

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Michael Adams, a prisoner at HMP Moorland, on 21 April 2021

A report by the Prisons and Probation Ombudsman

Our Vision

To carry out independent investigations to make custody and community supervision safer and fairer.

Our Values

We are:

Impartial: *we do not take sides*

Respectful: *we are considerate and courteous*

Inclusive: *we value diversity*

Dedicated: *we are determined and focused*

Fair: *we are honest and act with integrity*



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The Prisons and Probation Ombudsman aims to make a significant contribution to safer, fairer custody and community supervision. One of the most important ways in which we work towards that aim is by carrying out **independent** investigations into deaths, due to any cause, of prisoners, young people in detention, residents of approved premises and detainees in immigration centres.

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

Mr Michael Adams died in hospital on 21 April 2021 of a hypoxic brain injury, while a prisoner at HMP Moorland. The post-mortem report concluded that on the balance of probabilities, his death was caused by an acute effect of drug abuse. Mr Adams was 32 years old. I offer my condolences to his family and friends.

Mr Adams was able to obtain illicit drugs with apparent ease at Moorland. The prison needs to continue in its efforts to reduce the supply of and demand for illicit substances and staff need to remain vigilant for signs of drug use. However, I recognise the progress that Moorland have made in reducing the amounts of illicit substances entering the prison. I note that HM Inspectorate of Prisons reported positively on this following their most recent inspection.

I am concerned that there was a short delay in the emergency response as the officer who found Mr Adams unresponsive on the floor of his cell did not call a medical emergency code. Although the delay is unlikely to have affected the outcome for Mr Adams, it might be critical in another emergency.

The clinical reviewer concluded that the healthcare that Mr Adams received at Moorland was of a good standard and equivalent to that which he could have expected to receive in the community.

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

December 2021

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Summary

Events

1. On 18 May 2020, Mr Michael Adams was transferred to HMP Moorland having been recalled to Doncaster on 29 April.
2. Mr Adams appeared to have settled well at Moorland, and he was employed as a wing cleaner. However, intelligence in February and early March 2021 suggested that he was bullying other prisoners and might be involved in the prison's drug culture. As a result, Mr Adams was moved to the prison's segregation unit for two weeks. However, there was no indication that he was using illicit substances at the time.
3. On 18 April 2021, Mr Adams was found under the influence of an illicit substance, likely to have been a psychoactive substance (PS). He was assessed by healthcare. The following day, he was seen by the prison's substance misuse team but declined their support.
4. Early on 20 April, Mr Adams was given a drugs tests and he admitted to having taken PS. (The test result was positive for PS but was not received until after Mr Adams' death.)
5. At around 4.08pm, an officer found Mr Adams lying on the floor of his cell, unresponsive. The officer called for a nurse nearby to attend and after assessing him, she asked the officer to call a medical emergency code blue (used when a prisoner is unconscious or having breathing difficulties). Soon afterwards, the nurse, with the assistance of officers, started cardiopulmonary resuscitation (CPR) until paramedics arrived. Mr Adams was stabilised and taken to hospital. He died the following day at 1.38pm.
6. A post-mortem examination concluded that Mr Adams died from a hypoxic brain injury caused, on the balance of probabilities, by an acute effect of drug abuse.

Findings

7. There is no evidence that Mr Adams was taking illicit substances at Moorland before 18 April, although he may have been.
8. We consider that staff at Moorland acted appropriately when they first identified that he was under the influence of an illicit substance. He was assessed by healthcare staff; his cell was searched and he was given a drug test. He was also offered support by the substance misuse team, which he declined.
9. Although we are concerned that Mr Adams was able to access PS at Moorland, we also acknowledge the positive steps that the prison has taken to address the availability of drugs at the prison. However, the prison needs to remain vigilant for signs of drug use and to continue in their work to reduce both the demand for and the supply of illicit substances.
10. The officer who found Mr Adams did not call an emergency code blue immediately. This led to a slight delay in calling an ambulance. However, we consider that the delay is unlikely to have affected the outcome for Mr Adams.

