Investigation into the circumstances surrounding the death of a man at an Approved Premises in the South Yorkshire Probation Area in April 2009

Report by the Prisons and Probation Ombudsman for England and Wales

November 2009

This is the report of an investigation into the circumstances of the death of a man on 2 April 2009. He had taken a drug overdose. Although he had previously misused drugs, he remained drug free in the four years preceding his death. He was 43 years old.

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

My colleague conducted this investigation. I am grateful for the assistance he received from staff of the local Probation Area.

The man who is the subject of this report was released on licence from HMP Moorland into private housing in the local area, arranged by his probation officer. Shortly afterwards, he was assaulted and it was decided to relocate him to an Approved Premises in another area. During his three week stay at the approved premises, he interacted well with staff and residents. On what was to be his last day there, the man went out in the evening with two other residents to obtain drugs. He returned that evening and was later found dead in his room.

I judge that the Approved Premises is well managed by committed staff. It was obvious to the investigator that the managers actively engaged with community groups to provide residents with support and drug advice. I raise two areas of concern in my report and I am pleased that the local Probation Service and managers at the Approved Premises have already taken remedial action to address them. I therefore make no recommendations.

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.

Jane Webb
Deputy Ombudsman **November 2009**

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SUMMARY

On 27 January 2006, the man who died appeared at a Crown Court charged with a serious offence. He was found guilty and sentenced to three and a half years imprisonment and transferred to HMP Moorland. He had previously misused drugs which was cited as one of the underlying causes of his offending history.

The man addressed his drug problem in prison by undertaking a number of rehabilitation courses. After his release in February 2009, he moved to a housing association property in the local area. After living there for about three weeks, he was attacked by a group of people from the local community. There was concern for his safety and his probation officer immediately arranged for him to reside at another Approved Premises.

He arrived at the approved premises (AP) on 11 March and quickly settled in. He received a full induction from staff and was also allocated a new probation officer. No concerns for his well being were raised. He said that he had been drug free for four years and was looking forward to starting a new life in the local area.

Around midday on 2 April, the man left the AP to attend a meeting with his probation officer. He returned that afternoon and AP staff found nothing untoward about his behaviour. He went out again at around 5.00pm. Although it was not known at the time, two other residents who left the AP around the same time, met him and went in search of drugs.

All three residents returned to the AP later that evening. Within 20 minutes, staff were alerted that a resident had collapsed in the laundry room. He was one of the two men who was out with the man who died. The resident was conscious but did not look well and could not speak. Staff suspected that his symptoms were consistent with someone who had possibly overdosed on heroin. An ambulance was called and the resident taken to hospital. A few hours later, the hospital confirmed that the resident had had a bad reaction to taking drugs.

A short time after the ambulance left, staff were asked to check the man's whereabouts by the other resident who had also been out with him that evening. The resident said he had knocked repeatedly on the man's door but got no response. Staff immediately went to his room where he was found in a slumped position. It was suspected that he had also taken drugs. Staff found no signs of life. Cardio pulmonary resuscitation (CPR) was carried out whilst waiting for the emergency services. The paramedics examined him and pronounced his death. The police opened their investigation and found drug paraphernalia in another resident's room.

The man's death was the first death of a resident at the AP since the Ombudsman became responsible for investigating deaths in custody and approved premises.

THE INVESTIGATION PROCESS

1. The investigation was conducted by one of the Ombudsman's senior investigators. I am grateful for the assistance he received from the local Probation Area, especially from the acting manager and divisional manager at the Approved Premises. Although those interviewed were themselves coming to terms with the man's death, they made facilities available and participated fully in the investigation.

2. The investigator visited the Approved Premises. It was noticeable on information boards around the AP that residents were provided with information relating to drug and alcohol misuse. The investigator studied the AP records, and interviews were conducted with staff. Transcripts of the interviews are attached as annexes to this report. One of the residents offered some information regarding the events that occurred on the day of the man's death.

3. When the man who died arrived at the Approved Premises, he did not provide any next of kin details. He was not known to be in contact with any family members. Following his death and after considerable searching, the local Social Services department were able to trace his brother. His contact details were confidential to Social Services and not made available to the Ombudsman's office. My report will however be made available to the man's brother at any point in the future should he wish to see it.

