failures.

9. We make no recommendations.

The Investigation Process

10. HMPPS notified us of Mr Mulangala's death on 13 July.

11. The investigator issued notices to staff and prisoners at HMP High Down, informing them of the investigation and asking anyone with relevant information to contact her. One prisoner replied, raising concerns about staff responding to cell call bells. This was considered during the investigation and there was no evidence of Mr Mulangala pressing his cell bell during the days before his death.

12. The investigator obtained copies of relevant extracts from Mr Mulangala's prison and medical records, as well as local policy and operational documents.

13. NHS England commissioned an independent clinical reviewer to review Mr Mulangala's clinical care at the prison. The investigator and the clinical reviewer interviewed seven members of staff via Microsoft Teams on 24 and 25 October. The investigator also held meetings with Head of Security and, Head of Drug Strategy.

14. We informed HM Coroner for Surrey of the investigation. The Coroner gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.

15. The Ombudsman's office contacted Mr Mulangala's brother to explain the investigation. Mr Mulangala's brother raised several concerns and observations, some are summarised below and have been addressed in either the PPO or the clinical review report. Additional issues have been dealt with in correspondence:

    - What healthcare did Mr Mulangala receive for seizures?
    - Why was Mr Mulangala in a single cell and is there a policy on cell sharing for prisoners at risk of seizures.
    - The officer who unlocked Mr Mulangala's cell on the morning of his death did not check him, or notice that he had died and he was found by another prisoner.

16. We sent a copy of our report to the solicitor acting on behalf of Mr Mulangala's next of kin. She identified an inaccuracy, which has been amended, and raised issues which have been dealt with in correspondence. We sent a copy of our report to the solicitor acting on behalf of Mr Mulangala's next of kin. She identified an inaccuracy, which has been amended, and raised issues which have been dealt with in correspondence.

17. The initial report was shared with HM Prison and Probation Service (HMPPS). They found no factual inaccuracies but some sensitive security information in the section, "Drug Strategy at HMP High Down" has been edited at their request.

Background Information

HMP High Down

18. HMP High Down is a category C prison in Surrey. It was re-categorised from a local to a training and resettlement prison in April 2022. Central and North-West London NHS Foundation Trust provide the physical and mental healthcare services at High Down. Healthcare staff work in the prison between 7.30am and 8.00pm from Monday to Friday and from 8.00am to 8.00pm on Saturday and Sunday. Forward Trust provides substance misuse services. The prison has a substance misuse treatment unit and an incentivised substance-free living unit.

HM Inspectorate of Prisons

19. The most recent inspection of HMP High Down was in July and August 2023. Inspectors found that drugs, particularly psychoactive substances, were widely available. Insufficient priority had been given to reducing drug trafficking and this posed a critical threat to safety. They noted that 45% of prisoners had said that it was easy to get hold of drugs (compared to 31% in comparable prisons). Mandatory drug testing had only resumed in February 2023 and the positive drug testing rate in the previous three months was very high at 33.73%, with the rate for psychoactive substances alone at 21.08%. This was among the highest rates in adult male prisons in England and Wales.

20. Inspectors reported that very few tests were taken when prisoners were suspected of using or found under the influence of drugs and adjudications were often withdrawn. Therefore, those concerned faced no formal consequences for their actions. The prison had made some changes, such as photocopying prisoners' mail and using the body scanner on men suspected of possessing drugs and they were working with the police to reduce the flow of items smuggled on drones. Staff shortages meant that there were significant delays in analysing and taking action on security intelligence, and only a quarter of suspicion drug tests were carried out.

21. After an independent review of progress in May 2024, inspectors said that the availability of illicit drugs continued to be a serious concern that undermined safety and stability. The level of positive drug tests was as high as it had been at the previous full inspection, but the arrangements for drug testing had improved, including suspicion testing. Enhanced gate procedures had been introduced but were not always applied thoroughly. Dedicated security staff promptly processed and acted on security intelligence and more frequent searching had led to significant finds of contraband.

