

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr Donald Adams a prisoner at HMP Parc on 19 October 2018

**A report by the Prisons and Probation Ombudsman**

## 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 Donald Adams died of pneumonia on 19 October 2018, while a prisoner at HMP Parc. He was 78 years old. I offer my condolences to Mr Adams' family and friends.

I am concerned that the standard of care Mr Adams received at Parc fell below the level he could have expected in the community. A significant lack of observation and communication led to Mr Adams' condition deteriorating significantly before his urgent admission to hospital.

**Sue McAllister CB**  
**Prisons and Probation Ombudsman**

**May 2019**

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# Summary

## Events

1. Mr Donald Adams was serving a 15-year sentence and had been in prison since 19 October 2017. He had peripheral neuropathy and struggled to move around independently. He had a supported living plan in place and was located in a ground floor cell on a standard wing.
2. On 7 March 2018, a prison GP recommended blood tests because Mr Adams had swollen legs and increased urination. On 13 March, Mr Adams had blood tests, and the results showed abnormalities which could have indicated cancer or other medical conditions. Some blood tests were not completed. On 21 March, Mr Adams had a repeat blood test, but not all the missing tests were repeated.
3. On 26 March, a prison GP reviewed Mr Adams. The prison GP had no concerns about the blood test results and asked for them to be repeated in two weeks. On 3 April, Mr Adams had the repeat blood test. The results showed anaemia but Mr Adams did not attend his appointments to review the results. The prison GP did not attempt to inform Mr Adams of the results or that the cause of anaemia needed to be investigated promptly.
4. On 25 July, Mr Adams' unit manager reviewed his supported living plan. Mr Adams had settled in well, but there was no information about his clinical or social care needs. Because he was having mobility issues with his arm and leg, the manager made an occupational therapy referral.
5. On 31 July, Mr Adams saw a physiotherapist. The physiotherapist noted that Mr Adams was unable to move from a sitting to a standing position without support and had reduced muscle power in his legs. This information was not shared with social services as it should have been.
6. On 8 August, Mr Adams fell out of bed twice. He did not have any injuries and did not know why he was falling. A prison nurse asked wing officers to monitor him for the next couple of days.
7. On 11 August, Mr Adams fell out of bed twice again, and was incontinent of faeces. Although he did not have any injuries, a nurse noted he was frail and underweight and she made a GP appointment for 13 August. No consideration was given to moving providing Mr Adams with a hospital bed.
8. Mr Adams' 'buddy' told staff he was concerned about Mr Adams' mobility and frailty. An officer raised these concerns with other wing staff but there is no evidence that any action was taken.
9. On 14 August, Mr Adams fell out of bed again before being moved to the assisted living unit in the prison. Healthcare staff implemented a care plan and made an urgent referral to social services. A prison GP reviewed Mr Adams later that day, and sent him to hospital by ambulance.
10. Mr Adams spent nine days in hospital and was treated for pneumonia. On 23 August, he was transferred back to the assisted living unit at the prison. The

next day, Mr Adams' condition deteriorated and he was sent back to hospital, where he remained until his death on 19 October.

11. The coroner gave the cause of death as pneumonia.

## Findings

12. The clinical reviewer concluded Mr Adams' clinical and social care fell far below the level he could have expected to receive in the community. We agree.
13. Prison GPs did not adequately manage Mr Adams' abnormal blood test results or inform him of the need for prompt investigation.
14. Mr Adams lost a significant amount of weight. He was frail, not eating, incontinent and fell out of bed five times. We are concerned that Mr Adams' weight loss appears to have gone unnoticed by prison and healthcare staff until early August. Such weight loss should have prompted an urgent medical review and investigation. It was Mr Adams' falls in his cell which prompted his move to the assisted living unit. By this time, Mr Adams' condition was such, that he needed urgent hospital admission.
15. Prison staff did not share information with healthcare staff or social care staff about Mr Adams' deteriorating health or mobility despite concerns being raised by Mr Adams' 'buddy' and a wing officer. As a result, essential assessments were not completed and staff failed to provide adequate care.

