Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Russell Perry, a prisoner at HMP Parc, on 21 June 2018

A report by the Prisons and Probation Ombudsman

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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*

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 Russell Perry died from synthetic cannabinoid toxicity, on 21 June 2018, while a prisoner at HMP Parc. He was 45 years old. I offer my condolences to Mr Perry's family and friends.

I am satisfied that Mr Perry's clinical care was equivalent to that he could have expected to receive in the community. However, I am concerned that in spite of a comprehensive substance misuse policy, with specific measures to prevent and reduce the use of psychoactive substances, Mr Perry seemingly had ready access to illicit drugs; healthcare staff did not fully record his history of drug misuse; and there was a significant delay in arranging formal interventions support to help address his substance misuse, which had been identified as a need a few weeks after his arrival at Parc. We have previously raised concerns about weaknesses in the support services for users of PS. The prison will therefore need to review their approach, in line with the Prison Service's *Prison Drugs Strategy*.

I am also concerned that there was a delay in calling an ambulance when Mr Perry was found unresponsive, although this did not affect the outcome. Again, this is an issue that we have raised with Parc before.

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

Elizabeth Moody
Deputy Prisons and Probation Ombudsman **November 2019**

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Summary

Events

1. Mr Russell Perry was recalled to prison on 18 March 2017 and sent to HMP Cardiff. He had a history of substance misuse and continued to receive treatment for opiate addiction.

2. Mr Perry transferred to HMP Parc on 30 March. He received initial and secondary health screens, as well as a substance misuse induction and assessment. Mr Perry immediately decided to stop detoxification treatment. In April, he was allocated a substance misuse offender supervisor and received advice on the risks of drug use and harm minimisation. In June, it was noted that Mr Perry should be referred for a specific substance misuse interventions course.

3. On several occasions between June and December 2017, Mr Perry was found to be either under the influence of psychoactive substances (PS), or in possession of fermenting alcohol, or drug paraphernalia. Referrals to the interventions team were made in November and December.

4. In January 2018, Mr Perry successfully completed an offending behaviour programme. Over the next few months, he seemed highly motivated. He behaved well, held a responsible job and said he had not taken illicit substances since January. On 6 June, was assessed for the interventions course.

5. On 13 June, wing staff called a medical emergency, as Mr Perry had been found under the influence of a substance and a drug test taken that day was positive. On 18 June, Mr Perry told an interventions facilitator that he was remorseful and his actions had been impulsive. The next day, he again took PS.

6. At 6.43pm on 21 June, a wing officer found Mr Perry unresponsive. Prison and healthcare staff attempted to resuscitate him and paramedics took him to hospital. His death was confirmed at 8.21pm.

Findings

7. The policy on PS is embedded in Parc's overall Drug Strategy Policy. There are a number of measures in place to help reduce supply and demand, including a specific unit to provide focussed support for problematic substance misusers and holistic support services. Despite these strategies, drugs appear to be available to prisoners, daily.

8. Mr Perry was allocated a substance misuse offender supervisor and prison staff took punitive action in response to instances of substances misuse. However, he did not receive sufficient interventions support to address his use of PS and there was a delay of almost one year between identifying his need for a specific substance misuse programme and acting on the referral.

9. Overall, Mr Perry's healthcare was equivalent to that he could have expected to receive in the community. However, at health reviews in April and October 2017 and March 2018, his past and existing history of substance misuse were not recorded.

10. There was a delay in calling an ambulance when Mr Perry was found unresponsive on 21 June 2018.

Recommendations

- The Director should identify and address the key weaknesses in reducing the supply of drugs at Parc and revise the Drug Strategy Policy in light of the findings.
- The Director and Head of Healthcare should take steps to develop a more integrated and bespoke substance misuse treatment service for prisoners who use psychoactive substances.
- The Head of Healthcare should ensure that healthcare staff fully document health screens, reviews and care plans.
- The Director should ensure that all control room staff call an ambulance as soon as an emergency code is called.