THE APPROVED PREMISES

4. The purpose of an Approved Premises (AP, formerly known as bail hostels), is to provide an enhanced level of residential supervision in the community, alongside a supportive and structured environment, for offenders who have been released from prison. Whilst residents have to comply with their individual licence or bail conditions, curfews, and the AP's rules, they are essentially free to come and go from the building.

5. There are three APs in the area, including the Approved Premises in this report, which are supervised by a divisional manager. In addition, each hostel has its own manager, who deals with the day to day running.

6. The Approved Premises normally accommodates up to 32 residents, in 31 bedrooms. There are two self contained houses (known as the spierhead properties), which are situated outside to the right of the core hostel building. All residents start their stay in the core hostel and are monitored. As they progress, and following successful completion of risk assessments, residents may be offered accommodation in one of the self contained houses. This accommodation tends to be given to residents who are employed or might be working a night shift and have proved that they are capable of living independently.

7. The Approved Premises is staffed 24 hours a day by probation employees whose role is to provide support and to ensure that residents comply with the rules of the AP and their licence or bail conditions. A curfew operates from 11.00pm to 7.00am. Residents are provided with breakfast and an evening meal at the premises. They make their own arrangements for own lunch.

8. Information about relevant rules, procedures and expectations is given during induction. All residents are allocated a key worker (who is one of the probation hostel workers). Regular key work sessions take place, giving the resident the opportunity to discuss any issues or difficulties in more depth. At least one key worker is always on duty between 8.30am and 9.00pm, including at the weekend.

9. Two members of staff work on the reception (hostel support workers). They work split shifts, one working at the start of the week, the other during the latter part. There are three members of probation night care staff who work night shifts from 6.00pm to 9.00am. More recently, the hostel employs a contracted member of staff for night duties from a private organisation called Craft services. At least two members of staff are on duty during the night, one sleeping night probation worker and one waking contracted staff. In addition to that, the AP has contractors to carry out cleaning and catering. There is also on-call manager available during the out of hour's times.

10. On arrival, all residents are offered a tour of the hostel and the opportunity to register with a local doctor's surgery. There is an arrangement with the surgery and local pharmacy to facilitate the delivery of medication to the premises. All

prescription medication must be handed in to the staff at the front office, where each item is logged and stored safely.

11. Resident meetings take place every week. The Approved Premises also has a number of professionals who visit the hostel to provide support to residents. They include drug and alcohol workers, employment and accommodation specialists and mental health staff who can be contacted to attend the AP whenever necessary. The hostel also has a good relationship with the local doctor enabling them to work together if they have concerns about managing a resident's risk.

12. Room searches are carried out if staff have any suspicions that a resident has stolen property, drug paraphernalia or alcohol in their room. There are also a number of CCTV cameras installed in communal areas of the hostel which are monitored by staff from the main office. Staff also carry out daily health and safety room checks at various times throughout the day and evening.

13. Basic first aid equipment is kept in the main office, including resuscitation face masks. There are also a number of other first aid kits located around the hostel. The two hostel support workers are fully trained in first aid and attend a comprehensive four day accredited course, with refreshers every two years. Other staff are trained in basic first aid and bag and valve resuscitation methods. Other training provided is risk assessing, health and safety, and self harm and mental health awareness.

14. Staff have regular handover meetings at the beginning, middle and end of their shifts to update one another on any issues which have occurred during the day or night.

KEY FINDINGS

15. The man who is the subject of this report committed an offence of robbery on 22 December 2005 and sentenced three and a half years in prison. He was taken to HMP Moorland, where he went about addressing his drug misuse problem (by completing PASRO accredited programme), which was the main factor behind his offending behaviour.

16. He was released early from prison on 22 September 2007, on licence until 21 June 2009. He did not comply with the conditions and was recalled to Moorland in October 2007.

17. On 16 February 2009, the man was again released on licence. He had been homeless before coming into prison. His probation officer arranged for him to live in the local area. The accommodation was provided by Action Housing Property, who work in association with the Probation Service to provide accommodation. He went to the probation office, in the local area, to see his probation officer. (He also attended the probation office on 19 and 24 February.) The main purpose of these meetings was to ensure that he remained well behaved and did not re-offend, issues which were at the core of his licence.

18. When the man arrived for his next appointment at the probation office on 11 March, he told staff that he had been assaulted in the local area by a group of people because of issues that related to his past offence. He was concerned that if he returned home, his safety might be compromised.

