OIFIG AN CHIGIRE PRÍOSÚN
OFFICE OF THE INSPECTOR OF PRISONS

INVESTIGATION REPORT

INTO THE CIRCUMSTANCES SURROUNDING THE

DEATH OF

Mr C/2019

AGED 67 years

In the Mater Misericordiae University Hospital

while in the custody of Mountjoy Prison

on 16 March 2019.

Date draft report submitted to the Irish Prison Service: 22 February 2021

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GLOSSARY

Act	Prisons Act 2007
Inspector	Inspector of Prisons
GP	General Practitioner
IoP	Inspector of Prisons
IPS	Irish Prison Service
MMH	Mater Misericordiae Hospital
NoK	Next of Kin
OIP	Office of Inspector of Prisons
PHMS	Prisoner Health Management System
SOP	Standard Operating Procedure

PREFACE

The Office of Inspector of Prisons (OIP) was established by the Department of Justice under the Prisons Act 2007 (the Act). Since 2012, the Minister has requested the Inspector of Prisons to investigate deaths in prison custody. In 2018, clarification was received that the Inspector is also requested to investigate the death of any person which occurs within one month of their temporary release from prison custody. The Office is completely independent of the Irish Prison Service (IPS). My colleagues and I in the OIP are civil servants, however, we are independent of the Department of Justice in the performance of our statutory functions.

We make recommendations for improvement where appropriate; and our investigation reports are published by the Minister for Justice, subject to the provisions of the Act, in order that investigation findings and recommendations are disseminated in the interest of transparency, and in order to promote best practice in the care of prisoners.

Objectives

The objectives for Inspector of Prisons investigations of deaths in custody are to:

- Establish the circumstances and events surrounding the death, including the care provided by the IPS;
- Examine whether any changes in IPS operational methods, policy, practice or management arrangements could help prevent a similar death in future;
- Ensure that the prisoner's family have an opportunity to raise any concerns they may have, and take these into account in the investigation; and
- Assist the Coroner's investigative obligation under Article 2 of the European Convention on Human Rights, by ensuring as far as possible that the full facts are brought to light and any relevant failing is exposed, any commendable practice is identified, and any lessons from the death are learned.

Methodology

Our standard investigation methodology aims to thoroughly explore and analyse all aspects of each case. It comprises interviews with staff, prisoners, family and friends; analysis of prison records in relation to the deceased's life while in custody; and examination of other evidence such as CCTV footage.

The Office of the Attorney General has informed the IPS and Inspector that the provisions of the Prisons Act 2007 regarding accessing healthcare /medical records of deceased prisoners in relation to investigations of deaths in custody cannot be relied upon. As an interim arrangement pending legislative amendment, the IPS has agreed to release such records with consent from Next of Kin (NoK). This inevitably leads in some instances to a failure to review healthcare/medical records where NoK is unknown, cannot be located, or refuses to provide consent. Mr C's NoK provided consent for me to access his healthcare/medical records for the purposes of this investigation.

This report is structured to detail the events leading up to, and the response after Mr C passed away on 16 March 2019.

Administration of the Investigation

The OIP was notified of Mr C's passing on 16 March 2019. Prison management was contacted and a briefing on the circumstances surrounding Mr C's death was received. OIP information requirements for this investigation were agreed.

All information requested from the IPS was promptly provided.

Family Liaison

Liaison with the deceased's family is a very important aspect of the Inspector of Prisons role when investigating a death in custody.

On 15 May 2019 a meeting was held with Mr C's two sisters. I explained and outlined the independent investigation that my office was undertaking under Section 31 of the Prisons Act 2007 into the death of their brother Mr C, while in the custody of Mountjoy prison.

Mr C's NoK were most appreciative of the opportunity to raise questions which focused on the medical and physical care their brother received while in prison.

- They had noticed a serious deterioration in his physical condition when they had visited him and they were anxious to know if the medical care he had been given was appropriate, in circumstances where he had a number of serious medical conditions.

- They were anxious to learn if the prison medical staff were fully aware of all his medical requirements and if they were being fully met, such as receiving the medications prescribed by his hospital physicians.

- They also wondered if he had been receiving an appropriate diet as he was unable to eat most of the prison food due to his illnesses.

