Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Christopher Knight on 7 October 2022, following his release from HMP Portland

A report by the Prisons and Probation Ombudsman

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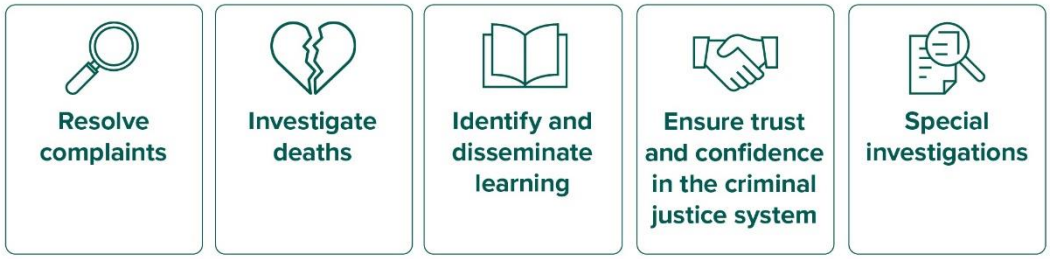
OUR VISION

To deliver high quality and timely independent investigations and work closely with partners to achieve tangible benefits for the safety and confidence of those in custody and under community supervision.

WHAT WE DO



WHAT WE VALUE

Summary

1. 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.

2. Since 6 September 2021, the PPO is investigating post-release deaths that occur within 14 days of the prisoner's release.

3. If my office is to best assist HM Prison and Probation Service (HMPPS) in ensuring the standard of care received by those within service remit is appropriate, our recommendations should be focused, evidenced and viable. This is especially the case if there is evidence of systemic failure.

4. Mr Christopher Knight died from acute morphine toxicity on 7 October 2022, following his release from HMP Portland two days earlier. He was 28 years old. He also had ischaemic heart disease secondary to coronary artery atheroma (narrowing of the coronary arteries caused by a build-up of plaque) which contributed to but did not cause his death. We offer our condolences to his family and friends.

5. On 12 January 2022, Mr Knight was remanded to HMP Bristol. On 9 February, he was convicted of assault, racially aggravated public disorder and possession of an offensive weapon and sentenced to 22 months in prison. On 2 March, he was transferred to HMP Portland.

6. Mr Knight had a history of attention deficit hyperactivity disorder (ADHD- causes restlessness and poor concentration), bipolar affective disorder (a mental health condition that causes extreme mood swings), mixed personality disorder (where a person may have traits or symptoms of more than one personality disorder), depression, self-harm and a history of substance misuse.

7. At Portland, Mr Knight completed a methadone detoxification programme. Staff frequently found Mr Knight under the influence of an illicit substance.

8. The clinical reviewer concluded that the clinical care that Mr Knight received at Portland was equivalent to that which he could have expected to receive in the community.

9. However, the clinical reviewer found that Mr Knight was not seen by a community link worker to discuss accommodation issues before his release from Portland, when healthcare staff said that this was being arranged. Mr Knight had psychotropic blood tests in September 2022, which indicated that he had abnormal electrolyte and liver blood results. Mr Knight left Portland without these blood tests being followed up. The clinical reviewer said that Mr Knight could have been given these results to arrange his own follow up in the community.

10. The clinical reviewer has made a number of further recommendations which are not directly related to Mr Knight's death but which the Head of Healthcare will need to address.

11. Despite attempts by his community offender manager to secure accommodation, Mr Knight was released homeless. However, staff involved with Mr Knight made strenuous efforts to secure accommodation for him. On the day of his release, Mr Knight's social worker secured a room for him at the Bristol Marriott Hotel as a temporary measure while they made ongoing attempts to house him. After his release from Portland, Mr Knight's social worker secured accommodation for him in supported living, and he was due to move in three days after he died.

12. On 7 October, hotel staff at the Bristol Marriott Hotel found Mr Knight dead on the floor of his room. Police officers found drug paraphernalia and quetiapine (antipsychotic medication) in the hotel room.

