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Bedfordshire Health

The Report of the Independent Inquiry into the Care and Treatment of Giuseppe Nacci

whilst he was living in a Group Home in Arlesey Bedfordshire

South Bedfordshire Community Healthcare NHS Trust

Chaired by : Clare Price

Dr Donald Dick

Ian Milne

Jane Mackay

Bedfordshire Health Authority

1998

To the Chairman of Bedfordshire Health Authority

Dear Dr. Woods,

We have now completed our Inquiry into the Care and Treatment of Giuseppe Nacci and present our Report to you.

We are aware that the South Bedfordshire Community Health Care Trust is already working towards meeting some of the problems which we have identified in the course of our Inquiry. We trust that our conclusions and recommendations will enable the Trust to move that work forward.

We should like to take this opportunity to express our thanks for the assistance given to us by both the Health Authority and the Trust in the course of the Inquiry. In particular, we appreciated the willingness of all witnesses to talk to us openly in an attempt to help us to understand the events leading up to the death of Barbara Coleman. The circumstances of her tragic death were clearly extremely distressing for some of those who had known both Barbara Coleman and Giuseppe Nacci for a long time.

Yours sincerely,

Clare Price

INDEX

Chapter 1 - The Inquiry

Chapter 2 - Giuseppe Nacci

Chapter 3 - Giuseppe Nacci's discharge to 2 The Avenue

Chapter 4 - 14 Hillary Rise

Chapter 5 - The days leading up to 11th October 1997

Chapter 6 - The death of Barbara Coleman

Chapter 7 - The care of K.H. after Barbara Coleman's death

Chapter 8 - Giuseppe Nacci's trial: 8th April 1998

Chapter 9 - Our conclusions about the death of Barbara Coleman

Chapter 10 - The response to Barbara Coleman's death

Chapter 11 - Recommendations

CHAPTER 1 - THE INQUIRY

1.0 Introduction

On 11th October 1997, Giuseppe Nacci killed Barbara Coleman. He stabbed her thirteen times. Both Giuseppe Nacci and Barbara Coleman were patients who were at that time being cared for by the Community Rehabilitation Team of the South Bedfordshire Community Healthcare Trust. They lived in a group home at 14 Hillary Rise, Arlesey, Bedfordshire which was rented by the South Bedfordshire Community Healthcare Trust from the Mid-Bedfordshire District Council.

1.1 Giuseppe Nacci suffers from chronic schizophrenia and has done so since at least 1975. The main persisting symptom of this illness has been the presence of auditory hallucinations. We have heard that these sounded often, but not always, like shrieking noises localised in his right ear. Giuseppe Nacci calls these "voice attacks".

1.2 He has been convicted of the manslaughter of Barbara Coleman. On 8th April 1998, he was sentenced at Luton Crown Court by His Honour Judge Rodwell Q.C. who made a hospital order under section 37 of the Mental Health Act 1983 with a restriction order under section 41. Giuseppe Nacci is now detained on the Orchard Unit of Fairfield Hospital, Stotfold. This is a secure facility.

1.3 The Inquiry

Paragraph 35 of the National Health Service Executive circular "Guidance on the discharge of mentally disordered people and their continuing care in the community" (HSG(94)27) provides that:-

> "In cases of homicide, it will always be necessary to hold an inquiry which is independent of the providers involved."

1.4 Following this tragic incident, we were therefore invited by the Bedfordshire Health Authority to conduct an independent Inquiry after the completion

of the criminal trial of Giuseppe Nacci into his treatment and care, and so far as was relevant to our Inquiry, into the treatment and care of Barbara Coleman.

1.5 **Terms of reference**

Our terms of reference were as follows:-

Firstly, to investigate all the circumstances relating to the treatment and care of Giuseppe Nacci by local mental health services and in particular:-

1.5.1 The quality and scope of health and social care and risk management;

1.5.2 The quality and appropriateness of his care plans and subsequent support, supervision and aftercare in the community in respect of:-

- the assessed health and social care needs
- the assessed risk of potential harm to others by Giuseppe Nacci
- his previous psychiatric history
- the number and nature of any previous convictions.

1.5.3 The extent to which Giuseppe Nacci's care and treatment reflected the relevant statutory obligations, relevant guidance from the Department of Health (including the care programme approach and discharge guidance) and local operational policies.

1.5.4 The extent to which Giuseppe Nacci's care and prescribed care and treatment plans were appropriate and were effectively communicated and delivered, and complied with.

1.5.5 The history of his medication and compliance with treatment regimes.

1.5.6 Any other factor relevant to the delivery and quality of care and treatment of Barbara Coleman and Giuseppe Nacci, including the skills and competencies of staff involved in their care, the appropriateness of the local policies and procedure, organisational issues and any other relevant matters.

1.6 Secondly, we were invited to prepare a Report for Bedfordshire Health Authority and, if appropriate, to make recommendations which will have implications for the future provision of mental health services.

1.7 Throughout this Report, we refer to the Bedfordshire Health Authority as "the Health Authority" and to the South Bedfordshire Community Healthcare Trust as "the Trust".

1.8 **The Inquiry Procedure**

1.8.1 We began our investigation into the care and treatment of Giuseppe Nacci by obtaining his written consent to our seeing records that related to him. The documents which we have seen include copies of most of his medical and nursing records, police records and the documents listed at appendix 2.

1.8.2 We did not consider that it was necessary for us to see all of the medical records relating to Barbara Coleman. We heard a lot of evidence about her illness during the course of our Inquiry. Any conclusions we have reached about her and the nature of her illness are based on that evidence and those records which we did ask to see.

1.8.3 With the help of the Trust, we identified those witnesses who we believed to be able to offer relevant information to our Inquiry and each such witness was invited to give evidence to the Inquiry.

1.8.4 Save that Barbara Coleman's son failed to respond to an invitation to give evidence to us, no witness refused to attend the Inquiry. We felt it right that Barbara Coleman's son should be invited to attend if he so chose but understood that he had had no contact with her for a long time.

1.8.5 In advance of each witness coming to give evidence, he or she was sent a letter on behalf of the Inquiry panel which enclosed a copy of our terms of reference. In each such letter, it was explained that the Health Authority had a statutory responsibility to conduct an independent Inquiry following the killing of Barbara Coleman by Giuseppe Nacci. It was also explained that all interviews would be recorded and transcribed and that the witness would receive a copy of that interview to amend, correct or alter as he or she wished. It was emphasised that the transcript was confidential. Each witness was told that he or she could bring a friend, colleague or representative to the Inquiry. Further, each witness was given an outline of the issues about which we wished to hear evidence.

1.8.6 All of the witnesses came to Charter House, Alma Road, Luton to give evidence except for Giuseppe Nacci himself and the third resident of the group home at 14 Hillary Rise, Arlesey to whom we refer as K.H. Giuseppe Nacci was interviewed on the Orchard Unit of Fairfield Hospital. The chairwoman and one member of the Inquiry panel saw K.H. at her new home address.

1.8.5 All sittings of the Inquiry were held in private.

1.8.6 Before any witness gave evidence to us, the members of the Inquiry Panel were introduced. In addition, the witness was reminded that the interview was being recorded and that a note was also being made of it. Each witness was again told that he or she would receive a copy of the transcript of his or her evidence and could make

amendments, corrections or additions to it if he or she so wished. The witness was asked to return the transcript to the Inquiry.

1.8.7 We explained that, whilst the transcript of evidence was itself confidential to the Inquiry, we might choose to reflect a part or parts of a witness's evidence in our Report.

1.8.8 Further, if it seemed possible to us that a witness might be the subject of criticism, we explained that, should we reach such a conclusion, then a copy of the part of the draft Report which contained such potential criticism would be sent to that witness in order that he or she might have an opportunity to respond to it.

1.8.9 We heard evidence from the witnesses who are listed at appendix 1 to this Report.

1.8.10 We read and considered the documents listed at appendix 2.

1.8.11 The chairwoman and one member of the Inquiry panel visited the Firs Unit at Fairfield Hospital, Stotfold.

1.8.12 We have made findings of fact on the basis of the written and oral evidence which we received, including the various records relating to Giuseppe Nacci which we have considered. Our conclusions and recommendations are based upon those findings of fact.

CHAPTER 2 - Giuseppe NACCI

2.0 Giuseppe Nacci was born on 15th October 1954 in Hitchin, Hertfordshire. His father is still alive but his mother died in November 1980. He has one younger brother, Gennaro Nacci, who came to give evidence to us. We were impressed by Gennaro Nacci's fair and rational evidence about the care and treatment which his brother received. He gave us much useful information.

2.1 Giuseppe Nacci grew up in Arlesey. He attended two local schools initially and then Mander College, Bedford. He appears to have passed a number of "O" levels or CSE examinations. There are differing accounts of how many he in fact passed but it was perhaps seven or eight. After leaving college, he worked as a bank clerk and then for a marine insurance company for about eighteen months. Both of these jobs were in London to where he commuted each day.

2.2 On 30th September 1975, Giuseppe Nacci was remanded at Ashford Remand Centre after causing criminal damage to two street lamps, his garden shed and a fence. He had also kicked a dog very severely. He was described by Dr. J. Dexter, the senior medical officer at H.M. Remand Centre Ashford, as suffering from acute schizophrenia. He was reported "as behaving strangely and inappropriately whilst on remand". He spoke of hearing "two voices speaking to him, one telling him what was wrong and the other telling him what was right". At times, he believed that the other inmates put thoughts into his mind and could read his thoughts. He felt he was being sexually assaulted by other inmates even though he was in a cell by himself. He believed that his right hand was so powerful he could destroy anything with it.

