Prisons & Probation
Ombudsman
Independent Investigations

Independent investigation into the death of Mr Craig Bissa, a resident at St Joseph's Approved Premises, on 1 April 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.

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 Craig Bissa died on 1 April 2019, of alcoholic fatty liver and the combined effects of cocaine, morphine and buprenorphine, while a resident at St Joseph's Approved Premises (AP). He was 27 years old. I offer my condolences to Mr Bissa's family and friends.

Mr Bissa was found unresponsive in his room at the AP. He had been unwell the previous day and had refused medical advice to attend hospital. The post-mortem found that, although illicit drugs were not present in his system at toxic levels, in combination they may have caused a cardiac arrest.

I am concerned that when Mr Bissa was suspected of having used illicit drugs a few weeks before his death, he was not tested or challenged.

I am also very concerned that when staff discovered Mr Bissa on 1 April, they did not show any urgency, failed to call an ambulance immediately and failed to carry out any first aid procedures.

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

Elizabeth Moody
Deputy Prisons and Probation Ombudsman **January 2020**

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Summary

Events

1. On 31 January 2019, Mr Craig Bissa was released on licence from HMP Risley after serving a three-year sentence for wounding. He was required to live at St Joseph's Approved Premises (AP).

2. As part of his licence conditions, Mr Bissa had to provide an oral or urine sample for drug testing as and when required. However, Mr Bissa was not subject to drug testing during the two months he spent at St Joseph's.

3. On 10 March, AP staff sent Mr Bissa to hospital in a taxi because he was very sleepy and his speech was slurred. He returned to the AP later that day. Other residents told staff that Mr Bissa had used illicit drugs.

4. On Sunday 31 March, during a routine hostel check, staff saw Mr Bissa lying on the floor in his room. Staff said that he was in a 'deep sleep'. They were not immediately concerned about his welfare and did not attempt to wake him.

5. Later that day, when Mr Bissa failed to collect his lunch, staff went to his room to get him. They found him lying on the floor, in the same position as before and he was snoring loudly. The staff called out to Mr Bissa but he did not respond. Staff called an emergency ambulance and while they were waiting for the ambulance to arrive, Mr Bissa woke up and went to lie down on his bed.

6. The ambulance arrived at St Joseph's at 2.08pm. Paramedics noted that Mr Bissa had mucus around his nose, vomit on his quilt and he was snoring loudly. The paramedics told Mr Bissa that he needed to go to hospital for review. Mr Bissa said that he did not want to go to hospital and that he wanted to stay in his room.

7. The paramedics sought advice from an out of hours GP, who said that Mr Bissa should be advised to attend hospital to have blood tests. However, Mr Bissa declined treatment.

8. The AP staff asked Mr Bissa if he had used any illicit drugs. Mr Bissa said that he had used 'weed' (cannabis) the previous evening. A breath test was negative for alcohol. Mr Bissa continued to refuse treatment and paramedics left St Joseph's at 4.21pm.

9. AP staff continued to observe Mr Bissa, initially every five minutes until he was fully awake and then every 15 minutes, which was later reduced to every 30 minutes.

10. At 1.00am, on 1 April, a residential support worker went to Mr Bissa's room to check on him. As he got closer to Mr Bissa, he noted that there was vomit on his pillow. The support worker shook Mr Bissa and tried to use his mobile telephone to call the emergency services, but could not get a signal. He went downstairs to the office and called the emergency services.

11. Paramedics arrived at the AP at 1.29am. When the paramedics arrived at Mr Bissa's room, staff told them that Mr Bissa had no pulse.

12. The paramedics noted that there were no obvious signs of alcohol or drug misuse and completed their own observations on Mr Bissa. They recorded that his airway was compromised due to vomit, he was not breathing, there was no pulse and he was cold.

13. Paramedics did not attempt CPR and at 1.34am, they confirmed that Mr Bissa had died.

Findings

Substance misuse and risk management

14. There is no evidence that Mr Bissa was tested for drugs at St Joseph's AP because staff did not consider that illicit drug use was a significant issue for him. After he presented as unwell on 10 March, and was sent to hospital, no further concerns were raised about his possible use of illicit substances.