## Recommendations

- The Head of Healthcare should implement a policy and process to ensure blood test results are managed in a timely fashion when prisoners fail to attend review appointments.
- The Director and the Head of Healthcare should ensure that all prison and healthcare staff are aware of their duty of care for prisoners and the need to share information about such matters as weight loss, not eating, frailty, falls and general well being.
- The Director and Head of Healthcare should conduct a root cause analysis investigation into Mr Adams' care to establish the cause of the breakdown in information sharing and take appropriate steps to ensure such failings do not happen again.

## The Investigation Process

16. The investigator issued notices to staff and prisoners at HMP Parc informing them of the investigation and asking anyone with relevant information to contact her. One member of staff and two prisoners contacted the investigator.
17. The investigator obtained copies of relevant extracts from Mr Adams' prison and medical records.
18. The investigator interviewed five members of staff and one prisoner at Parc on 10 January 2019.
19. NHS England commissioned a clinical reviewer to review Mr Adams' clinical care at the prison. The clinical reviewer attended the interviews on 10 January.
20. We informed HM Coroner for Bridgend and Glamorgan Valleys of the investigation. The coroner informed us of the cause of death, provided by the hospital. We have sent the coroner a copy of this report.
21. Another investigator contacted Mr Adams' wife to explain the investigation and to ask if she had any matters she wanted the investigation to consider. Mrs Adams said she was well supported by the prison, however she had noticed Mr Adams had lost a significant amount of weight and he said that it would take weeks to be able to see a GP. Mrs Adams would like a copy of the report.
22. Mr Adams' wife received a copy of the initial report. She did not raise any further issues, or comment on the factual accuracy of the report.
23. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS pointed out some factual inaccuracies and this report has been amended accordingly. The action plan has been annexed to this report.

## Background Information

### HMP Parc

24. HMP Parc is a medium security private prison run by G4S, which holds around 1,600 convicted men and young adults on remand or convicted. It also has a unit for around 60 young people under the age of 18.
25. G4S Medical Services provide primary physical and mental health care services. There is 24-hour general healthcare and palliative care facilities. A local GP practice provides GP services, including a daily clinic and out of hours cover. Three healthcare staff are located in the prison at night.

### HM Inspectorate of Prisons

26. The most recent inspection of Parc was in January 2016. Inspectors found that significant chronic recruitment and retention problems affected secondary health screening. In their survey of prisoners, significantly fewer prisoners than in comparator prisons said the quality of health provision was good. Inspectors noted that support for prisoners with complex health needs, including life-long conditions, was generally good.

### Independent Monitoring Board

27. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that prisoners are treated fairly and decently. In its latest annual report, for the year to February 2018, the IMB reported that the introduction of paramedics had increased the efficiency of the healthcare department and freed up the availability of GP appointments. In addition, improvement to the recruitment process had enabled the re-establishment of chronic disease management clinics. The Board also noted new initiatives in mental health care at the prison.

### Previous deaths at HMP Parc

28. Mr Adams is the sixth prisoner to die of natural causes at Parc since January 2017. There are no similarities with those deaths.