2.3 On 19th November 1975, Giuseppe Nacci was convicted at the Biggleswade Magistrates Court of three offences of criminal damage for each of which he received a conditional discharge for twelve months to run concurrently.

2.4 Dr. Dexter referred Giuseppe Nacci to Dr. Kanakaratnam, the consultant psychiatrist at Fairfield Hospital. Initially, Dr. Kanakaratnam thought that Giuseppe Nacci had experienced an LSD "flashback" although he felt it prudent to prescribe some anti-psychotic treatment (Largactil 25mg *nocte*) and to have some out-patient follow-up for him.

2.5 **Admissions to hospital**

In fact, a number of admissions to hospital followed, all of which were on an informal basis.

2.6 **The 1976 admissions**

In about April 1976, Giuseppe Nacci took an overdose of Largactil whilst depressed and was seen at the Lister Hospital in Stevenage. We have not seen any records relating to this incident. We did not think they would be of particular assistance to us in the conduct of this Inquiry.

2.7 On 4th November 1976, Giuseppe Nacci was admitted to Ward 1 of Weller Wing, Bedford General Hospital after experiencing psychotic delusions. He was diagnosed as suffering from schizophrenia. He was discharged on 30th November 1976 with prescribed medication of Largactil 50mg daily, Depixol 40mg 3-4 weekly, Kemadrin 5mg tds and Lentizol 50mg *nocte*.

2.8 On about 12th December 1976, Giuseppe Nacci was re-admitted to Weller Wing. He is described as having "relapsed fairly suddenly", there having been a recurrence of his psychotic state. He was very much depressed, withdrawn and finding it difficult to communicate with others. His Depixol was increased to 60mg. He was discharged on 27th January 1977 with prescribed medication of Depixol 60mg 3-4 weekly, Lentizol 25mg *nocte* and Kemadrin 5mg tds.

2.9 At an out-patient appointment in February 1977, Giuseppe Nacci was described as "keeping well" with "no psychotic symptoms". He had got a job with a local firm packing stationery. Between 1977 and 1979, he failed to attend some of his

out-patient appointments with Dr. Kanakaratnam. However, when he did attend, he did not present any particular worries although he was occasionally depressed.

2.10 On 13th August 1979, Giuseppe Nacci's father and brother were seen at Fairfield Hospital. They were concerned that his condition was deteriorating. He was described as "deluded, hallucinated, inaccessible, unpredictable" with deteriorated habits. He had, however, just been seen by his community psychiatric nurse (Mike Taylor) who said that he presented as "quite co-operative, rational and well". Dr. Kanakaratnam decided that he should be observed.

2.11 **The 1980 admissions**

On 15th February 1980, Giuseppe Nacci was re-admitted to Weller Wing having been seen by Dr. Kanakaratnam at Fairfield Hospital. He had been "feeling funny in his head" during the past 3-4 months. This was described as "a feeling of tenseness and he feels muddled and confused in his head". He had had brief fights during this period and had found it extremely difficult to cope at work. Although he had heard voices initially, he was not hearing any when seen on admission. The impression of him is described as being one of break-through symptoms which were probably due to inadequate stabilisation in a schizophrenic with paranoid feelings though without paranoid delusions. His medication was Clopixol 400mg every three weeks, Melleril 50mg bd, Temazepam 20mg prn *nocte* and Kemadrin 10mg prn. Giuseppe Nacci's medication was changed in that Clopixol was substituted for the Depixol previously prescribed since Dr. Kanakaratnam felt that the latter had not been fully effective and that it could actually be triggering his aggressive outbursts, unpredictability and over-activity. Giuseppe Nacci settled quickly on this change of medication and he was discharged on 24th March 1980.

2.12 On 1st May 1980, he was reviewed in the outpatient clinic when he was feeling very well. He had no paranoid ideas or delusions and no auditory hallucinations. His then General Practitioner had stopped his Melleril medication because Giuseppe Nacci said he had a "muzzy feeling" in his head. He was prescribed Largactil 25mg bd in its place.

2.13 On 21st May 1980, Giuseppe Nacci was re-admitted via casualty to Ward 2 of Weller Wing. He had become depressed during the preceding few days and admitted taking an overdose on the previous night. He was described as being "fed up with life in general, particularly work" and wanting to find something he enjoyed. He felt that if he were not helped he may take his life. However, he was showing no psychotic symptoms and was described as "attentive" and "fully orientated".

2.14 On 22nd May 1980, Giuseppe Nacci wanted to take his own discharge. He was not suicidal and there was thought to be no reason for his formal detention in hospital. He was, therefore, discharged against medical advice with prescribed medication of Chlorpromazine 25mg bd, Clopixol 400mg three weekly and Temazepam 10mg prn *nocte*.

2.15 Throughout the remainder of 1980, Giuseppe Nacci appeared to be better and free of psychotic symptoms when reviewed in the out-patient's clinic at Fairfield Hospital. On 22nd September 1980, a decision was taken to reduce his Clopixol to a four weekly injection of 300mg.

2.16 **The 1981 admissions**

On 12th January 1981, Giuseppe and Gennaro Nacci were seen by Dr. Kanakaratnam at Fairfield Hospital. Giuseppe Nacci was acutely psychotic with no insight and refusing injections. He was proving unmanageable at home and agreed to an informal admission to Weller Wing on that day. Upon admission, he was complaining of threats by his father and his brother of starvation and that they would throw him out of the home. It was said that he had vomited on the preceding day and his brother had lost his temper with him. His mood was described as even and he was not depressed. His thoughts were "bizarre on occasions" but he had no hallucinations. The impression was that he appeared "slightly aggressive with some paranoid feelings towards family". He was to be treated with Chlorpromazine 100mg tds. Although Giuseppe Nacci felt calm and relaxed on 14th January 1981, he was described as "unsettled" and "quite restless and impulsive" on 15th January 1981. His Chlorpromazine was increased to 150mg tds. On 19th January 1981, he was

discharged against medical advice and said that he was going to arrange an appointment with Dr. Kanakaratnam through his general practitioner.

2.17 On 29th January 1981, Giuseppe Nacci was re-admitted to Weller Wing at the request of his General Practitioner. There was "disruption at home ++" and he thought that it would be better if he left home. He was not hallucinating but was described as being "deluded ++". He had no insight into his illness and explained his illness "as a 6 year long headache". The impression was of a paranoid schizophrenic. He was on Chlorpromazine 150mg tds. It was thought he would probably need pushing to have his depot injection.

2.18 On 30th January 1981, Giuseppe Nacci was showing much paranoid ideation towards his family. He was described as hostile with no insight and no hallucinations. By 2nd February 1981, he was agitating for discharge although he remained hostile and with no insight.

2.19 On 3rd February 1981, Giuseppe Nacci was reported to be generally verbally aggressive towards the staff and patients. He was however, discharged and we believe this to have been against medical advice.

2.20 On 6th February 1981, he was re-admitted having been brought back by a social worker (a Mrs. McIlvoy). Mrs. McIlvoy apparently thought that Giuseppe Nacci could be subject to formal detention although this was not in fact required. However, the need for compulsory detention was to be considered if he tried to leave the hospital. In fact, Giuseppe Nacci remained in Weller Wing until 3rd August 1981 when he was transferred to Ward F9 at Fairfield Hospital. Throughout this admission, he was clearly unwell. For example, on 17th March 1981, he was noted to be freely discussing "his grandiose and paranoid delusions". He was reported to believe that he was Glen Miller who died in 1960 and that his spirit went to hell for brainwashing. It then returned to earth in his body. He believed that his brain had been eaten up by evil forces. He claimed to have great power which thought this evil. He was described as having voices in both ears.

2.21 On 1st April 1981, he appeared at the Biggleswade Magistrates Court for sentencing having communicated false information causing a bomb hoax contrary to section 51(2) of the Criminal Law Act 1977, dishonestly used electricity contrary to section 13 of the Theft Act 1968 and made a false telephone call (a 999 call) contrary to section 78 of the Post Office Act 1969. He received a conditional discharge for 2 years for each of these offences to run concurrently.

2.22 On 9th June 1981, he was described as "still grossly psychotic - nihilistic and grandiose delusions. Neologisms +". On 23rd June 1981, he returned early from leave because of a disagreement with his father. He complained of having two tubes from his eyes and being possessed by a devil. He said that he "saw the devil today, trying to look at me".

2.23 Following his transfer to Ward F9 at Fairfield Hospital, Giuseppe Nacci was discharged from there on 26th August 1981. He had never attended his rehabilitation course properly or regularly and had later refused totally to go to therapy. This was a discharge against medical advice to the general practitioner's care. His prescribed medication was Modecate 75mg every 3 weeks, Haloperidol 5mg qid and Kemadrin 5mg bd.

2.24 On 6th October 1981, Giuseppe Nacci was re-admitted by arrangement with his community psychiatric nurse, general practitioner and Dr. Kanakaratnam. He was reported to have been experiencing an intensive recurrence of bizarre delusional ideas and auditory hallucinations over the past week. It was also possible that he had experienced visual hallucinations. He had "compulsive thoughts of hostility content (non-provocative) - e.g. to break windows, strike people etc.". He was described as not having taken any action on these thoughts.

2.25 By 13th October 1981 he was "a little more settled". Again, by 20th October 1981, he was described as "better" with "no hallucinations or delusions". He was discharged on 4th November 1981.

2.26 Between 1982 and early 1984, Giuseppe Nacci remained out of hospital. He was reviewed throughout this period either by Dr. Kanakaratnam or by Dr. Umar (Dr. Kanakaratnam's locum registrar).