15. It is highly probable that on 10 March, Mr Bissa had used drugs but because he was not tested, we cannot say this with certainty. On his return from hospital, staff completed regular observations on Mr Bissa for the remainder of the evening to make sure that he was safe and well.

16. Other residents from the AP told staff that Mr Bissa had used illicit substances on 10 March. However, despite this information and his presentation, there is no evidence that staff challenged Mr Bissa directly about this or made any attempt to drug test him on his return from A&E, or in the days that followed.

Emergency Response

17. We are concerned that staff did not call an ambulance immediately when Mr Bissa was found unconscious in his room, and this caused a delay of seven minutes. We are also concerned that CCTV footage showed that staff did not attempt any form first aid or show any sense of urgency during the medical emergency.

18. The investigation found that the staff who were on duty during the morning of 1 April, gave different accounts of what happened in comparison to CCTV footage and the accounts from the paramedics. We consider that it is important for staff who were involved in Mr Bissa's care to see the findings of and learn lessons from our investigation.

Recommendations

- The manager at St Joseph's Approved Premises should ensure that the local policy on drug testing of residents is followed. This includes drug testing residents on their return from hospital, where residents have attended hospital for drug misuse.
- The manager of St Joseph's Approved Premises should ensure that all staff are aware of and understand their responsibilities during medical emergencies, including that:
  - Staff act promptly in a life-threatening situation.

- An ambulance is called immediately.
- First aid is commenced immediately on discovery of a resident who is unconscious or not breathing, unless there are obvious reasons why this would be inappropriate, for example, clear signs of rigor mortis.

- The Area Manager for North West Approved Premises should carry out a disciplinary investigation into the actions of the two members of staff who were involved in the emergency response on 1 April 2019.
- The manager of St Joseph's Approved Premises should ensure that a copy of this report is shared with the two members of staff who were involved in the emergency response on 1 April 2019.

The Investigation Process

19. The investigator issued notices to staff and residents at St Joseph's AP informing them of the investigation and asking anyone with relevant information to contact him. No one responded.

20. The investigator visited St Joseph's on 10 April and met members of staff and the AP manager. He interviewed six members of staff.

21. We informed HM Coroner for Bolton of the investigation. The coroner gave us the cause of death and results of toxicology tests. We have sent the coroner a copy of this report.

22. We contacted Mr Bissa's family to explain the investigation and to ask if they had any matters they wanted the investigation to consider. Mr Bissa's family raised some concerns which we have addressed in this report.

23. Mr Bissa's family received a copy of the initial report. They did not raise any further issues, or comment on the factual accuracy of the report.

24. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies and their action plan is annexed to this report.

Background Information

St Joseph’s Approved Premises

25. 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.

26. St Joseph’s Approved Premises, Manchester has 29 beds and is one of six approved premises in Greater Manchester. Each resident is allocated a key worker/offender supervisor to oversee their progress and wellbeing and to ensure that they adhere to licence conditions and the premises’ rules. Probation Service employees are on duty at St Joseph’s 24 hours a day.

27. St Joseph’s has an on-site mental health team, employed by Greater Manchester Mental Health Foundation Trust. A mental health worker is on site at St Joseph’s, Monday to Friday, during normal office hours, with consultant psychiatrists visiting to see those residents under their care.

HM Inspectorate of Probation

28. HM Inspectorate of Probation’s annual report published in February 2019, said that the Greater Manchester division was delivering a good, overall standard of service despite being under strain. It was hoped that the findings and recommendations made from the inspection would help the division to improve further. HMIP noted that staff shortages and poor facilities had featured in each of their recent NPS inspections and their recommendations also reflected these.

Previous deaths at St Joseph’s

29. Mr Bissa is the third resident to die at St Joseph’s since 2016. The investigations into the previous two deaths indicated that illicit drug use had been an issue but was not directly linked to the deaths.

