Investigation into the circumstances surrounding the death of a man at HMP Albany, in hospital in January 2008

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 January 2008 at hospital whilst a prisoner at HMP Albany. The man had transferred from Albany to the healthcare centre at Parkhurst for 24 hour medical care in December 2007. Later, he was admitted to hospital, his health deteriorated and he died six days later. The man was 74 years old.

A post mortem was held at the request of HM Coroner for the Isle of Wight. It found that the man died as a result of natural causes resulting from chronic obstructive pulmonary disease and congestive cardiac failure. I extend my sincere condolences to the man's partner, family and friends.

This investigation was undertaken by one of my investigators. In addition, a review of the man's healthcare was commissioned from Isle of Wight Primary Care Trust. I am grateful to Primary Care Trust who carried out the review. I would also like to thank the Governor of Albany and his staff for their help and assistance. I am particularly grateful to a Governor and a Principal Officer (PO).

The man was an elderly prisoner who had a number of ailments. It is clear from the investigation that staff of various disciplines, as well as fellow prisoners, made every effort to treat and care for the man in a sensitive and compassionate manner. This was in spite of his own reluctance to take responsibility for his health and to comply with the interventions offered.

I make no recommendations in this report. However, I am pleased to commend both nursing staff and officers on F and G wing for the support they showed to the man. The standard of family liaison demonstrated by Albany was also very high.

In this final report, the Governor of Albany was pleased to note that both nursing and wing staff were commended for the support they showed to the man and that the report noted the high standard of family liaison.

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

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SUMMARY

The man was sentenced to seven and a half years imprisonment in May 2005 at Crown Court. He was received into HMP Elmley that day. His first reception health screen document noted that he was receiving medication for ischaemic heart disease. The man transferred to HMP Lewes in September. It was recorded that he was a frail man, unwell and had a nasty cough.

Three weeks later the man was transferred to HMP Albany. Following his reception into Albany, he was given an electrocardiogram (ECG) to monitor his heart rate. The man told the doctor that he had refused medical investigations in the past, but agreed to a blood test.

In January 2006, the man complained of nausea. He was prescribed a medication to reduce acid in his stomach and an appointment was made for him to attend hospital for an endoscopy (a procedure to look at the gullet and stomach). The man said he would not have the procedure, but nevertheless the doctor still made the referral. A second ECG indicated no changes since the previous one, other than one atrial ectopic (a problem to with the electrical system of the heart).

Over the next 14 months, the man was seen on a regular basis by healthcare staff and the doctor. His medication was reviewed and new drugs were prescribed to treat his ongoing medical conditions. In March 2007, the man was taken to the accident and emergency department at hospital as he was experiencing chest pain and pain radiating down his arms. The man was referred to another hospital for an angiogram, a test that identifies how well the heart is working. He refused to go to the hospital, discharged himself and returned to Albany.

In April 2007, the man moved to F and G wing which was considered more appropriate to his medical needs. It provided better accessibility for his wheelchair and the cell had a shower and toilet with disability access. A buddy carer (a prisoner, who helps and supports older and disabled prisoners) was assigned to assist the man with his day to day living. However, he was unhappy about the move to this wing. A few weeks later, the man was allocated a nurse for basic medical care, three times a week, to help with bathing, dressing and medication. In July, he was assessed in his cell by an occupational therapist who suggested adaptations to make him more comfortable.

Over the next few months, the man's condition continued to deteriorate. His legs became painful and swollen, he was breathless and his blood circulation was poor. The man was seen by the doctor regularly. As well as the personal care nurse, he was supported by wing and healthcare staff on a daily basis.

In December, the man's condition deteriorated seriously. He was admitted to hospital for an assessment and discharged back to Albany that day. The following day, he was moved to HMP Parkhurst's healthcare centre for 24 hour medical care. Nevertheless, a week later he was admitted to hospital.

Six days after his admission to hospital, the man died. The cause of death was later given as chronic obstructive pulmonary disease and congestive cardiac failure. The man was 74 years of age..

