

A Report by the
Prisons and
Probation
Ombudsman
Nigel Newcomen CBE

**Investigation into the death of a man, a resident at an
Approved Premises, in November 2012**

Our Vision

*'To be a leading, independent investigatory body,
a model to others, that makes a significant contribution to
safer, fairer custody and offender supervision'*

This is the report of the investigation into the death of a man, a resident of an approved premises. He died in November at outside hospital. He was 66 years of age. The Coroner confirmed that he died of septicaemia (blood poisoning) and bladder cancer.

The investigation was carried out by one of my investigators. Staff and residents of the approved premises cooperated fully with the investigation.

The man had been suffering from cancer for some time. He was released on licence to the approved premises from HMP Northumberland in July 2012. In November, his condition began to deteriorate quickly. The approved premises staff encouraged him to speak to his GP about his health issues, but often he would not go and when he did, the staff did not believe he articulated his problems sufficiently to the GP. A doctor was called to the approved premises on 16 November because he was very poorly. He was admitted to hospital that day and his condition deteriorated rapidly. He died on a day in November, with his daughter at his bedside.

I am satisfied that the man received good care while he was a resident at the approved premises and was particularly well supported by his key worker. Managers at the approved premises provided good support to staff, residents and the man's family after his death. I do not make any recommendations as a result of this investigation.

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.

Nigel Newcomen CBE
Prisons and Probation Ombudsman

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SUMMARY

1. The man was released on licence from HMP Northumberland on 2 July 2012, to stay at a probation approved premises. He had undergone surgery in February 2012 to remove his bladder, prostate and pelvic lymph nodes and to complete a urostomy (the fitting of a stoma bag for urine). At the time of his release, he was subject to follow up appointments for his cancer.
2. The man arrived at the approved premises on 2 July 2012. Staff were aware that he had undergone surgery for bladder cancer and that he took a high volume of painkillers. His medication was not given to him to look after as there were concerns that he would forget to take it.
3. From July, the man began frequently to complain of pain. Staff encouraged him to speak to his GP, but he was often reluctant to do so. His key worker suspected that when he did see his GP, he did not fully describe his symptoms.
4. The man had a number of hospital appointments during his time at the approved premises. Some were about his urostomy and a potential hernia operation, but sometimes he was confused about the purpose of his appointments. The approved premises' staff made enquiries and tried to keep him, and themselves, informed. His probation officer had asked the hospital to copy him in on all appointment communications but this did not always happen.
5. The man continued to complain of pain and it became difficult to meet his needs at the approved premises. In October, alternative accommodation arrangements were explored but little progress was made.
6. On 13 November, the man had a scan at the hospital which found his cancer had returned. Further plans were made to try to find more appropriate accommodation.
7. On 16 November, the man was so poorly that staff at the approved premises called for a doctor to attend. A doctor from the man's GP practice attended and arranged for him to be admitted to an outside hospital's assessment suite.
8. On 17 November, the man moved to outside hospital. His condition deteriorated over the next few days and he died shortly thereafter. His daughter was with him.
9. We do not make any recommendations, but note the vigilance with which staff, particularly his key worker, monitored the man's health needs and sought to help him. Staff and residents were well supported when the man died. Appropriate contact was made with his family and Northumbria Probation Trust contributed towards his funeral expenses in line with national policy.

THE INVESTIGATION PROCESS

10. This office was notified of the man's death on 23 November. The investigator issued notices to staff and residents of the approved premises informing them of the investigation and asking anyone with relevant information to contact her. No one came forward.
11. The investigator visited the approved premises on 4 December. She obtained all relevant documentation relating to the man and his time at the approved premises. She spoke to the premises manager and the man's key worker,
12. The investigator also obtained copies of the man's relevant prison healthcare records from HMP Northumberland.
13. HM Coroner for Newcastle, Tyne and Wear was informed of the investigation and confirmed the man's cause of death. The Coroner has been sent a copy of this investigation report.
14. One of the Ombudsman's family liaison officers contacted the man's family and explained the purpose of the investigation. His family raised no issues about his care which they wished the investigation to cover.