Key Events

30. On 19 April 2018, Mr Craig Bissa was sentenced to two years imprisonment for wounding and possession of an offensive weapon. While in custody, Mr Bissa had been under the care of the mental health team and had been prescribed medication. However, this was stopped after he was caught selling his medication in September 2018. No concerns were raised about Mr Bissa using illicit substances while in prison.

31. Prior to his release, Mr Bissa said that he wanted to engage with mental health services in the community because he felt that he would benefit from help for his obsessive-compulsive disorder and anxiety.

32. On 31 January 2019, Mr Bissa was released on licence from HMP Risley to live at St Joseph's Approved Premises (AP), Manchester. He had to comply with a curfew, which required him to be on St Joseph's premises between 9.00pm and 7.00am every day. His curfew was later extended to 11.00pm and 7.00am every day.

33. As part of his licence conditions, Mr Bissa was required to provide either an oral or urine sample for drug testing if requested to do so. Records show that Mr Bissa was not requested to provide such a sample during his time at St Joseph's.

34. On his arrival at St Joseph's, Mr Bissa was assigned a keyworker. A residential service worker completed Mr Bissa's full induction, which included explaining the AP rules and routines. No issues were reported and staff recorded that Mr Bissa had settled in and engaged well with staff and the other residents.

35. On 5 February, Mr Bissa attended a pre-arranged meeting in Rochdale with his supervising probation officer. Mr Bissa told him that he was settling in well at St Joseph's. He said that he had been visiting his parents in Rochdale regularly, but was worried about both his parents who were in poor health.

36. Mr Bissa asked his probation officer if his curfew could be extended and whether he could stay at his mother's address overnight. The probation officer told Mr Bissa that once he had completed four weeks at St Joseph's, he would consider the possibility of Mr Bissa staying at his mother's home at weekends. The probation officer agreed that in the meantime he would speak with staff at St Joseph's about extending his curfew until 9.30pm.

37. On 28 February, a visiting psychiatrist reviewed Mr Bissa at the AP. The AP's community psychiatric nurse was also present during the consultation. Following the appointment, Mr Bissa's probation officer contacted the nurse for an update. She told him that Mr Bissa had been very emotional, had spoken about struggling with his father's health issues, his benefits and his difficulties with reading and writing.

38. It was agreed that a plan would be put in place to help Mr Bissa with completing necessary forms, and that the psychiatrist would prescribe medication to help with his mood. The nurse told the probation officer that following the consultation, Mr Bissa was brighter and said that he felt better after speaking about his concerns.

39. Staff did not raise any significant concerns about Mr Bissa. They raised concerns about possible drug use by some other residents, both in the AP and in the community, but there was no indication that Mr Bissa was linked to this.

40. At 12.45pm, on 10 March, AP staff noticed that Mr Bissa was very sleepy while sitting in the AP dining room. When staff challenged him, he said that he had not taken any illicit drugs. A residential support worker recorded that while she was talking to Mr Bissa, his eyes were half closed and his speech was slurred. Mr Bissa said that it was the effects of his prescribed medication and that he was going to lie down in his room. The support worker told Mr Bissa that staff would monitor him during the afternoon.

41. At 1.25pm, during a well-being check, the support worker noted that Mr Bissa was snoring loudly and his breathing was 'laboured.' She told the investigator that from previous experience, Mr Bissa's presentation could be cause for concern so she woke him up and took him downstairs to the office.

42. Staff told Mr Bissa that he must attend the local accident and emergency (A&E) department so that he could be checked properly. Although initially Mr Bissa said that he did not want to go, staff booked a taxi and he went to A&E. Staff called the A&E department to make sure that Mr Bissa had arrived.

43. During the afternoon, another resident told staff that he believed Mr Bissa had used ketamine. Ketamine is a general anaesthetic used to treat both humans and animals. Although it has similar effects to opiate medication, ketamine is difficult to detect via blood and urine testing. Staff recorded the allegations that Mr Bissa might have used ketamine.