2.27 On 12th March 1982, Dr. Kanakaratnam wrote to Dr. Stevenson (Giuseppe Nacci's then general practitioner) saying that he was "still hallucinated and deluded and very troubled by his symptoms". Dr. Kanakaratnam suggested that Stelazine 5mg bd should be substituted for his Haloperidol. He was to continue on Kemadrin 5mg bd and Modecate 75mg every 2-3 weeks.

2.28 On 13th September 1982, Dr. Kanakaratnam saw Giuseppe Nacci again as an out-patient. He found him much improved since March and suffering from no delusions although he still had occasional auditory hallucinations in which voices said unkind things to him. He was described as still lacking "drive and initiative", and did little around the house. At this appointment, Giuseppe Nacci told Dr. Kanakaratnam that he had changed his name by deed poll a few days earlier to Khommi Nacci. Dr. Kanakaratnam described this as "a completely imaginary name associated in his mind with power and success". This is not the only name change which he has made. As we understand it from the records, he also claims to have changed his name on occasions to Archangel Castle Muscovado (claiming that Muscovado meant "fly go away"), to Giuseppe Pincopo (his mother's maiden name) and more recently to Azrann Destructorum (he has claimed that this means that he was "going to destroy all the shadows of evil"), although we are not sure exactly when this last name change was effected.

2.29 Giuseppe Nacci's next outpatient appointment appears to have been on 13th June 1983, again with Dr. Kanakaratnam. He was described as remaining "free of delusions but still suffered occasional auditory hallucinations which troubled him quite a lot". His father attended this appointment and said that he encouraged his son to do things around the house but with little success. Since Modecate did not seem to be controlling his illness, Dr. Kanakaratnam changed his prescription to Piportil 50mg every four weeks, together with Stelazine 5mg tds and Kemadrin 5mg bd. Arrangements were made for Giuseppe Nacci to attend industrial therapy at Fairfield

Hospital five days a week. As we have already stated in this Report, he had previously attended therapy but not continued with it.

2.30 Giuseppe Nacci was next seen by Dr. Kanakaratnam on 17th August 1983. He was described as remaining "chronically psychotic with bizarre ideas about religion, God, and Satan". Auditory hallucinations were still persisting although he remained very pleasant, articulate and intact in his emotions which was seen as a great improvement on the state of affairs over the preceding few years.

2.31 On 14th October 1983, Giuseppe Nacci asked to be seen by a doctor and was seen by Dr. Umar. Giuseppe Nacci stated that he felt depressed and had heard voices a few days earlier. He also had paranoid feelings which bothered him a lot. On examination, he was co-operative, cheerful and free of anxiety and said that although he was still hearing voices, he was able to tolerate them and he had no paranoid feelings at that time. He was advised to continue with his medication and to continue to attend his industrial therapy.

2.32 Giuseppe Nacci was again seen by Dr. Umar on 17th November 1983. He was still very deluded and his medication was accordingly reviewed. The Stelazine prescribed was increased to 6mg tds.

2.33 **The 1984 admissions**

On 7th February 1984, Giuseppe Nacci was seen urgently following a request from his then general practitioner (Dr. Adams) who said that he was deteriorating rapidly. Giuseppe Nacci said that he had been deteriorating over the preceding few days and was unable to control his money. He said that he was hallucinating and deluded and felt disturbed. Upon review, he appeared to be relapsing into a psychotic state. Although he was co-operative, he was noted to be hallucinating, deluded and felt upset because of the "voices" which he was hearing. He was admitted to Ward M8 at Fairfield Hospital. Apparently, the "voices" became less disturbing and his paranoid feelings less intense such that he started to ask for his discharge. On 14th February 1984, he was discharged against medical advice, having been advised to stay

for a few days more. His medication on discharge was Piportil IM 50mg every four weeks, Stelazine 8mg tds, Kemadrin 5mg bd and Largactil 50mg prn.

2.34 On 4th April 1984, Giuseppe Nacci was seen by Dr. Kanakaratnam at Fairfield Hospital. He had apparently committed a number of criminal offences and was "chronically psychotic with auditory hallucinations, paranoid delusions, and the usual range of bizarre thinking and behaviour". Dr. Kanakaratnam arranged for his re-admission on 5th April 1984 for further observation and treatment.

2.35 Giuseppe Nacci was re-admitted to hospital on 5th April 1984. He did not appear psychotic on admission and showed insight into his condition. However, he started to express bizarre ideas on the ward. He became very unco-operative and stopped taking his prescribed Lithium. Indeed, he was described as "not keen to continue any medication". Throughout this admission he was clearly unwell. On 19th April 1984, he was described as having "psychotic behaviour" and being "hallucinated and deluded". On 24th April 1984, he was giggling and laughing inappropriately and talking to himself. On 30th April 1984, he was continuing to giggle and laugh and to be overactive on the ward. He was still hallucinated. He heard a voice which came from the right side and was described as being a male voice which was continuous usually. On 11th May 1984, he was discharged against medical advice.

2.36 Giuseppe Nacci was convicted of a shoplifting offence at Letchworth Magistrates Court on 25th May 1984 and asked for another four offences to be taken into consideration. None of these were offences of violence. He was made the subject of a probation order for two years.

2.37 On about 5th June 1984, Giuseppe Nacci was re-admitted to Fairfield Hospital after he had attended there. According to Dr. Kanakaratnam's discharge letter dated 28th January 1985, Giuseppe Nacci "was quite psychotic with auditory and visual hallucinations and numerous delusions mostly paranoid, some grandiose. He also had distortions of his own body image and was generally quite bizarre". Dr. Kanakaratnam said that his response to treatment "was very, very, slow and a variety of neuroleptics were tried". However, it seemed that a combination of Piportil (150mg four weekly)

and Priadel (40mg bd) had worked effectively and Giuseppe Nacci was said to be free of acute psychotic symptoms by the time of his discharge on 28th January 1985 to lodgings at 48 Clarendon Street, Bedford.

2.38 On 25th February 1985, Giuseppe Nacci was seen by Dr. Kanakaratnam at Fairfield Hospital with his father. He was described as "keeping reasonably well as far as his psychotic symptoms are concerned". His Piportil was reduced to 100mg four weekly.

2.39 On 22nd April 1985, Giuseppe Nacci did not attend an outpatient appointment with Dr. Kanakaratnam. His next appointment was on 17th June 1985 when Dr. Kanakaratnam said that it was clear he was "chronically very psychotic, for instance he believed that he was brain-washed, cut up and eaten and then re-assembled by his courage and the efforts of his father. He also has various complicated views on good and evil, and mankind, and is currently preoccupied with Adolf Hitler". However, according to Dr. Kanakaratnam he was able to discuss matters quite rationally at times. Dr. Kanakaratnam increased his Piportil injections to 150mg monthly. He was still on Priadel 40mg bd.

2.40 On 6th September 1985, Dr Kanakaratnam saw Giuseppe Nacci. He had stopped taking his Priadel two weeks earlier because he felt it was "no help". He was hearing voices two or three times a week.

2.41 On 10th September 1995, Giuseppe Nacci was convicted at Hitchin Magistrates Court of two offences of shoplifting for which he received a conditional discharge for twelve months.

2.42 On 4th October 1985, Dr. Kanakaratnam wrote to Giuseppe Nacci's general practitioner (Dr. Haigh). He explained that the Piportil was not particularly effective and that Giuseppe Nacci had stopped his Lithium treatment (Priadel) two weeks earlier. His treatment was, therefore, modified to Modecate 100mg every two weeks.

2.43 On 6th December 1985, Dr. Kanakaratnam again wrote to Dr. Haigh saying that he had discussed Giuseppe Nacci with his community psychiatric nurse (Mike Taylor). His chronic psychotic state was causing anxiety although there were no grounds for re-admission to hospital so that his Modecate was to be increased to 150mg every two weeks.

2.44 On 7th January 1986, he was convicted of a further offence of shoplifting for which he was fined £30.00 and he was fined £15.00 in respect of each of the two shoplifting offences of which he was convicted in September 1985.

2.45 On 29th May 1986, Dr. Kanakaratnam saw Giuseppe Nacci with his probation officer. Again, he reported hearing voices two or three times a week and also visual hallucinations.

2.46 It seems that Giuseppe Nacci did not attend an appointment on 31st July 1986 nor one with Dr. Babu (a locum consultant) on 12th February 1987. The next appointment of which we have a record was on 19th February 1987 when he was seen (presumably by Dr. Babu) at the request of his probation officer. He had been arrested for shoplifting again and was due to appear in Court on 10th March 1987 (he was put on probation for two years following his conviction for this offence). He was complaining of hearing a voice; he was described as being "bored of his life style" and wanting admission to hospital. However, he was not showing any florid psychotic symptoms.

2.47 **The 1987 admission**

On 24th July 1987, Giuseppe Nacci was admitted to the Lister Hospital, Stevenage, having apparently attempted to commit suicide although we have not seen the records for this admission. On 6th October 1987, he was transferred to Fairfield Hospital (Ward M6) as an informal admission under Dr. Lappin. This was the start of a lengthy admission. Giuseppe Nacci remained in Fairfield Hospital until 9th March 1992 - a total of some 4½ years.

2.48 There was a number of incidents of violence during the course of this admission.

2.49 On 31st January 1988, Giuseppe Nacci went to church and hit a member of the public. He said that the man had raped his mother when he was five years old. On 6th February 1988, he claimed to have had "a psychic feeling" that the man had raped his mother. It appears that he may have fractured this man's right cheekbone.

