Investigation into the circumstances surrounding the death of a resident at Approved Premises in the West Mercia Probation Area, in December 2007

Report by the Prisons and Probation Ombudsman for England and Wales

July 2008

This is the report of an investigation into the death of a man who died in December 2007 in Worcestershire Royal Hospital after a short illness following a long period of chronic ill health. The man, who was aged 49, was a resident of Approved Premises in Worcester. I would like to extend my condolences to the man's family for their loss.

One of my investigator colleagues conducted this investigation. I am grateful to the manager and staff of the Approved Premises for their help and co-operation. I would also like to acknowledge the assistance given by the man's doctor in completing this report. It was not necessary to complete a full clinical review into the healthcare received by the man whilst he was in prison and probation care, but his doctor has provided details of the complex nature of his illnesses.

I make one recommendation in this report for the West Mercia Probation Area and one for the National Offender Management Service. I also note one example of good practice for the attention of the Governor of HMP Blakenhurst (now part of HMP Hewell).

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

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SUMMARY

This man died in Worcestershire Royal Hospital in December 2007. The death certificate says that he died from multi-organ failure with sepsis and bronchopneumonis as a result of being an insulin dependent diabetic with chronic pancreatitis, renovascular disease and ischaemic heart disease.

The man was a resident at Approved Premises in Worcester. He had previously been in prison, having been sentenced in July 2002 to eight years imprisonment, with an additional three years extended licence, for section 18 wounding and arson. He served all of that time at HMP Blakenhurst (now HMP Hewell), largely in their healthcare centre, until his discharge in May 2007. During his time in custody, the man had consistently poor control of his diabetic condition. In 2003, he had his right leg amputated below the knee as a direct result of diabetes.

In May 2007, the man left custody on licence to reside at Approved Premises. Whilst there he engaged in offender management work with staff and from the West Mercia Probation Services.

The man used a wheelchair because of the loss of his right leg. He had some difficulties with access to and within the Approved Premises but, by and large, staff and residents were able to assist with most of his needs.

The man was prone to infections. On 22 December 2007, he was admitted to Worcestershire Royal Hospital because of his poor health. He died two days later.

THE INVESTIGATION PROCESS

1. My investigator visited the Approved Premises in December 2007. He was given access to the man's records and shown around the Approved Premises. He met the manager and spoke informally to a number of staff who were on duty at the time. Notices of my investigation for staff and residents were sent in January 2008, with a request to ensure they were displayed prominently. No staff or residents asked to speak to my investigator as a result of these notices.

2. No clinical review was requested for the man as he died whilst in hospital, under the care of a local GP. The Coroner also felt it was not necessary for a full inquest before a jury as the man was not resident in a prison and died of natural causes. A copy of my report will be sent to the Coroner.

3. One of my Family Liaison Officers contacted the man's family on 29 January 2008. My FLO explained the investigation procedure to the man's sister and invited her to raise any concerns or comments she or the family might have. The family's main concern was how they were dealt with in respect of who should be considered next of kin. The man's family said they found this lack of clarity distressing, at what was an already difficult time. They were concerned that systems should be put in place to avoid this happening in the future.

4. My investigator made a further visit to the Approved Premises on 11 February 2008 and held informal discussions with the manager and deputy manager, together with the man's key worker and co-worker. My investigator took contemporaneous notes of these discussions.

5. My investigator obtained a short report on the man's medical condition from his GP.

APPROVED PREMISES

6. Approved Premises, formerly known as a Probation and Bail Hostel, exist to provide an enhanced level of residential supervision in the community to offenders and to offer a supportive and structured living environment.

7. The Approved Premises are located in Worcester. The hostel is managed by an Approved Premises Manager, who has overall responsibility for its running. He is assisted by a deputy manager who is responsible for the day-to-day management of residents. The frontline team is made up of five assistant wardens, all full-time, two night waking supervisors, and an administrator. There are also around 30 relief workers who work at different times alongside the assistant wardens during evenings and weekends, as well as covering for leave and other absences.

8. Each resident is allocated an assistant warden who is their key worker. This member of staff acts as their primary point of contact during their stay and assists residents in sorting out practical issues. Regular key work sessions also give residents the opportunity to discuss their difficulties in depth. Although the sessions are not governed by a set agenda, issues such as benefits, health, and future accommodation are routinely discussed. Residents are all registered with a local doctor, though the doctors are located at a number of surgeries across the city. There is no single 'Hostel GP'.

