

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Cyril Beedle at Victoria House Approved Premises on 15 November 2015

**A report by the Prisons and Probation Ombudsman
Nigel Newcomen CBE**

Our Vision

To carry out independent investigations to make custody and community supervision safer and fairer.

Our Values

We are:

Impartial: *we do not take sides*

Respectful: *we are considerate and courteous*

Inclusive: *we value diversity*

Dedicated: *we are determined and focused*

Fair: *we are honest and act with integrity*



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The Prisons and Probation Ombudsman aims to make a significant contribution to safer, fairer custody and community supervision. One of the most important ways in which we work towards that aim is by carrying out **independent** investigations into deaths, due to any cause, of prisoners, young people in detention, residents of approved premises and detainees in immigration centres.

My office carries out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

Mr Cyril Beedle died on 15 November 2015 from septic shock due to cellulitis, while a resident of Victoria House Approved Premises, Scunthorpe. He was 92 years old. I offer my condolences to Mr Beedle's family and friends.

Mr Beedle had lived at Victoria House for only a week, after being released from HMP Hull. He suffered with cellulitis in his legs. Healthcare staff at Hull had treated this effectively before his release, and district nurses continued to manage the condition after he arrived at Victoria House. Sadly, Mr Beedle succumbed to an infection from which he did not recover and he died in hospital.

I am satisfied that the care Mr Beedle received at Hull was equivalent to that he could have expected to receive in the community, and that he received appropriate continuity of care at Victoria House. Staff at Victoria House could not have prevented his death.

This version of my report, published on my website, has been amended to remove the names of the staff and prisoners involved in my investigation.

Nigel Newcomen CBE
Prisons and Probation Ombudsman

June 2016

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Summary

Events

1. In August 2012, Mr Cyril Beedle was sentenced to five years in prison for sexual offences. On 6 November 2015, he was released from HMP Hull on licence and required to live at Victoria House Approved Premises, Scunthorpe.
2. At Hull, Mr Beedle's mobility was poor and he had frequent falls. He suffered from incontinence and leg ulcers. Two weeks before his release, he had a urinary tract infection from which he recovered. Prison healthcare staff treated Mr Beedle's conditions and as he became more frail, informed his offender manager (probation officer) and social services about his increased social care needs.
3. Mr Beedle's offender manager had arranged for community nurses to change his leg dressings twice a week at Victoria House and social services said they would reassess Mr Beedle's social care needs once he was re-housed. In the meantime, Mr Beedle's daughter looked after his personal care.
4. On 13 November, seven days after Mr Beedle had arrived at Victoria House, he became feverish. The warden called an ambulance and Mr Beedle was taken to Scunthorpe General Hospital. Initially Mr Beedle appeared to recover slightly, but his condition declined and he died on 15 November.

Findings

5. We are satisfied that the standard of care Mr Beedle received at Hull was equivalent to that he might have expected to receive in the community. There was nothing that prison healthcare staff could have done to anticipate or prevent his death a week after he was released. Mr Beedle's offender manager actively arranged ongoing care for Mr Beedle while he was at Victoria House and we do not consider that probation staff at Victoria House could have done anything to prevent his death.

The Investigation Process

6. The investigator issued notices to staff and residents at Victoria House informing them of the investigation and asking anyone with relevant information to contact her. No one responded.
7. The investigator visited Victoria House on 22 November 2015. She obtained copies of relevant extracts from Mr Beedle's probation records. She also obtained relevant extracts from Mr Beedle's prison and medical records from HMP Hull.
8. The investigator interviewed four members of staff at Victoria House on 24 November 2015.
9. NHS England commissioned a clinical reviewer to review Mr Beedle's clinical care while he was at Hull and Victoria House.
10. We informed HM Coroner for North East Lincolnshire of the investigation who gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.
11. One of the Ombudsman's family liaison officers contacted Mr Beedle's daughter to explain the investigation and to ask if she had any matters she wanted the investigation to consider. Mr Beedle's daughter asked us to consider the following:
 - Whether the disabled room at Victoria House was suitable for Mr Beedle's needs and whether Victoria House was the right place to locate him given his healthcare needs.
 - Whether Mr Beedle should have been released to a hospital for a full medical assessment due to his ongoing cellulitis, falling episodes and recent urinary tract infection.
 - Whether there was a care plan in preparation for his release.
12. Mr Beedle's daughter received a copy of the initial report. She pointed out some factual inaccuracies and/or omissions. This report has been amended accordingly. Mr Beedle's daughter also raised a number of issues/questions that do not impact on the factual accuracy of this report and have been addressed through separate correspondence.
13. The initial report was shared with the probation service. There were no factual inaccuracies.

Background Information

Victoria House Approved Premises

14. Approved premises (formerly known as probation and bail hostels) accommodate offenders released from prison on licence and those directed there by the courts as a condition of bail. Their purpose is to provide an enhanced level of residential supervision in the community, as well as a supportive and structured environment. Residents are responsible for their own healthcare and expected to register with a GP.
15. Victoria House, in Scunthorpe, is managed by the National Probation Service. It has eighteen single rooms, including one double room and one with disabled facilities. Evening meals are provided and there is a communal area for dining and socialising. Each resident is allocated a key worker/offender supervisor to oversee their progress and well-being and that they adhere to licence conditions and the premises' rules. Probation service employees are on duty at Victoria House 24 hours a day.