Recommendations

- The Head of Healthcare should ensure that there is a pre-release care planning process for prisoners known to healthcare which should include actions with timescales and an identified lead, with onwards referrals to community services.

- The Head of Healthcare should ensure that when a prisoner has abnormal test results close to their release date, that these results are passed to their community GP, or given to the prisoner so that they can make an appointment in the community.

The Investigation Process

13. On 24 October, the PPO was notified of Mr Knight's death.

14. The PPO investigator obtained copies of relevant extracts from Mr Knight's prison and probation records.

15. We informed HM Coroner for Avon of the investigation. She gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.

16. The Ombudsman's family liaison officer wrote to Mr Knight's mother to explain the investigation and to ask if she had any matters she wanted us to consider. Mr Knight's mother was concerned that Mr Knight was released homeless when he had ADHD, poor mental health and was a recovering heroin addict. She said that this would have contributed to Mr Knight's state of mind.

17. We shared the initial report with the HM Prison Service and Probation Service. There was one factual inaccuracy.

18. We shared the initial report with Mr Knight's mother, who did not report any factual inaccuracies.

Background Information

HMP Portland

19. HMP Portland is a Category C training and resettlement prison which holds around 500 male prisoners. Oxleas NHS Foundation Trust provides healthcare services.

HM Inspectorate of Prisons

20. The most recent inspection of HMP Portland was in August 2022. Inspectors reported that since their last inspection in 2019, the Governor had begun an impressive transformation with a concerted effort to improve recruitment, defying the national trend with almost all officer posts filled. However, inspectors reported that there had been a problem with recruiting sufficient mental health staff and support was largely confined to providing acute and urgent care and there were no specialist psychological interventions.

21. Inspectors reported that sentence planning and offending behaviour work did not sufficiently support prisoners to make progress through their sentence. Resettlement planning arrangements were inconsistent and too many prisoners did not receive suitable support before their release.

Probation Service

22. The Probation Service work with all individuals subject to custodial and community sentences. During a person's imprisonment, they oversee their sentence plan to assist in rehabilitation, as well as prepare reports to advise the Parole Board and have links with local partnerships to whom, where appropriate, they refer people for resettlement services. Post-release, the Probation Service supervises people throughout their licence period and post-sentence supervision.

HM Inspectorate of Probation

23. The most recent inspection of Bristol, Gloucestershire, Somerset and Wiltshire probation services under the Community Rehabilitation Company (now part of the National Probation Service) was in June 2019. Inspectors found that there was good through the gate provision for prisoners being released. However, the CRC was performing inadequately in half of the standards. Overall, inspectors judged that the CRC made it into the category of 'requires improvement'. Inspectors reported that there were too few staff, resulting in dangerously high workloads, little investment in training and a lack of effective quality assurance.

Key Events

24. On 12 January 2022, Mr Christopher Knight was remanded to HMP Bristol. On 9 February, he was convicted of assault, racially aggravated public disorder and possession of an offensive weapon and sentenced to 22 months in prison. Mr Knight had 32 previous convictions including an offence of arson. On 2 March, he was transferred to HMP Portland.

25. Mr Knight had a history of attention deficit hyperactivity disorder, bipolar affective disorder, mixed personality disorder, depression, self-harm and a history of substance misuse.

26. At his substance misuse assessment, Mr Knight told a substance misuse service support worker that in the community he was using £120 of crack cocaine and heroin a day and spending £20 a week on cannabis. Mr Knight told Ms Simmonds that he would engage with the substance misuse service. Mr Knight was prescribed a 40ml dose of methadone.

27. On 3 March, an officer saw Mr Knight and explained that she was his Prison Offender Manager (POM).

28. On 5 March, at his secondary health screen Mr Knight asked a Healthcare Assistant (HCA) to be referred to the Mental Health Team. There is no evidence that he was referred.

29. On 15 March, a substance misuse service support worker saw Mr Knight for a substance misuse review. Mr Knight told him that he wanted to reduce his methadone dose and did not want to be taking methadone on his release from prison. A recovery worker agreed with Mr Knight to reduce his methadone dose by 5ml per week and created a methadone reduction care plan.