## Key Events

29. On 19 October 2017, Mr Donald Gordon Adams was remanded to HMP Parc charged with sexual offences. Mr Adams was located in a ground floor cell of X1 unit, on the induction wing.
30. A nurse conducted Mr Adams' reception health screen. She noted he had peripheral neuropathy in both legs (a condition in which the nerves in the body's extremities are damaged, causing pain, loss of balance and muscle weakness) and used a walking stick. He took tramadol for back pain. The nurse implemented a supported living plan (SLP), which included the need for Mr Adams to be located in a ground floor cell, with easy access for his walking stick. Wing staff needed to ensure he wore appropriate footwear. The nurse referred Mr Adams for an occupational therapy assessment but there is no evidence that an assessment took place.
31. On 24 October, the nurse noted in Mr Adams' medical record, that he had seen a physiotherapist for advice on exercises to maintain his mobility. Mr Adams could get on and off his bed, was able to walk a short distance without aid and could manage a few stairs. He was noted not to have had any falls. He had been added to the podiatry waiting list. The nurse noted he was 'generally okay' and recorded his weight as 71 kilograms (11 stone 2 lbs).
32. On 3 November, Mr Adams was sentenced to 15 years imprisonment for sexual offences.
33. On 22 November, Mr Adams attended a physiotherapy appointment in the prison. He had multiple joint stiffness due to arthritis, but could move around independently and do some light exercises. Mr Adams saw nursing staff regularly for pain relief but he did not present to healthcare staff with any significant concerns.
34. On 3 January, a manager of X1 unit and an officer reviewed Mr Adams' SLP. They noted he remained in a ground floor cell and would continue to be supported by the unit staff and a wing 'buddy' (a prisoner who is trained and paid to support prisoners with basic living tasks such as cleaning their cell or collecting their meals).
35. On 5 February, a prison GP reviewed Mr Adams for his peripheral neuropathy. He said he had suffered with the condition for many years and did not feel significantly worse. He said it was not painful, but his legs felt numb. Mr Adams also said he did not want any further intervention, but agreed to have a blood test to check for any additional contributing issues. Mr Adams did not attend his blood test appointment.
36. On 19 February, Mr Adams did not attend a GP appointment to review his pain relief.
37. On 7 March, Mr Adams saw a prison GP to review his pain relief. Mr Adams said he had pain in his right knee, left hip and hands. He said that since coming into prison his legs had become swollen and he was passing urine frequently through the night. The prison GP referred Mr Adams for a blood test to check his

prostate specific antigen (PSA, raised levels of which can indicate a problem with the prostate) and his blood glucose levels. The prison GP noted that Mr Adams needed a review of the results in two weeks and a prostate examination should be considered at that time.

38. On 13 March, Mr Adams had the blood test. On 19 March, the prison GP reviewed the results. Due to a delay in transporting the blood to the laboratory, some of the tests, including the PSA, could not be completed. The prison GP noted that Mr Adams had low sodium and an elevated inflammation marker, which can sometimes indicate cancer. Mr Adams needed the blood test repeated urgently, and had a GP review booked for 4 April. The prison GP referred Mr Adams for a repeat blood test, but did not include the PSA test.
39. On 21 March, Mr Adams had the repeat blood test. On 26 March, a prison GP reviewed Mr Adams. Mr Adams' observations were normal and he said he felt well. The prison GP had no concerns about Mr Adams' blood test results and advised for them to be repeated in two weeks and reviewed as necessary.
40. On 3 April, Mr Adams had the repeat blood test. The results showed anaemia, but he did not attend the follow up review appointment with a prison GP on 18 April. The prison GP tasked the administrator to rebook the appointment. Mr Adams did not attend the second review appointment on 2 May. There is no evidence that Mr Adams was asked why he did not attend, or that he was encouraged to discuss his results.
41. On 16 July, Mr Adams was moved to a ground floor cell on X2 unit, a standard wing. This was a routine move from the induction wing.
42. On 25 July, a manager reviewed Mr Adams' SLP. He noted Mr Adams had settled well on the unit and staff were supporting him. The manager noted that Mr Adams had 'issues' with his left arm and left leg and made an occupational therapy referral for mobility issues.
43. On 30 July, Mr Adams applied to see a physiotherapist. On the application he said that he had lost weight. On 31 July, a physiotherapist saw Mr Adams in his cell. He noted that Mr Adams said he would like some exercises to help strengthen his legs. The physiotherapist noted that Mr Adams could move around safely and independently in his cell with the aid of his walking stick. However, the physiotherapist also noted that Mr Adams was unable to move from a sitting to standing position without upper limb support and had reduced muscle power to his lower limbs. The physiotherapist did not share this information with social services. There was no note recorded of Mr Adams' concern about his weight loss.
44. A senior social worker said that on 31 July, the social services department received a referral for an occupational therapy assessment. She said it only documented issues with moving around, and so the referral was not marked as urgent because Mr Adams had been seen by the physiotherapist. She said if prison staff or the physiotherapist had shared with her that Mr Adams was unable to mobilise from sitting to standing without assistance, she would have assessed Mr Adams' social care needs and his need for mobilisation aids for his cell. The

senior social worker and a member of the older persons' mental health team planned to visit Mr Adams on 14 August for a joint assessment.