22. The provision of purposeful activity was still not good enough and some prisoners said they took drugs due to boredom. However, there was good focus on drug treatment and support, as well as joint working with community and criminal justice agencies. Inspectors concluded that reasonable progress had been made on the concerns they had previously identified.

Independent Monitoring Board

23. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that prisoners are treated fairly and decently. In its latest annual report for the year to December 2023, the IMB reported that security intelligence indicated an overwhelming presence of illicit items, with drugs 'finds' increasing from 195 in 2022 to 1,641 in 2023.

24. The IMB said that drones and 'throwovers' (where items were thrown over the prison walls) appeared to be the main source of illicit items entering the prison, as well as items being passed by visitors. It was noted that towards the end of 2023, perimeter patrols were undertaken and the prison had worked with external partners to deal with the drones.

Previous deaths at HMP High Down

25. Mr Mulangala was the seventh prisoner to die at High Down since July 2021. Four of the previous deaths were due to natural causes and two were drug related. In a previous investigation, we found that the morning welfare check of the prisoner had not been completed. Up to the end of March 2025, there have been five deaths at High Down since that of Mr Mulangala, all of which were due to natural causes.

Psychoactive Substances (PS)

26. The term psychoactive substances is a broad term that refers to a drug or other substance that affects mental process. Synthetic cannabinoids and synthetic opioids (including nitazenes) are substances that mimic the effects of traditional controlled drugs such as cannabis, cocaine, heroin and amphetamines. Synthetic cannabinoids and synthetic opioids can be difficult to detect as the compounds used in their manufacture can vary and use of these substances presents a serious problem across the prison estate.

27. PS can affect people in a number of ways, including increasing heart rate, raising blood pressure, reducing blood supply to the heart and vomiting. Prisoners under the influence of these substances can present with marked levels of disinhibition, heightened energy levels, a high tolerance of pain and a potential for violence. Besides emerging evidence of such dangers to physical health, the use of PS is associated with the deterioration of mental health, suicide and self-harm. Testing for PS is in place in prisons as part of existing mandatory drug testing arrangements.

Key Events

28. Mr Oliver Mulangala was recalled to prison after being charged with threats to kill and several violent offences. He had been released in 2020, but had breached his licence conditions by committing new offences. Mr Mulangala was taken to HMP Wormwood Scrubs on 7 December 2022.

29. Mr Mulangala had initial and second-stage health assessments on 7 and 8 December, respectively. His long-term medical conditions included high blood pressure, type 2 diabetes and migraine. He had a long history of substance misuse in the community and in prison, using cocaine, opioids, benzodiazepines and PS. However, he told healthcare staff that the only drug he used was cannabis and he wanted to stop.

30. During his induction, Mr Mulangala told a substance misuse support worker that he had no problems with drugs and did not want support from the service. He was given advice about harm minimisation, the risks of taking illicit drugs and the process for self-referral if he changed his mind and wished to engage in the future.

31. Between May and November 2023, Mr Mulangala had multiple drug induced seizures. Some of the specific incidents are summarised in this report. In addition, several security intelligence reports indicated that he was involved in dealing drugs and other illicit activity. When suspicious payments were attempted, the funds were withheld.

32. On 7 May, Mr Mulangala was found unresponsive after using PS and taken to hospital. He was admitted to the intensive care unit, sedated and ventilated. He remained in the unit for nine days and was discharged from hospital on 19 May. (While he was in hospital, officers searched his cell and found tobacco, hash and cannabis.) The discharge letter reported diagnoses of sepsis, myocardial infarction (heart attack) and drug induced seizures (noting it was the first known seizure). The hospital excluded epilepsy as the cause but prescribed levitiracetam, a medication to prevent further seizures. This prescription was continued in prison.