The Investigation Process

11. 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. No one responded.

12. The investigator visited HMP Parc on 2 July 2018. She had meetings with the Director, the Head of Drug Strategy and the Staff Association representative. The investigator had informal discussions with six prisoners who had been friends with Mr Perry. She also obtained copies of relevant extracts from Mr Perry's prison and medical records.

13. Healthcare Inspectorate Wales (HIW) commissioned a review of the clinical care Mr Perry received at the prison. The investigator and the clinical reviewer, who represented HIW, interviewed four members of staff at Parc on 9 August 2018. The investigator also interviewed another member of staff, by telephone, on 6 October.

14. We informed HM Coroner for Bridgend and Glamorgan Valleys of the investigation. He gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.

15. Our investigation was suspended between 18 September 2018 and 16 April 2019, while awaiting the cause of death and subsequently the clinical review report from HIW. It was again suspended between 20 May and 19 August, due to substantive revisions of the clinical review report. We regret the delay in issuing this report.

16. The investigator contacted Mr Perry's brother to explain the investigation and to ask if he had any matters for the investigation to consider. He did not reply.

17. The initial report was shared with HM Prison and Probation Service (HMPPS). They found no factual inaccuracies an accepted our recommendations. The HMPPS action plan has been annexed to this report.

Background Information

HMP Parc

18. HMP Parc is a medium security 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 18.

19. 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 on duty in the prison at night.

HM Inspectorate of Prisons

20. The most recent inspection of HMP & YOI Parc was competed in January 2016, although there have since been inspections of the Young Person's Unit in October 2017 and October 2018. Inspectors reported that the ready availability of psychoactive substances (PS) was having a severely negative influence. Over 50% of prisoners told inspectors that it was easy or very easy to get drugs in the prison, which was significantly higher than at comparator prisons. Inspectors found that the prison had made attempts to deal with the problem, but there had been no apparent improvement.

21. Inspectors found that the substance misuse policy was up to date, with detailed development targets based on a comprehensive needs analysis. Substance misuse work was well managed (the substance misuse service had merged with offender management) and was a recovery-focused service. Substance misuse offender supervisors (SMOS) had engaged with a large number of prisoners. However, the inspection survey indicated that prisoners lacked confidence in SMOS and only 38% said they had received support with their drug problem.

22. Inspectors also found that health services were reasonably good, except for mental health provision that was inadequate. Despite this, prisoners remained overwhelmingly negative about access to and the quality of health services. Inspectors noted that three healthcare staff located in the prison at night ensured prompt access during emergencies and appropriate emergency equipment was located across the prison. They found that all operational staff were first aid trained, with most trained to use easily accessible automated defibrillators, and that ambulances were called promptly during medical emergencies.

Independent Monitoring Board

23. 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 28 February 2018, the IMB reported that it was concerned that the level of substance abuse in the prison remained high and that the quantity of drugs entering the prison, particularly PS, presented a continual challenge.

Previous deaths at HMP Parc

24. Mr Perry was the ninth prisoner to die at Parc since June 2016. One death was self-inflicted, six were due to natural causes and two, including that of Mr Perry, were due to the use of PS. There have been 11 subsequent deaths, two self-inflicted, eight natural causes, one due to PS and another apparently drug-related.

25. We have made previous recommendations to Parc about the need for structured support for prisoners who use PS and the importance of calling an ambulance immediately for a code blue emergency.

Psychoactive Substances (PS)

26. Psychoactive substances (formerly known as 'new psychoactive substances' or 'legal highs') are a serious problem across the prison estate. They are difficult to detect and can affect people in a number of ways including increasing heart rate, raising blood pressure, reducing blood supply to the heart and vomiting. Prisoners under the influence of PS can present with marked levels of disinhibition, heightened energy levels, a high tolerance of pain and a potential for violence. Besides emerging evidence of such dangers to physical health, there is potential for precipitating or exacerbating the deterioration of mental health with links to suicide or self-harm.