44. At 4.35pm, Mr Bissa returned to the AP. He told the AP staff that hospital staff had said that he might have a viral infection and his blood test results showed that he had low kidney function. As a result, Mr Bissa said that he had been advised to make an appointment to see his own GP.

45. Although he appeared brighter, staff decided to monitor Mr Bissa every hour for the remainder of the afternoon and evening. There is no evidence that staff challenged Mr Bissa about the allegations that he had used ketamine.

46. At 8.00am, the next morning, the support worker went to Mr Bissa's room and as she entered he woke up. She asked Mr Bissa how he was feeling and he said that he was feeling a lot better. She did not ask Mr Bissa about the events of the previous day or about the allegations that he had used illicit drugs. There is also no evidence that Mr Bissa was asked to take a drug test.

47. On 13 March, during a meeting with his probation officer, Mr Bissa told him about his A&E visit but no mention of the allegations of drug use was made.

Events of 31 March

48. At 10.30am, staff carried out a routine hostel check. They saw Mr Bissa lying on the floor in his room and recorded that he was in a 'deep sleep'. They said that they were not immediately concerned and did not attempt to wake him.

49. At approximately 1.45pm, Mr Bissa did not collect his lunch. A residential support worker went to his room to get him. When she entered his room, she saw him lying on the floor in the same position as earlier and snoring loudly. She and a colleague called out to Mr Bissa but he did not respond. They stayed with Mr Bissa and called an emergency ambulance. While they were on the telephone to the ambulance service, Mr Bissa woke up and struggled to get to his feet, then went to lie down on his bed and then wrapped himself inside his duvet.

50. The ambulance records show that St Joseph's made the call at 1.56pm. Paramedics arrived at the AP at 2.08pm. Mr Bissa's keyworker also arrived for her shift. When the paramedics arrived at his room, Mr Bissa was lying in bed. He responded when they called to him. The paramedics noted that Mr Bissa had mucus around his nose, vomit on his quilt and was snoring loudly. He was also intermittently lucid and coherent but then rambling, and quick to fall back to sleep if not stimulated.

51. The paramedics advised Mr Bissa to go to hospital, but he said that he did not want to go to hospital, and wanted to stay in his room. It was recorded that he was compliant with instructions, although slow to process them.

52. At 2.46pm, the paramedics telephoned the out of hours GP for advice. At 3.14pm, a GP returned their call. The GP advised them to consider enforcing Sections 136/135 of the Mental Health Act which give the police the power to remove a person from their home (s135) or from a public place (s136) and take them to a place of safety (such as a hospital).

53. The GP said that Mr Bissa would need to attend hospital to have some blood tests. However, it was considered that Mr Bissa had the capacity to make decisions about his care and treatment, so he was not sectioned under the Mental Health Act.

54. Mr Bissa told staff that he had used 'weed' (cannabis) the previous evening but that he had not used psychoactive substances (PS) or any intravenous illicit drugs. He also said that he had not drunk any alcohol. Mr Bissa took a breathalyser test which showed that he had not been drinking alcohol.

55. The paramedics stayed at St Joseph's for just over two hours and continued to monitor Mr Bissa and encouraged him to attend hospital. Despite being told about the possible consequences of not attending, Mr Bissa continued to refuse to go to hospital. The paramedics left the AP at 4.21pm.

56. While the paramedics had been at St Joseph's, a member of staff updated the on-call Senior Probation Officer on what was happening. At 3.45pm, Mr Bissa's keyworker telephoned the Senior Probation Officer again to tell her that Mr Bissa was refusing to go to hospital. The Senior Probation Officer told staff to complete observations initially every five minutes until Mr Bissa was awake and then every 15 minutes, and if there was any deterioration in his condition, they should call the emergency services immediately. AP staff placed a chair in Mr Bissa's doorway and sat just outside his room for the rest of the afternoon and early evening. Mr Bissa was recorded as sleeping and snoring throughout. CCTV shows staff carrying out the observations.