2.50 On 9th February 1988, it is noted in his clinical notes that he had cut off the right sleeve of his dressing gown that morning. His locker was searched and several sharp instruments were removed, including a knife and scissors. At the same time, he was reported as saying that he had hit the man the week before to release aggression and that he would not use the knife on anybody although he always had a knife.

2.51 On 11th February 1988, he was reported to have broken a billiard cue and to be saying that he wanted to destroy a charge nurse on the ward.

2.52 On 27th March 1988, it was noted in the nursing records that Giuseppe Nacci had become very aggressive and had punched a fellow patient in the right temple area.

2.53 On 20th January 1989, there is a note in the nursing records that he made "a seemingly unprovoked attack" on a fellow resident. Giuseppe Nacci said that he was being pestered by the other patient.

2.54 On 18th December 1990, Giuseppe Nacci said that he had lost his Bible over the weekend and had asked another patient whether he had seen it. According to the clinical notes, there was an exchange of verbal abuse followed by Giuseppe Nacci punching the other patient in the stomach.

CHAPTER 3 - Giuseppe NACCI'S DISCHARGE TO 2 THE AVENUE

3.0 During the course of 1990, Giuseppe Nacci came under the care of Dr. Ashok Patel, the then Consultant in Rehabilitation at Fairfield Hospital. He was on Ward F11 which was a slow-stream rehabilitation ward at the hospital. Dr. Patel made arrangements for Giuseppe Nacci to be discharged to a group home which was situated at 2 The Avenue, Stotfold.

3.1 Dr. Patel told us he felt Giuseppe Nacci would remain living in a group home for perhaps four or five years and that, assuming all were then well, he could then be recommended for independent accommodation through the local council or a housing association. This was reflected in the Resocialisation/Therapy Referral form completed on 25th September 1992 in which the "long-term goal" was:-

> "For Guisseppe (*sic*) to be successfully resettled independantly (*sic*) in the community or with the minimum of support necessary to facilitate his day-to-day living."

3.2 On 9th March 1992, he moved to live at 2 The Avenue for a trial period. On 9th July 1992, Dr. Patel wrote to Giuseppe Nacci's present general practitioner (Dr. Radford) saying that he was functioning reasonably well in the group home and that it was hoped he could be discharged from extended leave shortly. By then, his medication was Depixol 300mg every two weeks, Temazepam 20mg *nocte*, Haloperidol 10mg tds and Triludan 60mg bd.

3.3 On 5th August 1992, Giuseppe Nacci was seen by Dr. Saravenamuthu (Dr. Patel's Senior House Officer) at Fairfield Hospital. He had settled well in the group home but was still hearing voices on and off. He had poor sleeping habits so that his Haloperidol was to be stopped and Melleril 25mg *mane* and *nocte* substituted.

3.4 On 19th August 1992, Giuseppe Nacci was finally discharged from Ward F11 to 2 The Avenue, Stotfold. He was to be followed up by a community psychiatric nurse (Gerry Ha-Cheng) and by Dr. Patel (and Dr. Saravenamuthu) in the psychiatric outpatients clinic.

3.5 On 25th November 1992, Giuseppe Nacci was seen by Dr. Saravenamuthu and told him that he was hearing voices which repeated his thoughts continuously. Dr. Saravenamuthu increased his medication to Depixol 300mg every week and Melleril 25mg tds.

3.6 When Giuseppe Nacci saw Dr. Saravenamuthu on 20th January 1993, he was not complaining of anything and was quite settled on his medication.

3.7 He did, however, find it difficult to get on with one of the other residents at 2 The Avenue, Stotfold who was not an easy person to share a home with. Most of the witnesses from whom we heard told us that it was Giuseppe Nacci who asked to be moved from that group home. On the other hand, Mrs. Friquin (his community care worker) told us that she found Giuseppe Nacci and the other resident arguing when she arrived at 2 The Avenue one day. She said that she went back to Fairfield Hospital and reported this, and a decision was taken that he should move to 14, Hillary Rise, Arlesey where there was a place available.

3.8 Giuseppe Nacci moved to live at 14 Hillary Rise in May 1993. This was initially for a trial period.

CHAPTER 4 - 14 HILLARY RISE

4.0 The other residents

When Giuseppe Nacci moved to live at 14 Hillary Rise, there were already two residents at the group home. One of these was K.H. whose date of birth is 17th July 1935. She had been living at 14 Hillary Rise since March 1976 and had been diagnosed as suffering from a schizo-affective disorder.

4.1 The other was Barbara Coleman who was born on 29th August 1936.She had one son and was divorced from her husband who had been dead since 1981.

4.2 We were told she was a nice lady, but both Giuseppe Nacci and K.H. found her at times to be a difficult and exasperating person to share a home with. She suffered from a disabling psychosis with somatic delusions which led her to believe that parts of her body were missing. These delusions caused her quite considerable distress and we heard from witnesses how they had to provide considerable reassurance to her on occasions which included, for example, taking her to a mirror to show her that her stomach was not missing. The only measurement of her intelligence quotient of which we are aware was in the late 1970's when it was recorded as 74. Dr. Patel said her intellect was "probably low/normal". We were told by a number of witnesses that she was of fairly limited intellect. Her prescribed medication was Depixol 50mg every three weeks. She also had problems with personal hygiene. Mrs. Friquin had worked hard to try and remedy this, and we believe there had been an improvement. There were, however, unfortunately still times when Barbara Coleman's personal hygiene was not good.

4.3 The arrangements for the residents' care

Giuseppe Nacci's care plans

Giuseppe Nacci's care plan was reviewed on a six monthly basis. This review was not a multi-agency one nor what we consider to be a multi-disciplinary one.

We have seen copies of the care plans prepared for him by Mr. Ha-Cheng who was his key worker. They begin in September 1992 and end in May 1997 with the date of the next anticipated review then being November 1997. Throughout all of those care plans, Giuseppe Nacci's summary of present needs is described in the same way, namely as:-

> "Group home accommodation/supported housing.
> Day care
> Depot injection/monitor for side effects and mental state."

In September 1992, the objectives of his care were recorded as:-

> "To enable him to settle down well and integrate well in the community."

Thereafter, the objectives were described throughout the care plans in the following (or almost identical) terms:-

> "To enable him to function to his optimum level and integrate well in the community."

4.4 Thus, whilst the wording of the above changed very slightly in one or two of the care plans, the summary of present needs and the objectives did not change in substance. Similarly, the care/service provided remained throughout as:-

• Day care	4 days a week
• Care worker	Once a week or as necessary
• CPN depot injection	As prescribed
• 24 hour on-call service	As needed
• Psychiatrist	6 monthly or as required
• GP	As needed

4.5 **The community psychiatric nurse**

Mr. Ha-Cheng was the community psychiatric nurse involved in the care not only of Giuseppe Nacci but also of the other two residents at 14 Hillary Rise. He administered the depot injections which both Giuseppe Nacci and Barbara Coleman received at Fairfield Hospital. He saw these two regularly at Fairfield Hospital to administer depot injections and often on a casual basis on Wednesday lunchtimes but

appears to have visited 14 Hillary Rise infrequently. He attended outpatient appointments.

Comment

Save for reviews in the psychiatric outpatients clinic (which were six monthly for Giuseppe Nacci), we saw little evidence that Mr. Ha-Cheng had a formal system for monitoring the patients' mental state. This was of concern to us.

4.6 **Day services**

Both Giuseppe Nacci and Barbara Coleman attended the day services unit (The Firs Unit) at Fairfield Hospital for four days of the week. Mr. Pamben (the day services manager) told us the main philosophy of the unit at the time when they were attending it was to give its users a link with the community so they spent as much time out with nursing staff as was possible. The examples of activities which he gave us were shopping, going to the market, out for pub lunches, for educational visits or to the library. There were also domestic activities at the Firs Unit, for example cookery. However, there was no system of identifying and assessing the particular needs of somebody coming to the Unit so that those needs could be met and there was very little input from the Community Rehabilitation Team into the role of the Firs Unit. There were no written programmes for the patients and no measure of the results of their attendance. Mr. Pamben told us that he got no feedback from the team unless something "goes wrong at home" - for example, if a person was neglecting him or herself or not doing any cooking but he regarded these issues as being mainly the concern of the community care workers. On the Firs Unit, it was left to the individual patient to choose which activities he or she wished to do of those which were on offer each day, and we saw no evidence of any real system for picking up on the deficits of an individual patient and addressing them. Nobody from this Unit attended the weekly meetings of the Community Rehabilitation Team.

4.7 K.H. attended occupational therapy at Fairfield Hospital. She had done so for many years and had no wish to change her routine.

4.8 **The community care worker**

On each Tuesday, Mrs. Friquin visited 14 Hillary Rise. She told us that the residents were responsible for keeping the house clean and tidy but that she used to help with all of their needs on a Tuesday which included "shopping, cleaning, hygiene, leisure, everything really". Mrs. Friquin was a member of the occupational therapy department: she has no formal qualifications but told us she will have been working in mental health services for 26 years as of September 1998. Insofar as she received refresher training, this was given by the Head of the Occupational Therapy Department on a one-to-one basis. We agree with the finding of the Internal Inquiry which was conducted by the Trust that this is not acceptable and that formal refresher training should be given to unqualified staff working in the occupational therapy department.

4.9 **Giuseppe Nacci's clinical reviews**

Giuseppe Nacci continued to have regular clinical reviews after he moved to 14 Hillary Rise. Both Mr. Ha-Cheng and Mrs. Friquin were present at some of these.