27. In July 2015, we published a Learning Lessons Bulletin about the use of PS (at that time NPS) and its dangers, including its close association with debt, bullying and violence. The bulletin identified the need for better awareness among staff and prisoners of the dangers of PS; the need for more effective drug supply reduction strategies; better monitoring by drug treatment services; and effective violence reduction strategies.

28. HM Prison and Probation Service (HMPPS) now has in place provisions that enable prisoners to be tested for specified non-controlled psychoactive substances as part of established mandatory drugs testing arrangements.

Key Events

HMP Cardiff

29. Mr Russell Perry was sentenced to six years and six months imprisonment in October 2011, for possession with intent to supply a controlled drug. He was released on licence three times in 2014/15 but was recalled to prison each time. On 18 March 2017, Mr Perry was recalled again and sent to HMP Cardiff. (He was convicted of drug offences and, on 28 April, he was sentenced to a further six years in prison.)

30. Medical entries from previous custodial periods showed that Mr Perry had a history of heroin and cannabis misuse. At an initial health screen at Cardiff, a nurse recorded that Mr Perry had been prescribed Subutex (a brand of buprenorphine, an opiate used to treat opioid addiction) and his urine had tested positive for this drug. He had asthma but was otherwise fit and well. On 20 March, Mr Perry had a secondary health screen and there were no major concerns about his health. He continued to receive buprenorphine.

Transfer to HMP Parc

31. Mr Perry transferred to HMP Parc on 30 March. A nurse conducted a health screen and noted that Mr Perry's existing medication included buprenorphine. She recorded no substantive information about his medical history and noted, "prisoner states none" as the standard response to questions about clinical history and observations; detoxification; mental health review; and self-harm. A prison GP re-prescribed Mr Perry's existing medication and a dose of methadone.

32. The next day, the GP stopped the methadone and prescribed Suboxone (another brand of buprenorphine) but Mr Perry decided to have no further detoxification treatment. Mr Perry also attended a substance misuse induction and assessment. It was noted that he met the threshold for allocation to a substance misuse offender manager, rather than a generic offender manager.

33. On 1 April, a nurse conducted a general health assessment. Again, no substantive information was noted and a standard response of "no concerns" was recorded in response to questions about mental health, medication and substance misuse. There was no recognition in the assessment that Mr Perry had a history of drug misuse.

34. On 10 April, Mr Perry's substance misuse offender supervisor (SMOS) introduced himself to Mr Perry and they completed his induction. They discussed reduced tolerance, harm minimisation, overdose risks and the dangers of polydrug use.

35. Another substance misuse offender supervisor took over as Mr Perry's SMOS on 14 June. In handover notes written on 19 June, the original SMOS highlighted in red that he had not yet referred Mr Perry for Building Skills for Recovery (BSR – an interventions course tailored for prisoners with substance misuse issues) and that this referral should be completed. (The referral was not made until June 2018.)

36. While officers were counting and locking cells during the evening of 19 June, Mr Perry was one of a group of prisoners suspected to be under the influence of psychoactive substances (PS) and a nurse examined him. He had blood shot eyes and his speech was slurred. The nurse asked wing officers to check him twice an hour, opened a PS log and noted that he should be reviewed later that night. As a result of his actions, Mr Perry lost his wing job. Little was recorded about him in the following three months.

37. At lunchtime on 25 September, several prisoners, including Mr Perry appeared to have used PS. Mr Perry was described as marginal and a cell search and mandatory drug test were requested. A test the next day was negative.

38. Mr Perry received a written warning on 4 October, after an improvised pipe (for smoking drugs) was found in his cell.

39. On 18 October, Mr Perry was angry that he had not been placed on the gym list. He threatened staff and was taken to the care and separation unit. He then said he would harm himself if he did not receive his medication, so staff began the Assessment, Care in Custody and Teamwork (ACCT) procedures. (ACCT is the Prison Service care-planning system used to support prisoners at risk of suicide or self-harm.) At his ACCT assessment, Mr Perry said that his relationship with his partner had recently ended, but he was alright and had good family support. (The ACCT was closed on 22 October.)

