

**Investigation into the circumstances surrounding the  
death of a man in April 2011, at hospital while a resident at  
Ozanam House Approved Premises**

**Report by the Prisons and Probation Ombudsman  
for England and Wales**

**October 2011**

This is the report into the investigation into the death of a man in April 2011 in hospital, while a resident at Ozanam House Approved Premises. He was 33 years old. I extend my sincere condolences to his family and friends for the tragic loss of a young man.

Her Majesty's Coroner for Tyne and Wear, Newcastle District held a post mortem examination of the man. His death was noted to be of natural causes due to a heart attack caused by heart disease.

My investigator undertook this investigation on my behalf. I would like to thank the manager of Ozanam House and his staff for their assistance with this investigation.

At 6.00am, staff saw the man fall outside the general office, he complained of chest pain and later vomited. Staff telephoned NHS Direct who then arranged for an emergency ambulance to attend the premises. The ambulance arrived and the man was taken to the coronary care unit at a hospital. His condition deteriorated and he died at 11.00am with his family at his bedside.

I note the professionalism of two members of the night duty staff on the day of the man's death. Furthermore, I note the good practice of managers at Ozanam House in supporting staff and residents following the man's death.

**Thea Walton**  
**Acting Deputy Ombudsman**

**October 2011**

## **CONTENTS**

Summary

The investigation process

Ozanam House

Key events

Issues

Conclusion

## SUMMARY

1. The man arrived at Ozanam House in April, following his release from HMP Acklington. He was inducted into the rules of residing in the premises and the terms of his release licence. The man had a history of drug misuse and violent crime. He was also considered to be at risk of self harm due to his drug dependency and was being supported by a community drug counselling agency. He was prescribed methadone (a substitute for heroin) to help him withdraw from his addiction.
2. Over the next seven weeks, the man settled into Ozanam House, but there were instances that his behaviour was a cause for concern. His offender manager saw him for a routine supervision session and he told her that he was taking Diazepam, (a benzodiazepine to help reduce anxiety and stabilise mood). He further told his offender manager that he was not committing crime to obtain the drug. She inferred from this conversation that he had not been prescribed the medication. The man subsequently told a friend that he was getting Diazepam from his doctor.
3. On 23 April, the man went to the pharmacist to collect his methadone. On his return to Ozanam House, staff saw that he was breathing heavily and he told them he had a pain in his arm. A member of staff offered to telephone for a doctor, however, the man said it was a panic attack and he would be fine. Later that day, he was smoking and talking to residents. Nevertheless, a member of staff visited the man in his room to check on his well being. He had cleaned his room and said he was fine.
4. During the evening, a support worker noted that the man may be under the influence of drugs or alcohol. He told the support worker that he had a sore arm, but did not complain. Later, the man told his friend that he had a pain in his heart and arm but did not mention this to the night duty staff. He was checked at 1.00am the following day and it was noted that he was in room, watching television and eating. He said he was okay.
5. Around 6.00am, the man fell outside the general office on the ground floor. The two night duty staff assisted him onto a sofa and he told them he had chest pain. One member of staff called NHS Direct (a health information service) who advised that the man should be taken to hospital. NHS Direct called for an emergency ambulance to be dispatched to Ozanam House.
6. Paramedics arrived at around 6.15am and after examining the man transferred him to the coronary care unit at a hospital. A ward sister rang the approved premises and told staff that the man's condition was serious and asked for his next of kin details. At 11.05am, another telephone call from the hospital informed staff that the man had died.
7. I do not make any recommendations, but do note two areas of good practice, one by the management of Ozanam House and the second by two members of staff.