11. We commend the quality of the welfare checks carried out on Mr Adams at Moorland during the pandemic.
12. The clinical reviewer concluded that the clinical care that Mr Adams received at Moorland was equivalent to that which he could have expected to receive in the community.

Recommendations

- The Governor should ensure that all prison staff are made aware of and understand their responsibilities during medical emergencies. In particular, staff should use a medical emergency code as soon as there are serious concerns about the health of a prisoner to alert control room staff to call an ambulance immediately.
- The Governor and Head of Healthcare should ensure that a copy of this report is shared with all staff named in this report, so they are aware of the Ombudsman's findings.

The Investigation Process

13. The investigator issued notices to staff and prisoners at HMP Moorland informing them of the investigation and asking anyone with relevant information to contact him. No one responded.
14. The investigator obtained copies of relevant extracts from Mr Adams' prison and medical records.
15. NHS England commissioned a clinical reviewer to review Mr Adams' clinical care at the prison.
16. Mr Cameron interviewed six members of staff at Moorland, some jointly with the clinical reviewer. All the interviews were conducted remotely, either by video or by telephone, because of the restrictions imposed as a result of the COVID-19 pandemic.
17. We informed HM Coroner for Yorkshire South East of the investigation. She provided us with a copy of the post-mortem and the toxicology report. We have sent her a copy of this report.
18. We contacted Mr Adams' next of kin to explain the investigation and to ask if they had any matters, they wanted us to consider. They asked:
 - what contact Mr Adams had had with the prison's substance misuse team;
 - what the prison did when Mr Adams was found to have been using drugs;
 - why he was moved to the prison's segregation unit, why his prison privileges were removed and why he was not returned to his original wing; and
 - where and how Mr Adams was able to obtain drugs and what investigation took place to establish how he got them?

We have addressed these questions in this report.

19. Mr Adams' family received a copy of the initial report. They did not make any comments.

Background Information

HMP Moorland

20. HMP Moorland holds up to 1,000 men. Practice Plus Group runs healthcare services at the prison, including primary care, mental health and substance misuse services. The prison does not have an inpatient facility.
21. In August 2018, Moorland became one of the sites participating in the '10 Prisons Project'. The project (with the aid of a £10m funding injection) sought to improve safety, security and decency at the prisons by focusing on reducing violence, living conditions, preventing drugs entering the establishments and enhancing leadership training available to Governors and their staff.

HM Inspectorate of Prisons

22. HM Inspectorate of Prisons (HMIP) carried out an unannounced inspection of Moorland in February 2019. Inspectors reported that the concerning and prevalent use of psychoactive substances (PS) had reduced considerably since their last inspection in 2016, and that the progress had been "heartening to see". They reported that a comprehensive drug strategy and good work between the security department and substance misuse services, including intelligence-led drug testing, had contributed to positive outcomes for prisoners.

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 ending February 2020, the IMB reported that there had been a reduction in the use of PS at Moorland. They said that the decline in drug-related incidents at the prison could be linked to the use of the 10 Prisons Project funding of a body scanner and photocopying of prisoner mail, which had impacted on the amounts of PS entering the prison.

Previous deaths at HMP Moorland

24. Mr Adams was the tenth prisoner to die at Moorland since the beginning of 2017. All the previous deaths were from natural causes. There are no similarities between these deaths and that of Mr Adams. There have been a further three deaths from natural causes at the prison since Mr Adams' death.

Psychoactive Substances (PS)

25. Psychoactive substances, previously known as 'legal highs' are a significant problem across the prison estate. They are difficult to detect and can affect people in a number of ways including increasing heart rate, raising blood pressure, reducing blood supply to the heart and vomiting. Prisoners under the influence of PS can present with marked levels of disinhibition, heightened energy levels, a high tolerance of pain and a potential for violence. Besides emerging evidence of such dangers to physical health, there is potential for precipitating or exacerbating the deterioration of mental health with links to suicide or self-harm. There are many types of PS, including synthetic cannabinoids, often referred to as "Spice".