30. On several occasions in early May, staff reported that Mr Knight was under the influence of illicit substances. Mr Knight said he had taken psychoactive substances (PS) and that he was likely to do so again. Staff gave Mr Knight harm reduction advise and, on occasion, could not give him his prescribed medication.

31. On 11 May, Mr Knight said that he no longer wanted to engage with the substance misuse service and declined to sign a PS disclaimer which explains the risks and consequences of using PS. Mr Knight had now completed his methadone detoxification programme, which he was happy about, but said he used PS because he was fed up with being in prison.

32. On 17 May, Mr Knight asked a nurse why he hadn’t been seen by the Mental Health Team or a psychiatrist because he had submitted six applications. The following day, the nurse and a recovery worker saw Mr Knight for a joint mental health and substance misuse assessment. Mr Knight said that he was unhappy with the mental health service and wanted to transfer to Bristol where the mental health provision was better. The nurse told Mr Knight that they had current mental health staffing difficulties. Mr Knight wanted to be seen by a psychiatrist. The nurse noted that Mr Knight was upbeat and when asked about his PS use said, ‘that is what happens in prison’. Mr Knight said that he was concerned that he was homeless in Bristol and that Bristol City Council refused to house him because he was an arson risk (which

Mr Knight disputed). The nurse carried out a comprehensive assessment and noted that he would need a referral to a psychiatrist.

33. On 27 June, a nurse reviewed Mr Knight and noted that he engaged well during the assessment. Mr Knight told her that he was anxious about his impending release without mental health support. She noted that Mr Knight did not have any current mental health needs and did not need a change in his medication. She emailed the Bristol ADHD service and asked them to send him a referral form, stating that Mr Knight needed their services when he was released (there is no evidence that a referral was made).

34. On 7 July, a recovery worker saw Mr Knight, who told her that he was anxious because he had nowhere to live. She told Mr Knight that their community link worker may be able to help him. There is no record that the community link worker saw Mr Knight before his release.

35. On 20 July, a recovery worker saw Mr Knight for a substance misuse review. Mr Knight said that he had not used substances for four months. Mr Knight asked her to contact the Offender Management Unit (OMU) as a community social worker had contacted him. She told Mr Knight that the community social worker was looking into places for him to live.

36. On 27 July, Mr Knight was convicted of theft and received no further sentence.

37. On 31 August, a nurse gave Mr Knight naloxone (used to counter the effects of an opioid) training. Mr Knight declined naloxone on release.

38. On 1 September, Mr Knight's community offender manager (COM) sent Bristol City Council a DTR. (The Homelessness Reduction Act 2017 requires prisons and probation services to refer anyone who is homeless or at risk of becoming homeless within 56 days to a local housing authority.)

39. On 8 September, a social work apprentice carried out a Care Act assessment (the Care Act 2014 sets out local authorities' duties when assessing people's care and support needs) by video link with Mr Knight. He said that Mr Knight was allocated to him in the Homeless Move on Team for an Adult Social Care assessment.

40. On 15 September, Mr Knight saw a healthcare discharge flow coordinator. Mr Knight told her that he was struggling with his mental health and said that, unless he was released homeless, he was confident that he would not relapse and take drugs. Mr Knight continued to decline naloxone.

41. On 22 September, a housing advisor with Bristol City Council completed a homelessness assessment by video link. She said that she was allocated as Mr Knight's housing advisor for a previous homelessness application and was aware that there would be difficulty accommodating him due to his risk history, even though he was considered as in priority need for housing assistance. She said that Mr Knight had an extensive history of unsettled accommodation placements, evictions, and rough sleeping and it was clear that what had previously been offered to him did not work.

42. The housing advisor told Mr Knight that she would request decisions in principle from emergency accommodation providers and supported accommodation services

within the homeless pathways. She said that Mr Knight understood that there were likely to be difficulties in accommodating him. She arranged to speak to Mr Knight again on 3 October, to update him on her progress. She said that all the accommodation providers she approached refused to accommodate him because of his conviction for arson.