## THE INVESTIGATION PROCESS

8. The investigation into the man's death was opened on 5 May 2011, when my investigator visited Ozanam House. She met with the approved premises manager and reviewed the man's probation service file. Copies of selected documents from those files were forwarded to my investigator. Arrangements were made for a future date to interview a resident and members of Ozanam House staff.
9. The Ombudsman's terms of reference and notices to staff were sent to Ozanam House, inviting them to contact the investigator with information that might be relevant to the investigation. Up to the circulation of this report there has not been any response to those notices.
10. My investigator wrote to Northumberland Care Trust to ask if they would carry out a clinical review into the man's medical issues whilst he was resident at Ozanam House. However, the trust did not commission a clinical review. A review of a resident's medical care whilst living at approved premises is at the discretion of the local health service provider.
11. My senior family liaison officer spoke to the man's mother by telephone to inform her of the scope of this investigation. His mother asked for several points to be considered.
  - Why the man's heart disease was not identified following a hernia operation when he was in prison and pre-operative checks failed to recognise this?
  - The man was prescribed diazepam by his community doctor when he lived at Ozanam House and what if any medical checks were carried out prior to this medication being prescribed?
  - Why was the man not told until the day of his release what approved premises he would be going to? (Ozanam House was some distance from his family and he did not have money to travel to see his family.)
  - The day prior to his death the man had complained of pain in his arm. What advice did Ozanam House staff give him?
  - Following his collapse at 6.00am on 24 April, why did staff ring NHS Direct instead of calling for an emergency ambulance?
  - The man's mother was appreciative of the support from the staff at Ozanam House following her son's death.
12. I have addressed those under the issues section of this report. I hope that this will help the man's family to have a better understanding of what happened to him while he was resident at Ozanam House.
13. On 26 and 27 May, my investigator returned to Ozanam House to conduct interviews with staff and one resident. She telephoned the offender management unit at Acklington on 21 June, to clarify when the man was told of his move to the approved premises.

14. The report was issued in draft for consultation to the man's family, the approved premises and the Probation Trust. Having considered the findings of the investigation the man's mother raised her concerns about the lack of communication from the probation and prison service and explained she had received letters from her son expressing his concern and fears on what would happen to him upon his release. Although his family recognise that the stress and uncertainty were not contributory factors towards his death, his mother explains:

"I have no doubt that my son was under huge stress with the uncertainty as to where he was going on release, I know he contacted probation to ask for visits, tried to make appointments with the housing officer based in the prison but they did not materialise until the very end of his sentence."

15. The man's mother believes her son's displayed symptoms of palpitations, anxiety, sweating and pain were signs that he was unwell and not in fact related to his anxiety attacks and that if he had been checked over this may have been identified earlier. His mother commented that she would have liked reassurance or confirmation that either her son had received a full medical from his GP before any medication had been prescribed following his release, or that the medication was not prescribed and he had obtained it illegally. She has received correspondence from Ozanam House, addressed to her son, which refers to his medication and advises him to continue with methadone and diazepam. The man's mother explains, "I then would know all that could have been done to support my son had been and that his death was unavoidable".

16. Following the man's family response to the draft report, I have amended the man's date of birth in paragraph 23. Paragraph 55 has been amended to reflect the time of the man's death being reported to Ozanam House.

17. I made two amendments in response to Northumbria Probation Trust. Firstly I apologise for the misspelling of the duty manager's name and secondly a sentence has been deleted from paragraph 66.