- They were concerned as they felt he was physically unable to take care of his daily needs when in prison and they acknowledged that they were aware that other prisoners assisted him but they felt he required more professional care that the prison setting could provide.

- They wondered if there was a convalescent plan when he returned to prison after his periods in hospital.

- They also expressed their upset at the fact that he was brought to and from hospital in handcuffs despite being frail and terminally ill and they wondered why this was necessary.

- They stated that they would have liked to have taken him home to care for him in his final days but did not get that opportunity.

- They acknowledged that staff treated them respectfully when they visited him in prison and in the hospital.

- They also acknowledged the assistance received from the prison Chaplain.

They did, however, express the feeling that their voice was not heard and that a liaison person if appointed would be helpful in dealing with such a stressful and difficult situation when a prisoner is terminally ill and going through a traumatic time.

The concerns raised are addressed throughout the report.

Although this report is for the Minister for Justice it will also inform several interested parties, it is written primarily with Mr C's family in mind. My colleagues and I offer our sincere condolences to them for their sad loss.

There is one recommendation for improvement. A copy of the final draft of the report, including the recommendation was provided to the Irish Prison Service on 22 February 2021 for review, comments and an action plan. A response was received on 04 March 2021. The IPS accepted the recommendation. An action plan was provided for the recommendation and areas of responsibility and timelines were included. Implementation of the action plan will be monitored in future inspections and or investigations into deaths in custody.

PATRICIA GILHEANEY
Inspector of Prisons (Chief Inspector)
19 March 2021

RECOMMENDATION

The IPS should review its procedures in relation to handcuffing and escort procedures regarding hospital escorts and consider making specific provision for safe and secure custody of gravely ill prisoners in a humane manner. (Page 09)

MOUNTJOY PRISON

Mountjoy Prison is a closed, medium security prison for adult men. It has an operational capacity of 755 and is the main committal prison for Dublin city and county.

Mountjoy has a Visiting Committee whose role is to frequently visit the prison; meet with prisoners and hear their complaints; report to the Minister on matters of concern.

At the time of his death, Mr C was the third prisoner to die in the custody of the IPS in 2019 and the first from Mountjoy prison.

FINDINGS

CHAPTER 1: COMMITTAL AND TIME IN CUSTODY IN MOUNTJOY PRISON PRIOR TO TRANSFER TO A GENERAL HOSPITAL

Mr C was 66 years of age when he was sentenced to life imprisonment and committed to Mountjoy Prison on 8 November 2017. Other than a period on remand in Cloverhill prison this was Mr C's first time in prison.

He settled in to the prison routine and got on well with fellow prisoners and staff. He attended school and enjoyed art classes. He also joined the choir. He mixed well with other men in custody and regularly played cards. He enjoyed doing crosswords and going for a walk in the yard/gym.

Mr C's disciplinary record in prison was exemplary. He was on the enhanced level of the incentivised prison regime. He enjoyed good family support and was the recipient of regular visits and phone calls.

From the time of Mr C's committal to Mountjoy Prison, his healthcare records on the Prisoner Healthcare Management System (PHMS), clearly identify that his medical history was complex. He had a diagnosis of chronic severe end-stage multi-organ failure with associated complex medical needs which required numerous hospital admissions in addition to outpatient appointments throughout his time in prison.

Due to his ongoing care needs, Mr C was moved to the Progression Unit at Mountjoy Prison on 24 January 2018 and was accommodated on C1 landing on the ground floor. To assist him in addressing activities of daily living and to promote his independence a shower chair and safety grab rail were installed in the C1 West shower area and his cell was made as comfortable as possible for him.

A number of prisoner Red Cross volunteers[1]assisted him with daily living activities such as helping with his personal hygiene and cleaning his cell.

Mr C received regular GP reviews as well as daily nursing interventions and records show he received his prescribed medications. Due to his ongoing complex medical needs, an integrated care pathway between primary, secondary and tertiary care services was in place. Patient - centred care was delivered and communicated through the use of care plans. As Mr C's health deteriorated two multidisciplinary team meetings took place with the goal of providing the best possible care.

