Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Keith Baker, a resident at Pennywell House Approved Premises on 11 May 2019

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*

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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 Keith Baker died of cardiorespiratory failure caused by heart disease and Chronic Obstructive Pulmonary Disorder (COPD) on 11 May 2019. Drug toxicity also contributed to his death. Mr Baker was returning to Pennywell House Approved Premises, where he was a resident, by bus when he collapsed. Mr Baker was 56 years old. I offer my condolences to Mr Baker's family and friends.

Mr Baker had been released on licence from HMP Northumberland on 18 April to live at Pennywell House. He settled well and appeared motivated to change his lifestyle. Staff said he did not seem unwell and assisted him in obtaining inhalers to alleviate his symptoms of COPD. They could not have suspected that he had undiagnosed heart disease. Staff did not know that Mr Baker was using drugs and were all extremely shocked at his death.

I make only one recommendation, that HMPPS should include a specific reference to a resident's reduced tolerance to drugs and increased risk of overdose on his AP induction template. While I am satisfied that staff provided Mr Baker with this information, it is concerning that this was not recorded and that there is no prompt on the template to do so.

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

Sue McAllister, CB
Prisons and Probation Ombudsman **November 2019**

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Summary

Events

1. On 18 April 2019, Mr Keith Baker was released on licence from HMP Northumberland to live at Pennywell House Approved Premises (AP) in Sunderland. Mr Baker was serving a sentence of six years for burglary.

2. Mr Baker had Chronic Obstructive Pulmonary Disorder (COPD), a progressive lung disease. He was prescribed inhalers to assist him with this condition. Although Mr Baker arrived at the AP without any medication, staff ensured that he obtained inhalers without delay. He was also prescribed co-codamol (a painkiller) and sertraline (an antidepressant) but did not take this medication.

3. Mr Baker settled well at the AP and provided three negative drug tests while he was there. He engaged with his keyworker and offender manager, was working with partnership agencies to try and secure his own accommodation and had also been referred to an offending behaviour programme. Staff had no reason to suspect he was using drugs or alcohol.

4. On 11 May, Mr Baker left the AP with another resident. This resident subsequently said that he and Mr Baker had spent the day drinking and, at one point, he noticed Mr Baker had white powder on his nostril. He therefore suspected he had taken drugs. On the way home, Mr Baker collapsed on the bus outside the AP.

5. Staff tried to revive Mr Baker and paramedics took over his care. He never regained consciousness and died in hospital. A post-mortem examination found that the cause of Mr Baker's death was cardiorespiratory failure caused by heart disease and COPD. This was contributed to by drug toxicity. Ethanol, pregabalin (used to treat anxiety), cocaine and diazepam (used to treat anxiety) were detected in Mr Baker's system.

Findings

Medical care

6. Staff ensured Mr Baker registered with a GP promptly on arrival at the AP, and obtained his inhalers swiftly. Further medication was prescribed on 9 May once it had been verified with the prison GP. Mr Baker chose not to take this medication. He had not been diagnosed with heart disease. All those we spoke to said that Mr Baker did not have problems breathing and did not seem particularly unwell. We are satisfied that Mr Baker was supported by AP staff to access medical services as required.

7. Drug toxicity also contributed to Mr Baker's death. Mr Baker told staff that he was determined to change his lifestyle, including abstaining from drug misuse and offending. He provided three negative drug tests while at the AP. We found that staff could not have been expected to suspect Mr Baker was not being truthful about his drug use. We are concerned, however, that a national AP induction template makes no reference to a resident's reduced tolerance to drugs and increased risk of overdose following release from prison.

Recommendation

- HMPPS should review its AP induction template to ensure there is specific reference to residents' reduced tolerance to drugs and increased risk of overdose.

The Investigation Process

8. The investigator issued notices to staff and prisoners at Pennywell House Approved Premises informing them of the investigation and asking anyone with relevant information to contact her. No one responded.

9. The investigator visited Pennywell House on 9 July 2019. She obtained copies of relevant extracts from Mr Baker's records.

10. The investigator interviewed eight members of staff and a resident at Pennywell House on 9 July. We informed HM Coroner for Sunderland of the investigation. He gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.

11. One of the Ombudsman's family liaison officers contacted Mr Baker's brother, to explain the investigation and to ask whether he had any matters he wanted the investigation to consider. Mr Baker's brother did not have any questions.

