

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr Scott Jackson a resident at Westbourne House Approved Premises on 2 April 2016

**A report by the Prisons and Probation Ombudsman  
Nigel Newcomen CBE**

## 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 Scott Jackson died on 2 April 2016 of cocaine toxicity at Westbourne House Approved Premises. Mr Jackson was 42 years old. I offer my condolences to Mr Jackson's family and friends.

Mr Jackson was only at Westbourne House for four days before he died but there were some missed opportunities to manage him safely. Mr Jackson had a history of drug use and his licence confirmed that he needed to comply with drug tests. However, no one carried out a drug test while Mr Jackson was at Westbourne House. I am also concerned that a staff did not perform an adequate welfare check on the morning of Mr Jackson's death.

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

**Nigel Newcomen CBE**  
**Prisons and Probation Ombudsman**

**February 2017**

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# Summary

## Events

1. On 29 March 2016, Mr Jackson was released on licence from a low secure psychiatric unit to Westbourne House Approved Premises in London. He had a history of drug problems and had completed a period of successful visits to Westbourne House before he was released. Mr Jackson needed to be in Westbourne House between 9.00pm and 7.00am and had to agree to drug tests, although he was not tested while at Westbourne House.
2. On 1 April, Mr Jackson returned to Westbourne House at 10.00pm, an hour late for his curfew. No one at Westbourne House questioned him about this and staff did not tell the approved premises' manager, the out of hours' manager or Mr Jackson's probation officer.
3. On 2 April at 7.30am, two members of staff conducted their morning checks. They heard Mr Jackson snoring from outside his room so they did not go in to check him. At 10.50am, two further members of staff members carried out wellbeing checks. They went into Mr Jackson's room and found him white and unresponsive. They alerted the duty probation officer who called an ambulance immediately. They did not start cardiopulmonary resuscitation because, after discussions with the operator about his presentation, they were sure that Mr Jackson had died. Paramedics arrived and declared Mr Jackson dead at 12.00pm.

## Findings

4. Mr Jackson had a history of drug use and his licence conditions confirmed that he had to comply with drug testing. However, we are concerned that staff at Westbourne House did not perform a drug test at any time between his arrival and his death.
5. We are concerned that staff at Westbourne House did not tell Mr Jackson's probation officer or senior managers that Mr Jackson had breached his curfew by returning to the approved premise an hour late on 1 April.
6. We are concerned with the quality of checks on the morning of Mr Jackson's death. It is our view that it is not possible to check on someone's wellbeing effectively while standing outside their closed door.

## Recommendations

- The manager of Westbourne House Approved Premises should ensure that high-risk residents with a history of drug misuse who have drug testing as part of their license conditions are promptly tested.
- The manager of Westbourne House Approved Premises should develop relationships with groups that residents attend to ensure the flow of information relevant to their care and wellbeing.
- The manager of Westbourne House Approved Premises should ensure that staff inform the appropriate authority if a resident breaches their curfew.

- The manager of Westbourne House Approved Premises should ensure that checks that staff make on the wellbeing of residents are effective so that any immediate issues that need attention can be identified.

## The Investigation Process

7. The investigator issued notices to staff and residents at Westbourne House Approved Premises informing them of the investigation and asking anyone with relevant information to contact her. One resident responded.
8. The investigator visited Westbourne House on 14 April 2016. She obtained copies of relevant extracts from Mr Jackson's probation records.
9. We informed HM Coroner for the Greater London Eastern District of the investigation who gave us the cause of death. We have sent the coroner a copy of this report.
10. One of the Ombudsman's family liaison officers contacted Mr Jackson's mother, to explain the investigation and to ask if she had any matters she wanted the investigation to consider. She did not have any specific matters for the investigation to cover.
11. Mr Jackson's mother received a copy of the initial report. She did not raise any further issues, or comment on the factual accuracy of the report.
12. After further conversations with the National Offender Management Service we have amended our previous recommendation about drug testing for certain residents 'within 24 hours of arrival', to read as prompt drug testing for high-risk residents with a history of drug use and drug testing as part of their conditions. To date we have not received an action plan regarding this or any of our other recommendations.

# Background Information

## Westbourne House Approved Premises

13. Approved premises (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. 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 healthcare and are expected to register with a GP.
14. Westbourne House is an approved premises located in East London. It has 41 single rooms (one which is equipped for a wheelchair user) and is managed by the London area of the National Probation Service. Each resident is allocated a key worker and an offender manager to oversee their progress and wellbeing and ensure that they adhere to their licence conditions and premises' rules. National Probation Service employees are on duty at Westbourne House 24 hours a day.