19. The man's probation officer took immediate action and arranged for him to be transferred out of the area to an Approved Premises in a different location. Her referral highlighted that he was being moved for his own safety and had no issues in respect of harming himself or drug misuse problems.

20. Later that evening, the man was taken to the Approved Premises by his probation officer. He was inducted into the AP by Mr T (a probation hostel worker). Mr T was also the man's key worker. At the time he arrived, Mr T had been employed at the AP for about two months. His training consisted of shadowing other colleagues, computer training, first aid training and attendance on an Induction to the Probation Service day. Further training events were planned, including an event covering mental healthcare issues.

21. At interview with the investigator, Mr T said that he inducted the man who died into the AP by explaining all the rules and procedures. The man signed disclaimers that he agreed to abide by the AP rules. Although he was worried about personal belongings he had left at the previous Approved Premises, Mr T described his mood as okay. He had no drug or alcohol difficulties or thoughts of wanting to harm himself when he arrived and he said he believed he would be safer in this area. Despite being asked, he provided no next of kin details. After their discussion, Mr T showed him to his room, where he settled for the night.

22. Due to the man's change of address, responsibility for supervising his licence was transferred to the Probation Office in the local area. He would be allocated a new probation officer from the area as soon as all his paperwork was transferred to their office.

23. One of the conditions of staying at the AP is for residents to be randomly screened for drugs. On 16 March, the man who died produced a negative screen for all substances. He told staff that he smoked cannabis.

24. On 19 March, the man attended the Probation Office for the first time and was seen by a duty probation officer. The purpose of this meeting was to introduce him to the local area and ensure that he understood his licence conditions. The next day, Mr H was appointed as his probation officer, and this information was relayed to the AP.

25. At interview with the investigator, Mr H said he first met the man who died on 26 March at the probation office. They discussed his reason for leaving the previous area and how he felt about being at Approved Premises. The man said he had no problems with staying at the AP but his main objective was to secure his own accommodation. He did not want to move out to the suburbs and wanted to stay somewhere reasonably close to the city centre, so he would be able to access the facilities within the city. Mr H said he looked well, relaxed and pleased to be away from the previous area. He identified no issues or problems with him at that present time. He also noted that he had been drug free for a number of years and had successfully completed a P-ASRO course (addressing substance related offending programme for prisoners with drug misuse problems) in prison.

26. Mr H told the man that a three-way meeting with his AP key worker (Mr T) would be arranged as soon as possible. The aim was to identify any difficulties or problems he may have, assist him identify anything needed to address his offending behaviour or his social needs and share information between Mr T, Mr H and himself which could aid his resettlement. This meeting would also form the basis of his key work sessions with Mr T.

27. Mr T said he had regular contact with the man throughout his stay at the AP. He described him as a "talkative bloke" who was knowledgeable and seemed to have an opinion on lots of different subjects. He told the investigator that he had wanted to hold a key work session with the man as soon as possible after he had arrived. However, because of his and Mr H's working patterns, his first key work session was not held until 30 March. Mr T arranged the key work session before the three-way meeting was held because he wanted to ensure that the man had some input from him about his AP stay and could raise any issues about his concerns.

28. Mr H told the investigator that the three way meeting would normally take place within 15 days of an individual's arrival at a hostel. Through subsequent e-mail correspondence between Mr T and himself, the meeting was arranged for 17 April.

29. The man raised no concerns at his key work session on 30 March. Mr T's only concern related to the man's association with another resident, who it was rumoured might have been bullying him. He reassured Mr T that there was no problem between him and the other resident. Mr T reminded him that he could speak to any member of the AP staff if he had any problems He reassured Mr T that his drug misuse was a thing of his past and he had no intention of associating with others who used drugs. Mr T said that there seemed to be a genuine effort from the man to fit in at the hostel, and the residents he generally mixed with were not known drug users.

30. No concerns were noted about the man during his three weeks at the AP. On the morning of 31 March, he provided a negative urine screen test for illegal substances. This information was copied to Mr H.