33. On 26 May 2023, Mr Mulangala was sentenced to 30 months imprisonment.

Transfer to HMP High Down

34. On 5 June, Mr Mulangala transferred to HMP High Down. Healthcare staff recorded his existing medical conditions, as well as forthcoming cardiology and neurology appointments. They also noted that he had been to hospital the previous day with chest pain. A referral was made to the GP and Forward Trust, the substance misuse service. Mr Mulangala was categorised as a complex case and discussed at a multidisciplinary complex case meeting on 13 June.

35. After an outpatient hospital appointment on 16 June, a security body scan was positive. Mr Mulangala was taken to the segregation unit under the secreted items protocol until the scanner indicated it had passed through his system.

36. On 4 July, a Forward Trust practitioner followed up the reception referral and completed an initial assessment. Mr Mulangala said he had used cannabis daily for

25 years, but did not need to work with the service as he had not used drugs in six months, so it was no longer a problem. They discussed harm minimisation, including the risks associated with lower tolerance levels and safer using techniques, such as using small test amounts and with a trusted person around. They explored the risks of spice and hooch, such as seizures, psychosis and debt, as well as the risks associated with sharing personal items, such as vapes and razors.

37. On 14 July, Mr Mulangala was referred to the mental health team, as he said that he was struggling being in prison.

38. During the evening of 16 July, Mr Mulangala had two severe episodes of seizures. Paramedics attended each time and, on the second occasion, took him to hospital, where it was confirmed that the seizures were drug-induced. Mr Mulangala discharged himself from hospital in the early hours of 17 July. While he was in hospital, staff removed 'spice paper' from his cell and moved him to a different cell when he returned. The information was shared with relevant staff and he was added to the database for suspicion testing. A member of the Forward Trust team went to see Mr Mulangala on 2 August and he declined to engage with the service.

39. On 19 August, Mr Mulangala had three (drug-induced) seizures and was again taken to hospital. (Hooch was found in his cell.)

40. At a GP appointment on 29 August, Mr Mulangala said that he had problems sleeping, he had self-medicated with cannabis for ten years and took spice to help him sleep. He also thought that he might have ADHD and was referred to the mental health team for an ADHD assessment.

41. On 18 September, after further drug-induced seizures, Mr Mulangala was admitted to hospital, where he was intubated and placed on a ventilator in the intensive care unit. A referral was made to Forward Trust, but the support worker found he was still in hospital when they went to see him.

42. Mr Mulangala returned to High Down on 21 September. Staff noted that the three most recent incidents had happened at around the same time of the month and considered whether it was a regular monthly supply.

43. On 25 September, the complex case meeting discussed Mr Mulangala's hospital admissions. It was agreed that as there was no formal neurological diagnosis, he should see the substance misuse service for advice on harm minimisation.

44. While escorting Mr Mulangala at a hospital visit on 28 September, officers noted that he made comments about trying his own supply of spice, bullying other prisoners and allegedly knowing which staff could be "conditioned".

45. On 10 October, Mr Mulangala told his prison key worker, that he would never take spice again. The next day, he submitted a complaint that he had decided to stop using drugs, but had been placed on a houseblock "flooded" with them. He added that frequent disruption because of this, often deprived him of exercise and association, which had affected his mental health. He said he was willing to move to any other houseblock and had applied for voluntary drug testing to prove that he was drug free.

46. On 14 October, Mr Mulangala and a Forward Trust practitioner discussed his recent use of PS and its effects. He said after three incidents he realised that he could no longer use it due to the serious health consequences which he did not want to go through again. He declined psychosocial support, but was given advice on risks, such as the variation in the content of each batch of PS.

47. The head of residence replied to Mr Mulangala's complaint on 18 October. He explained that the options for a cell move were limited, as there were prisoners on other wings with whom Mr Mulangala was not allowed to associate. He advised him to apply for a place on the Incentivised Substance-Free Living unit (a dedicated unit for those who want to live drug-free) and ask for additional support while he waited for a decision. Mr Mulangala does not appear to have made an application.