## HM Inspectorate of Probation

15. The most recent inspection of Adult Offending Work in London was in May 2014. Inspectors reported that offender managers described having very good links and working relationships with approved premises staff, particularly at Westbourne House.

## Previous deaths at Westbourne House Approved Premises

16. Mr Jackson was the first person to die at Westbourne House since 2005.

## Key Events

17. On 29 March 2016, Mr Scott Jackson was released on licence from Wolfson House (a low secure psychiatric unit) to Westbourne House Approved Premises, London, after serving almost ten and a half years in prison and secure hospitals for rape, aggravated burglary and robbery. As a patient at Wolfson House, Mr Jackson's release was a joint, planned discharge between probation and mental health services. A Community Treatment Order (CTO) formed part of his overall management plan, which stipulated his psychiatrist would prescribe two weeks of medication when he was discharged to address his mental health issues. As part of the CTO, Mr Jackson was due to meet his psychiatrist on 1 April.
18. Mr Jackson also had a history of substance misuse and had completed drug and alcohol awareness work both in prison and hospital. However, in October 2015, Mr Jackson had overdosed on heroin and crack cocaine after he absconded during escorted leave from the psychiatric unit. After spending time in hospital, staff at the psychiatric unit worked with him to understand his reckless behaviour and felt he had learnt a lesson from the experience.
19. On 24 March, five days before he was released, his offender manager checked he understood his licence conditions. The licence conditions required Mr Jackson to live at Westbourne House and a curfew meant that he needed to be at the approved premises between 1.00pm and 3.00pm and 9.00pm and 7.00am (this was a longer curfew than required by Westbourne House, which required residents to be present between 11.00pm and 6.00am). Mr Jackson also needed to comply with drug tests, polygraph tests and any other requirements specified by his probation officer to address his drug problems. He also could not visit the postcode areas, N1 and N5, unless staff had granted prior approval.
20. To allow a smooth transition from Wolfson House to Westbourne House, he had visited the approved premises for a number of trial visits. These trial visits had gone well and, on 18, 23 and 24 March, he had tested negative for all substances including amphetamines, cannabis, cocaine and opiates.
21. On 30 March, the offender manager met Mr Jackson at Westbourne House to remind him of his licence conditions and that he needed to comply with them. She also reminded Mr Jackson that he was due to attend the Odyssey Group on Wednesdays (a drama therapy group) and a recovery group on Thursdays. Mr Jackson also said that he wanted to attend his boxing club on Monday, Wednesday and Friday evenings. As the timings of some of the groups and clubs were not compatible with his curfew, she agreed to notify the approved premises staff that on certain dates Mr Jackson might return to them late, though this did not apply to the boxing evenings.
22. On the evening of 30 March, Mr Jackson did not attend the Odyssey Group because it was on a break.
23. On the evening of 31 March, Mr Jackson did not attend the recovery group because it was also on a break. Instead, he attended the boxing club.
24. On 1 April, Mr Jackson signed out of Westbourne House at 7.00am. He had an appointment with his psychiatrist at 11.00am and signed back in to the approved

premises at 12.49pm. She told us that when she saw him he was quite cheerful and met with her for over half an hour. He said he was happy with his accommodation, felt well and had made plans for the weekend. He was well dressed in some new clothes he had bought that week. While he had some background concerns regarding his future plans and anxiety, this was in keeping with his usual presentation. She said that he did not report any use of drugs or plans to use them, nor any thoughts of self-harm or suicide.

25. At approximately 1.20pm, Mr Jackson saw his keyworker for half an hour. She recorded that he seemed 'okay' and they discussed some post he was waiting for.
26. Mr Jackson signed out of Westbourne House at 3.04pm but did not return until 10.06pm, an hour after his curfew began. There was no record that anyone questioned why he was late. Later that evening, at 11.00pm, a sessional residential assistant completed a curfew check and recorded that Mr Jackson was in his room. A number of back-dated drug tests, from when he had been on trial leave at Westbourne House, came back that day which were all negative.
27. On 2 April, at approximately 7.30am, a security guard and the sessional residential assistant started what they describe in their statements as wellbeing checks. When they went to check on Mr Jackson they heard him snoring and knocked on, but did not open, his door.
28. At 11.50am, two sessional residential assistants conducted another wellbeing check. They went into Mr Jackson's room and found him lying on the bed, white, completely unresponsive. They told a probation officer, who immediately called an ambulance. They did not start cardiopulmonary resuscitation because after reporting his presentation to the emergency services operator and taking their advice they concluded that Mr Jackson was dead. Paramedics arrived at approximately 11.58am and they pronounced Mr Jackson's death at 12.00pm.