Before and after the man's death, staff at Albany went to great lengths to sustain contact with his relatives. I have commended staff for their exemplary handling of their brother's throughout his illness, and for the family contact thereafter.

THE INVESTIGATION PROCESS

1. The investigation into the man's death was opened in January 2008 when my investigator visited HMP Albany. She met the Governor and a member of the senior management team. Representatives of the Independent Monitoring Board (IMB) of the Prison Officers' Association (POA) did not ask to meet my investigator. Notices about the investigation and the Ombudsman's terms of reference had been sent to the prison in advance of her visit.

2. Later my investigator visited F and G wing and spoke to an officer who knew the man well. She also spoke to three friends of the man on the wing. In February, my investigator attended an Incident Review Meeting to appraise the man's healthcare while he was in prison custody.

3. One of my family liaison officers, telephoned the man's brother. The family did not have any concerns about the care offered to their brother by the prison. They also expressed their gratitude for the help and support offered since his death. Information about the investigation was also relayed to the man's solicitor who agreed to continue to support the man's partner if she wished to contribute to the investigation.

HMP ALBANY

4. HMP Albany was designed and built as a category C training prison on the site of a former military barracks on the outskirts of Newport, Isle of Wight. Soon after it opened in the 1967, it was decided to upgrade the security and in 1970 Albany became part of the dispersal (high security) system.

5. In 1992, the prison was redesignated as a category B closed training prison. Prior to 1998, half the prisoner population at Albany was accommodated in the Vulnerable Prisoners Unit, and the other half in normal residential wings. Albany now only holds sex offenders and other vulnerable prisoners and operates one regime. In 2002, a category C Unit was added and the prison currently holds up to 526 prisoners. The average age of the population is significantly higher than in most prisons.

6. The healthcare arrangements are managed in a cluster that includes HMP Parkhurst and HMP Camp Hill. Parkhurst is the only one of the three with in-patient facilities. Albany has a healthcare unit designated for the delivery of primary care services.

7. HM Chief Inspector of Prisons conducted a full inspection of Albany in November 2007 and noted the following in relation to healthcare:

> "Health services were very basic, although there were good relationships between health services staff and prisoners. Nurse-led clinics could not be established because of staff shortages. There was good access to general practitioner services, but high numbers of prisoners were prescribed opiate-based medication. Dental services were good but a high number of prisoners failed to attend for appointments. Mental health in-reach services were good, but there was no primary mental health support. A high number of outpatient appointments had to be cancelled because of a shortage of escort staff."

8. The Albany Independent Monitoring Board Annual Report 2007 was positive in praise of the prison's staff. An extract from the report said:

> "The Board would like to give praise to the officers at Albany who go about their duties with extreme professionalism with the ever increasing demands of the Prison Service."

9. The death of the man was the second death from natural causes investigated by my investigator at Albany. She was encouraged by the improved liaison she found between healthcare and wing staff. One of the changes since my investigator's previous investigation was the inclusion of the disability officer in the assessment of disabled and sick prisoners. These developments reflected recommendations made in her earlier investigation.

KEY FINDINGS

10. The man was sentenced to seven and half years imprisonment in May 2005 by a Crown Court. He was received into HMP Elmley where his first reception health screen document noted that he was receiving prescribed medication for heart disease. His doctor confirmed that he was suffering from ischaemic heart disease for which he had been prescribed atenolol and clopidogrel. On 25 May, the man was examined by the prison doctor as he was feeling dizzy and sick. On examination, the doctor diagnosed an ear infection and prescribed antibiotic medication.