12. Mr Baker's brother did not want to receive a copy of the initial report or make any comment.

13. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

Background Information

Pennywell House Approved Premises

14. Approved Premises (formerly known as probation and bail hostels) accommodate offenders released from prison on licence and those directed to live there by the courts as a condition of bail. Their purpose is to provide an enhanced level of residential supervision in the community, as well as a supportive and structured environment. Residents are responsible for their own health and are expected to register with a GP.

15. Pennywell House in Sunderland is managed by HM Prison and Probation Service (HMPPS). It has capacity for 18 residents. Residents are expected to attend daily compulsory residents' meetings and there is a curfew between 11.00pm and 6.00am. Each resident is allocated a keyworker to oversee his progress and well-being, and to ensure that they adhere to licence conditions and the AP's rules. Probation Service employees are on duty at Pennywell House 24 hours a day.

Previous deaths at Pennywell House AP

16. There has been one previous death, due to natural causes, at Pennywell House AP in 2004. This investigation raised no concerns relevant to the death of Mr Baker.

Key Events

17. In December 2008, Mr Keith Baker committed offences of burglary, dangerous driving and assault. He was sentenced to eight and a half years imprisonment. Mr Baker had a history of acquisitive offending to fund his drug use. He also received a further two-year sentence of imprisonment in Scotland for offences of burglary to be served consecutively. Mr Baker was released in June 2014 but recalled to custody in December following the commission of further burglary offences. In March 2015, he was sentenced to a further six years imprisonment for these offences.

18. Mr Baker was released to St Christopher's Approved Premises in March 2018. He was recalled to custody the following month due to suspected drug use at the AP. Mr Baker admitted that he had been using mephedrone (a powerful illegal stimulant drug). Mr Baker was diagnosed with Chronic Obstructive Pulmonary Disease (COPD – a progressive lung disease) and asthma.

19. On 18 April 2019, Mr Baker was released on licence from HMP Northumberland to Pennywell House Approved Premises. His licence conditions included the requirement that that he was to provide samples for drug testing and had to remain at the AP between 12.00pm and 2.00pm and 8.00pm and 6.00am. The lunchtime curfew was intended to alert AP staff in case he had absconded during the morning. Mr Baker began by attending the Probation Office opposite the AP and met with an offender manager. He noted that Mr Baker was "non-committal about his future", resentful about the restrictions on him and had an appointment with the benefits office that afternoon. He therefore ended their meeting prematurely and walked Mr Baker back over to the AP.

20. Mr Baker met a residential worker. The residential worker told the investigator that, due to Mr Baker's afternoon appointment, she wanted to complete his induction as quickly as possible. She briefly went through the AP rules with him. She told the investigator that Mr Baker was mainly concerned about his ill health and spoke about difficulties with his chest. Mr Baker had been released without any medication and wanted to obtain this as soon as possible. She therefore assisted him in completing the form to register with a GP and emailed this to the practice.

21. The residential worker did not have time to complete Mr Baker's induction and noted that this would be completed the next day. Mr Baker told her that his drug misuse was now all in the past. She told the investigator that she told Mr Baker about his reduced tolerance to drugs and increased risk of overdose, although she did not record this. She gave him a copy of the induction pack which also contained this information.

22. On 19 April, the residential worker completed Mr Baker's induction. Mr Baker said he felt "fine" and had suffered from depression in the past. He said he had never had any thoughts of self-harm or suicide. Mr Baker was concerned about getting his inhalers. She telephoned the NHS to get a prescription for these and collected the inhalers on her way into the AP the next morning. She handed them over to Mr Baker. Mr Baker said he had also been prescribed sertraline

and co-codamol in prison. This prescription had to be confirmed by the prison doctor before it could be issued.

23. On 22 April, staff noted that Mr Baker appeared to be "settling well" at the AP. On 24 April, the offender manager noted that Mr Baker was in a more positive frame of mind and said the AP was "good". Mr Baker said that he had stopped taking drugs and did not want to return to prison. He was asked to provide a sample for drug testing and this proved negative.

24. On 25 April, a keyworker had her first session with Mr Baker. They discussed Mr Baker's financial situation and budgeting. She told the investigator that Mr Baker was keen to leave his previous lifestyle behind him and move on from the AP.

25. On 1 May, the offender manager recorded that Mr Baker provided a sample which again proved negative for drugs. He noted that Mr Baker seemed more willing to engage and less obstructive than he had been when last released on licence. He agreed that the curfew between 12.00pm and 2.00pm could be lifted as Mr Baker had settled well. He noted that Mr Baker had been referred to Shelter and had agreed to see Changing Lives (an organisation which works with vulnerable people) the next day. He had also been referred to the Positive Pathways programme (a general offending behaviour programme) which he agreed to attend although he did not see the benefit.