#### **Contact with Mr Jackson's family**

29. Following Mr Jackson's death, the Metropolitan Police contacted Mr Jackson's mother to tell her that her son had died. The manager at Westbourne House contacted Mr Jackson's mother by telephone to offer her condolences and support.
30. Mr Jackson's family visited the premises to collect his belongings and staff offered them further support.
31. Mr Jackson's funeral was held on 17 May and the National Probation Service offered a contribution to the costs in line with national policy.

#### **Support for residents and staff**

32. After Mr Jackson's death, the manager spoke to the staff involved in the emergency response to offer support.
33. The manager also arranged a meeting with the residents, on 4 April, to inform them of Mr Jackson's death and to offer them support.

## Cause of death

34. The coroner has advised us that Mr Jackson died from cocaine toxicity, although he had a background of ischaemic heart disease.

# Findings

## Substance misuse

35. Mr Jackson had a long history of drug use, using since he was a child, and although he worked to address his substance abuse issues, Mr Jackson had used drugs in October 2015. During his trials at Westbourne House, Mr Jackson tested negative for all substances, including amphetamines, cannabis, cocaine and opiates, on three occasions.
36. Although Mr Jackson was tested during his trial visits, staff did not perform any drug tests once he had been released on licence. A daily handover sheet indicated that staff at Westbourne House thought he should be drug tested weekly and they were planning to test him next on 2 April.
37. While Mr Jackson's behaviour did not suggest that he had started using drugs, as he had passed three drug tests on his trial visits, and staff were planning to test him the day of his death, we consider that a drug test should have been performed more promptly. Such a drug test would have been in line with his licence conditions and history of drug use, and would have covered the first occasion, following his release, that he was responsible for making his own choices, including whether or not to use drugs. We make the following recommendation:

**The manager of Westbourne House Approved Premises should ensure that high-risk residents with a history of drug misuse who have drug testing as part of their licence conditions are promptly tested.**

## General monitoring

38. During our investigation, we found that staff at Westbourne House seemed to have little knowledge of the detail of Mr Jackson's day to day activities. Mr Jackson was scheduled to attend a drama group and a recovery group but did not do so because they were on breaks. The AP manager confirmed that staff at Westbourne House did not know where the groups were held, who ran them or what their exact purpose was. As a result, she confirmed there was no flow of information between the groups and Westbourne House.
39. Staff at Westbourne House were supposed to tell the offender manager if Mr Jackson did not attend any groups, but no one informed her that the groups were not running. Additionally, the staff at the approved premises did not appear to notice that Mr Jackson had breached his curfew and did not tell the offender manager, the AP manager or the out of hours' manager that this had happened. We make the following recommendations:

**The manager of Westbourne House Approved Premises should develop relationships with groups that residents attend to ensure the flow of information relevant to their care and wellbeing.**

**The manager of Westbourne House Approved Premises should ensure that staff inform the appropriate authority if a resident breaches their curfew.**

## Wellbeing and curfew checks

40. Staff at Westbourne House undertake a number of curfew and wellbeing checks on residents throughout the day. Their Residents Information Booklet says that curfew checks are done at 7.30am and 11.00pm every day and that residents are asked to sign a curfew form. It also says that wellbeing checks are conducted at 11.00am and 4.00pm every day to ensure that those residents who are in the approved premises are safe.
41. On the morning of Mr Jackson's death, two staff said that they performed a wellbeing check (despite happening at the time that a curfew check was due to be performed) but did not enter his room because they heard Mr Jackson snoring. Two other staff found Mr Jackson unresponsive, at 10.50am, after completing their own wellbeing check.
42. Whether staff were due to perform a curfew check or a wellbeing check at 7.30am, we consider that either check should have required the first two staff to see the resident (either to sign a curfew form or check on the resident's wellbeing). We do not believe that listening outside a resident's room is sufficient to check on that person's wellbeing. While we cannot know whether a physical check would have changed the outcome for Mr Jackson, it could be vital in the future. We make the following recommendation:

**The manager of Westbourne House Approved Premises should ensure that checks that staff make on the wellbeing of residents are effective so that any issues that need attention are identified.**

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