4.10 On 20th October 1993, Giuseppe Nacci was seen by a Dr. L.V. Patel (a locum senior house officer) at which time he was very pleasant, co-operative and appropriately dressed. His speech was coherent, rational and spontaneous. He complained of auditory hallucinations twice a week but did not seem to be bothered by them. His medication at that time was Depixol 300mg every week and Melleril 25mg tds.

4.11 On 10th November 1993, Giuseppe Nacci was reviewed by Dr. Bhandari (Dr. Patel's registrar). He was doing very well although he complained about his auditory hallucinations in his right ear. Dr. Bhandari considered that the localised effect of this was very unusual and asked Dr. Radford if he could refer Giuseppe Nacci to an ENT Surgeon to exclude any pathology in his ears. Dr. Radford told us that he carried out an audiogram which was normal and, therefore, did not consider that a referral was necessary.

4.12 On 15th December 1993, Dr. Bhandari saw Giuseppe Nacci again. He was continuing to do very well although his auditory hallucinations had tended to increase in the recent past. The level of his Depixol was increased to 400mg every week.

4.13 On 9th February 1994, Dr. Goud (Dr. Patel's registrar) reviewed Giuseppe Nacci. He was maintaining his progress even though complaining about voices occasionally. His medication was not altered.

4.14 On 25th May 1994, Dr. Goud reviewed Giuseppe Nacci. He was still maintaining his progress and functioning well in the community. He appeared cheerful. He did not appear to be psychotic. His medication was not altered.

4.15 On 17th August 1994, Dr. Walker (Dr. Patel's registrar) reviewed Giuseppe Nacci. He complained of auditory hallucinations on about two days per week. Mr. Ha-Cheng is reported as having told Dr. Walker that Giuseppe Nacci's condition had been quite significantly improved on his then medication, notwithstanding his apparent lack of insight into his condition. Dr. Walker, therefore, saw no reason to modify Giuseppe Nacci's Depixol prescription but suggested he should take Melleril on a prn basis up to 100mg on two occasions when he had auditory hallucinations.

4.16 On 23rd November 1994, Dr. Walker reviewed Giuseppe Nacci. His mental state had remained unchanged since his previous review and his main problem was still his auditory hallucinations. His Depixol prescription was not changed. In his letter dated 25th November 1994 to Dr. Radford, Dr. Walker included reference to an allegation made by Barbara Coleman that a friend of Giuseppe Nacci had harassed her sexually when he visited the group home. Nothing appears to have come of this allegation.

4.17 On 3rd August 1995, Giuseppe Nacci appears to have been seen by Dr. P. Ramesh (Dr. Patel's registrar). He was again complaining of voices twice a week which screamed in his ear. He was said to be unable to concentrate or sleep and was described as "being angry, stroppy towards other residents also swearing then (*sic*)".

It was noted that there was no physical aggression. His mood was described as normal. The plan was to continue with his Melleril 25mg tds together with a weekly injection of Depixol 400mg.

4.18 On 1st November 1995, Dr. Ramesh appears to have seen Giuseppe Nacci again when he was described as being "well: settled". There was no change in his hallucinations and the screaming voices upset him. He was said to be living in a group home with two other residents and there were "no problems". His medication was to continue.

4.19 His Depixol injection was subsequently changed from 400mg weekly to 400mg every three weeks.

4.20 On about 18th May 1996, Dr. MacInnes (Dr. Patel's registrar) reviewed Giuseppe Nacci. He was described as "getting on reasonably well but still occasionally experiences auditory hallucinations which are indistinct and this gives him some cause for concern". He was said often to forget to take his oral medication but Mr. Ha-Cheng reported no great problems and Dr. MacInnes said he saw no reason to change his then medication.

4.21 Dr. Patel left the Trust's employment on 31st August 1996, at which time Giuseppe Nacci returned to the care of Dr. Kanakaratnam.

4.22 On 9th October 1996, Dr. Kanakaratnam reviewed Giuseppe Nacci. He described him as remaining "reasonably well mentally with occasional voices in his head which do not bother him particularly". Dr. Kanakaratnam said that he found "one of his fellow residents rather disturbing because she seems to move around quite a lot at night noisily" (this was a reference to Barbara Coleman). He remained on a three weekly injection of Depixol 400mg.

4.23 On 18th November 1996, Dr. Kanakaratnam saw Giuseppe Nacci at which time he was described as "having intermittent insomnia, sometimes quite bad".

Dr. Kanakaratnam advised him to change the timing of his Melleril 50mg tds to 50mg morning, midday and *nocte*. He remained on Depixol 400mg every three weeks.

4.24 Giuseppe Nacci was next seen by Dr. Kanakaratnam on 3rd March 1997 when he was brought along by Mrs. Friquin who asked that he be reviewed fairly urgently. He had become increasingly psychotic in the preceding week or so and had become preoccupied with his being psychic and with worries about the devil and exorcism. The auditory hallucinations had also increased but were not upsetting him too much. He denied any paranoid ideas. However, he was said to have been swearing a lot and this had worried the other two residents at 14 Hillary Rise. Giuseppe Nacci told Dr. Kanakaratnam that he had stopped taking his prescribed Melleril for some months because he believed it counteracted the effects of his Procyclidine and prevented him from sleeping. Dr. Kanakaratnam was unable to persuade him otherwise but did persuade him to agree to an increase in the dosage of Depixol from 400mg three weekly to 400mg two weekly. According to his letter to Dr. Radford, Dr. Kanakaratnam felt that it was prudent to "keep an eye on the situation rather more closely".

4.25 Dr. Kanakaratnam next reviewed Giuseppe Nacci on 11th August 1997. He wrote to Dr. Radford on the same day saying that he was:-

> "rather more settled on **Depixol 400mg im 2 weekly** without any significant side effects except for some akathesia. He continues on **Procyclidine 5mg tds**."

In the letter, he said he remained troubled by odd hallucinations. He was still attending therapy at Fairfield Hospital and Dr. Kanakaratnam continued by saying he

> "maintains some kind of harmonious relationship with his fellow resident Barbara. She however, does get him down now and again particularly with her extremely poor hygiene and her habit of sleeping with her door open, such that she can hear all his movements around the house including his watching television till late, if not all night".

4.26 Dr. Kanakaratnam suggested that Giuseppe Nacci should be started on Olanzepine 5mg daily whilst continuing with his Depixol injections.

4.27 Dr. Kanakaratnam told us that Giuseppe Nacci was on a very high dose of Depixol and that he was becoming obese and suffering from impotence. He said both of those problems were undoubtedly caused by his depot injections. Dr. Kanakaratnam therefore considered that Giuseppe Nacci may well benefit if his medication were changed to Olanzepine with a view to stopping his depot injection.

4.28 In fact, he soon complained of being unable to tolerate the Olanzepine tablets which he had been prescribed so they were stopped. Instead, he was to continue on Depixol 400mg two weekly and Procyclidine 5mg tds. Dr. Kanakaratnam felt Giuseppe Nacci was extremely unwilling to try a new medication and said that explained why he had complained of side effects, which were in Dr. Kanakaratnam's view in fact unlikely to have existed. Given Giuseppe Nacci's unwillingness to take the Olanzepine, Dr. Kanakaratnam decided not to push the issue of a change of medication but to wait until he could be persuaded to try Clozapine.

4.29 **The Community Rehabilitation Team**

Each Wednesday, the Community Rehabilitation Team meets to discuss those clients of the Rehabilitation Service who, in the view of his or her carers, require discussion on a multi-disciplinary basis. We have seen the notes which the team made for its meetings between 7th May 1997 and 22nd October 1997. Save for a reference to Barbara Coleman being on holiday in Scotland at the very first of these meetings, the only mention in the notes of the residents of 14 Hillary Rise relate to the introduction of Olanzepine into Giuseppe Nacci's prescribed medication in August 1997.

Comment

We have considered Giuseppe Nacci's medical records in detail and also the evidence which we heard about his mental state. Although he still complained of hearing voices and said some bizarre things at times, it seems the active and florid psychosis of the earlier years of his illness had to a large extent stabilised during the period when he lived at 2 The Avenue and 14 Hillary Rise.

His condition worsened in early March 1997 but then settled after his Depixol was increased.

4.30 On 7th November 1995, Mrs. Slater (the manager of the Occupational Therapy services) and Mrs. Friquin completed assessments on all three of the residents to determine their "level of competence and performance in a range of tasks pertaining to activities of daily living".

4.31 Barbara Coleman was said to be able to perform all tasks of personal hygiene but she required prompting and occasionally supervision. One of the problems identified with her was that she got bored at weekends, causing a problem with the other residents. The long term aim for her was to maintain her in the group home.

4.32 The short term plan for Giuseppe Nacci was to maintain him in the group home. Then, if his mental health was stable, he would be helped to move to independent accommodation. He was described as "a very able person" with the "necessary skills for independent living".

4.33 This occupational therapy assessment was kept separate from Giuseppe Nacci's other medical records and there was no reference to it within those records. A patient's records should be complete so that all those involved in his/her care have access to all relevant information. This was well demonstrated by the fact that we only became aware of the existence of this assessment at the very end of our Inquiry procedure.

4.34 **Life at 14 Hillary Rise**

We have tried to picture life at 14 Hillary Rise for the three residents and the nature of the relationship between them. This has not been easy since the accounts which we were given by witnesses differed in some respects but we record our impressions in this part of our Report.

4.35 We were told Giuseppe Nacci and Barbara Coleman got on well together, although it was recognised amongst those staff who had contact with them,

that they would bicker about each other's behaviour. We were told that they were often seen sitting and talking amiably to each other at Fairfield Hospital and they were described to us on a number of occasions throughout our Inquiry as "being like an old married couple" who had disagreements at times. Those witnesses who we asked about this said that Giuseppe Nacci was not aware of this description of them but we feel it is appropriate to record here that he was in fact aware of it. He used that very description to us in the course of his interview and told us he did not like it being used about him by his carers. They were also said to be like brother and sister.