48. On 3 November, Mr Mulangala was taken to hospital after another seizure. At a review when he returned the next day, he told a nurse that he had stopped taking his anti-epileptic medication. The nurse noted that the medication had been dispensed and referred him to the substance misuse service. At a key work meeting on 7 November, Mr Mulangala told an officer that the seizure had been triggered by him not receiving his medication.

49. Forward Trust completed an initial assessment on 15 November and Mr Mulangala agreed to psychosocial support. A recovery worker was assigned to him and created a plan. Mr Mulangala said he used drugs to help him sleep as believed he had ADHD. (It was noted that referrals had been made for ADHD screening, yoga and art sessions to help manage the risks around ADHD.) He was again given advice on risks and harm minimisation.

50. On 28 November, Mr Mulangala was assaulted by a prisoner known to use PS, who owed him vapes. An officer discussed this with him as part of the violence reduction procedures, but he declined a support plan.

51. A mandatory drug test taken on 13 December was negative. At a key work meeting on 28 December, Mr Mulangala said that he had managed to stay drug free for four months and intended to remain so, as he felt so much better in himself.

2024

52. Mr Mulangala lost his job and started education, but his attendance was poor. There were no further reports of seizures or drug taking. However, intelligence reports suggested that Mr Mulangala was involved in drug trafficking and other suspicious behaviour linked to illegal activities.

53. On 5 January 2024, Mr Mulangala refused to move from a single cell to a double cell. At a disciplinary hearing the next day, he said that he needed to use the toilet frequently due to a medical condition and that his seizures sometimes caused him to wet himself. The hearing concluded that there was no medical evidence to support his need for a single cell and he was told he would have to share. However, did not move to a shared cell. (Cell moves recorded in February, March and June were due to Mr Mulangala attending hospital but he returned to the same cell.)

54. A Forward Trust practitioner had a follow up meeting with Mr Mulangala on 15 March to review his care plan. Risk and harm minimisation advice was reiterated.

55. On 18 April, an officer noted that in the previous few months since Mr Mulangala had made the effort to stop using drugs, his behaviour had improved considerably and he had become a well-regarded member of the wing.

56. On 8 July, a Forward Trust wellbeing practitioner, reviewed Mr Mulangala's recovery plan and they discussed other suitable interventions. Ms Morgan noted that Mr Mulangala appeared well, with no concerns but he did not want to join any groups. The next appointment was scheduled for 30 August.

57. On 12 July, an officer locked Mr Mulangala's cell at around 5.15pm. He recalled that they had a jovial conversation and Mr Mulangala was in good spirits.

Events of 13 July 2024

58. At around 5.40am on 13 July, an Operational Support Grade (OSG) counted and checked prisoners. CCTV footage showed that he walked past a row of cells, including Mr Mulangala's, without checking the prisoners. In a statement, the OSG did not explain why he had missed those cells, but said that most prisoners cover their observation panels, which made checks difficult. (We have no evidence to confirm whether Mr Mulangala had covered his observation panel that morning.)

59. An officer unlocked Mr Mulangala's cell at around 8.35am that morning, but did not look into the cell or speak to him.

60. At 8.58am, a prisoner went into Mr Mulangala's cell and found him lying face down on the floor in a pool of blood. Another prisoner followed and they shouted for staff. The officer heard the prisoners and went down to the cell. He immediately radioed a code blue medical emergency (which indicates that a prisoner is unresponsive or has breathing difficulties). The officer and a second officer then rolled Mr Mulangala onto his back and began chest compressions, while a third officer went to get the emergency medical bag.

61. Three nurses responded to the medical emergency call. With the help of the officers, they moved Mr Mulangala to the landing and continued the resuscitation attempts.

62. A first responder paramedic arrived at 9.07am, followed by two ambulances at 9.10am. They found signs of rigor mortis and pronounced life extinct at 9.15am.

63. A prisoner in a neighbouring cell later said that he had heard Mr Mulangala banging and screaming at around 12.30am and 3.30am, but he was quiet after that time. There is no evidence that staff were aware of anything untoward.