Previous deaths at Victoria House

16. Mr Beedle was the third person to die from natural causes at Victoria House since February 2008. There were no similarities with the circumstances of the other deaths.

HMP Hull

17. HMP Hull is a medium secure local prison holding remand and sentenced adult male prisoners and young offenders. The prison is made up of eight residential units and holds over a thousand prisoners. City Health Care Partnership provides 24-hour healthcare services.

HM Inspectorate of Prisons

18. The most recent inspection of HMP Hull was in October 2014. Inspectors found healthcare services were generally good. Well qualified staff delivered a good range of clinics. A newly opened 'well-being centre' offered an opportunity to work with prisoners with the most complex and challenging behaviour. Older and disabled prisoners on I and J wings who needed additional support with daily living tasks had a paid prisoner carer, but the carers were not trained or supervised.

Key Events

19. On 31 August 2012, Mr Cyril Beedle was sentenced to five years in prison for sexual offences against children. He was 89 at the time and had been remanded to HMP Hull in July.
20. When he arrived at Hull, Mr Beedle was admitted to the wellbeing unit in the healthcare centre for an old age assessment so that he could be located appropriately. He had glaucoma, loss of hearing, heart failure, chronic kidney disease and hypertension. He walked with a stick after a hip replacement. He took six different medications for these conditions.
21. On 6 January 2014, a prison GP, Dr A diagnosed Mr Beedle with cellulitis (an infection of the deeper layers of the skin and the underlying tissue) in his legs and prescribed antibiotics, which successfully treated the condition.
22. On 14 May, Mr Beedle's general mobility was in decline. He was assessed for an electric wheelchair, which was later approved.
23. On 30 December, was treated for a chest infection. While examining him, a nurse noted dry patches and lesions to both lower legs and gave him a cream to apply. A GP diagnosed cellulitis again. Over the next six months, prison GPs reviewed Mr Beedle frequently and prescribed antibiotics and creams to treat the cellulitis, which did not improve.
24. In April 2015, a social worker assessed Mr Beedle and decided he did not need any additional social care at the time. The social worker told Mr Beedle's offender manager that he would be reassessed when he was released.
25. On 11 June, Dr A diagnosed Mr Beedle with lymphoedema (a progression of cellulitis) and prescribed a longer course of antibiotics. Nurses reviewed Mr Beedle's legs daily, but they were slow to improve.
26. In July, Mr Beedle moved to a wing for older prisoners and was allocated a prisoner carer to help with day to day tasks.
27. On 17 August, Dr A noted that Mr Beedle's left leg had not improved. He referred Mr Beedle to tissue viability and lymphoedema nurses. On 18 August, Mr Beedle had a Doppler scan (an ultrasound to measure blood flow through the arteries and veins). A nurse cleaned his legs and redressed them with compression dressings. Healthcare continued to monitor him every day.
28. On 2 September, a prison GP, Dr B, examined Mr Beedle and noted that his left leg was still badly infected, with mild pitting oedema (swelling of tissue due to fluid accumulation), and had not responded to treatment. The doctor referred Mr Beedle to hospital for the day to receive intravenous antibiotics. Within a couple of weeks, his leg began to improve. On 2 October, a nurse recorded that there was no sign of infection.
29. By early October, Mr Beedle had developed incontinence and was prone to falls. On 7 October, a nurse carried out a 'falls assessment' (an assessment of multiple risk factors in order to prevent falls). Dr A recommended an arm chair for Mr Beedle's cell, which arrived the next day. On 9 October, Mr Beedle told a

nurse that he could wash and dress himself, and managed to get around in his wheelchair. On 19 October, the offender manager visited Mr Beedle to write a pre-release report. She had no concerns about Mr Beedle's health, apart from his general frailty.