4.36 Mrs. Friquin told us that Giuseppe Nacci and Barbara Coleman:-

> "had their ups and downs. She used to say "he's stomping up and down the stairs like an elephant" which he did. I think they used to bicker at each other, but they got on really well together. She'd go out and buy him ice creams and cigarettes, and he'd be quite happy receiving these things. She'd give him money and he would take it. It was her choice, there wasn't a lot we could do about it. We could say to her "don't do that". They were good for each other because they helped each other in their different, funny ways."

Mrs. Friquin explained to us that she had never thought of Giuseppe Nacci as violent. She did, however, tell us that she took a knife away from him last year explaining that the porters at Fairfield Hospital "were really upset about this knife" and she had told him it was not something he needed, even though there were kitchen knives in the house. She said it was a big knife and she did not think it was nice to have it around the house. He liked to own knives, especially because he was reminded of a fruit knife which his grandmother had owned.

4.37 Similarly, Mr. Ha-Cheng said:-

> "I think they got on well. They always got on well. It was like a husband and wife relationship - sometimes he would come to me and say Barbara has been nagging him, but in a laughing and joking way. Then at the same time he would tell me what he had for lunch on Sunday - they cooked together. There wasn't any indication that there was any malice or viciousness in his relationship towards her - they were friends, and there was never any hints."

4.38 Giuseppe Nacci is presently detained on the Orchard Unit of Fairfield Hospital where we interviewed him. He is under the care of Dr. Pinto. He was prepared to answer all of our questions and we appreciated his willingness to talk to us. He said that he and Barbara Coleman "got on all right" during the week but that it was much more difficult at weekends. When we asked him how he, Barbara Coleman and K.H. had been as a group, he said:-

> "First it was not so bad being fresh from hospital and feeling much better. The house is a very nice house. [K.H.] kept it clean very well, but I did not like Barbara at all, and Heather [Friquin] said she was a good house keeper, good cook and things like that. While I was there Barbara never proved none of those skills to me. ...
>
> "Coming back on a Friday from therapy she used to come up to me and say: "My body is all gone, my guts are all gone, my hands are all gone, my face is all gone, I can only sit here." Sometimes she would lift her dress up and told me to touch her. I was not really interested in touching her, you know. She would start on that at the weekend. Saturday morning she would do the same thing, saying she was all gone, and she won't be here in the morning. She would pester me for a cup of tea, I would make her a cup of tea, she wouldn't drink it. She'd ask me to make her some toast, I would make some toast, she wouldn't eat it. Sometimes I would cook a Sunday lunch for her. She would eat some of it sometimes. Sometimes she wouldn't eat any. Instead of chucking it away I would eat it myself. So I would get fatter and fatter you see. I did like her, even though she drove me mad."

4.39 Giuseppe Nacci said:-

> "It was only after last year that things started to change, because I couldn't sleep. I would be up all night listening to the television and drinking. Not drinking spirits, tea and making food and things. She could hear me upstairs.
> ...
> In the morning she started to pick an argument with me about being up all night. She said "I'll tell Heather [Friquin] you've been up all night." She tried to blackmail me even about what she was up to."

4.40 We found it interesting that only one member of the clinical or nursing staff told us that Giuseppe Nacci and Barbara Coleman did not get on together and that

she had the impression that they argued a lot. This was Miss Khaira, a Nursing Assistant who begun working at the Firs Unit shortly before the incident with which our Inquiry is concerned and who did not have the long association with Giuseppe Nacci and Barbara Coleman which other witnesses clearly had. The fact that she had not known them for a long time and had not become as used to their relationship and habits as other members of staff appear to have done may well have led her to have had a different perception of their friendship.

4.41 K.H. said that Barbara Coleman was very difficult to live with, and was extremely annoying. Her lack of personal hygiene was a source of irritation for both K.H. and Giuseppe Nacci.

4.42 Gennaro Nacci said:-

> "I suppose there was a stormy relationship. There was a relationship there, they were friends, but it was mainly at the weekends that the trouble brewed up."

4.43 He also told us that he spoke to Mrs. Friquin about the problem and was told that the residents had had a meeting and did not want to separate. He tried to telephone Mr. Ha-Cheng to talk to him. He telephoned Fairfield Hospital and was given some numbers to try and contact him. Mr. Nacci said "I seemed to be pushed from pillar to post, he was here, then he was there, and in the end I gave up because I just couldn't get through." He was never invited to any meeting about his brother's care plans or future. He did not know about the Trust's complaints policy.

Comment

There was inadequate communication with Giuseppe Nacci's family and this should not have happened. One way of finding out what problems exist for a patient is to speak to his or her relatives. It is important that the relatives of patients being cared for by the Community Rehabilitation Team should be able to make their views and concerns known and be able to contact the relevant key worker with ease.

4.44 **Our view of 14 Hillary Rise**

We have come to the conclusion that the nature of the relationship between Barbara Coleman and Giuseppe Nacci was difficult for those working in the Community Rehabilitation Team to understand fully. During the week, whilst they were either at the Firs Unit or busy with Mrs. Friquin, Giuseppe Nacci and Barbara Coleman appear to have got on reasonably well together and he told us this. They argued on fairly frequent occasions and they complained about each other's behaviour but they also spent quite a lot of time in each other's company when they were behaving amicably. We have formed the view that Barbara Coleman was quite dependent on Giuseppe Nacci - we have heard that she was unwilling to do her share of the housework or to do any cooking and she often paid Giuseppe Nacci to do these things for her. We heard that he enjoys spending money and therefore benefitted from this arrangement.

4.45 However, we are very firmly of the view that there were times when both Giuseppe Nacci and K.H. found Barbara Coleman's behaviour difficult to tolerate. This was particularly so at weekends but also to some extent on the weekday evenings. Barbara Coleman suffered from somatic delusions which led her to believe that parts of her body were missing. We heard these delusions had improved over the years preceding her death but it seems quite clear that she was continuing to experience them, even if not as regularly as in the past. She had an irritating habit of lying on the sitting room floor and particularly pestered Giuseppe Nacci when he was at home. Furthermore, Barbara Coleman was not motivated to wash or bathe regularly and she did have a hygiene problem. There is a suggestion that she may have suffered from stress incontinence as well. Although Mrs. Friquin lived near to 14 Hillary Rise and could and did go there on other days, her appointed day for visiting that house was Tuesday. We were left with the impression that, whilst there may have been an improvement, there were still times when Barbara Coleman's personal hygiene was unfortunately not as good as it could have been. Whilst this seems to have been recognised by those staff working on the Firs Unit, we did not gain the impression that this was an area that was identified as requiring much input from that Unit, although we accept that staff may on very infrequent occasions have suggested to Barbara Coleman that she ought to take a bath.

4.46 The impression with which we were left was that none of the residents had much insight into the others' illness. When Giuseppe Nacci was suffering an auditory hallucination, he had developed a method of dealing with it by which he often listened to music on his personal stereo and withdrew to a quiet place until he felt better. Yet Barbara Coleman seems not to have understood his need to be alone and often pestered him. Similarly, he told us that he found it difficult to cope with her saying that parts of her body were missing and that he might have been more tolerant of her illness had he realised that she was not simply giving him "the run round for the weekend". Again, when we talked to K.H., it was clear that she had very little understanding of Barbara Coleman's illness.

4.47 We feel that there were times, particularly at weekends, when the residents of 14 Hillary Rise found it difficult to tolerate each other or to understand each other's illnesses. Dr. Kanakaratnam, Mr. Ha-Cheng and Mrs. Friquin were all aware that there were quite often occasions when Barbara Coleman irritated Giuseppe Nacci.

4.48 There was no mention of how any conflict between them should be managed and, if necessary, resolved. We consider there should have been and that the problems which these three residents encountered in living together were never fully addressed. For example, the need for unannounced weekend visits to 14 Hillary Rise should have been contemplated. It was not sufficient simply to ask them if they wanted to move house.

4.49 The situation at 14 Hillary Rise has to be viewed in the context of what was happening in the Trust so far as the care of these patients was concerned. Since about 1994, a transfer of the care of the residents of 14 Hillary Rise had been contemplated, whereby their care was to be taken over by the Bedford and Shires Health and Care NHS Trust. This seems to have been largely motivated by the geographical location of the house and was to include the residents of other group homes in the area. The Bedford and Shires Health and Care NHS Trust said that it could not accept responsibility for their care until an agreement had been reached

whereby Bedfordshire Social and Community Care would take over the tenancy of the properties involved since the trust could not hold the tenancy itself.

4.50 In August 1997, an assessment was carried out by the Bedford and Shires Health and Care NHS Trust; a number of earlier assessments having apparently been postponed. This seems to have been preliminary and expressed the need for further assessment by the multi-disciplinary team from the Bedford and Shires Health and Care NHS Trust. However, it made recommendations for each resident.