45. At about 2.39am on 8 August, the night prison custody officer (PCO) heard Mr Adams shouting for help from his cell. He had half fallen out of bed and was unable to move. A nurse helped Mr Adams back into bed and placed his chair next to his bed as a mobility aid.
46. At 5:42am, the night PCO called the nurse back to Mr Adams' cell as he had completely fallen out of bed. She helped him back into bed and placed a pillow in front of him for support. The nurse noted there were no previous incidents of Mr Adams falling out of bed so she handed over to day staff with an action to review his decline in stability.
47. At 7.10pm, a nurse reviewed Mr Adams in his cell. He was reluctant to be examined as he said he was comfortable in bed. He said he was not sure why he fell out of bed. The nurse asked the wing officers to place a mattress next to his bed to act as a crash mattress in case he fell out of bed again. The nurse told staff to monitor Mr Adams overnight for next few days to see if it was a recurring incident and how to best address it.
48. On 11 August, Mr Adams fell in his cell twice. A nurse reviewed Mr Adams on the first occasion and made a GP appointment for him. The nurse noted that wing staff had already made a referral to social services (after his SLP review) so did not make another one. On the second occasion, a nurse reviewed Mr Adams. She helped him back into bed and put a pillow next to him to try to prevent further falls. He did not have any injuries and was alert to time and place.
49. A nurse went back to Mr Adams' cell at 3.00pm to review him. She noted he had also been incontinent of faeces. Mr Adams was alert to time and place, but he said that he was not clear about how he was falling. She noted that he was unkempt, frail and underweight. The nurse spoke to a prison GP who advised to add Mr Adams to the GP list for Monday (the next working day) and to have some routine blood tests completed. The prison GP said Mr Adams needed weight monitoring and prescribed high calorie drinks.
50. Mr Adams' 'buddy' would take Mr Adams' milk to him in the mornings because he was not getting up to collect it from the wing servery. Mr Adams' 'buddy' told the investigator that on a number of occasions he told X2 staff, as well as staff on his own unit, that he was concerned about Mr Adams' mobility and physical health. There is no evidence that these concerns were documented or actioned by X2 staff. On 11 and 12 August, Mr Adams' 'buddy' cleaned Mr Adams and his cell as he had been doubly incontinent. Due to it being a weekend, Mr Adams' needs were not discussed until Monday 13 August.
51. On 13 August, a prison GP discussed Mr Adams at a multi-disciplinary meeting. Due to his frailty, falls and incontinence, Mr Adams needed to be moved to X3 unit, which had a social care and older prisoners' section. Mr Adams would also have two social care visits per day. The senior social worker said that there was not falls risk assessment or Waterlow score (risk of pressure sores) available during the meeting, and no information about his weight loss or nutritional information. The senior social worker said that, if this information been readily

available, she would have advised what additional resources were needed, such as a hospital bed in Mr Adams' cell. The meeting was used to exchange information, but on this occasion, critical information was not made available. The senior social worker raised this with her manager as a safeguarding issue.

