Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Ketheeswaren Kunarathnam a prisoner at HMP Wormwood Scrubs on 23 February 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.

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

Mr Ketheeswaren Kunarathnam died on 23 February 2018, after being found hanged in his cell at HMP Wormwood Scrubs. He was 45 years old. I offer my condolences to his family and friends.

Mr Kunarathnam was detained at Wormwood Scrubs under immigration powers, pending deportation to Sri Lanka. He was distressed about still being in prison and at the prospect of deportation. He self-harmed by cutting his throat and later stopped eating in protest. Staff managed him under suicide and self-harm prevention procedures (known as ACCT) on three occasions, including at the time he died.

Immigration staff at the prison should have had more regular contact with Mr Kunarathnam given immigration issues were the primary cause of his risk of suicide and self-harm.

Although ACCT procedures were largely well managed, there were some deficiencies. Immigration staff were not sufficiently involved in ACCT case reviews, and at the last ACCT case review, staff reduced the frequency of observations without apparent justification. The investigation also found that Mr Kunarathnam's food refusal was not properly managed and there were some delays with the emergency response.

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

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

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Summary

Events

1. Mr Ketheeswaren Kunarathnam, a Sri Lankan national, was sent to HMP Wormwood Scrubs on 6 September 2017 after being sentenced to 28 days for criminal damage and assaulting a police officer. He completed his sentence on 11 September, but continued to be detained at Wormwood Scrubs under immigration powers.

2. One week later, Mr Kunarathnam was served with a notice of intention to deport him. The next day, staff started suicide and self-harm prevention procedures (known as ACCT) after Mr Kunarathnam became upset that he had not been released from prison and threatened to kill himself by cutting his throat. The ACCT was closed the next day.

3. Staff started ACCT procedures again on 4 November after Mr Kunarathnam stopped eating in protest at his proposed deportation. Two days later he cut his throat and was taken to hospital. He was returned to Wormwood Scrubs on 10 November. Staff continued to monitor him under ACCT until 3 January 2018.

4. On 7 February, staff started ACCT procedures again after Mr Kunarathnam told them that he had been refusing food for four days and wanted to end his life. An immigration officer saw Mr Kunarathnam on 8 February but that was the last time anyone from immigration saw him.

5. On 23 February, at 2.14pm, Mr Kunarathnam's cellmate returned to their shared cell and saw through the observation panel that Mr Kunarathnam was hanging from a ligature. He alerted an officer who called a medical emergency code over his radio. When other staff arrived, they went into the cell, cut Mr Kunarathnam down and began cardiopulmonary resuscitation (CPR). Paramedics arrived quickly and took over CPR, but their attempts at resuscitation were unsuccessful. At 3.14pm, they pronounced that Mr Kunarathnam had died.

Findings

6. We found that immigration staff should have been in more regular contact with Mr Kunarathnam given that his immigration concerns were the primary cause of his risk of suicide and self-harm.

7. We found that although the ACCT procedures were largely well-managed, immigration staff were not always involved in ACCT case reviews.

8. At the final ACCT case review, the frequency of observations was reduced without clear justification.

9. Although Mr Kunarathnam said he was willing to move to an immigration removal centre (IRC), it appears staff were under the false impression that he could not be moved while on an ACCT.

10. We found that the prison did not manage Mr Kunarathnam's food refusal in line with policy.

11. There was a delay in the emergency response because the officer who found Mr Kunarathnam did not enter the cell immediately. He also used an incorrect medical emergency code, which the control room had to clarify. While the delay did not affect the outcome for Mr Kunarathnam, the prison needs to ensure that staff follow the correct medical emergency procedures so that delays in future medical emergencies are avoided.

Recommendations

- The Governor and Head of Healthcare should ensure that staff manage prisoners and immigration detainees at risk of suicide or self-harm in line with national guidelines, including that they:
    - set specific and meaningful caremap actions, identifying who is responsible for them and reviewing progress at each review;
    - ensure that all relevant parties are invited to contribute to case reviews, including immigration staff where appropriate;
    - set the frequency of observations based on the level of risk the individual presents; and
    - ensure ACCT checks are carried out at the agreed frequency and that they are at unpredictable times.
- The Home Office should ensure that immigration staff in prisons see detainees regularly, in particular when the detainee's immigration concerns are putting them at risk of suicide and self-harm.
- The Home Office should ensure that immigration staff use the prison wing's visitor book to record when they are on a wing and who they are visiting.
- The Governor and Head of Healthcare should ensure that all staff are aware of the management of food refusal policy and audit its use.
- The Governor should amend and reissue Governor's Order GO/16, to advise staff that the same principles apply during the day as at night.
- The Governor should ensure that all prison staff are made aware of and understand the need to use appropriate codes to communicate a medical emergency, in line with national and local instructions.