4.51 For Barbara Coleman, it was suggested the multi-disciplinary team should discuss transferring her to a similar community rehabilitation programme, including considering a transfer to Norwich since she had expressed a wish to move there. For Giuseppe Nacci, it was suggested he should have a placement to gain further independence and then support in securing independent accommodation. He had expressed a wish to move to Hitchin. This assessment was never formally adopted although the Trust was given a copy of it to check its accuracy. Since not all relevant members of its Community Rehabilitation Team had been consulted, we were told the two trusts agreed it would be revised. This did not happen. The Trust believes this was because Bedford and Shires Health and Care NHS Trust became focused on resettling its residents who were still in Fairfield Hospital and on moving on patients in its acute beds. Of course, Barbara Coleman's death also followed shortly after August 1997. How the assessment in fact came to be conducted without the involvement of all relevant members of the Community Rehabilitation team is not clear. However, until a clear plan emerged for the transfer of the patients' care to the Bedford and Shires Health and Care NHS Trust, the Trust perceived its role as being one of maintaining the *status quo* for the patients. The Trust did not feel that it could plan a resettlement for patients in North Bedfordshire independently of the Bedford and Shires Health and Care NHS Trust.

4.52 We heard that the resettlement process had been effected more quickly for those patients living in South Bedfordshire in respect of whom the Trust remains responsible. It has also transferred North Hertfordshire residents successfully to another rehabilitation team.

4.53 Having considered the evidence carefully, we appreciate and accept it would have been hard for those involved in the care of these residents to realise quite how strained the relationship between Giuseppe Nacci and Barbara Coleman could be at weekends, and that Giuseppe Nacci was finding her behaviour aggravating and increasingly difficult to tolerate. We have come to that conclusion for a number of different reasons. In particular, the following were in our view of importance:-

4.53.1 In the 4½ years in which the residents shared a home, there were no incidents of violence before the one with which we are concerned, save for one minor physical exchange between Barbara Coleman and K.H. in May 1994.

4.53.2 We were told that whenever the residents were asked if they wanted to move, they said that they did not although, in the August 1997 assessment, only K.H. is noted as having said she wanted to stay at 14 Hillary Rise. Although Giuseppe Nacci told us he did want Barbara Coleman to be moved, we doubt whether he expressed such a view forcibly. In fact, both he and his brother told us honestly that there was pressure on Giuseppe Nacci, particularly from his father, to remain living at 14 Hillary Rise because it had been nicely furnished and was much better accommodation than he had had in the past when he had lived away from Fairfield Hospital.

4.53.3 Although each complained frequently about the other's behaviour, when Barbara Coleman and Giuseppe Nacci were seen together, they appeared to get on reasonably well.

Comment

Unfortunately, the delay in the transfer of the care of these patients between the two trusts meant that, in the meantime, no steps were taken to progress long term ambitions for the care and treatment of the patients.

Hence, any move for Giuseppe Nacci into independent accommodation, as envisaged by Dr. Patel, the November 1995 occupational therapy assessment and the Bedford and Shires Health and Care NHS Trust 1997 assessment was unlikely to be brought about unless and until his care had been transferred to that trust.

We feel that Giuseppe Nacci had become somewhat "stuck in a rut". He was some 20 years younger than the ladies with whom he was sharing a house. The day to day routine of his life did not change from one year to the next. Yet until his care had been transferred, it was unlikely that he would move on unless he or a relative expressed a clear wish for this to happen.

We understand that there are three residents of another group home who are still in this position. Although their transfer arrangements have been agreed, they have still not been put into effect. Similarly, K.H., although rehoused, falls into the same category. This situation cannot be in their best interests and we consider that steps should be taken in the near future to remedy it so that the responsibility for all aspects of their long term care is clear.

In any event, the objectives of Giuseppe Nacci's care plans did not alter in any respect throughout the 5½ years in which he lived in the group homes after his discharge from Fairfield Hospital during which his care remained the Trust's responsibility. For example, should his care planning have reflected any fears that he felt about the proposed change in the management of his care and considered how to allay those fears? This has left us with concerns that, until now, the needs of those patients of the Community Rehabilitation Team who have been discharged from hospital and who appear to present little or no problem are not subject to a regular multi-disciplinary review so as to ensure that their care needs are fully identified and met. At present, for those patients of the Trust who do not present a management problem and who are not within the ambit of the Care Programme Approach, there is a real and substantial risk that they will not undergo a multi-disciplinary assessment.

We were told by the Trust that full needs assessments were to be done for all relevant patients. This process was to have started on 1st September 1998 but had been delayed. We were pleased to hear of this progress although the implementation of a system of review does seem to have been delayed. Whilst recognising that this has considerable resource implications, we have come to the conclusion that the Trust must devise some method of regularly reviewing the appropriateness of each care plan for each patient of the Community Rehabilitation Team to enable the patient to lead as fulfilling a life as possible.

CHAPTER 5 - THE DAYS LEADING UP TO 11TH OCTOBER 1997

5.0 On 30th September 1997, Nursing Assistant Moira Houghton reported to Miss Kanagasingam (the deputy day care manager) that Giuseppe Nacci had been taking more Procyclidine than had been prescribed for him. Mr. Pamben was away on his annual leave. Giuseppe Nacci was taking 5mg of Procyclidine five times a day instead of 5mg three times a day. Miss Kanagasingam discussed this with Giuseppe Nacci and he told her that, at times, he forgot to take his medication and then felt so bad in the morning that he took five tablets which made him feel better. It appears that he was under the impression that Procyclidine helped with his auditory hallucinations as opposed to alleviating the side effects of his anti-psychotic medication. Miss Kanagasingam explained the purpose of his having been prescribed Procyclidine and its effects, and encouraged Giuseppe Nacci to discuss this with Mr. Ha-Cheng. She attempted to contact Mr. Ha-Cheng about this matter on three occasions but was unsuccessful. Miss Kanagasingam explained to us that she got no answer on one occasion and that, on the other two, she left messages for him. One of these was left with somebody to whom she spoke at his base in Luton and one was left with the Nursing Administration at Fairfield Hospital.

5.1 To help him to take his medication at the right times, Giuseppe Nacci was given a "Redidose" dispenser, and subsequently told staff at the Firs Unit that he had been taking his medication as prescribed.

5.2 On Tuesday 7th October 1997, Mrs. Friquin went to 14 Hillary Rise. She had been away from work for the preceding two weeks on sick leave. In her notes, she made the following record:-

> "[K.H.] fine. Barbara very well. Jo said he is not sleeping to (*sic*) good. I told him to tell Gerry in morning when he had his injection. Did weekly chores: cleaning, shopping and out for lunch."

5.3 Mrs. Friquin told us that Giuseppe Nacci was fine when she saw him on Tuesday 7th October 1997. She described him as "no problem at all".

5.4 On Wednesday 8th October, Thursday 9th October and Friday 10th October 1997, Giuseppe Nacci and Barbara Coleman attended the Firs Unit.

5.5 On 9th October 1997, Miss Kanagasingam made the following note about Giuseppe Nacci in the Firs Unit's nursing record:-

> "Reported by staff that [Giuseppe Nacci] was listening to his personal stereo in the Dept. (? indication he is not well, wants to isolate himself). When approached by staff, [Giuseppe Nacci] was pleasant & communicative. Has been listening to opera. Others are not keen if played out loud. Spoke of his sleep pattern, advised to reduce caffeine intake late pm. Spoke about holidays and cooking. Attended badminton."

5.6 Miss Kanagasingam told us that Giuseppe Nacci was quite pleasant and co-operative when she spoke to him. She thought that "his mental state was fine, there was no problem".

5.7 On 10th October 1997, Miss Kanagasingam recorded in the nursing record that Giuseppe Nacci had come to the Firs Unit a little late. He was "observed to be quiet in mood. When approached by staff, responded but didn't want to talk." He was encouraged to approach the staff when he was able. Miss Kanagasingam also noted that he "later admitted to having a voice attack". She said he sat on the Firs Unit reading a paper and did not want any lunch.

5.8 Mrs. Houghton told us that, either on Thursday 9th October or Friday 10th October, Giuseppe Nacci was not feeling very well. Barbara Coleman was irritating him and would not leave him alone when he wanted to be on his own. Mrs. Houghton said Barbara Coleman told her, on one of those days, that Giuseppe Nacci had just said he was going to stab her. She could not remember which day it was. In her evidence, she said he was always saying things like that to Barbara Coleman and

gave the example of "Clear off or I'll kick your head in". Mrs. Houghton said he was in fact never violent towards Barbara Coleman. Yet it was particularly noticeable that she told us he had never threatened to stab her before, nor to use a weapon against her. In evidence, she said she passed this threat on to Miss Kanagasingam whilst they were in the office of the Firs Unit and that Miss Kanagasingam went out of the office and spoke to Giuseppe Nacci. Mrs. Houghton said that, afterwards, Miss Kanagasingam told her that she was going to contact Mr. Ha-Cheng to get somebody to see that Giuseppe Nacci was all right. No record was made in the nursing notes of this threat even though fairly detailed notes were made about Giuseppe Nacci on both 9th and 10th October. Mrs Houghton said that the nursing assistants did not make records in the notes; Miss Kanagasingam said that all members of staff (including nursing assistants) are requested to document what they have seen or heard, although usually when the nursing assistants make records, a qualified nurse countersigns it.

5.9 We asked Miss Kanagasingam about this alleged threat. In her evidence, she told us that she had not heard any mention of this statement before we asked her about it. However, she subsequently clarified her evidence to explain that she thought we were asking her whether she was told by Mrs. Houghton about the threat at the time it was said to have been made, rather than whether she became aware of it after Barbara Coleman's death. Miss Kanagasingam explained that Mrs. Houghton had told her about it after Barbara Coleman's death during a telephone conversation and that she had said the threat was made on Friday 10th October. Miss Kanagasingam went on to say that, when she denied having been told, Mrs Houghton said that she must have told Mr Pamben about it. Miss Kanagasingam was emphatic in her denial that she was not made aware of it on 10th October.