43. That same day, the housing advisor contacted the social work apprentice, who told her that Mr Knight was submitting a support plan to Brokerage (part of Bristol City Council who organise placements in supported living) to try and find a supported living placement for his release. She asked him if he would be able to provide emergency accommodation on the day of Mr Knight's release because she had been unable to find any accommodation.

44. On 23 September, the COM carried out a pre-release video call with Mr Knight. A Police Constable (PC), an Offender Manager, and a recovery worker were also present. Mr Knight said that he had not taken methadone for six months and had gained weight. Mr Knight said that he was not keen to engage with DHI (Developing Health and Independence - a local charity that helps people out of the cycle of homelessness, social isolation and drug or alcohol abuse) or the Project Adder team (Project Adder- a Home Office initiative which aims to reduce drug related deaths, drug related offending and drug use in the areas hardest hit by drug misuse in England) on release because he did not have a methadone prescription but was aware that he would continue to be drug tested after his release.

45. The COM noted that Mr Knight remained on medication for his mental health although he said that there was no additional support at Portland for his mental health. Mr Knight told her that he would continue to be prescribed his medication on release and thought that he would need to contact the Special Allocations Team (which ensures that patients who have been removed from a GP practice patient list can continue to access healthcare) when released. Mr Knight thought that his mother was arranging for him to see the specialist service for adults who have ADHD in Bristol. The COM noted that Mr Knight's mother remained very supportive. Mr Knight said that he had met the housing advisor the previous day, who was trying to find supported accommodation for him. Mr Knight said that he wanted to remain busy after his release and the COM noted that she would refer him to Restore Trust (a social enterprise which provides advice, skills and qualifications to support individuals into work) and the Activity Hub (who offer a safe place to develop life skills, interests and hobbies).

46. On 24 September, Mr Knight saw a mental health nurse for a mental health review. The nurse noted that Mr Knight would need a follow up in the community by a neurodevelopmental team (for his ADHD). There is no evidence that a referral was made.

47. On 25 September, a nurse noted that they discussed Mr Knight at a substance misuse team meeting). She told Mr Knight about the number of drug related deaths in Bristol and gave him harm minimisation advice. She noted that Mr Knight was quite dismissive of the information given and the offer of naloxone.

48. On 26 September, a nurse saw Mr Knight for a substance misuse review. Mr Knight said that he would not use drugs again and declined opioid replacement therapy. He continued to decline naloxone.

49. On 28 September, a GP at Portland reviewed blood tests taken for psychotropic (antipsychotic and ADHD) medication and found them to be abnormal. He passed the results to the Mental Health Team. There is no evidence that this was picked up by the Mental Health Team before Mr Knight was released.

50. On 3 October, a recovery worker arranged a telephone call for Mr Knight with the Housing Department of Bristol City Council, who told him that he would be released homeless.

51. On 5 October, a nurse offered Mr Knight naloxone which he again declined. Mr Knight was prescribed and given a seven-day supply of quetiapine and methylphenidate (for ADHD).

52. On 5 October, Mr Knight was released from HMP Portland on licence. His licence conditions required him to report at 3.00pm, to the COM at the Bristol Probation Office. Because there was a rail strike, prison staff drove Mr Knight to Bristol.

Post-release planning

53. At 3.00pm on 5 October, Mr Knight went to the Bristol probation office for his release appointment with the COM and a PC. The COM noted that Mr Knight looked well and was not under the influence of any substances. Mr Knight said that he had been to Bristol City Council and was aware that they could not provide emergency accommodation. Mr Knight told the COM that this had been his best prison sentence and that he wanted to maintain progress in the community. He accepted that efforts had been made to try to resolve his housing situation and accepted that his own behaviour had led to this situation. Mr Knight was aware that the social work apprentice was still exploring options for him. Mr Knight said that he was prepared to pay to stay in a hotel that night if nothing was found, as he did not want to sleep rough.