11. On 17 July 2005, the man told an officer he had felt a pain in his right forearm that had made him feel dizzy. He went to grab a chair to steady himself, and knocked his arm on the chair causing a wound. The man was taken to healthcare where a nurse cleaned and dressed the wound with steri-strips. His observations were taken and were within the normal range. The man was later seen by a doctor who requested twice weekly dressings and asked him to return if there were any problems. The man refused a tetanus injection. Six weeks later, the man saw the triage nurse and complained of cramp in his hands as well as was coughing up lots of phlegm. He was referred to the doctor who diagnosed bronchitis and prescribed antibiotic medication.

12. The man transferred to HMP Lewes on 8 September. It was noted he was a frail man with a nasty cough. Three weeks later, he transferred to HMP Albany. His medical notes showed that he was feeling unwell, had a history of feeling faint, and there was a trace of blood in his urine. He was not fit for work.

13. On 6 December 2005, the man was seen in healthcare. He had nausea. He told the doctor that he had refused medical investigations in the past, but agreed to blood tests.

14. The man was seen again seen in healthcare five weeks later, feeling unwell with chest pain. His observations were noted to be within normal range and an electrocardiogram (ECG) to monitor his heart rate was carried out. The following day a nurse checked the man to appraise his general health. He said he was feeling better; there was no chest pain, although he did feel light headed at times. An appointment was made for the man to see the doctor and the nurse noted that he seemed frail.

15. On 17 January 2006, the man saw the doctor and a second ECG was performed. This showed no change from the previous test with one atrial ectopic (an atrial ectopic beat is a problem in the electrical system of the heart, specifically an extra heartbeat caused by a signal to the upper chambers of the heart). The man still complained of nausea and some anterior chest pain when he ate. He was prescribed omeprazole to reduce acid in his stomach.

16. Three weeks later, the man saw the doctor who suggested that he refer him for an endoscopy for his digestive problems. The man told the doctor he

would not have an endoscopy. Despite this refusal, the doctor still referred him to the hospital for the procedure. The man was also complaining of feeling tired and loss of appetite.

17. The man had a further consultation with the doctor on 9 March. He complained of headaches and the doctor prescribed predniscolone, an anti-inflammatory medication for temporal arteritis (inflammation of the blood vessels around the head and neck). On 13 March 2006, the man attended the healthcare centre for blood tests. Insufficient blood was taken for the sample, so it was repeated on 15 March when it was also noted that the man was having headaches.

18. On 3 May, the man saw a nurse who noted poor compliance in taking his medication. Two days later, he saw the doctor. His head pain persisted and his medication was continued with paracetamol for pain relief. Four days later, an appointment for him to attend St Mary's Hospital for an endoscopy was cancelled by the hospital.

19. When the man saw the doctor on 9 June, he was feeling better and the predniscolone was to be reduced. One month later, he sent a letter to the mental health in reach team. In the letter, he said that he had been feeling low, depressed and wished to see someone from the team. A member of the mental health team suggested to the man that he spoke to a nurse as they were unable to take self referrals.

20. Two weeks later, the man was seen in healthcare. Despite encouragement from the nurse, he refused to attend an appointment at the hospital for an endoscopy and signed a disclaimer to this effect. On 31 July, a nurse spoke to the man about his medication. He seemed to be confused about his dosage and it was agreed that he would collect his medication from the dispensary. On 6 August, the man attended healthcare complaining of back pain. He was prescribed pain relief and returned to his cell in a wheelchair.

21. The man's medical notes recorded that on 17 October 2006 he was not complying with his medication. A week later, he was examined in healthcare and noted to have a cold, shortness of breath and a cough. When the doctor asked about the use of his inhaler, the man said he did not use it as he was allergic to it. An antibiotic medication was prescribed. Three weeks after this consultation, it was noted that he was feeling better and had been advised about his smoking habit.

22. On 5 January 2007, the man asked for pain relief from the doctor for headaches, neck pain and pain in both arms. He said he was not sleeping and found mobility difficult. The doctor noted that the man seemed vague, and a painkiller was prescribed. Twelve days later, the man went to healthcare for blood tests. He complained to the nurse that he had received poor healthcare at Albany and the doctors could not find what was wrong with him. He was reminded that he had refused to attend the hospital for an endoscopy. The nurse offered to see if he could be transferred to F and G

wing (which is located on the ground floor and was more suitable for his needs). An appointment was made for the man to have a chest x-ray.