The Investigation Process

12. The investigator issued notices to staff and prisoners at HMP Wormwood Scrubs informing them of the investigation and asking anyone with relevant information to contact her. No one responded.

13. The investigator visited Wormwood Scrubs on 5 March. She obtained copies of relevant extracts from Mr Kunarathnam's prison and medical records.

14. NHS England commissioned a clinical reviewer to review Mr Kunarathnam's clinical care at the prison.

15. They interviewed 12 members of staff and a prisoner at Wormwood Scrubs on 28 March.

16. We informed HM Coroner for Western London District of the investigation and have sent the coroner a copy of this report.

17. One of the Ombudsman's family liaison officers contacted Mr Kunarathnam's partner, to explain the investigation and to ask if she had any matters she wanted the investigation to consider. She asked us to speak to two prisoners who were friends with Mr Kunarathnam. The investigator spoke to one and wrote to the other who had been released from prison, but received no reply.

18. We shared our initial report with HM Prison and Probation Service (HMPPS). HMPPS did not identify any factual inaccuracies and their action plan is annexed to this report.

19. We provided a copy of our initial report to Mr Kunarathnam's partner's solicitor. She responded with a number of comments about the Home Office's handling of Mr Kunarathnam's detention and, in particular, whether they applied their Adults at Risk Policy. As a result, we obtained and reviewed the Home Office detention paperwork and have made some amendments to this report. Mr Kunarathnam's partner's solicitor raised some other issues which did not impact on the factual accuracy of this report and which we responded to separately.

Background Information

HMP Wormwood Scrubs

20. HMP Wormwood Scrubs is a local prison in West London, holding nearly 1,300 men. The prison holds men on remand from West London courts and London prisoners serving short sentences or coming to the end of long sentences. Care UK is contracted to provide primary care and several other health services at Wormwood Scrubs.

HM Inspectorate of Prisons

21. The most recent inspection of HMP Wormwood Scrubs was in July and August 2017. Inspectors reported there had been three self-inflicted deaths in the previous 18 months. The prison had reviewed previous PPO recommendations but elements of its local action plan were not up to date and serious self-harm incidents had not been investigated. They found that strategic oversight of suicide and self-harm was superficial and cross-deployment of safer custody staff hindered the effectiveness of the team. The management of prisoners in crisis was poor and in too many cases insufficient action was taken to promote prisoners' safety. Inspectors found that care for prisoners vulnerable to self-harm was inadequate. The quality of many ACCTs was poor and did not provide assurance that men were being well cared for. Many prisoners on an ACCT did not feel well supported.

22. Inspectors found that support for foreign national prisoners had improved and immigration surgeries were held on all wings at least once a week. In HMIP's survey, 73% of foreign national prisoners said that there was a member of staff they could turn to if they had a problem, which was far higher than for other prisons.

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 31 May 2017, the IMB reported that Wormwood Scrubs was not an appropriate place for immigration detainees and a lack of staff impacted on safer custody.

Previous deaths at HMP Wormwood Scrubs

24. Mr Kunarathnam was the 13th prisoner to die at Wormwood Scrubs since February 2015. Of the previous deaths, four took their own lives, six were due to natural causes, one died from a drugs overdose and one is awaiting classification. We have previously made recommendations about properly assessing a prisoner's risk of suicide and self-harm and the prison's emergency response procedures.