40. On 20 October, wing staff found Mr Perry in his cell, apparently under the influence of PS. They called a code blue emergency (which indicates that a prisoner is unresponsive, or has breathing difficulties). A nurse opened a PS log and took clinical observations (but was unable to measure Mr Perry's blood pressure as he became hostile). Due to his behaviour in the previous few days, Mr Perry was removed from his job as head of the wing servery and reduced to 'basic' level under the prison's *Incentives and Earned Privileges (IEP)* scheme.

41. Wing staff again called a code blue medical emergency on 6 November, as Mr Perry appeared to be under the influence of PS. They saw him thrashing around on the floor, making loud screeching noises and he fell, causing a small cut to his head. He was aggressive to staff who tried to help him into his bed and he destroyed the cupboard in his cell. The duty manager instructed staff to leave the cell for their own safety and staff observed Mr Perry through the cell hatch. A PS log was opened and he was monitored by staff. A disciplinary hearing was later held for the damage to his cell.

42. On 7 November, staff conducted a wing search with a dog trained to detect illicitly brewed alcohol. The dog indicated outside Mr Perry's cell and, once inside, they found two five litre bottles of fermenting alcohol (hooch). Disciplinary action was taken. On 14 November, it was noted by a member of the drug interventions team that a referral for Mr Perry had been received.

43. On 16 November, Mr Perry tested positive for PS. He was referred for a cell search and an offender supervisor substance misuse form was completed. A disciplinary hearing was later held and he was given 18 additional days imprisonment.

44. On 28 November, a fight broke out between a large group of prisoners, including Mr Perry. Several of those involved were thought to be part of the drug culture within the prison.

45. Just after midday on 3 December, wing officers noted that several prisoners, including Mr Perry, were acting out of character and thought to be under the influence of PS. No specific action was recorded.

46. Mr Perry's SMOS had a meeting with Mr Perry on 11 December. They discussed his use of PS and the days added to his sentence. He was unable to provide a reason for his behaviour. They also spoke about tolerance levels, overdose risks, harm reduction, as well as long and short-term effects of substance misuse. On 12 December, a further referral to interventions was noted.

47. In January 2018, Mr Perry completed the Thinking Skills Programme (TSP – which addresses the way offenders think and behaviour associated with offending) and he received positive feedback. Wing staff also noted that he was using the gym as often as possible as it was a good distraction. He was complying well with the prison regime, helped on the servery on a voluntary basis and hoped to get a permanent servery job as he had stopped using PS. Towards the end of February, Mr Perry was given a job as the A block corridor cleaner.

48. At a TSP post-programme review on 20 March, Mr Perry said that the course in January had come at the right time, as he had been using PS. He felt that one of the key skills acquired was assertive communication to refuse PS, which he was offered every day. He was able to think about the long-term negative consequences of risky behaviour and recognised that he had a lot to lose. The action plan to take forward Mr Perry's learning included consistent support from the drug agencies; volunteering work and support to help him to become a drug mentor.

49. An entry in Mr Perry's medical record on 27 April 2018, noted that a healthcare support worker had conducted a 'second reception screening', including a mental health assessment. She referred Mr Perry to the asthma clinic.

50. On 6 June, Mr Perry had an assessment for the BSR course to gain skills to help reduce drug offending on his release. The assessment concluded that he was highly motivated and suitable. The same day, Mr Perry's SMOS saw Mr Perry on his wing and he told her that he had been accepted for the course. She told him that she had arranged a counselling course that he had enquired about.