30. On 23 October, Mr Beedle had been incontinent of faeces and wing staff said he had been disruptive during the night. Mr Beedle appeared confused and angry. Later that day, Dr B assessed Mr Beedle and suspected that he might have a urinary tract infection (UTI). He prescribed antibiotics and admitted Mr Beedle to the wellbeing unit. He remained there until he was released on 6 November.
31. That day, Nurse A contacted social services to discuss Mr Beedle's care package. She was told that the occupational therapist in charge of Mr Beedle's case was on leave for over a week and would contact her when she got back. The nurse sent his current medication records and care plans to Victoria House Approved Premises, Scunthorpe, where he was going to live initially after he was released.
32. On 24 October, Mr Beedle fell and cut the back of his head. A nurse treated the wound, while another nurse did a second 'falls assessment' and noted that Mr Beedle needed help with all aspects of daily living.
33. On 26 October, Nurse B telephoned social services to let them know that Mr Beedle had a urinary infection and that his social care needs had increased. Social services asked someone from the prison to contact them on 2 November when Mr Beedle's occupational therapist came back from leave. On 2 November, Mr Beedle's occupational therapist told healthcare staff at the prison that his social care needs would be reassessed once he was at Victoria House.
34. Prison healthcare staff kept the offender manager, informed of Mr Beedle's increasing needs for help with personal care. On 4 November, the offender manager received Mr Beedle's occupational therapy assessment from prison healthcare staff, which identified that he needed accommodation on one level with wheelchair access, rails, seating in the shower, and help with shopping and domestic tasks.
35. The offender manager confirmed that Victoria House had a room with wheelchair access and an adjoining shower room with disabled facilities. She arranged district nurses to change Mr Beedle's dressings twice a week at Victoria House. She was unable to find carers for Mr Beedle before his release and his daughter agreed to look after his personal care needs until a social care assessment could be done.
36. On 5 November, Nurse C, from the prison's mental health team, reviewed Mr Beedle and noted that he had recovered from his confusion. On 6 November, the day of his release, a nurse cleaned and dressed Mr Beedle's leg, and noted it was healing well. Later that day, another nurse assessed that Mr Beedle was fit to travel and gave him medication and dressings to take with him. Mr Beedle's daughter collected him from Hull. Although she was shocked at his poor health and thought about taking him to hospital she took him to Victoria House.

37. On his first night, due to poor mobility, staff at Victoria House, staff checked him frequently. Mr Beedle appeared to settle at Victoria House, with his daughter's help. Community nurses visited Mr Beedle on 10 and 12 November to change the dressings on his legs.
38. On the evening of 12 November, a warden found Mr Beedle sitting upright on the floor of his room. He was not confused and talked freely with staff, who helped him back into bed. That night, residential staff began half-hourly checks to monitor Mr Beedle.
39. At 6.45am on 13 November, a warden checked Mr Beedle. He acknowledged her but appeared to be confused and very hot, and she suspected he might have an infection. Another member of staff called an ambulance, which arrived at 7.01am. Paramedics found that Mr Beedle had a temperature of 39 degrees and took him to Scunthorpe General Hospital.
40. Mr Beedle was admitted to hospital and initially recovered slightly. However, his condition declined again and he died at the hospital at 5.00am on 15 November.

Contact with Mr Beedle's family

41. On 13 November at 7.00am a warden at Victoria House telephoned Mr Beedle's daughter to let her know that he was unwell and they had called an ambulance to take him to hospital. On 15 November, Mr Beedle's daughter informed staff at Victoria House that he had died.
42. Mr Beedle's funeral was held on 26 November. The National Probation Service contributed to the costs, in line with national policy.

Support for residents and staff

43. After Mr Beedle's death a senior manager at Victoria House, debriefed the staff involved in the emergency response to ensure they had the opportunity to discuss any issues arising, and to offer support.
44. The day Mr Beedle died, a warden told the only resident who had spoken to Mr Beedle of his death and offered support. Notices were posted informing other residents of Mr Beedle's death and offering support if needed.

Post-mortem report

45. A post-mortem examination found that Mr Beedle had died from septic shock due to cellulitis. The post-mortem also noted that Mr Beedle had chronic kidney disease.

Findings

Clinical care

46. Mr Beedle was 92 years old when he was released from Hull. He suffered from leg ulcers, intermittent cellulitis and incontinence. He was prone to falls and relied on a wheelchair to get about. Prison healthcare reviewed Mr Beedle daily and treated all Mr Beedle's medical and care needs appropriately. The clinical reviewer found that there were appropriate care plans for all his conditions including cellulitis. The cellulitis care plan had regular detailed entries showing clinical staff followed the plan and changed Mr Beedle's dressing frequently. We are satisfied that the care Mr Beedle received at Hull was equivalent to that he could have expected to receive in the community.
47. Before he was released from prison, healthcare staff reviewed Mr Beedle's condition and confirmed that he was fit to be released. Mr Beedle's offender manager, actively organised community nursing and liaised with social services about Mr Beedle's ongoing care. Mr Beedle's daughter booked an appointment for Mr Beedle to see his GP when he was released. Unfortunately, the first appointment available clashed with a visit from the community nurses and was arranged for the next week, by which time Mr Beedle had died. We are satisfied that Mr Beedle's offender manager ensured that he received appropriate continuity of treatment and care during his short time at Victoria House.

Mr Beedle's location

48. Mr Beedle spent the majority of his time at Hull in the wellbeing unit, apart from three months between July and October 2015, which he spent on the older prisoners' wing. On that wing, Mr Beedle had a prison carer to help him with day to day tasks. We are satisfied that Mr Beedle was appropriately located at Hull.
49. Before he was released, the offender manager took into account an occupational therapy assessment, which noted that Mr Beedle needed accommodation with wheelchair access and disabled facilities. The National Offender Management Service has no standard definition of a disabled room and the suitability of accommodation has to be considered by the offender manager and approved premises staff, and a social care assessment of Mr Beedle at Victoria House would have identified the additional facilities that he needed. We are satisfied that the wheelchair accessible room at Victoria House, with adjoining disabled shower room, was suitable for Mr Beedle.

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