THE APPROVED PREMISES

15. Approved premises (formerly known as probation and bail hostels) are approved by the Secretary of State under section 9 of the Criminal Justice Act and Court Services Act 2000. They provide a structured, supportive environment in the community for offenders, many of whom have been released from prison as part of a supervision plan, agreed with the person's offender manager (probation officer).
16. The approved premises which is the subject of this report is located near the centre of Newcastle upon Tyne and helps resettle prolific lower risk offenders as well as those who have committed more serious offences.
17. Each resident is allocated a key worker who acts as their primary point of contact and assists with practical issues. Regular key work sessions give residents the opportunity to discuss any difficulties, and issues such as benefits, health and future accommodation are routinely discussed. Residents at the approved premises are all asked to register with a local GP. Approved Premises do not provide healthcare and a resident's medical treatment is a confidential matter between the resident and their doctor.
18. While at the approved premises, residents are required to abide by the rules and regulations, including an overnight curfew. During the day, residents are able to go out unaccompanied. There is no requirement to tell staff where they are going. Breakfast, an evening meal and supper is provided to all residents.
19. The approved premises has an established routine for inducting all new residents. The induction is carried out by a 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. Alcohol and illicit drug use is strictly forbidden at the approved premises.

Previous deaths at the approved premises

20. The man's death is the second death at the approved premises in the past three years. The last death in 2011 was also from natural causes. There are no obvious similarities between the two.

KEY EVENTS

21. The man was 66 years old at the time of his death. He was released on licence from HMP Northumberland to live at an approved premises on 2 July 2012. He had been released on three occasions before, the last being in 2003, but was recalled again on 12 March 2007.
22. On 19 December 2011, before the man's release, his probation officer completed an offender manager's parole assessment report (PAROM 1). He reported that the man was having treatment for bladder cancer, had a tumour removed and was awaiting a CAT scan (Computerised Axial Tomography – an X-ray of cross sections of the body). The man did not want to have any more surgery while in custody. He told his probation officer that without treatment his condition would be terminal. His probation officer did not have full information about the man's health at the time he wrote his report.
23. The man's probation officer wrote an additional report on 27 March 2012. He had visited him the day before in the healthcare centre at HMP Durham (where he was staying following an operation). The man told him that, due to cancer, he had had an operation to remove his bladder and part of his stomach wall. The cancer had spread to his bowel and he believed that the operation was his last chance. He said he would find out if it had been successful when he saw a consultant (about a month later). Staff at HMP Durham confirmed that the man had undergone the operation and that he also had a stoma fitted. (A stoma is a surgically created opening which allows waste products to be removed from the body and into a bag.)
24. The man was released on licence on 2 July and moved into the approved premises that day and was given a room on the ground floor to allow him easier access. He had a key worker. The man completed an induction and his key worker drew up a care plan which noted that he had bladder cancer and limited mobility.
25. The approved premises expects new residents to register with the local GP practice and book an appointment for them. The practice notifies the approved premises if someone does not attend. We do not know exactly when the man had his first appointment although it is clear from later records that he did register.
26. Probation Instruction 09/2009 'Medication in Approved Premises', gives guidance on the arrangements for the handling of residents' medication. All residents must have a medicine in possession (MiP) risk assessment, before being allowed to keep their own medication. The man's medication was kept by the approved premises as there were concerns that he would forget to take it, and some was risky if not taken properly. Staff gave him his medication as prescribed either in the office or by taking it to him in his room. His medication was paracetamol, tramadol (a pain killer), omeprazole (which reduces excess stomach acid), amitriptyline (an anti-depressant) and ibuprofen (a pain killer). He kept his own store of stoma bags and

accessories, lactulose (for the treatment of constipation) and Complan shakes.

27. On the 16 July, a project support worker at the approved premises noted in the premises logbook that the man was having problems regarding his bladder cancer and these were getting him down. A note was made for staff to monitor him.
28. The man reported health issues to staff on many occasions over the coming weeks. These are recorded in the premises logbook and in key worker meeting notes. Complaints of pains, problems with his 'bag' and low mood are logged. It is clear that staff always encouraged him to speak to the GP or his consultant about these issues and offered to make appointments for him. However, the records show that he often avoided going to see his GP. The man's key worker told the investigator that he was not sure that the man told the doctors all his symptoms when he did go to see them. Apart from with his GP, he had appointments for a urostomy (a stoma for the urinary system) and an upcoming hernia operation.
29. On 10 September, the man had an X-ray. It is not known exactly what the X-ray was for, but according to the logbook the man said that the results had come back as clear. It was thought that this related to a problem with his back. The logbook shows that the GP increased some of his pain relief medication (tramadol and paracetamol).
30. The man continued to report being in pain, and staff continued to try to help by encouraging him to speak to the doctor and referring him for a special chair, mattress and raised toilet seat. He received the chair and mattress on 24 October.
31. On 9 October, his key worker advised the man to see his GP about changing or increasing his medication as he had said he was in pain most evenings. The man declined, saying that he wanted to have his operation first. Staff were unclear what the operation was for and he was unable to tell them himself. His key worker found out from the hospital that he was in fact scheduled to have a discussion, not an operation, on 16 October about a hernia. His key worker also established that there were further appointments scheduled for April 2013 about the man's stoma bag.
32. The man's probation officer told his key worker that he had asked the hospital to keep him informed of the man's appointments but that they had not been doing so. His probation officer also said in his report to the Coroner that the man told him his 'operation' had been cancelled as the consultant wanted him to have an MRI scan before any surgery. Magnetic Resonance Imaging (MRI) gives a detailed picture of the body's internal structures. It appears that the man was confused about what appointments and procedures were scheduled.
33. The man attended his appointment on 16 October and was told that he would be supplied with some supportive underwear. He told the approved premises