23. The x-ray result, examined on 1 February, showed an abnormality with an indication of a previous history of tuberculosis. The next day the man was seen in healthcare. He complained to the nurse that his friends in the wing had told him he was not receiving the right medication. It was explained to him that all medical staff were trained and competent. The man became aggressive and was asked to leave the healthcare centre. On 5 February, he saw the doctor who told him he had to take some responsibility for his health and reminded him that he had refused a medical investigation. The man continued to smoke heavily and took no exercise. Four days later, he told a nurse in healthcare he had cut down on his smoking and was taking some exercise. He also told the nurse he had some rectal bleeding and a sample was requested for testing.

24. On 20 February, the man was seen by the nurse and doctor. The man had felt dizzy and had pain in his left shoulder going into his stomach. An ECG was carried out. It recorded no changes from his previous ECGs.

25. The man was seen in his cell by a nurse on 3 March. He had taken some exercise and had become unwell with chest pain and pain radiating down his arm. The man was taken to a hospital's accident and emergency department by ambulance and remained as an inpatient. Tests indicated that he had increasing heart problems as well as anaemia. He was referred to another hospital for an angiogram (this test gives information about the blood inside the heart, and how well the pumping chambers and valves are working). The man refused to go to this hospital and discharged himself back to Albany on 8 March.

26. The man's medical notes for 17 March recorded poor compliance with his medication. On 5 April, the doctor noted that he had become increasingly immobile, was feeling dizzy and had been unable to collect his medication. The doctor questioned whether the prison was able to offer the resources the man needed given his medical condition. He was still smoking, which was against medical advice.

27. A week later, escorted by a fellow prisoner, the man was taken to see a nurse in healthcare in his wheelchair. It was noted by the nurse that he would benefit from a transfer to F and G wing as it was more appropriately resourced to cope with his physical condition. The nurse spoke to a governor who supported this transfer. On the instruction of the healthcare manager the nurse also wrote to a hospital's occupational therapy unit, requesting an assessment.

28. On 24 April, the nurse noted that the man's transfer to F and G wing was being processed and he was waiting for a space. The prison's disability officer also supported this move. Three days later, the man moved to F and G wing. The man was assisted by a buddy carer who was also a friend of his.

The buddy carer helped the man with his day to day living, which included sorting his laundry, cleaning his cell and fetching his meals when appropriate.

29. In early August, the man was seen by a nurse. He was unwell and his breathing was laboured. The nurse referred him to the doctor who prescribed medicines were appropriate for his needs.

30. It was recorded on 31 May 2007 that the man had refused to attend hospital for a chest x-ray as he did not want to wear prison clothing on escort. His medical notes indicated that there was no medical reason why he should not wear prison clothing. The man refused to attend a second x-ray appointment at the hospital on 6 June.

31. A week later, the man was assessed by the healthcare manager and a doctor. The healthcare manager noted that the man was able to get from his wheelchair to his bed but would benefit from a high back chair. It was also recorded that a shower with a seat would enable the man to bathe more easily. An appropriate cell on F and G wing was identified to which the man would move. The healthcare manager arranged for the man to be checked in his cell by a nurse twice a day to assess his needs.

32. On 13 June, an agency nurse, and later a healthcare nurse, was assigned to visit the man to assist with his personal care three times a week. This routine carried on throughout his time on the wing. The nurse would help him bathe and carry out medical directives in respect of the man's basic care plan. At the end of June, the nurse assisted him to complete a self referral form for occupational therapy services.

33. An occupational therapist completed a full assessment of the man's needs in his cell on 5 July 2007. The agency nurse was present throughout. The assessment noted that aids to help the man in his cell would be appropriate and the occupational therapist then liaised with the disability officer. The following day, the man refused to attend an outpatient appointment for an x-ray as he did not want to be escorted by officers using restraints.