Impact of COVID-19

26. On 24 March 2020, in line with Government advice, HM Prison and Probation Service (HMPPS) issued an instruction to all prisons to introduce social distancing and a restricted regime for staff and prisoners, wherever possible. On 27 March, HMPPS issued operational guidance to prisons on exceptional regime and service delivery, which reflected Government restrictions following the national lockdown of 23 March.
27. This guidance resulted in significantly restricted prisoner activities. Visits from family and friends were suspended, education and non-essential work was cancelled, and healthcare delivery was also affected. This meant that most prisoners spent up to 23 hours a day locked in their cells. However, prisoners employed as wing cleaners spent similar amounts of time out of their cells as they had before lockdown.

Key Events

Background

28. On 6 December 2018, Mr Michael Adams was remanded to HMP Doncaster charged with assault. In January 2019, he was found guilty and sentenced to 32 months in prison. He had previously served custodial sentences.
29. Mr Adams had a history of illicit substance misuse in the community and of using PS while in custody. Mr Adams had been diagnosed with borderline personality disorder (a mental health condition characterised by emotional instability, disturbed patterns of thinking, and impulsive behaviour). Due to threats and acts of self-harm, he had been monitored under Prison Service suicide and self-harm prevention procedures, known as ACCT, while in custody.
30. On 24 March 2020, Mr Adams was released on licence from HMP Moorland to probation approved premises. Mr Adams failed to comply with several of his licence conditions, one of which was not to use illicit substances. He was found under the influence of drugs on at least one occasion at the approved premises. On 23 April, Mr Adams was recalled to prison for breaching his licence conditions and on 29 April, he was returned to custody at Doncaster.

HMP Moorland

31. On 18 May, Mr Adams was transferred to Moorland. At an initial healthcare screen, it was confirmed that he was taking asthma medication and quetiapine (an antipsychotic). Mr Adams had no significant physical or mental healthcare issues that required onward referral and his medications were re-prescribed.
32. On 31 May, an officer noted that Mr Adams had adapted well to the restricted prison regime introduced in response to the COVID-19 pandemic. He raised no concerns, remained in contact with his family and appeared to have settled.
33. A review of Mr Adams' medication on 10 August concluded that his quetiapine should be reduced, with the aim of stopping the medication by the end of September because of abnormal blood counts. Further blood tests continued to show that Mr Adams was anaemic, and he was referred to hospital for further medical investigations for possible gastroenterology problems. Over the following months, however, Mr Adams refused to attend several hospital appointments due to his fear of contracting COVID-19. He was prescribed iron tablets until March 2021, when his blood tests returned normal results.
34. The mental health team and prison GP continued to review Mr Adams, but he presented with no evidence of mental illness.
35. In August, an officer noted that Mr Adams "appeared bored" and took his frustrations out on staff. However, he made full use of the wing's limited regime, continued to keep in touch with family and he was given a job as a wing cleaner, which also meant he spent more time out of his cell.
36. In September and October, officers noted that Mr Adams carried out his duties as a wing cleaner to a high standard, encouraged other prisoners to keep high standards of cleanliness, mixed well with other prisoners, remained in good

spirits, and continued to take full advantage of the prison's restricted regime. Due to Mr Adams' positive behaviour, his Incentives and Earned Privileges regime (IEP) was raised from standard to enhanced, which allowed him to access further prison privileges.