staff that doctors were unsure whether they would be able to operate as there were issues with him not having enough muscle.

34. The man continued to report being in pain but still resisted advice to see his GP. On 29 October, he told his key worker that he wanted to get his key worker and probation officer appointment out of the way before seeing his GP. His key worker offered to help him write down all of his issues so that he would be prepared when he saw the GP for a scheduled appointment on 2 November.
35. Staff at the approved premises became increasingly concerned about the suitability of the approved premises for the man as his care needs increased. A number of organisations including Shelter and the local authority social services were contacted. On 30 October, his probation officer and a representative of Gateshead Council met the man to complete a housing application. The council worker explained that police checks were needed and would take six weeks to complete.
36. The premises logbook shows that, on 2 November, a GP at the local practice called the man's key worker to say that she had seen the man and was not concerned about his hips. She said that she had prescribed something for chronic pain which was also a mild anti-depressant. She told him that she felt the man "played on it". It is not clear what this meant. On 6 November, the man saw the doctor again. He had a sore throat and was given antibiotics and some protein shakes to help with his weight loss.
37. His key worker noted that the man had difficulty keeping his room clean and that other residents were to be asked to help him. He contacted the man's probation officer on 6 November, to discuss whether issuing the man with a 'notice to quit' would help secure him more suitable accommodation. His probation officer discussed this with a Gateshead Council official who said this would not help as the man's case had already been fast tracked and initial checks took approximately 4-6 weeks.
38. On 7 November, his probation officer contacted Newcastle social services to find out what services the man could access. He was told that a number of services no longer existed (such as cleaning and meals on wheels) and that an assessment could not be completed unless he was in his own home.
39. On 12 November, his key worker noted that the man's condition had deteriorated further. He was only eating protein shakes, looked gaunt, struggled to walk and his personal hygiene was suffering. On 13 November, he had a CT scan.
40. The next day the man's key worker discussed with the probation officer concerns raised by a Shelter representative about the man. He had told the Shelter worker that he felt isolated in his room at the approved premises. The key worker told the probation officer that it was getting increasingly difficult to care for the man.

41. The man's care plan was reviewed the same day. It was noted that because of recent health concerns additional checks would be made throughout the evening and night when he was alone in his room. An entry in the log the next day noted that he only wanted to be checked at 1.00am during the night but could be checked on during the evening if he was alone in his room.
42. The Shelter worker emailed the man's key worker and probation officer on 15 November to say she had contacted the hospital and been told that it looked like the man's cancer had returned.
43. On 15 November, the man's probation officer had a meeting at the approved premises to discuss whether he could be found accommodation from a different provider. It was agreed that a community care assessment would be requested and a referral to the homeless' unit in Newcastle would be made and an application for attendance allowance (a benefit for over 65s who have difficulty meeting personal care needs). Further information would be sought from his GP. A referral to private sheltered accommodation was also considered.
44. On 16 November, a project support worker at the approved premises called the GP's surgery to express concern about the man's health and asked the doctor to visit. A doctor attended the approved premises at 1.35 pm. He informed the man that he thought his cancer had spread and arranged his admission to an outside hospital's assessment suite.
45. The project support worker informed the man's daughter, his listed next of kin, of her father's admission to hospital, but another member of staff had already told her. He spoke to his daughter about her father's accommodation and that the approved premises would not be able to continue to care for him. She was told that Shelter would search for more suitable accommodation.
46. The man was moved to outside hospital on 17 November. Emails sent between his key worker and probation officer indicate that various tests were being carried out including urine tests, an endoscopy (inserting a tube with a camera attached, into the body) and a CT scan.
47. On 21 November, his daughter informed the key worker that her father's cancer had spread to his pelvis. She also telephoned the probation officer to tell him that she wanted to stay in contact with him and that her father was pleased that he was going to visit him on the Monday. The same day, he underwent tests at outside hospital and his life expectancy was given as days or weeks.
48. On a day in November, the key worker visited the man and left some of his belongings by his bed. He informed his team that he was very poorly.
49. That afternoon, the man died. His daughter, who was with him, informed the approved premises. A residents' meeting was arranged for 9.30am the next day to tell everyone and support, including bereavement counselling, was

offered. The man's key worker was also telephoned and offered support by the premises manager.