Assessment, Care in Custody and Teamwork

25. ACCT is the Prison Service care-planning system used to support prisoners at risk of suicide and self-harm. The purpose of ACCT is to try to determine the level of risk, how to reduce the risk and how best to monitor and supervise the prisoner. After an initial assessment of the prisoner's main concerns, levels of supervision and interactions are set according to the perceived risk of harm. There should be regular multidisciplinary review meetings involving the prisoner. As part of the process, a caremap (a plan of care, support and intervention) is put in place. The ACCT plan should not be closed until all the actions of the caremap have been completed. All decisions made as part of the ACCT process and any relevant observations about the prisoner should be written in the ACCT booklet, which accompanies the prisoner as they move around the prison. Guidance on ACCT procedures is set out in Prison Service Instruction (PSI) 64/2011.

Key Events

26. Mr Ketheeswaren Kunarathnam, a Sri Lankan national, was sent to Wormwood Scrubs on 6 September 2017, after being sentenced to 28 days for criminal damage and assaulting a police officer. In reception, he told healthcare staff that he had no history of mental health problems, self-harm or substance misuse.

27. Mr Kunarathnam completed his prison sentence on 11 September but continued to be detained under immigration powers. On 18 September, he was served with a notice informing him of the intention to deport him to Sri Lanka.

28. The next day, 19 September, staff started suicide and self-harm prevention procedures (known as ACCT) because Mr Kunarathnam had expected to be released that morning and when he was told that he was not going to be, he said he was going to kill himself and gestured that he would cut his throat. The next day, at his assessment interview, he said he did not mean it, but was tearful and said he was stressed about not having been released. At the ACCT case review later that day, staff assessed his risk as low (on a scale of low, raised and high) and closed the ACCT. A post-closure review was scheduled for 27 September, but there is no record that it took place.

29. On 27 September, Mr Kunarathnam refused to complete documents to enable the Home Office to obtain a travel document for him.

30. On 18 October, an immigration officer gave Mr Kunarathnam his first IS151F form. (This is a form given to immigration detainees on a monthly basis setting out the reasons for their continued detention. Mr Kunarathnam received one every month until he died.)

31. On 4 November, staff opened an ACCT for Mr Kunarathnam because he said he had stopped eating. At his assessment interview, he told staff that he did not want to return to Sri Lanka and had stopped eating as a protest. He told staff that he had been an inpatient in Chase Farm hospital (a secure mental health inpatient unit) in the past, but had faked his symptoms (hearing voices) because he had wanted to avoid prison. He was placed on hourly observations until his first case review. A multidisciplinary case review held the next day assessed Mr Kunarathnam's risk of self-harm as low. Staff kept his ACCT open but reduced his observations to five conversations a day and observations every two hours at night.

32. Two days later, on 6 November, Mr Kunarathnam's cellmate alerted staff that he had made a deep cut to his throat. Mr Kunarathnam said he had done so due to concerns about his immigration status. Night staff and healthcare staff attended Mr Kunarathnam's cell and found him on his bed and covered in blood. He had made a cut to his throat, close to his trachea, approximately five centimetres long. Staff called an ambulance and Mr Kunarathnam was taken to hospital. His observations were increased to half hourly and a review planned for when he returned to Wormwood Scrubs.

33. Mr Kunarathnam was returned to prison on 10 November and a case review was held with a governor, the safer custody manager, the chief immigration officer, a nurse and a psychiatrist. Mr Kunarathnam said that he did not think he should be in prison after completing his sentence, he did not want to be transferred to an immigration removal centre (IRC), and he was fearful of returning to Sri Lanka. He said he had not cut his throat because he wanted to die, but because he wanted help and support. However, he said he would kill himself if he was deported. The attendees agreed he would remain in the prison's healthcare inpatient unit over the weekend. Staff assessed his risk as raised and set his observations at once every hour. A further case review was held on 13 November. Mr Kunarathnam's issues remained the same and staff kept his observations at once every hour.

34. Also on 13 November, Mr Kunarathnam told a nurse that he had spent time in Tamarind Ward (a secure mental health unit) in 2011. Tamarind Ward said that records from 2011 would have been archived, but Mr Kunarathnam refused to give consent for these records to be accessed. The next day he refused consent for a GP to request his past psychiatric history from Chase Farm hospital. The GP concluded that Mr Kunarathnam showed no signs of psychosis, clinical depression or suicidal intent. He noted that Mr Kunarathnam appeared stable and cognitive.

35. The GP met Mr Kunarathnam again on 16 November. He noted that Mr Kunarathnam had cut himself because of stress surrounding his immigration status, and that he had not felt supported. The GP concluded that Mr Kunarathnam was not psychotic and had not displayed depressive or manic symptoms, but was anxious, and in denial, about his immigration status.