Events on 2 April

31. The man left the AP at 12.25pm for a meeting at the probation office. He arrived at around 1.00pm and met Mr H. It was a short meeting (approximately 15 minutes) and he said he was still familiarising himself with the local area. Mr H said he would be making a housing referral on his behalf as soon as possible given his wish to secure his own accommodation, and would update at their next meeting. The man was happy with this, but also said he was in no rush to leave the AP and was looking forward to making his future in the area. Mr H thought that he displayed no signs of drug use in his mannerisms, behaviour or speech. His next appointment would be the three-way meeting with Mr T on 17 April. Mr H had no concerns about the man, who returned to the AP at 2.10pm.

32. Later, at around 5.00pm, acting hostel manager, Ms C, signed the man out of the AP. He said he was going for a walk. Within minutes of him leaving, Ms C also signed out two other residents, Mr A and Mr S. Ms C told the investigator at interview that it was not apparent at the time that the three men were going out together. Ms C finished her shift at about 6.00pm and left the AP.

33. At interview with the investigator, Mr A said that, along with the man who died and Mr S, he left the AP after tea time. Mr A said that he had been with him most of the day during which the man suggested they all contribute some money to buy a bag of heroin. Having agreed to this, they left the AP in search of someone selling the drug. Once the heroin was purchased, the three residents went to a nearby park. Mr A said that he was the first to inject the drug and, after doing so, he reacted badly and felt "very funny". Seeing this reaction to the heroin, Mr S and the man decided they would not take any of the drugs and returned to the AP.

34. Ms N, a night shift worker, began her shift at the AP just before 6.00pm. She was on duty for 15 hours, nine hours paid and six hours that are "sleeping". Ms N is contracted to work 21 hours a week, over a three week rota. The other member of staff on the night shift was Mr L, who works for the contracted company, Craft. Mr L does a "waking night" shift and was due to start his duty at 9.00pm.

35. No concerns were raised with Ms N during the handover at the start of her shift. She told the investigator that the man returned to the AP at around 8.30pm. She let him in and signed him in the AP book. Signing in takes place at the front entrance of the AP (at the front of the office), and he was handed his room key by Ms W (Hostel Support Worker) who was also on duty. The man gave the staff no cause for concern. Ms N said she also saw two other residents outside the front door, Mr S and Mr A, waiting for the door to be unlocked so they could come in. Ms N did not know that they had been out with the man, and let them into the AP.

36. Once in the AP, Mr A told the investigator that he and the man, went to Mr S' room. Mr A said he felt much better by this time and left Mr S' room soon afterwards.

37. About 20 minutes later, Ms W was watching the CCTV screen in the office when she noticed Mr A in the laundry room trying to hold Mr S upright. She immediately left the office and beckoned Ms N (who was down the hallway) to go to the laundry room with her. Ms N said they entered the laundry room and saw Mr S being held up by his shoulders by Mr A. Mr A told staff that he believed Mr S was having a fit. From her experience and regular training on drug misuse, Ms N said she believed Mr S looked as if he was experiencing a bad reaction to taking drugs, possibly heroin.

38. Ms N told Mr A to place Mr S on the floor. Mr S was conscious, his colour was "quite blue" and, although he appeared to be breathing well, Ms N was concerned as to his well being. She kept talking to him to ensure he remained conscious. Mr S appeared unable to respond verbally, but blinked his eyes in acknowledgement of hearing what was being said to him.

39. In the meantime, Ms W telephoned the emergency services and an ambulance crew arrived at the AP about 8.50pm. Ms N said that Mr S' colour had improved a little by this time and the ambulance crew agreed with her assessment that Mr S' condition "looked very much like a heroin overdose".

40. Having obtained some personal details about Mr S from the AP office, he was taken to the Accident and Emergency Unit at the local hospital. The two members of staff on duty remained on duty at the AP. The ambulance crew were asked to contact the AP with an update of Mr S' condition as soon as possible and transport back to the hostel would be arranged for him when he was discharged.

41. Ms N and Ms W returned to update Mr L (who had arrived for his night shift duty at 8.55pm) on the evening's events and then Ms W left the AP for the evening.

42. Mr L told the investigator that he had worked at the AP for around 15 years. He had many conversations with the man who died and found no cause for concern. Mr L said that he was aware that another resident once complained that the man had body odour, but did not believe he was the subject of bullying because of this. He said the man looked after himself well and interacted with

other residents. Although he liked to have an occasional drink of alcohol, there was never an issue with his behaviour because of this.