## OZANAM HOUSE

18. Ozanam House is an approved premise, formerly known as a probation and bail hostel. The purpose of an approved premise is to provide an enhanced level of residential supervision in the community, in a supportive and structured living environment.
19. Ozanam House is located near the centre of Newcastle-upon-Tyne. It is managed by a senior probation officer, 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 three key workers, one of whom works part time. There are ten support workers covering evening and weekend shifts between them, as well as two night care workers.
20. The admissions policy for residents at Ozanam House is based on an assessment of risk. The residents' profile is continually changing and the approved premise provides resettlement to prolific lower risk offenders as well as those who have committed more serious or violent and dangerous offences.
21. Each resident is allocated a key worker. This member of staff acts as their primary point of contact during their stay and assists them in sorting out practical issues. Regular key work sessions also give residents the opportunity to discuss their difficulties. Although the sessions are not governed by a set agenda, issues such as benefits, health and future accommodation are routinely discussed. Residents at Ozanam House are all asked to register with a local general practitioner (GP). Approved premises do not provide healthcare and a resident's medical treatment is a confidential matter between the individual and their doctor.
22. Whilst at Ozanam House residents are required to abide by the rules and regulations, including an overnight curfew. During the day, residents are able to go out unaccompanied, and there is no requirement to tell staff where they are going. Breakfast, an evening meal and supper is provided to all residents.
23. Ozanam House has an established routine for inducting all new residents. The induction is carried out by the member of staff on duty at the time a new resident arrives. During the induction process, residents are told about the local house rules and their expected behaviour. Ozanam has a strict policy on alcohol and drug use, the possession of which is strictly forbidden.
24. The man's death was the third natural cause death at Ozanam House since the Ombudsman took on the responsibility for the investigation of deaths in custody in April 2004. One death was due to apparent natural causes and the other to a suspected overdose. There are no obvious similarities between those deaths and that of the man's.

## KEY EVENTS

25. The man was born in 1978 in Newcastle. He was a single man with two children. He had a long history of drug addiction that included Cannabis, crack cocaine, and benzodiazepines. The man had 26 previous convictions, including violence and drug misuse offences, and this was not his first time in prison. He was prescribed methadone (used to treat addiction to heroin) when living in the community and while in custody.
26. Information held in the man's probation file showed that his drug misuse was impacting on his mental health. This caused his negative, aggressive and violent behaviour. According to his probation file, he was assessed at risk of self harm through his drug dependency.
27. The man's offender manager spoke to the offender management unit at Acklington on 16 March, to inform them that she was arranging accommodation for the man in an approved premise in the Newcastle area. Two weeks later, his offender manager again spoke to the unit at Acklington, to tell them that she had secured a place at Ozanam House for the man and asked for him to be told about the placement before he was released.
28. The man arrived at Ozanam House on 6 April 2011, following his release on licence from Acklington. When a prisoner is released on licence they are supervised in the community by an offender manager from the Probation Service. The offender will regularly meet with their offender manager and must adhere to the rules set out in the licence. Accommodation in an approved premise can be a requirement of an offender's licence. Approved premises also set out rules, which also form a part of an offender's licence conditions. Should a resident not comply with the rules they might be subject to being recalled to prison.
29. A community drug counselling agency telephoned Ozanam House to arrange an appointment for the man. A prescription for his methadone had been written by the prison doctor to support the man until he could be seen by the agency for further assessment.
30. According to the man's contact notes Acklington had told his offender manager that the man did not have any behavioural or mental health issues while in prison. As part of his licence conditions, his offender manager was scheduled to meet him for weekly supervision sessions.
31. The day after his release, the man received a full induction of the residential rules at Ozanam House by a probation service worker. He was introduced to his project support worker who would be holding regular meetings with him. (A project worker is the resident's personal support worker and supervises them on a day to day basis) The project support worker told my investigator that following a key work meeting with the man, he was assessed as not suitable to have medication in his possession. This meant that he had to collect his medication from the general office, twice a day. Once he picked up his medication from the pharmacy, including his methadone, the man was

expected to hand it over to staff at Ozanam House. Information held in the man's drug medication chart at Ozanam House showed he was prescribed methadone, Diclofenac for pain relief, Omeprazole for excess stomach acid and Gabapentin, an anti convulsant.

32. According to his records, on 9 April, he was settling into the day to day routine at the house. However, he did tell staff that he would, "like to see someone to cope". The man told the staff member that he often has highs and lows. He was advised of the support that staff could offer him.
33. Over the next few days, the man and another resident became friends and they spent some nights going out for a drink and bringing back take away food to eat at the house. On 14 April, the man was refused a social security crisis loan. The benefits office had telephoned staff at the house who confirmed that the man was provided with two meals a day. The man told staff he needed a special diet, which is why he had applied for the loan. The staff told him the house kitchen could provide a special diet should he need one.
34. Two days later, it was noted that the man had been demanding of staff's time and that he was short tempered. When he became verbally aggressive and swearing, a member of staff spoke to him and reminded him that his behaviour would not be tolerated. The man told the member of staff that he often felt agitated. He was advised to see his doctor and seek a referral to the mental health outreach team. He was told staff at the community drug agency would help him secure a referral to a mental health professional if he needed one. The following day staff noted that the man's attitude was still negative.
35. His offender manager, had a meeting with the man at Ozanam House on 13 April. He disclosed to her that he was using unprescribed Diazepam. At interview she said:

"So I brought that up with him in that interview on 13 and we had a long discussion and I said you know, I asked him where he was getting it and just said look its fine I'm not stealing, I'm not committing crime to get it. I can get it okay and I got the impression that he was getting it off somebody he knew."
36. The man was concerned that he would be at risk of being recalled to prison because he had admitted to taking illicit drugs. It was a condition in his licence that he participated in a substance misuse programme. However, his offender manager was aware that he was under the care of the community drug agency. She advised the man to speak to them about this if he felt that he needed to have Diazepam prescribed for him.
37. On 18 April, staff warned the man that he was not allowed to walk about the approved premise without any socks or shoes on. It was against house rules for health and safety reasons. He became aggressive and argumentative using swear words. Later, he apologised but was again reminded that this behaviour was unacceptable.

38. The man failed to return to Ozanam House before his curfew of 11.00pm on 20 April. (The house has a curfew, of 11.00pm to 7.00am, when all residents must be on the premises.) About 11.10pm, he telephoned staff to tell them he was on his way back to the house. His brother also telephoned to tell night duty staff that the man was on his way. He arrived back at 11.45pm, by taxi and told staff he had fallen asleep in Gateshead. The following day, the man was again warned about his aggressive behaviour after swearing at staff.

### **23 April 2001**

39. A project support worker spoke to the man at 9.10am on 23 April. He asked the worker if he could borrow one of the residents' bicycles to collect his methadone from the chemist. The worker explained that she could not give permission for him to use the bicycle without speaking to the owner. Therefore, she advised the man to walk to the chemist which would take him about ten minutes.

40. Around 10.45am, the man returned to Ozanam House and handed his methadone to another project support worker. The man told this worker that he had experienced a panic attack at the chemists and that he had some pain in his arm. He caught the bus back to the approved premise. The worker asked him to sit and noticed that he was breathing heavily. She advised him to sit up to steady his breathing.

41. The worker asked him if he would like her to call a doctor but the man said it was just a panic attack and he would be fine. After several minutes, the man said he felt better and he had had these panic attacks before. The worker made an entry into the house notes that the man had complained of pain in his arm and told her he had a panic attack.

42. A short while later, the man went into the courtyard of Ozanam House for a cigarette. He told another project worker of his panic attack and that he had felt a pain in his arm. The worker told the investigator that he spoke to other residents in the courtyard and told them of his "past ailments", (illnesses). The worker remembered that he was hot and sweating, but said it was a very warm day and often methadone causes hot sweats.

43. The man then told the worker that he was going to clean his room. At 2.00pm, the worker checked the man saw that he had tidied up his room, he was well and rolling a cigarette.

44. Around 7.00pm, a project support worker was duty officer and spoke to the man in the kitchen. The man told the worker that he had a sore arm, but did not complain of pain. The worker described the man as being, "hyper" as if he had been under the influence of drugs and/or alcohol". However, his behaviour did not cause a problem and he spent the evening watching television. On handover to the two night duty staff, the worker wrote in the house book that the man was under the influence of drugs or alcohol.

45. Another resident and friend of the man's, returned to Ozanam House around 10.30pm. The two men went into the courtyard to smoke and the man told his friend that he was getting pains in his heart and arm. The man's friend told him to stop taking Valium, with alcohol and methadone. The man said, "I've been taking them (Valium) for ages man, it's not them." Both men finished their cigarettes and went to their rooms.
46. The man's friend told my investigator that the man told him he was prescribed two Valium a day from his doctor. However, on one occasion, following an evening out, he saw a large quantity of tablets in the man's bag. The man said they were Valium and he had been saving them up. The man's friend saw him take five of these tablets in one go. (The man's friend did not report this to staff at Ozanam House.)