36. The Home Office completed a monthly detention review for Mr Kunarathnam on 16 November. The case officer noted that the Home Office had been told of Mr Kunarathnam's suicide attempt and that in light of this incident, he was being treated as an 'Adult at Risk – Level 2'. (The purpose of the Home Office's Adults at Risk Policy is to ensure adults who would be particularly vulnerable if detained, or kept in detention, are identified, and consideration is given to whether their detention, or continued detention, is appropriate given their 'at risk' status. The presumption is that detention will not be appropriate for an 'Adult at Risk', but detention can be appropriate where immigration control considerations outweigh this presumption.) The authorising officer, an acting assistant director for criminal casework at the Home Office, noted that Mr Kunarathnam was an 'Adult at Risk' but concluded that his continued detention was appropriate.

37. The authorising officer emailed the prison on 16 November. He wrote that he had authorised Mr Kunarathnam's continued detention on immigration grounds but required an update on his mental health. A prison manager replied that although Mr Kunarathnam did not have any mental health issues, he had an 'adjustment disorder' because of his current situation and was at high risk of suicide and self-harm. The prison manager asked the authorising officer to confirm that Mr Kunarathnam should continue to be held at the prison. The authorising officer replied that he would get information from healthcare on Mr Kunarathnam's current mental health and a prognosis.

38. At his case review on 16 November, staff assessed Mr Kunarathnam's risk as low but decided to keep his observations the same due to his unpredictability.

39. On 20 November, Mr Kunarathnam gave consent for a GP to access his records from Chase Farm and on 23 November, the GP told the authorising officer, by email that he had requested the records. (He had not received them by the time he was interviewed for this investigation and he now no longer works at the prison.)

40. Mr Kunarathnam's next case review was on 23 November. Two immigration officers attended due to his immigration concerns. Staff told Mr Kunarathnam an assistant director at the Home Office was requesting information about his medical condition and he would continue to be detained while those enquiries were ongoing. When he became upset and said that he could not remain in prison, staff explained that he could make a bail application. Mr Kunarathnam said that he was not going to harm himself but would do so if he got bad news, such as being told that he would be staying in prison indefinitely or that he was going to be deported to Sri Lanka. Staff assessed his risk as low and kept his observations the same.

41. On 4 December, there was supposed to be a bail hearing for Mr Kunarathnam but his partner, who was providing surety, failed to attend. He was advised to withdraw his bail application, which he did. A case review was held on the same day. Mr Kunarathnam was upset that his bail hearing had not gone ahead but he said he was not going to harm himself again and that he was now prepared to go to an IRC. Staff said they would speak to immigration staff about this. Staff assessed his risk as low and kept the observations the same.

42. A further case review was held on 6 December. An immigration official who was present said that she would check the bail address and fax the bail application through again. Staff agreed to check his suitability for an IRC if bail was refused, but they advised Mr Kunarathnam that he could not transfer to an IRC if he was on an ACCT.

43. Two GPs saw Mr Kunarathnam on 7 December. They noted that there was no change in Mr Kunarathnam's mental health or risks, and there was no sign of a mental illness or psychosis. Mr Kunarathnam said he was frustrated at the time taken for his records to be forwarded from the secure unit.

44. At the ACCT case review on 13 December, staff decided that it was not appropriate to keep Mr Kunarathnam in the healthcare department and decided to move him to B Wing (although this decision was made without input from the mental health team). An immigration official did not attend in person but provided verbal input.

45. At the ACCT case review on 20 December, staff recorded that Mr Kunarathnam had settled well on B wing and was in very good spirits, although he was anxious that he was still waiting for a bail hearing date. They lowered Mr Kunarathnam's observations to two conversations daily, one observation during the day and five at night.

46. On 22 December, the Home Office received a report from a GP who said that Mr Kunarathnam displayed dysfunctional personality traits rather than an underlying mental illness.

47. At the ACCT case review on 27 December, Mr Kunarathnam seemed calm at first but his mood changed when he was told that there was still no bail hearing date for him. Staff increased observations to one every three hours during the day and night, and two conversations during the day.