9. The admissions policy at the hostel is based on an assessment of risk. The majority of residents are required to stay as a condition of a court order or prison licence. Where possible, staff from the Approved Premises like to be involved fully in the initial placement of a new proposed resident. In the case of this man, a full appraisal of his physical needs was made prior to his arrival.

10. Whilst at the hostel, residents are required to pay rent and abide by the rules and regulations. This includes observing a strict overnight curfew between 11.00pm and 7.00am. During the day, residents are free to go out unaccompanied and are not required to tell staff where they are going. During supervision, they are expected to analyse their criminal and anti-social behaviour in a structured manner, and to develop skills to avoid re-offending.

11. The Approved Premises are divided into flats, is self-catering, and has a small 'disabled suite'. This is a self-contained unit on the ground floor, with access to showers and its own small kitchenette facility. Three people can be located there. Unfortunately, in the original design of this unit, adequate provision was not made in other parts of the building to allow a wheelchair user to gain access to the main residents' lounge area or the main office area. Some remedial work has been carried out to address this, although there is more that could be done to facilitate better utilisation of these facilities. This was an issue at the time for the man. As there are no ramps to the main entrances, he required assistance from staff or other residents to enter and leave the building. Since the man's death a call-bell has been provided near the main entrance and the lounge door has been widened.

KEY FINDINGS

12. In December 2000, the man was arrested for committing a serious offence of wounding with intent and arson. However, he was not actually remanded into custody until March 2001. He was in custody for six months until September 2001 when he was released on bail pending court appearances at Stafford Crown Court. In July 2002, the man was sentenced at Stafford Crown Court to eight years, with three years extended licence, on each of the two offences. He was sent to HMP Hewell. His sentence meant that he would have to serve at least half his sentence in prison, and then at least a further three years under supervision in the community. The man's first request for parole was initially refused, but because of a re-calculation of his remand time he was released on licence from Hewell to the Approved Premises in May 2007.

13. Throughout most of his time at Hewell he was located in the healthcare unit. Initially this was due to his health needs, but throughout the early part of 2007 it was more to do with keeping him safe, although there is no explanation in the records my investigator has seen of why this should have been so.

14. When the man first arrived in prison he was known to be suffering from type 2 diabetes (requiring daily injections of insulin), with a history of pancreatitis, depression and peripheral neuropathy (a disease of the nerve endings that can lead to parts of the body dying, such as the fingers, toes, arms and legs).

15. During his first 12 months in prison, the man developed diabetic sores to his feet that required daily dressings. He had already had a toe on his right foot amputated, and in the summer of 2003 he had a below-knee amputation of that leg. He was fitted with a prosthesis that he wore for much of the day, and he was able to move about quite well. However, his diabetic control was always bad, with frequent high blood sugar levels being recorded. He was an obese man who did not lose weight despite encouragement from prison staff.

16. The man also had a history of self harm whilst at Hewell. He would pour boiling water over his left foot, which already had reduced sensation (the peripheral neuropathy). The damage to his left foot required repair by skin grafts and further daily dressings. He also contracted MRSA (Multi Resistant Staphylococcus Aureus), but was responding well to treatment before his discharge to the Approved Premises.

17. At the time he arrived at the Approved Premises he was being prescribed some 11 different types of medication, which he continued to require throughout his time in residence there. Before his discharge, he had received a full assessment of his physical and sentence planning needs. It was agreed he could be looked after at the hostel in their disabled suite.

18. The man told his key worker at the Approved Premises, that he found the prospect of being out of prison a bit daunting. However, he worked well with his offender manager and settled down to addressing his offending behaviour. His initial work was to be on victim empathy, building on work he had started whilst in prison. He

was also aiming to go to a day centre for disabled people, although this proved problematic for local services to arrange.

19. Whilst at the Approved Premises, he established a number of friendships and he seems to have been generally liked by staff and residents. He spent much of his time within the Approved Premises, and was therefore there for a chat with whoever was also staying in. The man did occasionally leave the Approved Premises, but that would often require help from staff and other residents.

20. The man's doctor reports that he was treated with antibiotics for a number of infections throughout the time he was under his care. The district nurse team saw him three times a week to dress his leg and foot ulcers, and he had recently been referred to the consultant dermatology services. The man's blood sugar levels were often in the mid 20's (when they should have been around seven), and the man had to increase his insulin dose on numerous occasions. This, coupled with being overweight and hypertriglyceridaemia (high levels of glycerides – fatty acids – found in the blood) and hypercholesterolaemia (high levels of cholesterol), was inevitably going to have an adverse effect on the man's heart and other organs.