Contact with Mr Mulangala's family

64. The Governor broke the news of Mr Mulangala's death by telephone, as there was no address recorded for his next of kin. She then visited his family that afternoon, with the Supervising Officer appointed as the prison's family liaison officer, and a member of the chaplaincy team. The family liaison officer kept in touch with Mr Mulangala's family to provide support while they made the funeral arrangements.

65. In line with national policy, the prison contributed to the funeral expenses.

Support for prisoners and staff

66. After Mr Mulangala's death, a prison manager debriefed the staff involved in the emergency response to ensure they had the opportunity to discuss any issues arising, and to offer support. Monitoring checks were put in place for the prisoners who had found Mr Mulangala and the local Samaritans team was notified.

67. The prison posted notices informing other staff and prisoners of Mr Mulangala's death, and offering support.

Post-mortem report

68. A post-mortem examination was held and the report concluded that the cause of Mr Mulangala's death was MDMB-4en-PINACA ("Spice") toxicity. Mr Mulangala had bitten his tongue, possibly due to a seizure, causing significant blood loss. This contributed to but did not cause his death.

Findings

Drug strategy at HMP High Down

69. HMP High Down has an up to date and comprehensive drug strategy policy. There is also a separate protocol on PS, providing guidance to staff on support and care for prisoners found under the influence of those substances. The Drug Strategy Lead told the investigator that PS and cannabis were the most prevalent drugs at High Down, but the priority was to tackle PS because of the potentially severe effects. Joint security committee and drug strategy meetings are held monthly and the minutes are shared with staff across the prison.

70. Several initiatives were underway to reduce trafficking and demand. For example, prisoners are no longer allowed to have items sent directly by friends or families, they have to be ordered from a catalogue. There is a prolific user policy and men found to be using substances are subject to the confiscation of vapes and a separate regime. All prolific users are located together and staff try to encourage them not to use PS by providing more activities and rewarding abstinence, instead of solely applying punitive measures. Statistics provided by the safer custody team had showed a slight reduction in prisoners found under the influence.

71. Shortly after he was appointed, the Drug Strategy Lead had invited the HMPPS Substance Misuse Group Operational Team to complete a diagnostic assessment to help the prison to address substance misuse. The team visited in February 2024, and made recommendations across five key areas, which have been incorporated into the prison's action plan, together with seven actions previously identified by the HM Inspectorate of Prisons.

72. The Head of Security outlined security strategies. After a recent security audit, there had been a focus on upskilling staff. They had stopped photocopying mail and now swab every item of social and legal correspondence. Mail is also searched by drug detection dogs. This change had enabled the prison to build a better picture of the volume of substances coming in by mail, as well as identifying the sources. The prison had also introduced swabbing of staff parcels.

73. Historically, the prison had a high number of deliveries by drones, but this had decreased significantly. The improvement was partly due to good partnership working with the police, which had led to some arrests of drone pilots. The prison is trying to secure funding to install wiring over the exercise yard to make it difficult for drones to fly in. Two new houseblocks have sealed windows and in one of them, the windows in the group room, laundry and servery are sealed, as intelligence information suggested that drones were being commissioned by prisoners there.

74. A new CCTV system and cameras had been installed in the visits hall. Although trafficking through visits used to be low, it had increased (usually small amounts of drugs) due to the reduction in drones. Parcels are no longer thrown over the perimeter wall. As well as standard patrols, drug detection dogs conduct extra patrols three times a day. This led to most parcels being found, so it became an unsuccessful method of trafficking.

75. Mandatory drug test (MDT) results indicate that there is currently more use of PS than cannabis. Much of it is made internally from materials smuggled into the prison. The HMPPS dedicated search team visits four times a month and there is extra searching of staff, as well as enhanced accommodation fabric checks. There is targeted as well as ad hoc searching in response to intelligence reports. Around 45 prisoners are subject to frequent testing.