48. Mr Kunarathnam was moved to C Wing on 2 January 2018. At the case review on 3 January, Mr Kunarathnam said he had no thoughts of self-harm, was now eating well and knew that refusing to eat would not help. Staff closed the ACCT.

49. On 4 January, Mr Kunarathnam's bail application was refused. On 6 January, staff held a case review. Mr Kunarathnam said he had accepted the bail refusal and had no intention of suicide or self-harm. Staff kept the ACCT closed.

50. Staff discussed Mr Kunarathnam at a mental health meeting on 10 January. A GP attended with another psychiatrist and mental health nurses. It was noted that Mr Kunarathnam had not displayed any psychosis and that an update on Mr Kunarathnam's immigration status should be sought. The same day, the GP received an email from an immigration caseworker, asking for an update on Mr Kunarathnam's mental health and the GP's opinion on how his ongoing detention was affecting him. The GP replied the same day. He said it was hard to say as Mr Kunarathnam was an impulsive man who was likely to react badly to distressing information. He thought this could result in further impulsive acts of self-harm or attempted suicide and he recommended that staff remain vigilant and manage Mr Kunarathnam's risk appropriately.

51. The immigration caseworker emailed the GP again on 15 January and asked whether Mr Kunarathnam's risk could be better managed in the community and if so, whether he should be released. The GP replied the same day to say that he was not able to answer that question, as it was beyond his remit.

52. On 16 January, Mr Kunarathnam again refused to complete an application for a travel document.

53. On 7 February, Mr Kunarathnam told a nurse that he had been refusing food for four days, felt low in mood and said he wanted to end his life. Staff opened an ACCT and put him on hourly observations until his first assessment. Mr Kunarathnam told staff he did not want to return to Sri Lanka as he had been tortured there in the past. Staff agreed that Mr Kunarathnam should remain on an ACCT with hourly observations, that healthcare staff should monitor him daily (because of his food refusal) and a referral should be made to immigration. Immigration staff were already on C Wing, so they agreed to speak to Mr Kunarathnam, although there is no record that they did so.

54. The chief immigration officer, saw Mr Kunarathnam on 8 February, gave him his monthly immigration paperwork (IS151F) and persuaded him to eat a packet of crisps and drink a carton of milk.

55. Another ACCT case review was held on 12 February, and healthcare staff attended. A doctor had examined Mr Kunarathnam and, although he said he had

not been eating, healthcare observations suggested that he had. It was agreed that healthcare staff would continue to monitor him and the ACCT was to remain open. Mr Kunarathnam's observations were set at every two hours during the day and hourly throughout the night.

56. Mr Kunarathnam's last ACCT review was held on 16 February. Mr Kunarathnam said he was still not eating. A Supervising Officer (SO) told Mr Kunarathnam that his partner had contacted the prison because she was concerned about him not eating, and that it would not help his situation. Mr Kunarathnam became tearful and agreed. A GP and a nurse were both present at the review and said healthcare staff had observed Mr Kunarathnam and had no immediate concerns about his physical health. They agreed to continue monitoring him. Mr Kunarathnam's risk was assessed as low and his observations were reduced to five observations and three conversations during the day and two-hourly during the night.

57. The SO told the investigator the reason for this was because the GP said that tests indicated Mr Kunarathnam had been eating, and the SO had also seen him eat. The next review appears to have been scheduled for 23 February initially, but appears to have been subsequently overwritten to say 24 February. The nurse made a routine referral to the mental health team, asking that Mr Kunarathnam be seen within five days.

58. The next day, 17 February, healthcare staff were asked to review Mr Kunarathnam as he had refused any food and said he felt weak. A nurse noted that Mr Kunarathnam looked dehydrated, with dry skin and mouth and sounded hoarse. She advised him to drink if he felt like it later. She noted that Mr Kunarathnam had been on a hunger strike for "a while".

59. A nurse saw Mr Kunarathnam again on 18 February. He noted that there were ketones present in Mr Kunarathnam's urine, indicating the first signs that he was not eating. The nurse made an urgent referral for the mental health team to see Mr Kunarathnam within 24 hours.

60. The nurse saw Mr Kunarathnam again the next day, 19 February. He noted that Mr Kunarathnam reported feeling weak and unable to walk and demanded to speak to an immigration officer. The nurse advised him to speak to wing staff about this.