## **24 April 2011**

47. A member of staff was on night duty and carrying out a routine check of residents to ensure they were in their rooms and settled. At around 1.00am on 24 April, and she checked the man in his room. He was sitting up in bed watching television, eating some crisps. The staff member asked if he was ok and to turn his television down, the man told her he was fine.
48. About 6.00am, two members of staff were on duty in the general office on the ground floor of Ozanam House, when they saw the man fall to the floor outside the office. They immediately left the office and went to help the man. He told one of the staff that he had chest pain.
49. The two staff members helped the man onto a sofa in the lobby area of the approved premise. One of the staff made the man comfortable, returned to the office and telephoned NHS Direct. He spoke to a nurse who advised that the man should be sent to a hospital's accident and emergency department. The NHS Direct worker said they would call for an emergency ambulance to be dispatched to Ozanam House.
50. Meanwhile, the other member of staff stayed with the man in the lobby area. She asked him what was wrong and he told her that he was "feeling awful with pains". The man declined the offer of a move to the rear door to get some fresh air but agreed to a drink of water. The staff member fetched him some water, which he drank then vomited onto the floor.
51. The man told the member of staff he needed to go the toilet. While they were walking towards the toilet, the man told her that he had taken four dihydrocodeine tablets (an opiate-based pain relief medication) and had drunk three cans of lager, but did not say when. The staff member helped him into the toilet on the ground floor and he went into a toilet cubicle while she fetched a spill pack to cover the vomit in the lobby area. She then returned to the toilet, stood by the door and spoke to the man to let him know she was there.

52. Around 6.15am, paramedics arrived at Ozanam House and a staff member took them to the toilet to see the man. The man told the paramedics that he had taken four dihydrocodeine tablets. With the assistance of the staff member the paramedics walked the man into an ambulance and carried out some medical observations. This member of staff returned to the office to get the man's medication list for the paramedics. A few minutes later, a paramedic came to the office and said they would be taking the man to the coronary care unit at a hospital as an emergency.
53. A member of staff telephoned the hospital's patient services co-ordinator to advise them of the public protection issues relating to the man's offending behaviour. He also passed on contact details of Ozanam House should the hospital need any further details.
54. A ward sister from the hospital telephoned Ozanam House and spoke to a member of staff. She told him that the man's condition was extremely serious, he was sedated and on a ventilator. The staff member passed the man's next of kin details on to the ward sister.
55. At 11.05am, the ward sister rang Ozanam House to tell the staff that the man had died earlier that morning. A probation service officer, on temporary duty cover at Ozanam House spoke to the on call duty manager to inform him of the man's death. The duty manager made his way to the approved premise to support staff and residents, and oversee the reporting arrangements for the death of a resident. At 2.30pm, a meeting was arranged with the residents to tell them of the man's death and the staff offered their support. The man's friends were told of the man's death when he returned to the house later that evening.
56. When the man's room was cleared and his property gathered to be handed to his family, 35 Gabapentin tablets were found. This was prescribed to someone else with their name on the box (not another resident). This medication was returned to the chemist.
57. On 26 April, the man's father and brother, with three family members visited Ozanam House. They were met by the manager and spoke to staff about the events of the morning when he was taken to hospital. They were also shown the man's room at the approved premise.
58. The committee of Ozanam House has offered a contribution towards the man's funeral expenses.

## ISSUES

### The man's cause of death

59. A post mortem examination of the man was undertaken on behalf of Her Majesty's Coroner. The post mortem found that the man died of natural causes due to:
- 1a. Ischaemic heart disease
  - 1b. Coronary artery atheroma (heart attack)
60. Samples taken from blood and urine indicated that the man had low levels of cannabis, benzodiazepines and dihydrocodeine in his system. The amount of methadone discovered was consistent with his prescribed dose. Tests confirmed that amiodarone (to treat an irregular heart beat) was also in his system, a drug which was used for hospital treatment. No alcohol was detected in either the blood or the urine sample.
61. The post mortem report comments that smoking cannabis, combined with tobacco smoking may have contributed towards the man's development of ischaemic heart disease. However, in his post mortem, the Coroner concludes that "the findings on toxicology did not cause or contribute to the man's death".