37. On 30 October, Mr Adams was monitored under ACCT procedures for two days after he threatened to self-harm in protest at not being given his quetiapine. ACCT procedures were stopped two days later.
38. On 4 November, during a routine cell search, a quantity of unauthorised property was found in Mr Adams' cell, including cigarette vapes and paper which tested positive for tramadol (an opioid painkiller). Mr Adams was charged and was later found guilty of having unauthorised property. As a penalty, his prison earnings were stopped, and he lost his enhanced level prison privileges. (The charge for having tramadol was subsequently dismissed.)
39. On 19 November, a mental health nurse reviewed Mr Adams during a routine welfare check. The nurse noted that he was a little agitated and demanding and asked to be re-prescribed quetiapine. The nurse discussed the request with a prison GP, who concluded that there was no clinical reason to prescribe the medication for mental health issues.
40. On 21 November, an officer noted that Mr Adams was shouting at another prisoner through his cell door. Mr Adams told the officer that they knew each other from the "outside" and that the prisoner owed him vapes. Officers spoke to the prisoner, who said that he was okay but "sick" of Mr Adams going to his cell door. Staff started a Challenge, Support and Intervention Plan (CSIP) for Mr Adams. (A CSIP aims to manage individuals who pose a raised risk of harming others and also provides victim support.)
41. On 23 November, an officer spoke to Mr Adams about his contact with the prisoner during a CSIP review and emphasised that the prison did not tolerate bullying. The officer noted that Mr Adams accepted what he had been told and had said he would do "better" in the future.
42. On 24 November, Mr Adams' cell was searched, but nothing illicit was found.
43. On 3 December, Mr Adams told an officer that he was coping well with the prison's COVID-19 regime but was struggling to sleep and felt agitated and that his medication had been stopped. The officer told him to make an appointment to see the prison GP.
44. In December, officers noted that Mr Adams continued to work well as a wing cleaner, that he had calmed down, was happy to assist staff and took full advantage of the wing regime offered to him.
45. On 11 December, a mental health nurse reviewed Mr Adams. The nurse noted no change since his last meeting but recorded that Mr Adams was keen to be re-prescribed his quetiapine or an alternative. He noted that Mr Adams was not "in crisis" and that he would see him again in the New Year.
46. On 16 December, an officer spoke to Mr Adams. Mr Adams asked about taking a fork-lift truck course. The following week, the officer told Mr Adams that the

course was not running due to COVID-19 but that he would let the education unit know Mr Adams was interested. Over the following weeks, officers noted that Mr Adams continued to work well and made the most of time out of his cell.

47. On 22 January 2021, a mental health nurse reviewed Mr Adams and noted that Mr Adams was calm and relaxed but was still refusing to attend hospital for further blood tests for fear of contracting COVID-19. Mr Adams asked for a sedative, but the nurse told him that because there was no clear clinical indication that he should receive it, a further prescription was unlikely. He noted that although Mr Adams was unhappy, he accepted his explanation. After he discussed Mr Adams with colleagues, he was discharged from the mental health team's caseload.
48. Over the following weeks, officers noted that Mr Adams enjoyed his work, maintained excellent standards of cleaning and was doing well under the restricted regime.
49. On 14 February, Mr Adams complained of back pain and told staff he had been obtaining co-codamol (an opiate-based pain killer) illicitly from another prisoner. His mother also rang the prison to say that he was suffering from back pain. He was seen by a nurse the following day, but no treatment was required. The nurse suspected that Mr Adams was drug seeking and was bullying other prisoners for their medication.
50. On 15 February, Mr Adams tested positive for COVID-19 and was told to isolate in line with the prison's COVID-19 requirements, which reflected community requirements. Mr Adams subsequently made a full recovery. On 26 February, Mr Adams was again able to fully participate in the wing's regime.
51. On 2 March, a prison intelligence report noted that Mr Adams had been bullying another prisoner for his medication. The following day, a Custodial Manager (CM) spoke to Mr Adams about the incident. Mr Adams told the CM that he often gave or lent vapes to other prisoners "to help them out" but denied taking any payment for them. The CM told Mr Adams that his actions could be interpreted as dealing and bullying. Mr Adams said he would stop as he just wanted to get on with his sentence but was fed up with prison life.
52. On 6 March, an officer noted that Mr Adams continued to raise no issues, coped well, took advantage of the regime offered and kept in contact with family and friends.
53. On 11 March, a prison intelligence report noted that several prisoners on the wing had taken PS and that Mr Adams might have been involved in dealing it and had also been pressurising other prisoners to give him their prescribed medications. CSIP reporting was re-opened for Mr Adams.
54. On 14 March, an intelligence report noted that there was a possibility that another prisoner was being bullied by Mr Adams.
55. On 15 March, in response to the intelligence that linked him to the bullying of other prisoners, Mr Adams was moved to the prison's segregation unit, pending an investigation into his behaviour. It was noted that when Mr Adams arrived in the segregation unit, he was polite to staff and raised no concerns.

