Oifig An Chigire Príosún
Office of the Inspector of Prisons

Death in Custody Investigation Report

Mr. A
Mater Misericordiae Hospital
While in the Custody of
Mountjoy Prison
5 January 2023

Submitted to Minister: 23 October 2024

CONTENTS

GLOSSARY

CCTV	Closed Circuit Television
CNO	Chief Nurse Officer
DiC	Death in Custody
IPS	Irish Prison Service
NoK	Next of Kin
OIP	Office of the Inspector of Prisons
PHMS	Prisoner Healthcare Management System
PIMS	Prisoner Information Management System

INTRODUCTION

1. Preface

1.1 The Office of the Inspector of Prisons (OIP) was established under the Prisons Act 2007 (the Act). Since 2012, the Chief Inspector of Prisons has been obliged to investigate all deaths in prison custody. This includes the death of any person which occurs within one month of their temporary release from prison custody. The OIP also carries out regular inspections of prisons. The Office is independent of the Irish Prison Service (IPS). The Chief Inspector of Prisons and the staff of the OIP are independent of the Department of Justice in the performance of their statutory functions.

1.2 The OIP can make recommendations for improvement where appropriate. Our investigation reports are published by the Minister for Justice, subject to the provisions of the Act, in order that investigation findings and recommendations can be disseminated in the interest of public transparency, to promote best practice in the care of prisoners.

2. Objectives

2.1 The objectives of 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 the 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 investigation and contribute to meeting the State's obligations 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.

3. Methodology

3.1 Our standard investigation methodology aims to thoroughly explore and analyse all aspects of each case. It comprises interviews with staff, prisoners, next of kin (NoK); analysis of prison records in relation to the deceased's life while in custody; and examination of evidence, such as CCTV footage and phone calls.

3.2 This report is structured to detail the events leading up to Mr. A's death on 5 January 2023 while in the custody of Mountjoy Prison and the management of the events associated with his death.

4. Administration of Investigation

4.1 On 5 January 2023, the OIP was notified that Mr. A had passed away in the Mater Misericordiae Hospital while in the custody of Mountjoy Prison.

4.2 Prison Management provided the investigation team with all relevant information in accordance with the standardised checklist of information required.

4.3 The cause of death is a matter for the Coroner.

5. Family Liaison

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

5.2 The NoK (his sister) declined an offer to meet in person but engaged in a phone conversation and discussed Mr. A's time in prison. Mr. A's sister provided signed consent permitting the investigation team to access Mr. A's prison medical/healthcare records.

5.3 Although this report is to the Minister for Justice, it may also inform several interested parties. It is written primarily with Mr. A's family in mind. The Office of Inspector of Prisons offers its sincere condolences to Mr. A's family for their loss.

5.4 The OIP is grateful to Mr. A's sister for her contribution to this investigation.

INVESTIGATION

6. Mountjoy Prison

6.1 Mountjoy Prison is a closed, medium security prison for adult males. It is the main committal prison for Dublin City and County. In January 2023, it had an operational capacity of 755.

6.2 Mr. A was the first death of a prisoner in IPS custody in 2023 which met the criteria for investigation by the OIP.

7. Family Concerns

7.1 Mr. A's sister spoke about her brother's time in custody. She was aware that Mr. A had been in poor health for a number of months prior to his passing but unaware of the full extent of Mr. A's poor prognosis. Mr. A's sister asked the investigation team to provide a timeline of events leading to her brother's passing. Mr. A's sister had no criticism of the care her brother received while in prison custody.

8. Background

8.1 Mr. A was 63 years old when he passed away. He had been sentenced to four years and three months imprisonment. He remained on the standard level of the incentivised regime during his time in prison[1].

8.2 He was committed to Cloverhill Prison on 9 February 2022 and was transferred to Mountjoy Prison on 15 February 2022.

8.3 Mr. A was accommodated in Cell 10 on the C3 Division of the Progression Unit[2] throughout his time in Mountjoy Prison. This was a single occupancy cell.

8.4 Assistant Governor A informed the investigation team that Mr. A engaged with education and regularly attended art, woodwork and mosaic classes. It was also reported that he regularly engaged with the chaplaincy services during his time in custody.

8.5 Due to Mr. A's poor health, he had frequent hospital appointments, all of which were subject to prison officer escort, including at the time of his passing.

[1] The Incentivised Regimes Programme provides for a differentiation of privileges between prisoners according to their level of engagement with services and behaviour. The objective is to provide tangible incentives to prisoners to participate in structured activities and to reinforce good behaviour, leading to a safer and more secure environment. There are three levels of regime – basic, standard and enhanced, with different privileges associated with each regime level.
[2] The Progression Unit is within Mountjoy Prison but external to the main men's prison. A section of the Progression Unit caters for prisoners who actively engage with rehabilitation services and in structured activities.

9. Medical Care

9.1 On 9 February 2022, following his committal to Cloverhill Prison, Nurse A medically reviewed Mr. A. It was recorded that Mr. A had a number of serious medical ailments including end stage liver disease, cellulitis[3], ascites[4] and he was also in need of a knee replacement.