76. The number of prisoners found under the influence of drugs remained high. Intelligence reports are triaged daily and prisoners are referred for suspicion testing, or frequent testing if they are found to have used PS twice or more within a month. MDT results for random testing had gradually reduced from 42% in April 2024, to 18% in November.

77. Staff corruption was currently considered to be a manageable risk.

78. Forward Trust's Service Manager told the investigator that the Trust was well embedded at High Down. As well as the Governor's daily morning briefing, they were part of several other communication channels, including the Safety Intervention Meeting (SIM), violence reduction, use of force, drug strategy and security meetings. There are also good working relationships with healthcare partners, including a fortnightly joint healthcare and safety meeting and representation at the complex case meetings chaired by the mental health team.

Substance misuse support for Mr Mulangala

79. When Mr Mulangala was recalled to prison, he declined the offer of support to help manage his substance misuse. After each known incident of drug use, he was referred to the substance misuse service, but repeatedly declined structured support.

80. In November 2023, Mr Mulangala agreed to psychosocial support, formalised with a care plan. There were no further reports of drug taking. He had a meeting with his Forward Trust recovery practitioner five days before he died.

81. Forward Trust's policy is to review all clients within three months after assessment and every six to eight weeks thereafter, to give further advice and repeat the offer of support. The clinical reviewer found that Mr Mulangala was not reviewed in line with these timescales, due to increased demand because of high levels of substance misuse across the prison, along with insufficient staff due to vacancies and unplanned absences. However, Mr Mulangala received advice on risks and harm minimisation and how to contact the service if he changed his mind and wanted to request support.

82. We are satisfied that timely and appropriate referrals were made when Mr Mulangala was found under the influence of drugs and that he received clear advice on the risks to his health. There was also evidence that staff had tried to assess Mr Mulangala's pattern of drug use.

Clinical findings

83. The clinical reviewer concluded that Mr Mulangala's clinical care was of a good standard and equivalent to that which he could have expected to receive in the community. He noted that appropriate medication was prescribed for Mr Mulangala's high blood pressure and seizures, but the latter would not be effective if he used illicit substances.

84. The clinical reviewer made recommendations on reviewing patient safety incidents; record keeping; handover of care between substance misuse workers; and the management of hypertension, which the Head of Healthcare will wish to consider. We have not repeated the recommendations in this report, as they were not directly linked to the cause of Mr Mulangala's death.

85. Mr Mulangala's brother asked why Mr Mulangala was in a single cell, given the risk of seizures. This was clearly Mr Mulangala's preference, but we do not know why he was not moved to a shared cell after it was established that there were no medical grounds to support his request. The deputy head of safety confirmed that the prison was developing a seizure policy.

Welfare checks

86. High Down's local guidance on night duty tasks says that OSGs should ensure that each prisoner is alive and well during roll counts. Additionally, officers are expected to conduct wellbeing checks and obtain a verbal response when unlocking prisoners' cells in the morning.

87. Disciplinary action was taken against the OSG who failed to complete the early morning checks of prisoners and he was dismissed.

88. The prison officer who unlocked Mr Mulangala's cell on the morning of his death explained that he knew him well and did not look into or attempt to get a response as Mr Mulangala had a specific morning routine and did not like to be disturbed.

89. Although the absence of a welfare check Mr Mulangala did not affect the outcome, as he had been dead for some time, it was distressing for the prisoners who found him. We note that the deputy governor gave the officer words of advice and was satisfied that he understood the requirement to conduct welfare checks and the significance of any failure to do so.

Governor to note

90. We are concerned that there was no observation book covering the period from the evening of 12 July to 15 July. This is a vital document for information sharing and managing risk. It does not appear to have been mislaid, it seems likely that one was not used during this period. After the investigator drew attention to this, it was immediately escalated to the Heads of Safety and Residence.

Inquest

91. At an inquest held on 17 November 2025, the coroner concluded that Mr Mulangala's death was drug related. The jury highlighted several failings, including the failure to recognise and protect Mr Mulangala from the risk of dangerous seizures at night (spontaneous or induced by taking drugs).

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