43. After the earlier events in the AP, Ms N said that for the remainder of the evening all was normal. At about 10.35pm, she received a telephone call from the hospital. They wanted confirmation of the evening's events from Ms N, which she gave them. The hospital confirmed that Mr S' collapse was due to heroin, although they had not needed to administer any drugs to reverse the effects. He had been monitored and the doctors were happy for him to be discharged from their care. Ms N told the hospital staff that she would arrange for a taxi to collect Mr S and asked for this information to be passed on to him.

44. At 10.40pm, Mr A knocked on the office door and was greeted by Ms N. Mr A said he had knocked several times on the man's door, but got no reply. He asked Ms N if he had left the premises. Ms N said she had seen him earlier, and checked to see if his room key had been handed in to the office. It had not, which indicated that he was still in the hostel. At this stage, Ms N said she was not too concerned, as it was possible that he just did not want to answer his door to Mr A. On seeing Ms N's lack of reaction, Mr A told her that the man had been out earlier with Mr S and himself. On hearing this, Ms N immediately took the telephone and ran to his room to investigate. Mr A followed behind her.

45. Within seconds Ms N had unlocked the man's room. She entered and was immediately greeted by an "absolute horrendous smell". He looked as if he was kneeled over sitting slumped on the end of his bed. Ms N could see that his back and his arm, which was to the side of him, had gone blue. Ms N told Mr A to quickly call Mr L, who was in the kitchen, to assist her.

46. Ms N lifted the man's head up and realised it was in a waste paper basket. A clear liquid was coming from his mouth. From her experience of dealing with individuals who had overdosed on drugs, Ms N said she believed Kyle had taken heroin. She could find no pulse.

47. Mr L entered the room. Because space was limited, Mr L and Mr A lifted the man's body onto the bed. Ms N went to collect the first aid equipment across the corridor, whilst at the same time calling the emergency services. In response to a general question asked by the investigator, it was confirmed that the AP does not possess a defibrillator machine. (A defibrillator is a machine used to shock the victim's heart and restore the heart's normal rhythmic patterns. When a defibrillator is used, it kicks the heart into action again, causing it to resume sending blood throughout the body.)

48. Mr L also found no pulse when he checked for signs of life. He immediately commenced cardio pulmonary resuscitation (CPR) at the rate of 30 chest compressions to two breaths. He was assisted by Ms N on her return to the room. Whilst Mr L carried out chest compressions, Ms N ensured Kyle's airway was clear to use the bag and valve to try and pass air into his lungs. Ms N said she felt a little frustrated because the emergency services operator kept saying he was having difficulty hearing her and described a crackling noise over the telephone line. As Mr L had been carrying out CPR, Ms N decided to take over

from him, and handed the telephone to him to resume talking to the emergency services operator.

49. Mr L stepped outside of the man’s room hoping to get a better reception to speak to the operator and re-confirm the address of the AP. The operator told Mr L that he should return to the man’s room so that he could update them on his condition. Mr L said that if he went back into the room, contact may be lost. This would mean that as well as the emergency services being unable to contact him, Mr L would not know when the ambulance arrived at the AP (access was restricted by an entrance barrier). The operator told Mr L not to worry about this and that they would get into the AP somehow.

50. Ms N continued with CPR but the man remained unresponsive. Mr L returned to the man’s room. He passed the phone back to Ms N and relieved her from carrying out CPR. Another resident came to the man’s room and told the staff that an ambulance had arrived and could not get past the entrance barrier. Ms N ran to the office to open the barrier. However, before she could do so, other residents had already gone down the driveway and had broken the barrier to allow the ambulance through. Ms N escorted the ambulance paramedics, who were accompanied by the police, to the man’s room.

51. The paramedics told Mr L to continue with CPR whilst they set up their equipment. Ms N then moved some of the furniture in the man’s room to give the paramedics more space. With more space now available, the paramedics placed the man on the floor and assessed his condition. Soon afterwards, they pronounced him dead. Ms N, who had left the room to speak to the other residents, telephoned Ms C and updated her on the events of the evening. Ms C subsequently informed Mr P, the divisional manager and Mr J, the Assistant Chief Officer, of the man’s death.

After the man’s death

52. The police immediately sealed the man’s room and began their enquiries. They arranged for Mr S to be collected from the hospital as they wanted to question him about his involvement earlier that evening.