34. In early August, the man was seen by a nurse. He was unwell and his breathing was laboured. The nurse referred him to the doctor who prescribed antibiotics. A few days later, the man was still unwell and was prescribed a stronger antibiotic. He told the doctor he was allergic to inhalers and nebulisers. The doctor noted that, if there was no improvement in the man's health, he would need to be admitted to hospital. The doctor saw him again on 7 August. There had been no change in his condition and he agreed to try a nebuliser as his medical notes did not record any allergic reaction to this treatment.

35. On 13 August, the man had a discussion with the doctor regarding his refusal to attend an x-ray. He told the doctor he had not refused to go to the hospital, but had refused to be accompanied by an officer who had no respect for him (there is no evidence to support the man's assertion about the officer). The man also told the doctor he had never been unwell on A wing and all his

medical problems were related to his transfer to F and G wing. The doctor made another referral to the hospital for an x-ray.

36. Two weeks later, a member of the mental health team, saw the man following a referral from wing staff. The member of the mental health team noted no open display of mental health symptoms. Nevertheless, he made a referral for the man to see a consultant psychiatrist. There is no record in the man's medical notes as to whether this referral to the psychiatrist took place.

37. On 3 September, the man reported to healthcare with painful, swollen feet and he was referred to the doctor. The following day, he was prescribed antibiotics for a possible infection. It was noted that there was poor circulation in his legs and feet. Two weeks later, the doctor referred the man to a chiropodist for a vascular assessment. The doctor noted that the man had an ischaemic foot (reduced flow of blood to the foot) and thought there might be a need for a vascular operation. The man was still complaining about being located on F and G wing. The doctor recorded that the man was on F and G wing for health and safety reasons and should not be transferred back to A wing.

38. The man was seen by the chiropodist on 14 September. A Doppler assessment was undertaken (the assessment tests the blood flow into legs and feet). It was noted that his blood flow index into either limb was poor due to absent pulses. The chiropodist asked the doctor to make an urgent referral for The man to attend the vascular clinic at the hospital. Three days later, the doctor wrote to the vascular surgery unit at a hospital for an appointment.

39. On 20 September, the doctor increased the man's analgesia by prescribing codeine for pain in his legs, back and chest. Again, it was noted that he was still smoking. Eight days later, the doctor recorded that the man had a small lump under his left armpit. A referral was made to the surgery unit at a hospital for further investigation.

40. Throughout October, the man was seen and treated for pain in his legs, and he was using his nebulisers regularly. On 29 October, the doctor noted that the man had advanced chronic obstructive pulmonary disease (lung disease), and peripheral vascular impairment (restricted blood flow). Five days later, the man refused an influenza vaccination. On 7 November, he refused an appointment at the hospital for a minor operation for the removal of the lump under his left armpit. An appointment was also received for the man to see the vascular surgeon in January 2008.

41. Following a consultation with the man on 15 November, the doctor noted that the man had been incontinent of urine on a few occasions. The doctor suspected cerebrovascular disease (a brain disorder caused when the blood supply to the brain is disrupted in some way). On 30 November, the personal care nurse noted that a small red blister had appeared on the man's left shin. Four days later, it was noted that this blister was oozing fluid and a dry dressing was applied. On 6 December, the doctor noted that the blister was a leg ulcer and reviewed it the following day. It was noted that the man's skin

was frail, the pain was worse at night, and non-sticky dressings were to be applied regularly.

42. The personal nurse noted on 9 December that the man had removed the leg dressing himself. The following day, her told his personal nurse that he would remove the leg dressing again if it irritated him.