### Family issues

62. My senior family liaison officer, spoke to the man's mother by telephone and asked if there were any points she would like the investigation to consider. His mother raised the following points:
- Why the man's heart disease was not identified following a hernia operation when he was in prison and pre-operative checks failed to recognise this?
  - The man was prescribed diazepam by his community doctor when he lived at Ozanam House and what if any medical checks were carried out prior to this medication being prescribed?
  - Why was the man not told until the day of his release what approved premises he would be going to? (Ozanam House was some distance from his family and he did not have money to travel to see his family.)
  - The day prior to his death the man had complained of pain in his arm. What advice did Ozanam House staff give him?
  - Following his collapse at 6.00am on 24 April, why did staff ring NHS Direct instead of calling for an emergency ambulance?
  - The man's mother was appreciative of the support from the staff at Ozanam House following her son's death.

### ***The man's medical history***

63. A letter was sent to Northumbria Care Trust at the beginning of this investigation inviting them to commission a clinical review into the man's healthcare, whilst he was a resident at Ozanam House. It is the decision of the Chief Executive of the trust as to whether they commission that review. Up to the time of the circulation of this report, the review has not been commissioned. Neither I nor my investigation team are clinically qualified and therefore I am unable to answer any questions raised by the man's family relating to his medical history.

### ***Prescribing diazepam***

64. My investigator did not have access to the man's medical record, therefore I am unable to verify whether he was prescribed diazepam by his doctor when he was at Ozanam House. The man had been assessed by his project worker as not suitable to have his medication in his possession. On collection of his medication from the chemist, the man was responsible for handing it to house staff. He then collected his medication as prescribed from staff at set times during the day. According to the medication chart at Ozanam House, he was not receiving diazepam.

65. It was noted in his post mortem report that that he had traces of benzodiazepines in his urine. Diazepam and Valium are also known as benzodiazepines, which are used to reduce anxiety and stabilise the mood. Another resident of Ozanam House, told my investigator that he saw the man with a large amount of what he thought was Valium, following an evening out. The man told his friend that he had been prescribed them but had been saving them and took five tablets at once.

66. In interview for this investigation, the man's offender manager said that on 13 April, the man disclosed to her that he was taking unprescribed Diazepam,. He told the probation worker that he was not committing crime to get the illicit drug but got it from someone he knew. Unfortunately, my investigator has been unable to discover how the man obtained Diazepam without a prescription.

### ***Notifying the man of his accommodation at Ozanam House***

67. The man's offender manager told my investigator that she spoke to the offender management unit at Acklington in March to inform them she was looking for an approved premise for the man on his release from prison. On 30 March, she contacted the unit at Acklington so they could let the man know that she had found a place for him at Ozanam House.

68. My investigator spoke to the case administrators at the offender management unit at Acklington who confirmed that the man was told the week before his release that he was going to Ozanam House. I judge this to be within a reasonable time for the man to be informed of his release accommodation.

69. Whilst I understand that the man and his family would have preferred him to be accommodated in Gateshead, approved premises places are in high demand and accommodation has to be accepted where there are vacancies. In fact, the man visited his family in Gateshead while he was at Ozanam house.

### ***The day before the man's death***

70. The man's mother asked what advice the staff gave her son when he told them about the pain in his arm and his panic attacks the day before he died. When the man returned from the chemists that morning, a project support worker saw that he was breathing heavily and told him to sit down and steady his breathing. She asked him if he would like her to telephone the doctor. The man declined this offer saying it was a panic attack and he would be fine. Later, he had a cigarette and chatted to other residents before cleaning his room.