50. The approved premises stayed in contact with his daughter and arranged for her father's belongings to be returned to his family. His family were invited to visit the approved premises.
51. Northumbria Probation Trust contributed to the funeral costs, in line with national guidance.
52. The man's funeral was held on 3 December. The approved premises' manager, a senior practitioner and two residents from the approved premises attended.

ISSUES

Healthcare

GP registration

53. The approved premises has a robust system for ensuring that residents at least register with the local GP's practice. The practice is alerted to the arrival of a new resident, a registration appointment made and, if that resident does not attend the appointment, the practice contacts the approved premises. It has been made a condition of residence that all residents at the approved premises register. We are satisfied that the system described makes sure residents prioritise this important task as part of an effective resettlement plan.

Care plans

54. Key workers at the approved premises draw up care plans for new residents based on the information contained in the approved premises referral form. Plans are amended as circumstances change, and meetings between key workers and residents keep staff aware of any developing issues. His key worker drew up a care plan for the man on 2 July 2012 and held frequent key worker meetings with him.
55. It is evident from the records that his key worker was concerned about the deterioration in the man's health and repeatedly encouraged him to speak to his GP. On 14 November 2012, he contacted the probation officer to explain that the man's care plan had been amended and he would be checked on through the course of the night. We are satisfied that staff at the approved premises appropriately monitored the man's health and responded to his needs to the best of their ability.

Medication

56. Probation Instruction 09/2009 'Medication In Approved Premises', gives guidance on the arrangements for the handling of residents' medication. The man was not considered suitable to manage his own medication because of his deteriorating health and his perceived inability to take it at the correct times. Some of his medication was considered to carry high risks if not taken properly. Staff managed the man's medication by issuing it to him from the office, or taking it to him in his room. They re-ordered his prescriptions when necessary. We are satisfied that the man's medication was managed appropriately by the staff at the approved premises who made good efforts to ensure he took it as prescribed.

The man's location at the approved premises

57. It does not appear that the approved premises was the best location for the man as his health deteriorated. However, it is clear that staff at the approved premises, and particularly his key worker, monitored the man's condition closely. Even though he was reluctant to see his GP, much was done to help

and encourage him to seek medical attention. When it became clear that both the man and the staff were having difficulty providing the appropriate standards of care, efforts were made to find more suitable accommodation and equipment was obtained to make his life more comfortable at the approved premises.

58. The records show that the man's key worker and probation officer contacted a number of different organisations, including social services, to find alternative suitable accommodation for him. They discussed strategies to help hasten any prospective moves. Unfortunately, before alternative accommodation was found, the man's health deteriorated rapidly and this meant that his final move was to hospital.

Liaison with the man's family

59. Staff at the approved premises contacted the man's daughter when he was taken to hospital on the 16 November. Her father's key worker contacted her again on the 20 November to make sure she was aware that he had moved wards. She was also told that the approved premises was seeking alternative accommodation for her father because of their difficulties in meeting his needs. After he died staff contacted her the next day to offer condolences and to arrange the return of her father's property. His family were invited to visit the approved premises and see where their relative had lived. We are satisfied that the approved premises made appropriate contact with the man's family.
60. Northumbria Probation Trust contributed towards the cost of the man's funeral in line with national guidance.

Staff support

61. His key worker had visited the man a few hours before he died. Management at the approved premises called the man's key worker so that he could discuss the experience and to say that, while stressful for him, the visit would have been a great comfort to the man. The next day, the premises manager emailed staff asking them to contact him day or night if they needed support which they did not think they could get from an on duty colleague. A number of staff and residents attended the man's funeral on the 3 December, and we are satisfied that appropriate levels of support were offered to staff.

Residents' support

62. A residents' meeting was held the day after the man died to tell them the news. Staff were asked to be vigilant for signs of distress or withdrawal and to increase support as appropriate. Bereavement counselling was offered, and residents were asked if they wanted to attend the funeral.
63. We are satisfied that care was taken to inform residents sensitively of the man's death and that appropriate levels of support were available.