57. During the afternoon, other residents told AP staff that Mr Bissa had used illicit substances including cocaine, cannabis and amphetamines the previous evening.

58. A residential support worker arrived for his night duty at around 9.45pm. He said that when he arrived for his duty he was told about Mr Bissa and that he was being monitored. He said that he and his colleague, an agency support worker, completed checks on Mr Bissa every 15 minutes. It was later agreed with the Senior Probation Officer to reduce observations to every 30 minutes because Mr Bissa appeared settled.

Events of 1 April

59. The residential support worker said that between them they continued to check on Mr Bissa and each time they checked him, he was snoring. He said that when he went to check Mr Bissa at 12.00am, he was not snoring loudly. He leant over him to listen to his breathing. Mr Bissa's breathing was 'quite shallow' but the support worker said that he had no concerns. He told the investigator that when he went back downstairs, he told his colleague that she should also lean over Mr Bissa when she next checked him at 12.30am, to make sure that he was breathing.

60. At 1.00am, the residential support worker said that he went to Mr Bissa's room to complete a further well-being check. He said that as he got close to Mr Bissa, he noted that there was vomit on his pillow. He immediately thought that there was a danger of Mr Bissa choking. He said that he shook Mr Bissa and thought that he heard him make a noise, but on reflection, was not sure. He said that he then tried to use his mobile telephone to call the emergency services but could not get a signal, so went downstairs to the office.

61. He said that he called an ambulance and the ambulance control room operator told him to go to Mr Bissa's room, lift him off the bed, put him on his back and open his airway.

62. While he was on the telephone, his colleague said that she went up to Mr Bissa's room alone, to check on him. She said that she then went straight back downstairs.

63. The residential support worker said that when he came off the telephone, he and his colleague went straight back to Mr Bissa's room and between them they lifted Mr Bissa onto the floor.

64. He said that as they moved Mr Bissa to the floor, he again thought that he heard Mr Bissa make a noise, but they could not rouse him. He said that he told his colleague to stay with Mr Bissa and keep his head tilted back. He went downstairs to collect the defibrillator, as advised by the ambulance service.

65. The agency support worker said that she kept Mr Bissa's head tilted as instructed and felt for a pulse, which she said was 'very slow, very weak'. She said that she stayed with Mr Bissa until the paramedics arrived.

66. The call to North West Ambulance Service was recorded at 1.17am, and paramedics arrived at the AP at 1.29am. Paramedics arrived at Mr Bissa's room

at 1.33am. The paramedics recorded that when they arrived at St Joseph's, the residential support worker met them but did not appear overly concerned and showed no sense of urgency. They recorded that little information was given to them until they arrived at Mr Bissa's room. It was only then that the support workers said that Mr Bissa had no pulse.

67. Paramedics recorded that Mr Bissa was not in a recovery position, no cardiopulmonary resuscitation (CPR) had been attempted and the defibrillator that had been brought to the room was unopened on the side. The paramedics noted that there were no obvious signs of alcohol or drug misuse. They completed their own observations on Mr Bissa and recorded that his airway was compromised due to vomit, he was not breathing, there was no pulse and he was cold.

68. Paramedics did not attempt CPR and at 1.34am, they confirmed that Mr Bissa had died.

Contact with Mr Bissa's family

69. Greater Manchester Police informed Mr Bissa's next of kin of his death. The AP manager contacted the family and offered them support.

70. The family continued to receive support and advice from an Area Manager for North West Approved Premises.

71. The National Probation Service contributed to the cost of the funeral in line with national guidance.

Support for residents and staff

72. Residents and staff received support following Mr Bissa's death. The AP manager ensured that staff and residents had the opportunity to talk about what had happened individually or as a group.

Post-mortem report

73. The pathologist gave Mr Bissa's cause of death as alcoholic fatty liver and combined effects of therapeutic levels of cocaine, morphine and buprenorphine (an opioid used to treat opioid addiction). The pathologist commented that the drugs were not present in Mr Bissa's body at toxic levels but that they were sufficient in combination to have had a significant depressive effect on the central nervous system and respiratory system and possibly caused a cardiac event leading to Mr Bissa's sudden death.