56. The substance misuse team lead and a nurse reviewed Mr Adams in the segregation unit. They noted that he was unhappy at being segregated, denied any wrongdoing, was argumentative and uncomplimentary about the prison's mental health services. Mr Adams refused to engage with healthcare staff or the prison's substance misuse team.
57. An officer completed a CSIP plan for Mr Adams. She noted previous intelligence linking him to bullying and of the allegations that he had been dealing PS on Houseblock 6. She noted that staff were to remain vigilant and report any further incidents. She also noted that Mr Adams would benefit from a plan to challenge what appeared to be an escalation in anti-social behaviour.
58. On 16 March, Mr Adams' IEP level was downgraded from the enhanced to standard prison regime in the light of his alleged behaviour.
59. On 22 March, officers searched Mr Adams's cell and found several items of property that did not belong to him, including a stereo and some clothing. Mr Adams was charged with possessing unauthorised items. At the subsequent disciplinary hearing, the charge was proved and, as a result, his earnings were stopped, and he lost further prison privileges.
60. A Supervising Officer (SO) completed a CSIP review. He noted that Mr Adams understood the reasons for his segregation and plans were made for him to complete further offence-specific courses before his release, which was due on 15 July, and to work positively with his keyworker.
61. While in the segregation unit, Mr Adams is noted to have been polite and respectful to staff and visitors and to have complied with instructions. He was seen daily by healthcare staff, with whom he raised no issues, and he made full use of the regime offered to him, including taking showers and exercise. Mr Adams was given a radio and in-cell distraction materials, including books.
62. On 29 March, the Head of Residence and Safety chaired a segregation review board. As Mr Adams had been fully compliant in the segregation unit and as part of his re-integration plan, it was decided that he would be moved back to a standard wing (not the one where he was thought to have been bullying other prisoners). Mr Adams, who was noted to be happy with the move, was moved to Houseblock 2 that day.
63. Over the following weeks, Mr Adams appeared to have settled well on his new wing and raised no issues with staff. Mr Adams also kept in regular contact with his mother by using the in-cell telephone.

18 April 2021

64. On 18 April, an officer unlocked Mr Adams to collect his medication, prescribed for gastroenterology issues, and noticed that his speech was slurred, and he appeared unsteady on his feet. He believed that Mr Adams was under the influence of an illicit substance, which the officer said was out of character for him.
65. Officers asked a pharmacy technician to assess Mr Adams. He confirmed that Mr Adams appeared to be under the influence of drugs and passed the

information to nursing colleagues so he could be further assessed. Staff searched Mr Adams' cell and found an adapted vape pen, used to smoke drugs, and paper suspected to have been impregnated with an illicit substance, probably PS, along with other unauthorised items. A list of prisoners was also found in his cell and staff suspected this was a list of prisoners who were in debt to Mr Adams.

66. A nurse later assessed Mr Adams and took his clinical observations, which were within normal limits. She noted that Mr Adams had denied taking any illicit substances, appeared calm and had been lying on his bed, speaking to his mother on the telephone. The nurse raised no concerns but asked officers to monitor him and to contact healthcare staff if they had any concerns. The nurse referred Mr Adams to the substance misuse team.
67. The investigator listened to the recording of the telephone conversation Mr Adams had with his mother before and after being seen by the nurse and noted that Mr Adams sounded as if he might be under the influence of drugs. Mr Adams told his mother that he was bored and had just been "chilling", and that he had exercised and taken a shower during the day. The call was interrupted when the nurse arrived at his cell.
68. Mr Adams spoke to his mother again when the nurse left. He told his mother that the nurse had taken his clinical observations, but he did not tell her that this was because he had been found under the influence and gave his mother the impression that the nurse had seen him about his gastroenterology issues. Mr Adams' mother told him that he did not sound like himself. (Mr Adams sounded as if he was breathing heavily and had a blocked nose.) Mr Adams' mother said that he had not been as "chatty" over the last couple of days and asked if he would tell her if something was wrong. Mr Adams again said he had just been "chilling".