61. A mental health nurse reviewed Mr Kunarathnam on the afternoon of 19 February. She noted that Mr Kunarathnam was refusing to eat because of immigration issues and he was deteriorating physically. Mr Kunarathnam did not say he was going to take his life, but repeatedly said he would leave everything "To God and the Judge". She noted that healthcare staff should monitor his intake of food and drink, his physical health, and he should remain on an ACCT.

62. Staff discussed Mr Kunarathnam during another mental health meeting on 21 February. They assessed him as at high risk of suicide and self-harm. They agreed that he should continue to be managed on an ACCT and his mental capacity to refuse fluid or food should be reviewed.

63. During the morning of Friday 23 February, Mr Kunarathnam asked an officer to request that someone from immigration spoke to him. The officer telephoned the immigration team's number, but there was no reply. He made a note to chase this up later. Around 12.45pm, an officer collected Mr Kunarathnam's cellmate, to attend prayers. The officer said that Mr Kunarathnam asked whether she had seen any immigration staff, as he had been expecting to see an immigration officer the previous Monday (19th) but was disappointed that nobody had seen him. (The officer told the investigator that she had seen an immigration officer on C Wing on 19 February and asked him to visit Mr Kunarathnam and another two prisoners who had also asked to see him. There is no record of anyone from immigration visiting these prisoners.) The officer told Mr Kunarathnam that she would ask somebody to see him if she saw any immigration officers. Mr Kunarathnam then said goodbye to his cellmate and that he would see him when he returned from prayers.

64. At approximately 2.14pm, Mr Kunarathnam's cellmate returned from prayers and saw through the observation panel in the door (that had been partially covered by paper) that Mr Kunarathnam was hanging from a ligature. CCTV on the wing showed that the cellmate alerted an officer who went to the cell and looked through the observation panel. The officer could see Mr Kunarathnam's feet were not on the ground. He immediately radioed a code one call (an old medical emergency code which is now a code blue, used to indicate that a prisoner is unconscious or having difficulty breathing). Staff in the control room asked the officer if he meant a code blue, which he confirmed.

65. The officer was joined by a second officer and a nurse, and he then unlocked the door and they went into the cell. The officer said that Mr Kunarathnam was suspended by a piece of bedsheet attached to a light fitting. The nurse held Mr Kunarathnam while an officer cut the ligature and they lowered him to the cell floor.

66. The nurse began cardiopulmonary resuscitation (CPR) and the officer continued to try to get a response by checking for a pulse and gently slapping Mr Kunarathnam's hand. A GP had heard the emergency call and assisted the nurse, along with another officer, when he arrived at the cell. They used a defibrillator (a device that can give the heart an electric shock in some cases of cardiac arrest) but it advised a shock was not required.

67. Paramedics arrived at Mr Kunarathnam's cell at 2.26pm, and took over his resuscitation, which was unsuccessful. They stopped at 3.14pm, and the GP confirmed that Mr Kunarathnam had died.

68. Mr Kunarathnam left a note in his cell, written on the back of a menu sheet. It said, "God is looking for everything. My death is not involved to my brother, who is living in my room. Only Government is the reason for my death. Kumara".

Contact with Mr Kunarathnam's family

69. On 23 February, at 6.40pm, a deputy governor, and the Head of Safer Custody, visited Mr Kunarathnam's partner to break the news of his death. They stayed in

regular touch with her until Mr Kunarathnam's funeral, which the prison arranged. The prison contributed to the funeral costs, in line with national guidelines.

Support for prisoners and staff

70. After Mr Kunarathnam's death, the deputy governor debriefed the staff involved in the emergency response to ensure they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.

71. The prison posted notices informing other prisoners of Mr Kunarathnam's 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 Kunarathnam's death.

Post-mortem report

72. The post-mortem report found that Mr Kunarathnam died from hanging. No drugs or alcohol were found in his system.

Findings

Management of ACCT procedures

73. Staff monitored Mr Kunarathnam under ACCT procedures on three occasions at Wormwood Scrubs. The first ACCT, opened on 19 September after Mr Kunarathnam realised that he was not going to be released from prison, was closed after one day. The second, opened on 4 November after Mr Kunarathnam stopped eating in protest at his proposed deportation, was closed on 3 January. The third, opened on 7 February when Mr Kunarathnam said he wanted to end his life, was open when he died.