53. Ms C and Mr P both arrived at the hostel soon afterwards and instigated the Probation Service death in an approved premises contingency plans. This included contacting relevant agencies to inform them of the man’s death and arrange support for Mr L, Ms N and any of the residents. (Both staff members told the investigator at interview that the support they received was invaluable.)

54. Recalling events of the evening, Ms N said Mr A indicated that he met Mr S at the top of the road and they returned to the hostel together, merely because they had walked down the road together. She had seen no indication that the man had actually been out with Mr A or Mr S, especially as he appeared to have returned a minute or so before the other two residents.

55. AP staff and the police viewed the CCTV footage. It showed that all three residents had signed in the AP between 8.30pm to 8.35pm. Minutes

afterwards, they were seen entering room 19, Mr S' room and then going to room 18, Mr A's room. All three residents then proceeded to go down stairs. The man went to his room and Mr A and Mr S went to the laundry room to make a drink.

56. In the early hours on 3 April, the police collected Mr S from hospital and took him back to the AP. They explained that Mr S was not being charged but was on police bail pending further enquiries. The police were highly concerned that Mr S had tested negative for opiates, crack and crack cocaine, although he said that the drug he took had similar effects to heroin. Given the reaction Mr S and the man had to the drug, the police said they were anxious to try and find the dealer who supplied them with it.

57. At approximately 1.30am, Ms C noted in the AP records that she spoke to Mr A who wanted to talk about the man's death. Mr A said that he had been with him most of the day and the man had asked him whether he wanted to contribute to a bag of heroin later in the day. Mr A agreed, and along with Mr S, they later went out and purchased some heroin. Mr A admitted injecting heroin in a park soon afterwards.

58. Ms C told the investigator that it was extremely busy in the AP following the man's death with the police in attendance. The police found drug paraphernalia in the laundry room and in Mr S' room. Mr S and Mr A were arrested although they were later released without charge.

59. Incident reports were completed by Ms C and passed to relevant probation staff. Over the next few days the man's death brought a sombre mood to the AP and many residents were in need of support, especially Mr S and Mr A Who were both upset. Ms C ensured that extra time and support was given to them by their key workers. This was also extended to all residents who wished to discuss any issues. Ms C referred Mr S and Mr A to community drug agencies to offer support and guidance. Other residents who felt that they may be at risk of drug misuse were also offered the services. The Probation Service psychologist also spoke with Mr S and Mr A to offer support.

60. There was no direct newspaper interest in the man's death. Once the Police thought the substances the man had taken were contaminated they issued a release warning users to be aware of purchasing drugs in the area of the City the man was supposed to have done. The release urged concerned people to contact their medical services. This information was passed on by the local Probation Area Assistant Chief Officer (ACO) to all AP staff. Residents who were assessed as possibly being at risk were notified and spoken to.

61. On 6 April, the ACO wrote a personal letter to all the staff involved in trying to resuscitate the man who died which acknowledged their professionalism in dealing with his death. The staff told the investigator that they appreciated this acknowledgement.

62. A management discussion group, consisting of Mr PI (the AP Divisional Manger) and community drug and alcohol teams, was set up a few days after

the man's death. The subject matter was "Improving treatment links with the Approved Premises". Its aim was to establish any immediate learning from the man's death and the overdoses of the other residents and discuss their concerns about contaminated heroin in the local area. A number of areas were identified which could further improve support, knowledge, facilities and training to AP staff and residents, and action has already been taken to implement these.

Next of kin

63. When he was inducted at the AP, the man refused to name anybody as his next of kin. After an initial search, the police were not able to ascertain any next of kin details as it appeared that he had been in the care of the local authority from a young age. They therefore requested the Social Services files and were able to trace the man's brother and tell him of his death.

Critical de-brief meeting

64. A critical incident review was held on 15 May. It was open to all members of staff to attend. Staff feedback to the investigator showed that it was welcomed and proved an invaluable means of identifying lessons for staff. A number of issues and recommendations were made and including the following:

> "The AP's cordless phone should be upgraded
>
> On induction of new residents, an e-mail should be sent to the probation officer to set up an early three way meeting within five working days, and if not practical, the key worker to see resident in the meantime
>
> Staff to attend an overdose and awareness course being run by the local Ambulance Service
>
> Craft employees to have access to probation counselling services as it was unsure what support was in place for their workers"

The man's funeral

65. The man's funeral service was arranged by the Social Services and held on Tuesday 9 June. Ms C arranged for staff from other approved premises to provide staff cover on the day of the funeral so that staff from the Approved Premises could be there. All seven people who attended the funeral were from the Approved Premises and said that the words used by the officiating minister at the service were "profound and touching".