71. The worker visited him in his room after lunch to check on how he was feeling and he told her he was fine. That evening another worker noted that the man seemed 'hyper' and seemingly under the influence of drugs or alcohol.

72. The man told the worker he had a sore arm but he did not complain of pain. He settled down for the evening and watched television. Later he spoke to his friend and told him that he was having pain in his heart and arm. However, neither man told staff. At 1.00am the following morning, eight member of staff checked on the man in his room. He was watching television, eating crisps, and he told her he was fine.

73. I am satisfied that the staff at Ozanam House advised and assisted the man when he told them he was having panic attacks. A project support worker offered to call a doctor but the man did not think it was necessary. He was checked a few hours later in his room to see if he was alright. He told another resident of the pain in his arm and heart, but not staff. Staff employed at approved premises are not clinically trained and are therefore not in a position to offer residents medical advice. Residents are able to seek medical attention if they feel it necessary to do so.

### ***The man's collapse on 24 April***

74. The man made his way from his room on the upper floor of the approved premise to the ground floor around 6.00am on 24 April. He fell to the floor and to members of staff immediately went to his aid and helped him onto a sofa in the lobby area. The man said he had chest pain and felt unwell.

75. One of the members of staff left the man with the other staff member and rang NHS Direct for advice. He told my investigator that he made the decision to ring NHS Direct as the man was talking and did not seem to be in "severe pain". The staff member spoke to an adviser at NHS Direct who instructed that the man should be taken to an accident and emergency department at a hospital. NHS Direct called for an emergency ambulance to collect the man

from Ozanam House. An ambulance arrived within 15 minutes of the telephone call and paramedics were taken to the man who was still in the toilet.

76. The member of staff rang NHS Direct because he did not think that the man's condition was life threatening. Neither members of the night staff are medically qualified. They had been told by staff the day before that the man was under the influence of drugs or alcohol and his 'panic attacks' were well documented in approved premises' records. I understand the concerns raised by the man's mother that an emergency ambulance was not called for immediately by staff. However, once NHS Direct became aware of the man's symptoms they instigated the emergency and arranged the ambulance. I do not think that staff acted unreasonably given their lack of medical training and the information they had about the man at the time, they made the decision to call NHS Direct.
77. The man's friend told my investigator that staff at Ozanam House would have telephoned for medical help if the man had asked them to. He described staff as "good, [they] care well for the residents." My investigator checked that all staff at Ozanam House have up to date first aid training.

### **Staff and resident care and support**

78. At interview the man's friend said that he was told of the man's death when he returned to Ozanam House on the evening of 24 April. The night staff told him he could leave his room during the night if he wanted company or make himself a drink. (Residents are not normally allowed to leave their rooms during the night). He said that the staff were supportive to all the residents and he was appreciative of their support.
79. All the members of staff interviewed told my investigator that the duty manager telephone all staff not on duty to tell them the man had died. All were aware of the support that could be offered following the death of a resident.
80. The two night members of staff were on night duty on 24 April. They were offered the opportunity to take the evening off. However, they decided to report for their duties as usual. I note the care afforded to the staff and residents of Ozanam House and the professionalism of the two night duty staff.

## CONCLUSION

81. The man was released from Acklington to Ozanam House under the terms of his licence. During the seven weeks he was resident at Ozanam House, the man had some instances of agitation, poor behaviour and swearing towards staff. He was prescribed methadone to treat his drug addiction and he was taking benzodiazepines. However, I have not been able to verify whether these were prescribed by his doctor.
82. In the early morning of 24 April, the man was seen to be unwell and fall to the floor outside the general office. He was cared for by a member of staff while another probation worker rang NHS Direct for advice. NHS Direct dispatched an emergency ambulance. The man died five hours later in hospital. I judge that the care the man received at Ozanam House to be of a professional standard.
83. I am unable to comment on any of the man's healthcare issues without a clinical review. I note the care afforded to staff and residents at Ozanam House following The man death. I further note the professional manner in which the night staff carried out their duties on 24 April.