74. We found that overall, the ACCT procedures were managed reasonably well. Case reviews were held regularly and the majority were multidisciplinary with a member of healthcare in attendance. A comprehensive caremap was completed when Mr Kunarathnam returned to prison from hospital on 10 November and the case review records show that prison staff tried to understand and address his issues.

75. However, we identified some deficiencies. Staff failed to complete a caremap when the ACCT was opened on 4 November, which meant that no steps were taken to try to address Mr Kunarathnam's issues and reduce his risk. Mr Kunarathnam seriously self-harmed two days later by cutting his throat.

76. Between 10 November and 13 December, immigration staff attended three ACCT case reviews and provided input to a fourth. However, they did not attend or provide input to any of the subsequent ACCT case reviews. Given that immigration issues were the primary cause of Mr Kunarathnam's risk of suicide and self-harm, we consider that immigration staff should have been involved in more of the case reviews.

77. At Mr Kunarathnam's final ACCT case review on 16 February, he said he had not eaten since his last review and he became tearful when he was told that his partner had contacted the prison because she was concerned about him. Staff reduced his observations. It is unclear why they did so when Mr Kunarathnam's circumstances remained the same and there was no evidence that his risk had reduced.

78. While many of the observations were at unpredictable times, many were not and were carried out on the hour and half hour. There were also times when Mr Kunarathnam was not checked every hour as he should have been.

79. We make the following recommendation:

The Governor and Head of Healthcare should ensure that staff manage prisoners and immigration detainees at risk of suicide and self-harm in line with national guidelines, including that they:

- **set specific and meaningful caremap actions, identifying who is responsible for them and reviewing progress at each review;**

- **ensure that all relevant parties are invited to contribute to case reviews, including immigration staff where appropriate;**
- **set the frequency of observations based on the level of risk the individual presents; and**
- **ensure ACCT checks are carried out at the agreed frequency and that they are at unpredictable times.**

Management of Mr Kunarathnam's immigration concerns

80. Mr Kunarathnam was upset that he remained at Wormwood Scrubs under immigration powers after completing his prison sentence. Initially, he said he did not want to be transferred to an IRC, but on 4 December, he said he would be willing to go to one. The ACCT case review document from 6 December records that, 'Mr Kunarathnam is aware he must be off the ACCT if an IRC is a possibility'. At interview, the chief immigration officer said that if someone was on an ACCT, they could not go to an IRC.

81. IRCs operate suicide and self-harm prevention procedures (known as ACDT), which are very similar to prison ACCT procedures; there are no barriers to prisoners being transferred between prisons while on an ACCT. We were concerned to be told that an immigration detainee being held in a prison, who was distressed at being there and who had a history of self harm and was threatening to self-harm as a result, was not considered to be eligible to be transferred to an IRC. We consider that in Mr Kunarathnam's case, a transfer to an IRC may well have reduced his risk of suicide and self-harm.

82. The Home Office's Detention Estates Population Management Unit (DEPMU), which assesses detainees' suitability for placement in an IRC, told the investigator that being on an ACCT was not a barrier to being transferred to an IRC. We make the following recommendation:

The Home Office should ensure that immigration staff working in prisons are clear on the criteria for transfer to an IRC, and that they seek a transfer at the earliest opportunity for detainees whose continued detention in prison is putting them at risk of suicide and self-harm.

83. Mr Kunarathnam was concerned at the prospect of deportation and stopped eating in protest. He said a number of times that he would not self-harm unless he was given bad news, such as being told he was going to be deported. He also refused to comply with immigration procedures, such as completing documentation to enable the Home Office to obtain a travel document for him. We acknowledge that he was a challenging detainee to manage.

84. However, we consider that immigration staff should have been in contact with him more regularly and this may have helped to manage his risk. There were clearly times when Mr Kunarathnam had asked to speak to an immigration officer but had not been able to do so. On the morning of the day he died, Mr Kunarathnam asked two officers whether they had seen an immigration officer on the wing, and said he was frustrated as he had asked to see someone earlier that week but nobody had visited him. The chief immigration officer checked the

immigration database and confirmed there was no record of immigration staff having contact with Mr Kunarathnam or prison staff after 8 February.