19 April 2021

69. On 19 April, a recovery worker with the prison's substance misuse team assessed Mr Adams. He told her that he had seen a nurse the previous day, who had said he was okay. He said that he had not taken any illicit drugs and did not want any support from the substance misuse team. She offered Mr Adams advice on harm minimisation from drug use and told him that he should contact the team if he needed any further support.
70. At around 9.30am, Mr Adams told his mother on the telephone that he was tired, and she said that he had "sounded down" the previous day. He said that "he had had a weekend out" (prison slang for using drugs) and told his mother that "this is the last time". She told him "he needed to stop" and reminded him that he had previously promised her it "would be the last time". She told him to think about what he was doing and not to do it again.
71. Mr Adams spoke to his mother again at 5.50pm. The investigator noted that during the call, Mr Adams' speech was again slightly slurred, although his mother talked for most of the call. He again told his mother that he had been "chilling" out.

20 April 2021

72. At around 8.35am on 20 April, an officer went to Mr Adams' cell to tell him that he was to be tested for illicit drugs as he had recently been found under the influence of an illicit substance. He escorted him to the drug testing room. He said Mr Adams was polite and "possibly the happiest I'd ever seen Michael" and that they laughed and joked together. He said he put Mr Adams' mood down to the fact that he was close to his release date and said there was no indication that Mr Adams was under the influence of drugs.
73. The officer said he asked Mr Adams what he thought the result of the test would be. Mr Adams told the officer the result would likely be positive as he had taken PS as a way of coping before his release from prison. Mr Adams returned to his cell at around 8.45am. (On 30 May, Mr Adams' drug test was confirmed as positive for PS.)
74. An officer told the investigator that he had seen Mr Adams that morning when he had collected either his medication or his lunch and had passed pleasantries with him. He said he saw Mr Adams again at around 1.30pm to 2.15pm when Mr Adams had offered to take some laundry to the ground floor of the wing for him. He said that on both occasions, Mr Adams did not appear to be under the influence of drugs and appeared to be "perfectly fine".
75. CCTV footage that morning and afternoon shows that Mr Adams left his cell several times. At around 11.40am, he left his cell carrying a plate, before returning and leaving a short time later, apparently to empty his bin at the end of the landing. He then returned to his cell. Mr Adams left his cell again at around 1.43pm and returned at just before 2.00pm for the final time. (CCTV footage shows that Mr Adams did not appear to be under the influence at the time.)
76. At around 4.08pm, an officer went to unlock Mr Adams so he could collect his medication. He opened the cell door and saw Mr Adams lying on the floor. He called out to him but got no response. He sought another officer's attention who was nearby and arrived around 30 seconds later. The officer went into the cell and tried to get a response from Mr Adams by shaking his shoulder and calling out his name. He said Mr Adams was making a grunting sound and his eyes appeared to open and close slightly. He said he noticed that Mr Adams had a vape pen in his hand, and that the cell smelt of PS. He asked his colleague to fetch the nurse who was dispensing medication nearby.
77. At around 4.10pm, the nurse arrived at the cell. She said Mr Adams was lying on his side on the floor of the cell, with his arms under the bed. She tried to get a response from him by shaking him and calling out his name, but Mr Adams did not respond. Due to his position, the nurse was unable to see him clearly but noticed that he had been sick and when she tried to move him, he was sick again. She said Mr Adams lips were cyanosed (blue) and he appeared to be extremely ill. At around 4.11pm, an officer called a medical emergency code blue at the nurse's request, and the control room called an ambulance at 4.12pm.
78. The nurse checked for signs of life and noted that Mr Adams was not breathing, that his pulse was very weak and that his eyes were fixed. She started cardiopulmonary resuscitation (CPR) with the assistance of two colleagues, who

had arrived with emergency medical equipment. A defibrillator was attached, which advised no shock. The nurse also administered naloxone, a drug used to reverse the impact of opiate overdose, not knowing what Mr Adams had taken. With the assistance of other officers who had arrived, the nurses continued in their attempts to resuscitate Mr Adams.