Mr C was diagnosed with the following conditions: non-insulin dependent diabetes mellitus; encephalopathy, hypertension; coeliac disease; gout; vascular dementia; chronic obstructive pulmonary disease; asthma; cardiomyopathy; adrenal insufficiency; hearing impairment; chronic cirrhosis of the liver secondary to chronic alcohol syndrome and depression.

His hospital visits commenced within three weeks of his committal to Mountjoy Prison.
From January 2018 to the date of his passing, Mr C was admitted to hospital ten times, spending a total of fifty-eight days as an inpatient. He also attended eleven outpatient departments / clinics

[1] The programme was originally designed by the International Federation of the Red Cross and Red Crescent Societies (IFRC) to be facilitated globally in communities. The initiative was introduced into the prisons in Ireland and benefits the prisoner community, prison staff and families of prisoners. Evaluation of the programme has demonstrated high impact in terms of positive developments within the prison environment. Projects under the programme have led to a significant increase in healthcare awareness and prisoners' personal wellbeing.

during this period in the Mater Misericordiae Hospital (MMH), St Vincent's University Hospital and Grangegorman Care Centre.

On the morning of 1 March 2019 Mr C attended school and appeared to be well during the morning and was reported as same at 12:30. Just before 15:38 nursing staff saw him and he was unwell, slumped and heavily perspiring. He had a mild pyrexia[2] and his oxygen saturation levels decreased to 88. Due to his rapid deterioration he was escorted to the MMH Emergency Department at 18:12 via ambulance.

The IPS *Escorting of Prisoners, Standard Operating Procedure* (SOP No. 11/023/S01) with an effective date of 14 April 2017 was in effect at the time of Mr C's escort to the MMH[3]. The SOP defines an escort as:

> *" The conveyance of a prisoner(s) from one location to another in a secure, safe, humane, consistent, and efficient manner, external to the normal prison environment."*

The procedures in relation to escorts are provided at section 4. The IPS states *"Safe and Secure Custody is to remain a priority at all times throughout the escort. Procedures must be followed to help ensure secure, safe, humane, consistent, and efficient escorts."*

Section 4.5.7 specifies the IPS procedure in relation to hospital inpatient escorts, and, inter alia states *"prisoner to remain handcuffed to an officer at all times."* The officers escorting Mr C adhered to the IPS SOP.

Mr C was extremely unwell leaving Mountjoy Prison and throughout his short stay in hospital before he passed away. It is understandable that his family were upset that a gravely ill man was transferred to and from hospital in handcuffs. The OIP also acknowledges the requirement for provision of safe and secure custody when escorting prisoners outside of prisons. A 'one size fits all' approach does not take in to consideration the specific needs of individuals who are extremely unwell. It is recommended that the IPS reviews its procedures regarding hospital escorts and considers making specific provision for safe and secure custody of gravely ill prisoners in a humane manner.

Recommendation 1: The IPS should review its procedures in relation to handcuffing and escort procedures regarding hospital escorts and consider making specific provision for safe and secure custody of gravely ill prisoners in a humane manner.

Mr C was admitted to the High Dependency Unit. A member of prison nursing staff contacted the MMH daily and also visited him frequently. Governor A also visited him in hospital.

Mr C remained in custody during his time in the MMH and therefore prison officers were present to maintain his safe custody. On 9 March 2019 Mr C was moved from the High Dependency Unit to the Special Care Unit and was nursed in isolation due to Vancomycin Resistant Enterococcus (VRE) infection. His isolation was discontinued the following day and barrier nursing continued. On 11 March 2019, Mr C's condition continued to deteriorate and he required respiratory support and intravenous fluids.

On 13 March 2019 Mr C's medical team requested to meet with his family. The meeting convened and they were informed that Mr C was now receiving palliative care.

[2] Pyrexia – an elevated temperature above the normal range.
[3] The Review date for the SOP was 17 April 2019 (post the death of Mr C).

On 14 March 2019 Mr C was moved to Our Lady's ward. He received a visit from a nurse from Mountjoy prison. His family remained with him through the night and again on the 15 March 2019. On the morning of 16 March 2019 at 05:20, Mr C passed away peacefully in the presence of his family.

The cause of death is a matter for the Coroner.