Post Mortem

66. The post mortem carried out confirmed that the man's death was a heroin overdose. The police later informed the management at the Approved

Premises that the Coroner had held the man's inquest in August 2009 and the verdict was one of "misadventure".

Other issues

67. Although not pertinent to this investigation, Ms C identified that there was no first aid equipment in the spearhead properties. Therefore, if an emergency arose, staff would have to return to the main building to collect the first aid equipment located there. Ms C said the issue was being addressed as a matter of urgency.

68. Ms N raised her concern with the investigator about the staffing resource in the AP. The management of APs were undergoing general changes. As a result, from November 2008, nearly 50 percent of the Approved Premises night care team workers were contracted to Craft. The two members of staff affected at the Approved Premises were long-serving members of probation staff with lots of experience. Ms N's concern was that it was important to ensure that all future Craft employees (normally employed to cover sick and leave periods) had basic probation and first aid training. This matter was felt to be of the utmost importance because during the night, the two members of staff on duty have to rely upon one another and be able to respond to incidents effectively.

ISSUES RAISED IN THE INVESTIGATION

69. It was very evident to the investigator that all staff at the Approved Premises continually received relevant training on a number of subject matters which could help support and care for the AP residents. As far as possible, this was extended to the Craft employees. Staff were extremely knowledgeable about self harm, drug awareness and resuscitation. This level of information and support was also on offer to residents to assist their rehabilitation.

70. The man's involvement with drugs came as a surprise to the AP staff. He did not show any signs that he was taking drugs and appeared to have settled into the AP. Staff did not detect that he had taken any drugs when he returned to the AP on the evening of 2 April and evidence suggests that he took the drugs later whilst in the AP. When he was discovered collapsed in his room, staff acted swiftly to try to resuscitate him and call for help.

71. Ms C said that that since the man's death, they had arranged for staff to attend a further course about overdose awareness and resuscitation delivered by the local Ambulance Service. The AP had also started working with two new drugs agencies. In addition, the AP received regular visits from community drug workers who were able to provide information and support to residents.

Defibrillator equipment

72. As soon as Ms N was made aware that the man might have misused drugs, she responded immediately. Along with Mr L, CPR was carried out. The AP does not have defibrillators on site, and staff are not trained in their use.

73. The Resuscitation Council UK reports that early defibrillation is considered an important aid to successful resuscitation. The Ombudsman has reported in previous investigations that many members of the public have been appropriately trained in the use of defibrillation devices which are available in the general community.

74. After the death of the man, Divisional Manager Mr P contacted Mr E, Head of Approved Premises team. He was advised the AP team were considering the costs and availability of providing defibrillators for all APs. The Head of Interventions in South Yorkshire, Mr J, has asked the Health and Safety Manager to undertake a full risk assessment of the deployment of defibrillators and the recommendation of that assessment is to be considered by the South Yorkshire Executive Management Team. I make no recommendation here but draw this report to the attention of the Regional Offender Manager who will wish to consider buying defibrillators for the APs in his region.

Cordless Telephone

75. The use of a cordless phone is imperative to staff within the AP and can be a tool which promotes the health and safety of staff and residents. It is of the utmost importance that such equipment used is effective and fit for purpose. In this particular case, staff had difficulties relaying information to the emergency

services. I am pleased to note that they did not let this difficulty negate their attempts to try and resuscitate the man who died. I am also pleased that, since the man's death, following a review of the cordless telephones in use at the AP, the telephones have been upgraded to improved models.

CONCLUSION

76. There is no doubt that the man who died was offered considerable support upon his release from prison from the AP and probation staff, to enable him to integrate back into the community. He had been drug free for four years and appeared motivated to continue with his abstinence.

77. During his short stay at the Approved Premises, the man's behaviour also did not lead staff to believe that he had started misusing drugs. On his last day at the AP, he had gone out with two other residents and taken drugs. Whether this was the result of peer pressure, we will never know. But given his recent good behaviour, it seems unlikely that he intended to take drugs to end his life.