54. The COM told Mr Knight that she had approached a local Approved Premises (AP- formerly known as probation and bail hostels, mostly accommodate offenders released from prison on licence and those directed there by the courts as a condition of bail), but the AP could not accommodate him due to the arson conviction.

55. Mr Knight was aware of the expectations to comply with the terms of his licence and was aware that he would be drug tested regularly. The COM told Mr Knight that he remained a high risk because of his past offending, current circumstances, and recent custodial behaviour (which she said had not been without issue). Mr Knight said that he was released with his medication for ADHD. Mr Knight said that he was going to speak to the Specialist Prescribing Team before registering with a GP. The COM made an appointment to see Mr Knight at 11.30am on 7 October and sent him a text message of the appointment.

56. That day, the housing advisor saw Mr Knight at the Council Offices. She told Mr Knight that she was unable to provide him accommodation. However, she told him that his social worker had arranged two nights at the Bristol Marriot Hotel because he had an assessment with a supported living provider on 7 October, and that the outcome of the assessment would inform further accommodation provision.

57. At 4.30pm, Mr Knight checked into the Bristol Marriott Hotel (city centre) for two nights. The social work apprentice said that Adult Social Care have some discretion to enable them to book accommodation for people who may be vulnerable. He said that he was unable to find Mr Knight a room in temporary accommodation so approached local hotels and the Marriott was able to take him. He said that he didn't see Mr Knight on 5 October but spoke to him by telephone and met him the following day.

58. On 6 October, the social work apprentice collected Mr Knight from the hotel, and they went to an address in Bristol which is owned by Supported Independence Ltd (a specialist provider of supported living, co-living and outreach services for adults within the Southwest). There they met a service support manager and the Home Manager. The Home Manager agreed that Mr Knight could move into the property, which has 24-hour staff, on 10 October. As part of the assessment process, the service support manager told Mr Knight that he could not use drugs in the accommodation and was asked if he was using drugs. Mr Knight said that he wasn't using drugs and was very tired due to being released from custody and his ADHD which made it difficult for him to sleep. After the visit, the social work apprentice took Mr Knight back to the hotel and he said that he wanted to go back to his room to sleep as he was tired.

59. On 7 October, the social work apprentice tried to contact Mr Knight several times to let him know the room booking at the hotel had been extended until 10 October, but he said that the telephones calls went to answerphone. He said that he had also received text messages that day from the COM asking if he had had any contact with Mr Knight who had missed his probation appointment.

Circumstances of Mr Knight's death

60. At about 3.30pm on 7 October, hotel staff at the Bristol Marriott Hotel went to Mr Knight's room to check on him and found Mr Knight lying on the floor. He was dead. Police officers searched the room and found drug paraphernalia; including needles, two 'cooking pots' which appeared to contain heroin, multiple used needles with two that contained a brown liquid, two wraps one of which appeared to be heroin and the other crack cocaine, a crack pipe and quetiapine medication.

61. Hotel staff said that Mr Knight's room key was last used at 1.55pm on 6 October.

Post-mortem report

62. A post-mortem established that Mr Knight died from acute morphine toxicity. Ischaemic heart disease secondary to coronary artery atheroma (narrowing of the coronary arteries caused by a build-up of plaque) contributed to but did not cause his death.

63. Toxicology tests showed that Mr Knight had morphine in his blood indicating that he had taken either morphine or heroin. A consultant histopathologist said that morphine toxicity is associated with progressive depression of the central nervous system, which can lead to coma, a marked reduction of respiratory rate and respiratory arrest. Toxicology tests also showed that Mr Knight had taken cocaine, codeine (an opiate based pain killer), mirtazapine (an antidepressant) and quetiapine.

Inquest

64. At the inquest held on 4 January 2024, the Coroner concluded that Mr Knight's death was drug related.

Support for staff

65. Ms Hatch was offered support from her line manager and reminded of the support services available to her.

Contact with Mr Knight's family

66. Police officers informed Mr Knight's mother that he had died.

Findings

Clinical care

67. The clinical reviewer concluded that the clinical care that Mr Knight received at Portland was equivalent to that which he could have expected to receive in the community.