51. At 4.30pm on 13 June, a code blue medical emergency was called for Mr Perry. A prison paramedic, attended. Mr Perry appeared to have used PS and was agitated and volatile while recovering. The prison paramedic was unable to examine him at that time, for safety reasons, but opened a PS log and returned to see him at 7.00pm. Mr Perry's speech was slurred and he had a cut on his head. After a further review by a nurse, the PS log was closed just after midnight. (There had been a delay in reviewing him due to other incidents around the prison.) Mr Perry was again reduced to basic under IEP, he was removed from his wing job and a review for category D status was postponed. A drug test

taken that day was positive. (A member of the security department passed on the details of this incident to the SMOS on 18 June.)

52. On 18 June, Mr Perry attended a BSR pre-treatment meeting with an interventions facilitator. He said that he had been free of illicit substances since January, until his recent relapse. He felt embarrassed, he had let a lot of people down and he thought his hard work had gone to waste. He said he was frequently offered PS and usually sold it on rather than using it himself. He felt that boredom was a key trigger for his PS use, together with peer pressure and seeing other prisoners 'stoned'. He said he tended to manage better when he had a job and his use of PS the previous week had been impulsive.

53. Mr Perry and the interventions facilitator discussed how he would manage his boredom over the next few weeks, given his lapse and Mr Perry said that reading would be a good way of keeping his mind busy until he could apply for an educational or vocational course. They completed a detailed care plan, with several targets, objectives and actions.

54. On 19 June, Mr Perry's SMOS noted that she intended to speak to Mr Perry about his use of PS a few days earlier. She wanted to explore the reasons for this, as he had been optimistic in the previous few months, he had worked as a cleaner, completed courses and was positive about his release. (Mr Perry died before this took place.)

55. During the evening of 19 June, staff conducting roll checks noticed that Mr Perry was one of three prisoners clearly under the influence of PS. As they were coherent and aware of their surroundings, a code blue was considered unnecessary, but a nurse checked their clinical observations and opened PS logs.

56. On 21 June, it was noted that a mandatory drug test taken by Mr Perry was positive for PS.

57. At around 5.10pm the same day, an officer locked Mr Perry in his cell. (As Mr Perry was on the basic level of IEP, he had to remain in his cell during association periods.) After association, just before the wing was due to be locked for the evening, the officer went to unlock prisoners on basic so they could shower and get supplies for their cell. He opened Mr Perry's cell and put his head around the door. He saw him lying on the floor, apparently unconscious, with his head on the cell pipes.

58. The officer shouted to colleagues on the wing and called a code blue, timed at 6.43pm. Control room staff noted that an ambulance was called at 6.46pm. (Ambulance records show the call was received at 6.49pm.) Three officers placed Mr Perry in the recovery position and checked for a pulse, but could not find one. They then laid him on his back, wiped away vomit from his face and mouth and began cardiopulmonary resuscitation (CPR). They noticed that his lips were blue.

59. A nurse went to the cell, taking oxygen and called for all nurses to attend. When she arrived, the officers were performing chest compressions and had already attached a defibrillator. Approximately 32 rounds of CPR were given and the defibrillator advised no shock throughout. Paramedics arrived at 7.07pm. Prison

staff continued the compressions until Mr Perry was placed in the ambulance, while the paramedics tried to give adrenaline intravenously. The paramedics found a pulse and took Mr Perry to Princess of Wales Hospital, Bridgend. However, the hospital confirmed Mr Perry's death at 8.21pm.

60. An improvised smoking pipe was found in Mr Perry's cell, after his death.

Contact with Mr Perry's family

61. The Complex Case Manager was assigned as the prison's family liaison officer (FLO). The Director of Parc and the FLO went to the address given for Mr Perry's partner, his listed next of kin and they arrived at 9.45pm. The occupant told them that Mr Perry's partner had moved home. They then tried two telephone numbers, but one was out of service and the other went to voicemail. Prison staff made further enquiries through Mr Perry's last visitor, a friend. His friend was uncomfortable with them contacting Mr Perry's partner directly, but agreed to send her a message. He also contacted Mr Perry's brother.