52. A prison GP reviewed Mr Adams in his cell that afternoon. She noted that he was alert and orientated, but had significant weight loss and deterioration in his condition. The prison GP questioned if Mr Adams had an underlying malignancy (cancer) and made a referral for an urgent CT scan of his chest, abdomen and pelvis.
53. A healthcare assistant weighed Mr Adams in his cell after his review with the prison GP. She recorded his weight as 51kg (about 8 stone), a loss of over 3 stones in 10 months. Mr Adams said he was not refusing food, he just 'could not be bothered with it'. He said his last full meal was a few weeks ago. The healthcare assistant asked wing staff to open a food log.
54. On the morning of 14 August, Mr Adams fell in his cell again. A nurse helped him back into bed. As she moved him, she noticed he had pressure sores on his spine and left ankle. She took his observations and his national early warning score (NEWS, a points tool used by clinicians to identify and respond to patients at risk of deteriorating) was six. If a patient has a score of five or more, sepsis should be considered. The nurse also calculated Mr Adams' Waterlow score as 26 (a score of 20 or above indicates the patient is very high risk of pressure sores). Mr Adams was moved to X3 wing (which is for older prisoners) the same day.
55. An officer said Mr Adams' 'buddy' brought all of Mr Adams' personal belongings over to X3 wing and he helped Mr Adams to have a drink and something to eat. The officer said that Mr Adams' hands were shaking with the effort of trying to eat and he said he had not eaten or drunk in about four days as he was unable to get to his food and drink in his cell.
56. A clinical lead implemented a care plan for Mr Adams and made an urgent referral to social services. A healthcare assistant helped Mr Adams with a bed bath and shave as he said he was not managing his personal care because he was too weak. A prison GP reviewed Mr Adams that afternoon. Due to his clinical presentation and suspected cancer, the prison GP sent Mr Adams to hospital by ambulance.
57. Mr Adams spent nine days in hospital. Restraints were not used at any point during his hospital admission. No cancer was found and he was treated with antibiotics for pneumonia. On 23 August, Mr Adams was sent back to X3 wing at Parc. Mr Adams was unable to move around independently and used an airflow mattress.
58. On 24 August, the senior social worker and an occupational therapist assessed Mr Adams in his cell. They advised he needed the full care package of four visits per day and they ordered a doorbell (as Mr Adams could not reach his cell bell), a wash bowl, wipes and flannels. Staff implemented a turn chart, pressure sore care plan and food chart.

59. At 2.25am on 25 August, a nurse cleaned Mr Adams as he had been doubly incontinent and was sick. She repositioned him in bed and noticed he was short of breath. His NEWS score was three. She said she would come back to review him, and if not better, she would contact the out of hours GP.
60. At 4.00am, a nurse reviewed Mr Adams. His breathing was worse and it became hard to rouse him. The nurse requested an ambulance at 4.15am, and Mr Adams was taken to hospital. No restraints were used. Mr Adams remained in hospital but his condition continued to deteriorate.
61. On 18 October, a hospital doctor said Mr Adams' organs were failing. At 1.32pm on 19 October, a hospital doctor confirmed that Mr Adams had died.

### **Contact with Mr Adams' family**

62. On 15 and 27 August, a reverend telephoned Mr Adams' wife and informed her that Mr Adams had been admitted to hospital. Mr Adams' wife visited him regularly in hospital. The reverend was appointed as the prison's family liaison officer.
63. On 19 October, an escort officer informed another reverend that Mr Adams' condition had deteriorated and he did not have long left to live. The second reverend went to the hospital to support Mrs Adams and her family.
64. Following Mr Adams' death, the second reverend telephoned Mrs Adams that afternoon and offered his condolences and support. The first reverend offered on-going support to Mrs Adams.
65. Mr Adams' funeral was held on 8 November. The prison contributed to the cost of the funeral in line with national guidance.

### **Support for prisoners and staff**

66. After Mr Adams' death, a prison manager debriefed the staff on the bedwatch. The staff care team also offered support.
67. An officer who had been particularly affected by Mr Adams' death, told the investigator that he was appropriately supported by the care team, but he did not feel that senior staff listened to his concerns before and after Mr Adams' death. The officer made contact directly with the investigator because he said that senior prison staff had not passed on his message that he wanted to speak to the PPO investigator.
68. The prison posted notices informing other prisoners of Mr Adams' death, and offering support. Staff reviewed all prisoners assessed as being at risk of suicide or self-harm in case they had been adversely affected by Mr Adams' death. Prisoners who were particularly affected by Mr Adams' death were supported by the prison chaplaincy team.