26. A residential worker told the investigator that over the time Mr Baker was at the AP, he increasingly engaged with staff, although he remained a relatively quiet resident. She said that Mr Baker did sometimes speak about difficulties with his chest and that on one occasion he had seemed "wheezy".

27. Another resident, knew Mr Baker from his arrival at the AP. He told the investigator that Mr Baker seemed happy, and spoke about wanting to get in contact with his estranged daughter. He and Mr Baker sometimes went to the pub together and consumed alcohol. He never had any concerns about Mr Baker. He said the only health concern Mr Baker spoke about was needing his inhaler. He never witnessed Mr Baker struggling to breathe.

28. On 1 May, Mr Baker told a keyworker that he had no issues and preferred Pennywell House to previous APs he had lived at. He said that he found staff approachable and he was more relaxed now that his lunchtime curfew had been lifted.

29. On 2 May, Mr Baker had an appointment with Changing Lives at 10.30am. He left the AP at 10.10am and returned at 5.15pm intoxicated with alcohol. (Residents can drink alcohol when they are not at the AP if it is not prohibited in their licence conditions.) Mr Baker spent the next day in the AP.

30. On 7 May, a keyworker met with Mr Baker. He said that Changing Lives was confident it could secure him accommodation. He said he had drunk around five pints of lager the week before and had been intoxicated. He said he had not enjoyed it and since that time had preferred to stay in his room.

31. On 8 May, Mr Baker provided another negative drug test. He told an offender manager that he had finished with that aspect of his life. They discussed his move on from the AP. The offender manager said that Mr Baker told him that he

felt a lot better in terms of his physical health because he had stopped smoking after the smoking ban in prisons. He told Mr Baker that he looked healthier than he had done in the past.

32. At 7.15pm, a residential worker recorded that Mr Baker had been out with another resident and that it might be "prudent" to test him for drugs. She told the investigator that this was because the resident that he had been out with had tested positive for drugs and drug paraphernalia had been found when they searched his room. She said she had no concerns about Mr Baker himself or his demeanour. She said that due to several urgent issues in the AP that evening she did not have the opportunity to carry out this test herself. She assumed that this was why other staff did not manage to complete the drug test either.

33. On 9 May, the sertraline and co-codamol which Mr Baker had been prescribed was delivered to the AP. All residents' medication is kept in a locked cabinet, other than those items, such as inhalers, which they need to access directly. Mr Baker did not pick up this medication.

34. On 10 May, staff noted that Mr Baker had spent most of the day in his room and seemed "fine". He had not left the AP. On 11 May, a residential worker saw Mr Baker in the morning and said he seemed "fine". Mr Baker left the AP around 10.30am with another resident. The resident said that they separated for around an hour. Around 11.30am, they went to a bar together. They consumed alcohol and he said that, at one point, Mr Baker returned from the toilet with white powder on his nostril. Mr Baker had never spoken about taking drugs before this, nor had the other resident suspected he was doing so.

35. At around 4.10pm, they got on the bus back to the AP together. Mr Baker appeared unwell and began to vomit. When he got up to get off the bus at the AP, he collapsed. A member of the public telephoned to request an ambulance while the resident tried to see whether Mr Baker had a pulse. He then rang the AP as he knew staff were first aid-trained and had a defibrillator on the premises. This was shortly after 4.30pm.

36. A residential worker answered his call. He told him that Mr Baker was dead on a bus. The residential worker left the AP immediately and went to the bus which had stopped outside the AP. Mr Baker was already laid out on the floor of the bus and the residential worker began chest compressions. (The resident also told the investigator that he had tried to start chest compressions before this but the residential worker said this was not the case.) The residential worker became aware that a member of the public was already on the phone to the ambulance service. After a few minutes, a keyworker went outside, discovered the severity of the situation and returned to the AP to get the defibrillator. She returned to Mr Baker, staff attached the defibrillator and followed its instructions, continuing with chest compressions. The residential worker told the investigator that he thought that Mr Baker was dead as his face was blue.

37. Paramedics arrived at 4.43pm and took over Mr Baker's care. They took Mr Baker to hospital. The residential worker returned to the AP and both he and the keyworker tried to support each other and residents who had become aware of what had happened. The on-call manager, also went to the AP and assisted in supporting staff and residents. At 5.48pm, Mr Baker was pronounced dead.