62. Shortly afterwards, Mr Perry's brother telephoned the prison. The Director and the FLO then went to his home. They informed him of Mr Perry's death and offered condolences and support. Mr Perry's brother said that although they had not been in contact for many years, he regarded himself as Mr Perry's next of kin. He asked to be given the opportunity to tell their sister and Mr Perry's children from a former relationship and said he would try to find Mr Perry's partner.

63. The next day, the sister of Mr Perry's partner telephoned the prison to confirm rumours of Mr Perry's death. She explained that Mr Perry's partner no longer had a telephone and had mental health issues, so would need her support once she broke the news.

64. Mr Perry's funeral was held on 17 July. The FLO attended on behalf of the prison. In line with the national policy, the prison contributed to the funeral expenses.

Support for prisoners and staff

65. After Mr Perry's death, a prison manager debriefed the prison and healthcare staff involved in the emergency response to ensure they had the opportunity to discuss any issues arising and to offer support. He advised that the staff care and support team would contact them.

66. The next day, the manager and a member of the chaplaincy spoke to a group of prisoners who were close friends of Mr Perry. They also informed other prisoners of his death and offered them support.

Post-mortem report

67. The post-mortem report concluded that the cause of Mr Perry's death was synthetic cannabinoid (5F-ADB) toxicity.

Findings

Drug strategy at HMP Parc

68. After an inspection at Parc in January 2016, HM Chief Inspector of Prisons was concerned that the ready availability of illicit drugs was having a negative impact on the prison. The Head of Drug Strategy said that drugs are often supplied over the wall, particularly from the housing estate adjacent to the prison, through visitors, or via drones, but they are not always intercepted. There had been an increase in the weeks leading to Mr Perry's death. Staff also kept a log of testing and finds in the prison. The Head of Drug Strategy also said that the prison had developed a more holistic response to the support services, focussing on lifestyle issues, coping mechanisms, mindfulness and yoga.

69. The prison has a *Drug Strategy Policy*, which sets out several measures to reduce the demand and supply of illicit drugs. It contains a discrete policy on the use of psychoactive substances with processes and instructions on handling instances of such use. The Director told the investigator that a specific drug unit had opened in January 2018 for prisoners who were non-compliant, or had multiple instances of PS use. They had also finalised a programme for drug mentors on the unit. However, it is a concern that in spite of these actions, Mr Perry was able to obtain illicit drugs regularly with apparent ease. This suggests that much more needs to be done to tackle the issue of drugs at Parc.

70. Drug taking and trading is a serious problem across much of the prison estate. Individual prisons are for the most part doing their best to tackle the problem by developing their own local drug strategies. However, the PPO has called for national guidance to prisons from HMPPS providing evidence-based advice on what works and we welcome the fact that such guidance has now been issued, together with a Prison Service strategy to reduce the supply of and demand for drugs in prisons.

71. In relation to reducing the supply of drugs, we note that the new Prison Service strategy says:

> "Every prison is different, and will benefit from tools to assess their specific security needs. We have worked with prisons to carry out Vulnerability Assessments in prisons to build a picture of the security risks and enable establishments to better target their resources to tackle them. This resource will continue to be offered across the estate. The Drug Diagnostic toolkit used for the prisons in the 10 Prisons Project has also proved to be useful in identifying key issues in different establishments and so we will share this for use across the whole estate, supporting prisons to identify where changes could have the greatest impact."

We recommend:

The Director should identify and address the key weaknesses in reducing the supply of drugs at Parc and revise the Drug Strategy Policy in light of the findings.

Support for Mr Perry's substance misuse

72. At Parc, prisoners considered to be high drug users are case managed and there is a clear process for those found to be using PS. This includes the following:

> "For those individuals identified as repeat PS users, we have a number of options available. Their OS or SMOS may complete some 121 work with them, but if there is evidence of repeat or problematic use, or use linked to poor behaviour and a reduction to basic IEP, they will be referred to our re-engagement unit, Credwch. This unit provides an intense period of support and engagement to individuals who are struggling to comply with the expected standards of behaviour at Parc..."