79. Paramedics arrived at around 4.45pm and took over resuscitation efforts. They were successful and Mr Adams was stabilised before he was transferred to the ambulance at around 5.27pm and taken to Doncaster Royal Infirmary.
80. The vape pen found in his cell was tested for PS, but the test results were negative.
81. On 21 April, Mr Adams' life support was withdrawn, and he died at 1.38pm, with members of his family present.

Information received after Mr Adams' death

82. Intelligence submitted after Mr Adams' death identified several prisoners likely to have been behind the supply of PS at Moorland. It suggested that Mr Adams might have been given illicit drugs from two other prisoners on the wing in the days leading to his death.
83. CCTV footage also showed that Mr Adams had spent time around the cell of the identified prisoners that day. A search of their cell found an adapted vape. On 21 April, the prisoners were identified on the prison's body scanner as possibly concealing illicit items internally and they were moved to the segregation unit. We understand that South Yorkshire Police are continuing their enquires into these matters and we have therefore not interviewed the prisoners identified.

Contact with Mr Adams' family

84. An officer was appointed family liaison officer. At 7.22pm, the officer contacted Mr Adams' next of kin, his mother, to tell her that he had been admitted to Doncaster Royal Infirmary. Mr Adams' parents went to the hospital the following morning and were present when Mr Adams died. Moorland offered to contribute to Mr Adams' funeral expenses in line with national instructions.

Support for prisoners and staff

85. On 21 April, the Head of Corporate Services debriefed the staff involved to ensure they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.

Post-mortem report

86. The post-mortem concluded that Mr Adams died from a hypoxic brain injury (lack of oxygen to the brain) and that, on the balance of probabilities, the underlying cause was an acute effect of drug abuse.
87. The toxicology report did not find any substances indicating illicit drug use but noted that the blood sample was insufficient to test for PS.

Findings

Mr Adams' use of illicit drugs

88. Mr Adams had a history of substance misuse in the community and in custody. However, there was no intelligence or reported instances that he was using drugs at Moorland until 18 April, when he was found under the influence. An officer said that it was out of character for Mr Adams to be seen under the influence of drugs. However, it is possible that Mr Adams was using drugs before this and concealing his drug use from staff. His telephone conversation with his mother on 19 April appears to suggest he had used drugs in prison before, and intelligence reports also refer to information that Mr Adams was bullying other prisoners for their medication and might be involved in the prison's drug culture.
89. Although toxicology tests were unable to confirm if Mr Adams had taken PS before his death, the post-mortem examination concluded that he died from a hypoxic brain injury which on the balance of probabilities, was caused by an acute effect of drug abuse. Prison intelligence identified other prisoners as having possibly supplied Mr Adams with illicit drugs on either the day of the incident, or in the days leading to it. We have therefore considered whether the prison should or could have done more to support Mr Adams or to have prevented him from accessing drugs.
90. After Mr Adams was found under the influence of an illicit substance at Moorland on 18 April, healthcare staff assessed him that day and the substance misuse team appropriately offered him support on 19 April, as they had on previous occasions. When Mr Adams declined to work with the team, he was reminded of the risks of using illicit drugs, which given his history of drug misuse, he was likely to have understood. However, despite advice to the contrary, it appears that Mr Adams used drugs again the following day.
91. We are satisfied that Moorland offered him appropriate support and guidance and staff responded appropriately by searching his cell, testing him for drugs when he was found under the influence and when intelligence indicated that he might be involved in the prison's drug culture, monitoring him under CSIP, moving him to the prison's segregation unit and then moving him to another of the prison's wings.
92. We consider therefore that the prison could not reasonably have done anything further to have prevented Mr Adams from using drugs.