85. Throughout his time at Wormwood Scrubs, Mr Kunarathnam's overwhelming risk factor was his concern at being deported and what he perceived as a lack of information about his case. There were occasions when Mr Kunarathnam had requested to speak to an immigration officer, but was not seen, despite them being on the wing. Immigration staff said they were on the wing daily, but wing officers did not think this was the case. It was sometimes unclear to wing staff whether immigration staff were on the wing. We make the following recommendations:

The Home Office should ensure that immigration staff in prisons see detainees regularly, in particular when the detainee's immigration concerns are putting them at risk of suicide and self-harm.

The Home Office should ensure that immigration staff use the prison wing's visitor book to record when they are on a wing and who they are visiting.

86. The Home Office assessed that Mr Kunarathnam met the criteria to be considered as an 'Adult at Risk' after his suicide attempt on 6 November. Subsequent detention reviews noted Mr Kunarathnam was an 'Adult at Risk' but concluded that his continued detention was appropriate. We are satisfied that the Home Office appropriately identified Mr Kunarathnam as an 'Adult at Risk' and took this into account when conducting detention reviews.

Mental healthcare

87. Mental health staff at Wormwood Scrubs assessed Mr Kunarathnam several times. On 22 December, a GP recorded that Mr Kunarathnam's behaviour was consistent with dysfunctional personality traits rather than an underlying mental illness. He concluded that he did not have a treatable illness but did have a condition that meant he had disturbed ways of thinking, impulsive behaviour and problems controlling his emotions. He considered there was no specific role for the prison's mental health team at that time. Later it was agreed that while no referral to the mental health team was required, staff would encourage him to engage with therapeutic activities and to liaise with the Home Office for his immigration-related issues.

88. The clinical reviewer said that it was very difficult for her to consider whether the care Mr Kunarathnam received was equivalent to the care he would have received in the community as his disorder was directly related to being imprisoned after his sentence ended. She noted that the approach to assessment and diagnosis was detailed and communicated appropriately to the Home Office. We are satisfied on that basis that Mr Kunarathnam received appropriate mental health care and make no recommendation.

Food refusal

89. A publication, Health in Justice – Policy for the Management of Food and Fluid Refusal, incorporating the refeeding policy, issued in March 2017, has guidelines

for managing prisoners who refuse food, often used as a form of self-harm protest against detention or deportation.

90. The clinical reviewer noted that there was no record that Mr Kunarathnam was weighed daily, nor that his ketone levels were regularly checked, despite an assessment on 18 February, indicating that ketones were present in his urine. She also noted that staff did not follow the Health in Justice policy when assessing Mr Kunarathnam's food refusal and, while this may have had no impact on the outcome, there was no structured or consistent approach to monitoring and assessing Mr Kunarathnam. We make the following recommendation:

The Governor and Head of Healthcare should ensure that all staff are aware of the management of food refusal policy and audit its use.

Emergency response

91. The first officer to arrive at Mr Kunarathnam's cell did not go in immediately and awaited the arrival of other staff before doing so. At interview he told the investigator that staff do not generally unlock or go into a cell until another member of staff is present. A local instruction from the Governor (GO/16) on preservation of life and opening cells in a night state says that, where it is safe to do so, a member of staff should enter a cell when there is an immediate danger to life. Although this instruction specifies what should happen in a night state, the Safer Custody manager said this applies during the day as well, although the instruction does not make this clear. We make the following recommendation:

The Governor should amend and reissue Governor's Order GO/16, to advise staff that the same principles apply during the day as at night.

92. A local instruction from the Governor (Order 015/15) on medical emergency response codes requires staff to call a code blue in medical emergencies, where a prisoner is found not breathing or unconscious. In this case, the officer called a code one instead, which the control room needed to clarify. Although there was no delay in healthcare staff attending or the ambulance being called, and the outcome for Mr Kunarathnam was not affected, in other emergencies this might not be the case.

93. We are concerned that this is not the first time that we have identified this issue at Wormwood Scrubs. We repeat the recommendation which the prison agreed to implement after our investigation into the death of a prisoner in April 2016:

The Governor should ensure that all prison staff are made aware of and understand the need to use appropriate codes to communicate a medical emergency, in line with national and local instructions.

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