9.2 The following day, Nurse B contacted Mr. A's GP in the community for details of prescribed medication prior to his committal to prison. Mr. A's community GP provided information on seven medications which had been prescribed for Mr. A. The records examined confirmed that Mr. A was prescribed the same medication by the prison doctor.

9.3 On 16 February 2022, Doctor A medically assessed Mr. A. Doctor A recorded on the Prison Healthcare Medical System (PHMS) that Mr. A had chronic cellulitis and had been in hospital shortly before his committal to prison.

9.4 On 1 March 2022, Doctor A again examined Mr. A and referred him to the Mater Misericordiae University Hospital for assessment of cellulitis in his right leg. Mr. A attended the Mater Hospital on both 1 and 2 March 2022. On 1 March 2022, Mr. A underwent blood tests, his leg was assessed and he was prescribed medication. On 2 March 2022, Mr. A attended the hospital for an ultrasound examination.

9.5 On 5 March 2022, Doctor B sent a referral letter to St James's Hospital, requesting an appointment with the Hepatology Department to treat Mr. A's cellulitis. The hospital was informed that the results of blood tests recently taken at the Mater Hospital were concerning. Nurse C contacted the hospital relating to his referral and was informed that Mr. A was given an appointment for July 2022. Nurse C recorded that an earlier appointment was requested explaining to hospital staff that the results of the blood test taken while Mr. A was in the Mater Hospital were a concern.

9.6 Nurse D recorded on the PHMS that, on 26 March 2022, the Class Officer in charge of C3 landing requested a review of Mr. A, as they had concerns for his well-being. Mr. A had remained in bed for two days, had not engaged with staff and his personal hygiene was poor. The officer also reported to NO D that the food of the previous day was left untouched in his cell. Nurse D visited Mr. A in his cell at approximately 15:00 and reported that he was lethargic and uninterested in engaging in conversation. He declined offers to arrange a chaplaincy visit to his cell or to take part in outdoor recreation. Nurse D sent a referral to the psychiatric team and also requested a review by the doctor. Nurse D recorded that there were concerns for Mr. A's well-being. Nurse D returned to check on Mr. A at approximately 17:00 and recorded that Mr. A had blood around his mouth and that he was in a state of confusion. Nurse D immediately requested an ambulance as the nurse felt that he may have suffered a seizure. A short time later, Mr. A departed from Mountjoy Prison in an ambulance with a prison officer escort. It was recorded on the PHMS that officers discovered a supply of prescribed medication in Mr. A's cell, which indicated he had not been consuming the prescribed dosages of medication. Nurse D made an entry on that PHMS that Mr. A was, in future, to consume all medication in the presence of healthcare staff.

[3] A red, swollen, and painful area of the skin that is warm and tender to the touch
[4] Abdominal pain, swelling, nausea, vomiting and other difficulties

9.7 Mr. A remained in the Mater Hospital until 15 April 2022 where he received treatment for osteomyelitis[5] in his right knee. The records showed that Prison Nurses regularly called the Mater Hospital seeking updates on the status of Mr. A's health. Chaplain A visited Mr. A in the Mater Hospital to check on his welfare and to ensure he could contact his NoK.

9.8 Mr. A was returned to Mountjoy Prison on 15 April 2022. On his return, Mr. A was reviewed by both the nursing staff and the doctor. It was recorded that Mr. A had no pain, he was feeling well and in good spirits. Mr. A admitted to not taking his medication previously, informing the nurse that it increased his need to urinate.

9.9 Mr. A continued to receive ongoing medical treatment for cellulitis and severe edemas which impacted on his movement. On 16 June 2022, Doctor B recorded on PHMS that Mr. A's legs were "*tight with fluid and red in colour*".

9.10 On 12 July 2022, following reports by fellow prisoners that Mr. A was suffering from bouts of confusion, he was assessed by IPS healthcare staff who referred Mr. A to the Emergency Department of the Mater Hospital. Mr. A returned to the prison on the night of 12 July 2022 and was reviewed by a nurse who recorded on PHMS at 22:26 that Mr. A stated that he was feeling well. Medical notes indicated that it was likely Mr. A was having moments of confusion due to chronic liver disease.

9.11 On 22 September 2022, Mr. A attended St James's Hospital Hepatology Unit. A follow up appointment was made for 26 October 2022. A Nurse recorded on the PHMS that Mr. A appeared to be jaundiced.

9.12 On 10 October 2022, following medical review by Doctor A Mr. A was again referred to St James's Hospital Emergency Department. While in hospital, he underwent variceal banding[6] and an ascitic tap procedure[7]. It was recorded that he remained jaundiced. He remained in St James's Hospital until 26 October 2022, when he was returned to the prison. Despite his poor health, it was noted that Mr. A continued to walk with the use of a walking stick and continued to engage well with fellow prisoners.

9.13 On 8 November 2022, following medical review by Doctor A, Mr. A reported suffering from nausea and a lack of appetite. He was again referred to St James's Hospital. He returned to prison on 17 November 2022. Prison medical staff remained in contact with staff at St James's Hospital. It was noted that he had received further variceal banding.