Findings

Substance misuse risk management

74. Our Learning Lessons Bulletin discusses the importance of effective testing of AP residents for drug use. The current AP Manual says that testing known drug users on arrival, or when they are suspected of renewed substance misuse, is a targeted and prudent use of resources. It says that staff should have discretion to test residents if there is a reasonable suspicion of substance misuse, and that accepting this regime is a condition of living in APs.

75. There is no evidence that Mr Bissa was drug tested at St Joseph's because illicit drug use was not considered to be a significant issue for him. After he presented as unwell on 10 March and was sent to hospital, no further concerns were raised about his possible use of illicit substances.

76. It is highly probable that Mr Bissa had used an illicit substance on 10 March but because he was not tested, we cannot say this with certainty. Staff told the investigator that even if Mr Bissa had been tested at hospital, there was no guarantee that the results of such tests would have been shared by the hospital. On his return from hospital, staff were efficient in completing regular observations on Mr Bissa for the remainder of the evening to ensure his well-being.

77. Other residents told staff that Mr Bissa had used illicit substances on 10 March. However, despite this and his presentation, there is no evidence that he was directly challenged about this or that any attempt was made to drug test him on his return from A&E, or in the days that followed. We make the following recommendation:

    The manager at St Joseph's Approved Premises should ensure that the local policy on drug testing of residents is followed. This includes drug testing residents on their return from hospital, where they have attended hospital for drug misuse.

Emergency response

78. Approved premises staff are trained to deliver first aid, and training is updated every three years to ensure that these skills are kept up to date. The residential support worker who was on night duty on 31 March told the investigator that he had last attended a first aid refresher course in 2017, and that he was aware of how defibrillators worked and how to use them.

79. The investigator was made aware via North West Ambulance Service's Patient Report Form (PRF) of the concerns raised by paramedics who attended St Joseph's on 1 April. After receiving this information and obtaining the two support workers' accounts of their actions, the investigator viewed the CCTV recorded at St Joseph's on 31 March to1 April.

80. In her statement, the agency support worker said that the residential support worker had completed a hostel check at 1.00am. He returned to the office and told her that Mr Bissa had been sick and he would telephone the ambulance service. The agency support worker said that she then went upstairs to check on Mr Bissa herself, before returning to the office at 1.02am. She also said that both

she and her colleague returned to Mr Bissa's room at 1.05am and followed the instructions of the emergency services.

81. The agency support worker said that it took around five to 10 minutes to get Mr Bissa on the floor because of his size. She said that she stayed with Mr Bissa until the paramedics arrived.

82. The CCTV shows that there was seven-minute delay between the residential support worker finding Mr Bissa unresponsive and calling an emergency ambulance. Between 1.25am and 1.32am, the agency support worker was in Mr Bissa's room alone. Throughout the period viewed on CCTV, there is no sense of urgency displayed by the support workers.

83. We are very concerned that the support workers did not attempt any first aid when they found Mr Bissa unresponsive in his room. We are also concerned that there are discrepancies in their accounts of events when compared to the CCTV footage and the accounts of North West Ambulance Service paramedics. We make the following recommendation:

The manager of St Joseph's Approved Premises should ensure that all staff are aware of and understand their responsibilities during medical emergencies, including that:

- **Staff act promptly in a life-threatening situation.**
- **An ambulance is called immediately.**
- **First aid is commenced immediately on discovery of a resident who is unconscious and not breathing, unless there are obvious reasons why this would be inappropriate, for example clear signs of rigor mortis.**

The Area Manager for North West Approved Premises should carry out a disciplinary investigation into the actions of the two members of staff who were involved in the emergency response on 1 April 2019.

84. We consider that it is important the staff involved see the findings of and learn lessons from our investigation. We recommend:

The manager of St Joseph's Approved Premises should ensure that a copy of this report is shared with the two members of staff who were involved in the emergency response on 1 April 2019.

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