21. On 20 September 2007, the man was taken into Worcestershire Royal Hospital suffering from suspected kidney failure. Staff were very concerned that he might not survive and could suffer a heart attack because his body was under such stress. However, he was released from hospital late in September and for a while showed signs of improvement.

22. However, on Friday 21 December, the man was noted to be unwell by one of the support workers in the Approved Premises. The district nurse who visited that day told staff that the man would be seen later by a visiting doctor, but no doctor arrived. The man deteriorated throughout the night, and when the support worker saw him again the following day he felt that the man needed to be seen by a doctor. The support worker called the out of hours primary care service who sent a doctor to see the man.

23. The doctor arranged for an ambulance to take the man to hospital. He originally thought that the man might be suffering from bronchitis. The man was taken to Worcestershire Royal Hospital. He developed pneumonia with complications, and died at the hospital on 24 December, 2007. The death certificate records that the man died from multiple organ failure, as the result of sepsis and bronchopneumonis, because he was an insulin dependent diabetic with chronic pancreatitis, renovascular disease and ischaemic heart disease. No post mortem examination was called for.

ISSUES

24. The first issue I have considered is the provision of disabled facilities at the Approved Premises during the time the man was resident there. I am aware that some improvements have taken place since he died, particularly in respect of access to the building.

25. In a thematic report by HM Chief Inspector of Probation (Probation Hostels: Control, Help and Change), it is pointed out:

> *A probation hostel is home for its residents for however long they stay there. In order for offenders to feel motivated to stay, they need to be treated with respect and live in decent conditions.*

26. Prior to the man's death, he had difficulty gaining access to the building. I have been pleased to learn that a call bell and a temporary ramp have now been provided to assist wheelchair users to gain access. However, it is still difficult for wheelchair users to reach the main office. In addition, the toilet facilities in the disabled suite are not big enough to accommodate a wheelchair. In this man's case, he was able to stand and walk short distances which enabled him to manoeuvre into the toilet space.

27. The man did not make any formal complaint and none of these access issues had a direct bearing on his death. However, I make the following recommendation about disabled facilities at the Approved Premises in light of the Disability Discrimination Act 2005.

The West Mercia Probation Area should assess the Approved Premises and ensure that residents with disabilities have full access to all the facilities.

28. When the man was transferred from HMP Hewell to the Approved Premises, he was accompanied by a very thorough discharge letter from the healthcare manager at Hewell. I commend this practice which provided a high quality service to the Approved Premises.

The Governor at HMP Hewell should commend the healthcare manager at the prison for the excellent discharge letter she wrote about the man's care whilst he was in custody at Hewell. This provided a comprehensive understanding of the man's health needs to the Approved Premises in a timely manner.

29. The other matter my investigator has been made aware of concerns the next of kin. It seems that when staff at the Approved Premises first contacted the man's family, they tried to contact his daughter who was the nominated next of kin. For personal reasons she felt unable to act as next of kin and the man's mother (whom they had a contact number for) was too unwell to take on the role. The man's sister therefore agreed to be treated as next of kin.

30. However, shortly after agreeing this, the staff received advice from the finance department of the National Probation Service headquarters that property and

valuables could only be passed on to an executor of the man's estate. This resulted in the manager of the Approved Premises being unsure whether he had done the right thing by agreeing to hand over the man's property to his sister.

The National Offender Management Service should issue guidance to all Approved Premises on who should be considered next of kin and who may receive the property of deceased residents.

31. The matter was eventually resolved and the man's sister once again became his next of kin. This caused a degree of concern to the family, and I would draw to the Probation Service's attention that in similar circumstances the Prison Service (and for that matter, my own office) defines the family in the following way:

> *The term 'family' can include 'chosen' as well as 'biological' and can include: husbands, wives, partners, significant others, parents, siblings, children, guardians and others who have had a direct and close relationship with the deceased.*

RECOMMENDATIONS

The West Mercia Probation Area should assess the Approved Premises and ensure that residents with disabilities have full access to all the facilities.

The National Offender Management Service should issue guidance to all Approved Premises on who should be considered next of kin and who may receive the property of deceased residents.

GOOD PRACTICE

The Governor at HMP Hewell should commend the healthcare manager at the prison for the excellent discharge letter she wrote about the man's care whilst he was in custody at Hewell. This provided a comprehensive understanding of the man's health needs to the Approved Premises in a timely manner.