73. Mr Perry had a history of substance misuse in the community and during previous sentences in prison. The day after he arrived at Parc, he had an initial substance misuse induction and was allocated to an SMOS, rather than a standard offender supervisor. He received a further induction ten days later, covering risks and harm minimisation.

74. Within three months of Mr Perry's return to Parc, he began to use PS. In the 12 months preceding his death, there were at least ten instances of Mr Perry either being under the influence of, or testing positive for illicit drugs, or being found with drug paraphernalia and hooch. He told substance misuse workers that he was offered PS every day. Staff monitored him each time he was found under the influence and took punitive action, such as terminating his employment and demoting him under the IEP scheme. The episodes of PS use, failed drug tests and other acts of indiscipline were drawn to the attention of Mr Perry's substance misuse offender supervisor. However, following their introductory meeting in June 2017, there is no evidence of any substantive action or discussions of these issues until December 2017.

75. During his courses, Mr Perry's triggers had been identified as boredom and his protective factors were using the gym and having a job. Unfortunately, owing to his drug taking, he had lost his job and had been placed on the basic level of IEP, which meant that he was not entitled to privileges such as a television or evening association. It is possible that the lack of work and activities increased Mr Perry's susceptibility to taking drugs.

76. Several prisoners told the investigator that Mr Perry used PS every day, or frequently after a period of abstinence. The Director said that a drone had appeared the night before his death and the following morning targeted searches had recovered some substances. She added that there was anecdotal evidence that several prisoners had been smoking PS together on the day of Mr Perry's death.

77. Parc's policy on PS use stipulates that disciplinary procedures should trigger action from the prisoner's offender supervisor, SMOS, or personal officer. We are concerned that despite being allocated to a SMOS, Mr Perry did not receive sufficient support to help address his PS use, particularly in the first few months after his recall to prison. Although prison staff took punitive action, this was not balanced by timely substance misuse interventions. Notably, there was no substantive action by his SMOS until six months after the first known instance of

PS use and there was a delay of almost 12 months between identifying the need to refer Mr Perry to the BSR course and acting on the referral. There was no evidence of a referral to Credwch.

78. In a previous investigation, we found deficiencies in the PS support services at Parc. We repeat the following recommendation:

The Director and Head of Healthcare should take steps to develop a more integrated and bespoke substance misuse treatment service for prisoners who use psychoactive substances.

Clinical care

79. The clinical reviewer concluded that, overall, Mr Perry's clinical care was equivalent to that he could have expected to receive in the community. However, he identified some weaknesses.

80. The nurse who conducted the health screen on 1 April 2017 recorded minimal information about Mr Perry. There were no details of his history of substance misuse and the entry simply stated there were no concerns about this. Subsequent health reviews on 16 October and 27 March 2018 also failed to acknowledge his past and existing substance misuse. We make the following recommendation:

The Head of Healthcare should ensure that healthcare staff fully document health screens, reviews and care plans.

81. The clinical reviewer also identified shortcomings in record keeping, the management of Mr Perry's asthma and the recording of clinical observations, which did not impact on his death.

Emergency response

82. Prison Service Order (PSI) 03/2013, *Medical Emergency Response Codes* and Director's Orders issued by Parc in January and February 2017, set out the actions staff should take in a medical emergency. The instructions require use of a code system in emergencies, to ensure that an ambulance is called immediately in a life-threatening medical emergency and to enable staff to bring relevant equipment.

83. An officer called a code blue at 6.43pm on 21 June, when he discovered Mr Perry unresponsive. He and other officers started CPR promptly. The control room log indicates that an ambulance was called at 6.46pm, but ambulance service records show that the call was received at 6.49pm. Therefore, at best the ambulance was called three minutes after the emergency code and at worst, six minutes. The call should have been made immediately. While we are satisfied that this delay did not affect the outcome for Mr Perry, in future emergencies such a delay could be critical. This issue was raised with Parc after another recent investigation and we repeat the recommendation:

The Director should ensure that all control room staff call an ambulance as soon as an emergency code is called.

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