43. On 17 December, the duty governor spoke to a nurse in healthcare about the man's deteriorating condition and his lack of co-operation with regard to his medical condition. The nurse advised the duty governor that the man was waiting for an outpatient appointment and might well have to have his left leg amputated. The duty governor insisted that the doctor see the man. Four days later, the doctor noted that the leg ulcer was not healing, and his foot and toes were red and swollen. It was also recorded that the man had tried to remove his leg dressing three days before, and the ability of staff to keep him on normal location was becoming increasingly difficult. The wing officers and the man's friends made sure he was cared for, but it was becoming impossible to keep him comfortable.

44. On 21 December, the man was taken to a hospital's accident and emergency department for an assessment. He was discharged later that day. The next day, a nurse assessed the man in his cell. The nurse noted that he was unable to walk unassisted, could not wash or dress himself and was unable to go to the toilet without help. The healthcare centre held a multi-disciplinary case conference to review his deteriorating condition. It was noted that he had been discharged from hospital with morphine medication to manage his pain relief. The man was unable to self medicate, nor reach his cell bell, and therefore he could not be managed on normal location. Albany contacted the 24 hour healthcare unit at HMP Parkhurst and it was agreed to transfer the man to the unit where he could receive appropriate medical and personal care.

45. Over the next nine days, the man was nursed on the inpatient healthcare centre at Parkhurst. He had experienced pain in his ulcerated leg, his breathing was problematic, he had difficulty swallowing, and was said to be un-cooperative and rude to staff. Staff could no longer offer him adequate nursing care. On 31 December 2007, following a multi-disciplinary conference, the man was admitted to hospital. He was escorted by one officer and was not restrained.

46. On 4 January 2008, a Principal Officer (PO), a family liaison officer at Albany, was made aware of a serious deterioration in the man's health. The PO contacted the man's solicitor to inform her of the man's condition. The solicitor told the PO that the man had a partner, but she was not well and might be confused if contacted by strangers. The solicitor agreed to visit the man's partner to tell her about his deteriorating health. The solicitor also gave the PO contact details of the man's brother.

47. The PO tried to telephone the man's brother but there was no answer. Later that day, the solicitor rang a governor and informed him that the man's partner

had been visited but was unable to leave her house or even allow family into the house. The solicitor agreed to inform the man's partner herself when the man died.

48. At 4.25pm on 4 January, The PO spoke to hospital staff and asked for advice on whether it would be better for the man to be moved to a hospice. Hospital staff indicated that, due to the man's condition, hospital care was the most suitable for him. Several minutes later, the PO was able to make contact with the man's brother and told him of his brother's serious medical condition. The PO offered assistance with travel to the Isle of Wight to visit his brother, but this was declined. The PO said he would update him daily on his brother's condition and I understand the man's brother greatly appreciated this help.

49. Hospital staff monitored and reviewed the man and he had a line inserted into his vein for a morphine pump for pain relief. His condition was described as very poorly and near to death.

50. The next day (5 January), the PO the man's solicitor to update her on his condition. The solicitor told the PO that the man's partner did not want visitors to the house, but had accepted the news that her partner was very ill. The solicitor suggested that further updates on the man's health should be directed to his brother. The PO then contacted the man's brother again. The PO spoke to the man's nephew, as his father was out. The PO again offered assistance with travel if the man's brother wished to see his brother and updated the family on their brother's condition.

51. At 11.10am on 6 January, the man passed away and his death was confirmed by hospital doctors. The escorting officer informed the prison. The PO rang the man's brother to tell him what had happened. During the conversation, the man's brother confirmed that he was not on his own and that his son was with him. The man's brother thanked the PO and said he would inform the rest of the family. At 11.35am, the PO contacted the solicitor who agreed to go and visit the man's partner to tell her the news. Two hours later, she rang the PO to confirm that she had done so.

52. Later that day, the PO again telephoned the man's brother and spoke to his son. The man's nephew told the PO his father was out informing other relatives. The man's nephew thanked the PO for his support. On 7 January, the PO telephoned the man's brother and explained to him the procedures in relation to his brother's death and discussed funeral arrangements. The PO confirmed the prison would cover the full costs of the funeral.