38. Police found approximately 100 tablets in a plastic bag in Mr Baker's possession which did not appear to be prescribed medication. Police also searched Mr Baker's room but did not find anything of note.

Contact with Baker's family

39. Mr Baker did not want to provide any next of kin details when he arrived at the AP. The hospital bereavement team found details of Mr Baker's adopted brother and contacted him. Mr Baker's brother said that he did not want any contact with the AP or for them to retain his details. He later collected his brother's belongings. The hospital organised Mr Baker's funeral without anyone in attendance and without informing AP staff.

Support for prisoners and staff

40. After Mr Baker's death, a senior probation officer spoke individually to staff involved in the emergency response to ensure they had the opportunity to discuss any issues arising, and to offer support. Staff were also offered counselling. On 23 June, a psychologist visited the AP and discussed Mr Baker's death with staff.

41. AP staff spoke to all residents informing them of Mr Baker's death, and offering support. The on-call manager, also spoke to the other resident individually and offered him support.

Post-mortem report

42. The post-mortem report said that Mr Baker's cause of death was cardiorespiratory failure. This was caused by ischaemic heart disease (narrowed heart arteries) and COPD. The post-mortem also found that drug toxicity contributed to Mr Baker's death. Cocaine, ethanol, pregabalin and diazepam were found in Mr Baker's system.

43. At inquest, the coroner recorded a verdict of misadventure. This means the coroner ruled that Mr Baker's death was accidental, arising from the risk caused by Mr Baker's voluntarily actions. (In this case, this was drinking alcohol and taking drugs.).

Findings

Medical care

44. Mr Baker arrived at Pennywell House without any medication. He told staff he had been prescribed co-codamol, sertraline and inhalers while in prison. He was most concerned about obtaining his inhalers and staff ensured that he registered with a GP and got these without delay. Some staff said that Mr Baker described issues with his chest but none thought that he was having any difficulties breathing. Since Mr Baker was in the community, it was his own responsibility look after his own health as he saw fit. We are satisfied that staff appropriately assisted Mr Baker in managing his COPD.

45. Mr Baker's death was also partly caused by ischaemic heart disease. From the documentation the investigator has reviewed, there is no evidence that staff or Mr Baker were aware that he had heart disease. While the NHS website lists several symptoms associated with the condition, it also indicates that some people may have no symptoms of the disease. In these circumstances, we are satisfied that staff could not have been expected to be aware that Mr Baker had the disease.

Substance misuse

46. Mr Baker's death was contributed to by drug toxicity. Cocaine and ethanol (alcohol) were detected in his system along with pregabalin (a painkiller) and diazepam (a tranquiliser), neither of which he had been prescribed.

47. All staff the investigator spoke to said they had no concerns that Mr Baker was using drugs. He also provided three negative drug tests while at the AP, the last of these being on 8 May. Later that day a member of staff noted that it would be "prudent" to drug test Mr Baker as he had been out with another resident, who had tested positive for drugs. However, other events occurring in the AP that evening meant that staff did not test Mr Baker. We are not critical of this, since staff had no concerns about Mr Baker's demeanour, rather with his associates. Staff said they would have prioritised a drug test if they had felt it necessary.

48. It is possible that Mr Baker had not taken drugs until the day he died or, alternatively, that he had but had concealed their use from staff and had not used them prior to being drug-tested. Either way, we are satisfied that staff discussed Mr Baker's substance misuse with him, he was adamant that he was no longer using drugs and staff appropriately supported him in trying to assist him move away from his past lifestyle of offending.

49. Regarding Mr Baker's reduced tolerance to drugs and risk of overdose after he was released from prison, a residential worker said that she spoke to him about this at their first meeting. However, this is not recorded on the induction document, nor is there a specific space for doing so. A residential worker gave Mr Baker a copy of the induction booklet which also contains this information. A keyworker said that she did not discuss this with Mr Baker given his assertions that he would not use drugs again. The offender manager said that he may have mentioned this issue in passing but it was not a focus of their sessions for the same reason.

50. After Mr Baker's death, staff reviewed any recent incidences of residents who had been under the influence of drugs. They discussed drug use at the residents' meeting and how to keep safe.

51. While we are satisfied that staff acted appropriately in warning Mr Baker about his reduced tolerance to drugs following his release from prison, we are concerned that a recently introduced nationally-used template does not have a specific space to record such information. We therefore make the following recommendation:

HMPPS should review its AP induction template to ensure there is specific reference to a resident's reduced tolerance to drugs and increased risk of overdose.

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