9.14 On 2 December 2022, following a medical review by Nurse D, it was recorded that Mr. A was struggling to walk and had to be assisted by officers and his health had deteriorated. He was transferred to the Mater Hospital. Prison healthcare staff remained in daily contact with the Mater Hospital. On 4 December 2022, IPS medical staff were informed by the Mater Hospital that Mr. A was being treated for liver failure.

9.15 On 13 December 2022, Mr. A returned to Mountjoy Prison, where he was reviewed by prison healthcare staff. Mr. A was aware of his poor prognosis. Mountjoy Prison medical team received information from the hospital on future hospital appointments as well as a treatment plan.

[5] Chronic bone infection.
[6] Variceal banding is one method of treatment for esophageal varices that are at risk of rupturing.
[7] An ascitic tap is a medical procedure where a needle is used to drain fluid that is trapped in an internal body cavity, most commonly the abdomen.

9.16 During a checkup appointment at St James's Hospital on 15 December 2022, Mr. A was informed that he would require a liver transplant, but was not a suitable candidate due to his overall poor health. Chief Nurse Officer (CNO) A arranged for Healthcare Assistants to help Mr. A with his day-to-day living. Health Care Assistants commenced providing care to Mr. A on 16 December 2022. A shower chair and safety rail were installed in the C1 West shower area to assist Mr. A.

9.17 It was recorded on 14 December 2022 on the PHMS by Nurse C that Mr. A reported being fearful of passing away in a prison environment. Assistant Governor A requested a supporting letter from Doctor B recommending that Mr. A be approved for Compassionate Temporary Release (CTR) for the remaining duration of his prison sentence due to his poor prognosis.

9.18 On 15 December 2022, Assistant Governor A emailed Principal Officer A at IPS HQ reporting that Mr. A had "*an end stage clinical condition*" and he fulfilled "*the conditions set by Prison Rule 105 (a), (b) and (c)*"[8].

9.19 On 19 December 2022, Mr. A received an ultrasound scan at St James's Hospital. The PHMS entry of 19 December 2022 referenced Mr. A's discharge from the Mater hospital on 14 December 2022[9] with a discharge letter that stated "*decision for DNAR [do not attempt resuscitation] and not for transfer to ICU/HDU in case of deterioration*". The PHMS does not record whether or not Mr. A had given his informed consent to the decision that he should not be resuscitated or transferred to intensive care in case of deterioration. Nurse C noted on the PHMS that she would discuss this with Dr. B *"tomorrow as this may need to be followed up on"* but there are no further entries on the PHMS to indicate whether or not this discussion took place and, if so, what was the outcome. It was also noted that Mr. A was still in relatively good form and continued to attend art class, woodwork classes and religious service, often aided by Healthcare Assistants and officers.

9. 20 On 20 December 2022, Principal Officer A emailed Doctor C, Executive Clinical Lead, seeking advice on whether Mr. A could continue to be managed in a prison setting. Doctor C, having consulted with Doctor B, responded to Principal Officer A on 21 December 2022 supporting Mr. A for CTR.

9.21 Mr. A attended the Hepatology Unit at St James's Hospital on 22 December 2022 for further treatment.

9.22 On 27 December 2022, following an in-cell assessment by Doctor A, Mr. A was referred to the Emergency Department at the Mater Hospital as he had developed a chesty cough. It was noted that he had not been eating and had taken little fluid. IPS medical staff remained in daily contact with nursing staff at the Mater Hospital. Principal Officer A had not submitted the application for CTR to the Director General prior to Mr. A's admission to hospital on 27 December 2022.

9.23 On 4 January 2023, Mr. A suffered cardiac arrest while in the Mater Hospital. Hospital staff informed Nurse C that Mr. A was on life support.

[8] A doctor shall, after consulting with such other healthcare professionals as he or she considers appropriate, inform the Governor in writing if he or she is of the opinion that (a) the life of a prisoner will be endangered by continued imprisonment, (b) a prisoner is unlikely to live until the expiration of the period of his or her sentence, (c) a prisoner is unfit for continued imprisonment or for the particular prison's regime.

[9] Clinical records correctly document that Mr. A was discharged from hospital on 13 December 2022, a nurse erroneously entered 14 December 2022 in this entry.

9.24 On 5 January 2023, Mountjoy Surgery was informed that Mr. A had passed away peacefully in the Mater Misericordiae Hospital Intensive Care Unit at 15:50 surrounded by his family.

9.25 Chaplain A attended the hospital to meet with the family after Mr. A had passed.

10. Recommendations

10.1 The Office of the Inspectorate of Prisons has made one recommendation:

1. In all cases where a prisoner is returned to prison from hospital with a discharge letter containing a decision that they should not be resuscitated, prison health care staff should take active steps to ensure that this decision reflects the free and informed consent of the person concerned and this should be fully documented in the PHMS.

11. Support Organisations

11.1 Those who are affected by a death in custody can obtain assistance or advice from a number of charities and support groups. The Office of the Inspector of Prisons has an information pamphlet for relatives and friends of someone who dies in the custody of a prison. Further information can be found on the OIP website at www.oip.ie.