53. On 16 January, a memorial service for the man was held in the prison's chapel. Friends of the man held a collection and a donation was made to a charitable organisation.

54. On 23 January 2008, the Governor of Albany and two family liaison officers travelled to meet the man's family and hand over his property. They attended his funeral the following day.

ISSUES

Clinical Review

55. A review of the man's medical care at Albany was carried out by a consultant in public health. As part of this review, an incident panel meeting was held at Albany House on 28 February 2008. Members of healthcare staff from Albany and Parkhurst were present at the meeting, together with the consultant and my investigator. The consultant's review noted:

> "The man was in poor health when he was received into HMP Albany on 27 September 2006 and unfortunately his health continued to decline due to Chronic Obstructive Pulmonary Disease and Peripheral Vascular Disease that both had a poor prognosis.
>
> "At HMP Albany, the man had frequent medical supervision and was given medication and nursing care. However, he refused further investigation (a coronary angiogram) and was unable to act on advice to stop smoking.
>
> "As the man's health declined, he was cared for firstly in F & G Wing at HMP Albany (which has better facilities for disabled prisoners) and then in the inpatient wing at HMP Parkhurst. Finally he was admitted to hospital, where he died on 6 January 2008.
>
> "In my view, the man received care of a standard he would have received had he not been sentenced and remained in the community, be it possibly in a residential or nursing home."

56. I concur with the consultant's view that the man received a standard of care equivalent to that he would have received in the community.

The man's location on F and G Wing

57. The man was unhappy about being transferred from A wing to F and G wing. However, the accommodation in A wing had been unsuitable taking into account his failing health and age. The move to F and G wing offered the man ground floor accommodation with an en suite shower and toilet. His cell was wheelchair accessible.

58. The man was assisted by a 'buddy carer' and was also fortunate that this was a friend he had known before his reception into prison. The buddy carer told my investigator that the man was a likeable man, but one who could be "cantankerous" and who knew his own mind. The buddy carer helped the man, and offered him friendship and support in his day to day needs. I note and welcome the provision of a buddy carer scheme and the buddy carer's support to his friend.

59. Whilst on F and G wing, I believe the man was also very well supported by both wing and healthcare staff. I recognise the good practice in allocating a

personal nurse to attend to the man's basic medical care, and give assistance with bathing, dressing and medication.

I commend the nursing staff and F and G wing officers for the support and care they offered to the man.

Family Liaison

60. The man kept in regular telephone contact with his family following his reception into Albany. His next of kin were recorded as neighbours living close to his partner and his solicitor was noted on his record as being a point of contact. When the man was admitted to hospital the family liaison officer contacted his solicitor who gave information on his partner. As his partner was unwell and would not open her door to visitors, the solicitor offered to visit the man's partner on behalf of the prison and this was agreed as the best way forward. When it became obvious that the man's partner would not be able to deal with the situation, the solicitor gave the prison details of the man's brother.

61. Contact was made with the man's brother and one of the family liaison officers kept in touch regularly up to his death. This support continued until the funeral. Although a face to face visit should normally be undertaken to inform relatives of a death in custody, in the particular circumstances the prison used a sensitive approach which was appreciated by the solicitor and the man's brother. The Governor wrote a letter of condolence to the family following the man's death, met the family a day before the funeral accompanied by the family liaison officers, and covered all the funeral expenses.

62. The Death in Custody Protocol and Procedures Log recorded all interventions when the man was admitted to hospital, then up to and after his death. The log noted conversations with the solicitor and family.

I commend the exceptional good practice demonstrated by the family liaison officers in respect of the man's family.

GOOD PRACTICE

I commend the nursing staff and F and G wing officers for the support and care they offered to the man.

I commend the exceptional good practice demonstrated by the family liaison officers in respect of the man's family.

Accepted - It is pleasing to note that both nursing and wing staff at HMP Albany were commended for the support they showed to the man and that the report noted that the standard of family liaison demonstrated was very high.