### **Cause of death**

69. A hospital doctor gave the cause of death as pneumonia. Frailty was also noted as not directly causing death, but contributing to it.

# Findings

## Clinical care

70. The clinical reviewer considered that although staff could not have foreseen or prevented Mr Adams' death from pneumonia, his clinical care was not equivalent to that which he could have received in the community. We agree. His care was not timely or appropriate to the symptoms he was presenting.
71. Mr Adams was an older prisoner. He had peripheral neuropathy in his legs which affected his mobility. Although Mr Adams had a supported living plan and was in a ground floor cell, his clinical condition deteriorated while at Parc with significant weight loss. In March, Mr Adams had blood tests to investigate any underlying cause for leg swelling and frequent urination. He did not attend the appointments to review the results of the blood tests. We are concerned that prison GPs did not make any attempt inform Mr Adams he was anaemic or that the cause needed to be investigated further.
72. The clinical reviewer also considered that there should be a process in place for managing blood test results where the patient has not attended an appointment for review. We make the following recommendation:

**The Head of Healthcare should implement a policy and process to ensure blood test results are managed in a timely fashion when prisoners fail to attend review appointments.**

## Social care

73. The clinical reviewer concluded that the care Mr Adams received in relation to his social care was not equivalent to that which he could have expected to receive in the community. We agree. By July, Mr Adams' condition had deteriorated significantly. We are concerned that a review of his SLP on 25 July did not document any information about his clinical presentation or weight loss, which would have been evident at that time. Although it recommended a review of his mobility, there was no information about his social care needs and no Waterlow score. This meant Mr Adams had a physiotherapy assessment, rather than a social care needs assessment.
74. An officer told the investigator that Mr Adams' meals were brought to his cell, but at the next meal time, it would be taken out of his cell untouched and replaced with a new meal. Wing staff failed to share this information with healthcare staff and there is no evidence that anyone investigated why Mr Adams was not eating. Mr Adams had lost over three stones in ten months, but this appears to have gone unnoticed. Wing staff did not highlight weight concerns to healthcare staff. Mr Adams' weight was not, therefore, monitored.
75. Mr Adams had a physiotherapy assessment on 31 July. The physiotherapist noted conflicting information: that Mr Adams could move around independently, but also that he could not stand from sitting without assistance. This information was not shared with social services and therefore no social care needs assessment was completed.

76. Subsequently, Mr Adams fell out of bed five times on 8, 11 and 14 August. Nursing staff reviewed Mr Adams but did not complete a falls risk assessment or liaise with social workers. An extra mattress was put next to his bed as a crash mat in case he fell again. On the second occasion, a nurse noted his frailty and he was put on the GP list for the next working day. No consideration was given to reviewing him over the weekend.
77. Mr Adams was moved to X3 unit, the older prisoners' unit, on 14 August, however we believe he should have been moved weeks earlier to enable him to have access to appropriate resources and social care. Mr Adams' 'buddy' said he had highlighted his concerns about Mr Adams' location and frailty to the staff on X2 unit and to an officer on X3 unit. The officer shared these concerns with the staff on X2 unit, however this does not appear to have prompted staff to ask nursing staff to review Mr Adams.
78. The senior social worker told the investigator that social workers can only act on the information they have. She said if wing staff or healthcare staff at the multi-disciplinary meeting had shared Mr Adams' weight loss, frailty, nutritional issues and falls, a comprehensive assessment of his needs and environment would have been completed. Staff failed to share important about Mr Adams' health which led to a catalogue of failings in Mr Adams' care. We make the following recommendations:

**The Director and Head of Healthcare should ensure that all prison and healthcare staff are aware of their duty of care for prisoners and the need to share information about such matters as weight loss, not eating, frailty, falls and general well being.**

**The Director and Head of Healthcare should conduct a root cause analysis into Mr Adams' care to establish the cause of the breakdown in information sharing and take appropriate steps to ensure such failings do not happen again.**

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