Substance misuse

68. The clinical reviewer said that Mr Knight was referred quickly and seen regularly by staff from the substance misuse service at Portland and that he had a consistent case worker. At Portland, Mr Knight completed a methadone detoxification programme.

69. The clinical reviewer found that Mr Knight's pre-release substance misuse planning was good. Despite frequently being offered naloxone training and naloxone he declined to accept this. Mr Knight was offered opioid replacement therapy in the community but declined to be referred to community drug services in Bristol.

70. Mr Knight said that he would likely return to substance use if he was released homeless. We consider the issue of post-release accommodation later.

Mental health

71. On 27 June, a mental health nurse emailed ADHD services in Bristol for a referral form so that Mr Knight could be referred to that service. It is not clear if the referral form was received.

72. On 24 September, Mr Knight was assessed by a mental health nurse who found that he needed a follow up by neurodevelopmental services (for his ADHD), but this referral was not made.

73. The clinical reviewer found that the pre-release planning and onward support in the community in relation to Mr Knight's neurodevelopmental needs was lacking, despite it being identified early in the pre-release planning period that he would require a referral to neurodevelopmental services.

74. The clinical reviewer said that because Mr Knight was under the Special Allocations Team on release, his post-release healthcare support would not be directly comparable with other prisoners who are registered with a community GP. Therefore, she said that it would have been important to ensure that Mr Knight was referred to the correct secondary services in the community.

75. We make the following recommendation:

The Head of Healthcare should ensure that there is a pre-release care planning process for prisoners known to healthcare which should include actions with timescales and an identified lead, with onwards referrals to community services.

76. The clinical reviewer said that Mr Knight was regularly seen by a mental health nurse and given his long-term psychotropic medication. His mental health was considered stable. The clinical reviewer concluded that Mr Knight's mental health care was in line with National Institute for Health and Care Excellence (NICE) guidelines.

Psychotropic physical health monitoring

77. The clinical reviewer found that Mr Knight had appropriate physical health monitoring in line with the NICE Clinical Knowledge Summary (CKS) for 'psychosis and schizophrenia: monitoring' (2021).

78. Mr Knight had psychotropic blood tests in September 2022, which indicated that he had abnormal electrolyte and liver blood results. These results were passed to the Mental Health Team however, it appears that nothing further had been done by the time Mr Knight was released from Portland. The clinical reviewer said that ideally these blood results would have been passed to a community GP due to Mr Knight's imminent release, but he was not registered with one. Mr Knight could have been given these results so that he could have arranged his own follow up in the community.

79. We make the following recommendation:

The Head of Healthcare should ensure that when a prisoner has abnormal test results close to their release date, that these results are passed to their community GP, or given to the prisoner so that they can make an appointment in the community.

Good practice

80. Homelessness on release from prison is a significant and complex challenge. This was particularly the case for Mr Knight who had a history of criminality which included an arson conviction, increasing his risk to accommodation services. Even though he was considered a priority for housing by Bristol City Council his risk history meant that it would be difficult to accommodate him. Mr Knight was concerned that if he was released homeless, he would start taking illicit substances. Despite efforts by his community offender manager and a housing advisor at Bristol City Council to find him accommodation he was released homeless. However, his social worker was able to find him temporary accommodation in a hotel. The day after his release from prison a specialist provider of supported accommodation

offered Mr Knight a room which he accepted. The room was not available until 10 October, and his social worker booked another three nights' accommodation up to that date.

81. While we acknowledge that the last-minute securing of accommodation for Mr Knight on release from Portland must have been stressful for him, we acknowledge the efforts that staff working with Mr Knight made to secure accommodation on his release. Mr Knight was referred to appropriate agencies and supported living accommodation was found for him five days after his release from prison. Rather than sleeping rough on release from prison, Mr Knight did have a room in a hotel for those five days which in all likelihood extended his life, however briefly.

Adrian Usher
Prisons and Probation Ombudsman **August 2023**

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