Availability of illicit substances at Moorland

93. We are concerned that Mr Adams was able to obtain illicit drugs, likely to have been PS, which contributed to his death. However, in their most recent reports about Moorland both the IMB and HMIP noted the improvements the prison had made to reduce the levels of illicit drugs entering the prison, and in particular the reduction in the use of PS.
94. Unfortunately, the use of PS is a concern across the prison estate and Moorland is not alone in facing this problem. The use of PS has a profoundly negative

impact on the physical and mental health of prisoners, as well as being associated with debt and bullying. Mr Adams' death is an example of the dangers of PS and illustrates why prisons must do all they can to eradicate its use.

95. In April 2019, HM Prison and Probation Service published a National Drug Strategy. It set out their plans to reduce substance misuse in prisons by providing detailed guidance for prisons to help them identify issues and share best practice. It required each prison to develop their own local drug strategy, taking account of their specific needs and issues.
96. In July 2019, Moorland implemented a new incentivised substance-free living, drug supply and reduction strategy that focused on reducing the supply of and demand for drugs and in building recovery for those who use illicit substances. The strategy aims to give clear direction on how the prison should tackle substance misuse by reducing demand and supply, and by promoting recovery for prisoners through clinical intervention, education, motivation and support, while managing safety and harm prevention.
97. Moorland continues to try to prevent illicit substances, including PS, getting into the prison. They hold monthly strategy meetings that make use of security intelligence - although during the COVID-19 pandemic not all monthly meetings were held. They have introduced procedures to identify suspicious incoming mail which might have been impregnated with PS, including photocopying mail, and they use body scanners to identify if prisoners are secreting drugs internally when they arrive. We were told that since the introduction of these and other preventative measures, the use of illicit substances by prisoners at Moorland had dropped significantly.
98. Although Moorland has a sound drugs strategy, and improvements have been made, drugs continued to be available in April 2020, and Mr Adams apparently had no difficulty in obtaining and using drugs without staff becoming aware. We consider that Moorland has taken positive steps to address the drugs problem. However, it is important that the prison continues its efforts to prevent the supply of and demand for illicit substances. The prison needs to ensure that its drugs strategy is implemented fully, that monthly drug strategy meetings continue, and that staff are vigilant for signs of drug use.

Delay in entering the cell when Mr Adams was found

99. When an officer found Mr Adams unresponsive in his cell, he should have immediately called an emergency code blue to indicate that he was unresponsive and probably unconscious. This would have resulted in the control room calling an ambulance immediately. However, a code blue was not called until the nurse arrived two minutes later. Although the delay in calling a code blue is unlikely to have had a significant impact or affected the outcome for Mr Adams, a delay of even a few minutes may be critical in another emergency. We make the following recommendation:

The Governor should ensure that all prison staff are made aware of and understand their responsibilities during medical emergencies. In particular, staff should use an emergency code immediately there are

serious concerns about the health of a prisoner to alert control room staff to call an ambulance immediately.

Staff engagement with Mr Adams

100. Although the key worker scheme was suspended across the prison estate during the COVID-19 pandemic, staff at Moorland conducted regular welfare checks on prisoners. Mr Adams was checked approximately once a week. In too many of the cases we have investigated at prisons during the pandemic, welfare checks appear to have been very limited in nature and have been recorded in identical 'cut and paste' entries in prisoners' records. The entries made for Mr Adams at Moorland are individualised and informative and we commend staff for the quality of these checks. We also note that a CM carried out meaningful quality assurance checks.

Clinical care

101. The clinical reviewer concluded that the clinical care Mr Adams received was of a good standard and equivalent to that which Mr Adams could have expected to receive in the community. The clinical reviewer made no recommendations.

Learning lessons

102. We consider it is important that staff learn from our findings. We make the following recommendation:

The Governor and Head of Healthcare should ensure that a copy of this report is shared with all staff named in this report, so they are aware of the Ombudsman's findings

**Prisons &
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