Comment

A number of witnesses told us that they had become aware of what Mrs. Houghton was saying about this threat after Barbara Coleman's death. Mrs. Houghton also told the police about it although Miss Kanagasingam believes that she may subsequently have telephoned the police to change her statement.

In the absence of any evidence other than the accounts of Mrs. Houghton and Miss Kanagasingam, we have found it difficult to form a view as to whether Giuseppe Nacci's threat to stab Barbara Coleman was reported to Miss Kanagasingam or not. If Miss Kanagasingam's account is right, then there was a failure to report it to her. If Mrs. Houghton's account is right, then the threat was not investigated. It follows that there was an inadequate reaction by one or other member of staff to it but we do not express a view as to which account is correct. However, the fact that Giuseppe Nacci was said to have made threats towards Barbara Coleman on occasions in the past but not to have carried them out was not sufficient reason for there to be an inadequate reaction to this one. This is particularly so since Mrs. Houghton told us that Giuseppe Nacci had never previously threatened to stab Barbara Coleman or suggested in the past that he would use a weapon against her.

We wish to emphasize that any communication which relates to possible violence by a patient must be treated seriously.

Further, since there seemed to be confusion as to the responsibilities of staff in relation to record keeping, the Trust should take immediate steps to ensure all staff are aware of their obligations in this regard.

5.10 On the afternoon of Friday 10th October, Miss Kanagasingam did in fact telephone Mr. Ha-Cheng. She said this was to inform him that Giuseppe Nacci had increased the amount of Procyclidine which he was taking the previous week and that he had had a bad auditory hallucination that day. Mr. Ha-Cheng was of course not told about his threat towards Barbara Coleman. As a result of this telephone call, Mr. Ha-Cheng advised Miss Kanagasingam that Giuseppe Nacci should return home and relax. According to the nursing record, he said he would telephone him later but he in fact arranged for Nursing Assistant Anthea Brooks to visit him at 14 Hillary Rise which was on her way home. Mr. Ha-Cheng informed Miss Brooks that, if there was any reason to be concerned, she should contact him immediately after she had seen Giuseppe Nacci.

5.11 Miss Brooks told us that she had had a reasonable amount of contact with Giuseppe Nacci when he was on Ward F11 of the Fairfield Hospital but that she had little contact with him once he was discharged in 1992. Miss Brooks told us that Mr. Ha-Cheng informed her that Giuseppe Nacci "was showing signs of not being well and hearing voices, etc." so she was asked to go and see him. She went to 14 Hillary Rise, arriving at about 4pm. Giuseppe Nacci answered the door wearing his personal stereo and she explained why she was there. Giuseppe Nacci told her he was feeling all right. He had taken a tablet and his head was much better. She spent about half an hour talking to him, mainly about his nieces. She did not ask him what tablet he had taken but said that he had described it as prn medication. She thought Giuseppe Nacci was settled and saw no need to contact Mr. Ha-Cheng after that visit.

Comment

We are concerned that Anthea Brooks was not given instructions to report back to Mr. Ha-Cheng that day with the outcome of her visit, not least of all so he could be satisfied that she was herself all right after the visit. She was only told to contact him if there was any reason to be concerned. As she commented to us, there was always some potential risk to her.

Hence, there was a failure to observe the Trust's "Working Alone Policy". The relevant part makes provision for the procedure which is to be followed when a member of staff intends to go straight home after an appointment and, on this occasion, that procedure was not followed. Although the Trust's present policy is under review, we advise that its principles should be stressed to its staff. The policy is of no use if it is not followed by those whom it is designed to protect.

CHAPTER 6 - THE DEATH OF BARBARA COLEMAN

6.0 On the evening of 10th October 1997, Giuseppe Nacci telephoned Mrs. Friquin but she was out. She told us she had been away from work on sick leave for the preceding two weeks and he was ringing up to ask how she was. That is a little odd since she had visited 14 Hillary Rise on 7th October as part of her usual routine and had seen him so that he ought to have known. However, it was apparent from the evidence we heard that the residents were used to telephoning Mrs. Friquin to talk to her. Giuseppe Nacci said he has no recollection of making the call.

6.1 On the morning of 11th October 1997, Mrs. Friquin returned his call. He said that he was not going to Hitchin to see his father that day because he was going to save his money for Christmas. She said that was a great idea. He asked her whether she was going to football that day and she said that she did not know yet. Giuseppe Nacci then said that she should have a nice day and he would see her on Tuesday. He made no mention of having been visited by Anthea Brooks on the preceding day nor did he mention the auditory hallucination which he had suffered.

6.2 Gennaro Nacci told us he spoke to his brother in the early part of the evening of 11th October 1997. England were playing football against Italy so he telephoned his brother to say the highlights of the match would be on the television. His evidence was that Giuseppe Nacci "did seem very down, and he said he had had a really bad voice attack. I knew it was a bad one because of how he sounded."

6.3 We asked Giuseppe Nacci to tell us how he spent the day. He said he remembered Barbara Coleman coming downstairs in the morning and pestering him for the sofa. He felt very ill and could not tolerate any nonsense. He said he was "not my usual self" because of the bad auditory hallucination which he had suffered the day before. He did not feel the need to telephone anybody for help but just wanted to keep to himself. He remembers that Barbara Coleman continued to pester him throughout the day wanting to sit on the sofa. At about 8 o'clock in the evening, K.H. came

downstairs to make her tea and Barbara Coleman and she argued, with Giuseppe Nacci standing up for K.H. and telling Barbara Coleman to leave her alone.

6.4 Similarly, K.H. told us about the evening of 11th October 1997. Her evidence included the following passage:-

> "[Giuseppe Nacci] was lying on the studio couch listening to the radio. She [Barbara Coleman] got up and went over and started shaking him "please get me something to eat, something to eat", so he sat up and said "yes, you've had your tea, you've had your dinner and you didn't finish it." ... she wanted biscuits or something, and could he go and put the cheese or something on the biscuit or meat or something. ... But he didn't want to do it anyway so she kept on pulling him, pulling him. ...
>
> "They went into the kitchen anyway ... I left them there ... They were banging the tins around, and he was asking her to dry things. Sometimes she would, more she wouldn't, but she didn't do it then and he was going on about it, so I sat watching the telly. They went on upstairs and they were still fighting, shouting at one another, you know. It was just one usual argument, that was all I knew about it, so I sat watching the telly."

6.5 Giuseppe Nacci told us that Barbara Coleman "just drove me mad". He picked up a locking knife and opened it and said: "If you don't shut up, I'll do you". Barbara Coleman ran upstairs and then came back downstairs saying she was going to tell Mrs. Friquin that Giuseppe Nacci had picked up the knife and he would get into trouble. He said that he then "flipped my lid". He picked up the knife, went back to the stairs and stabbed her on the shoulder. He told us he was not thinking of killing her. He was just stabbing her on her shoulder but she then turned round and he carried on stabbing her.

6.6 When he stopped, he saw that his hands were covered with blood and went into the kitchen to wash his hands and the knife. Barbara Coleman followed him and collapsed on the kitchen floor. He then made a 999 call at 11.43pm. The police received a radio message about the incident very quickly and arrived at 14 Hillary Rise

by about midnight. Giuseppe Nacci was arrested and taken to Greyfriars Police Station in Bedford.

6.7 At 2.40 am on 12th October 1997, Dr. A.K. Kapur certified that Barbara Coleman was dead.

6.8 A post-mortem examination was performed at Bedford Hospital on 12th October 1997 by Dr. N.R.B. Cary, Consultant Pathologist and Home Office Accredited Pathologist. Barbara Coleman had been stabbed thirteen times. Two of the stab wounds had punctured her right lung and entered her pericardium. Of these two stab wounds, one had punctured the epicardial surface of the heart and the aorta just above the aortic valve. Another stab wound had penetrated her lateral chest wall and punctured the left lung. The wound which is most likely to have caused severe and life threatening bleeding is the one which also punctured the aorta. There was also a number of wounds to Barbara Coleman's hands which, in Dr. Cary's opinion, were entirely in keeping with multiple defence type injuries. The pathologist gave as the cause of death "1(a) Multiple stab wounds to chest".

6.9 On 12th October 1997, Giuseppe Nacci was interviewed between 3.39 pm and 4.56 pm by Detective Constable Bayford and Detective Constable Turner. His solicitor, Miss Patel of Messrs Gareth Woodfine, and John Davis from the Emergency Duty Team of Social Services were also present.

6.10 Giuseppe Nacci was charged with the murder of Barbara Coleman.

CHAPTER 7 - THE CARE OF K.H. AFTER BARBARA COLEMAN'S DEATH

7.0 Biggleswade police station

K.H. was taken by the police to Biggleswade Police Station. She gave Mrs. Friquin's telephone number to the police and she was contacted. Mrs. Friquin went to Biggleswade Police Station, together with the night sister, Sister Parkins, and Mr. Brown, clinical psychologist who was the member of the Community Rehabilitation Team on duty that night. Both Sister Parkins and Mr. Brown had been contacted by Mr. Molloy (the on call officer on the night of 11th October 1997). He asked Sister Parkins to take some clothing with her for K.H. because some items of her clothing had been taken by the police. K.H. was also seen by Dr. Baker-Fenn, consultant psychiatrist, prior to being interviewed by the police.

7.1 After she had been interviewed, K.H. returned to Fairfield Hospital. She was offered admission to the Bridgeway Rehabilitation Unit to which she agreed, and was admitted at 7.45 am on 12th October 1997.

7.2 K.H.'s present accommodation

K.H. has since been discharged to a warden controlled flat in which she lives on her own. As stated at the start of this Report, two members of the Inquiry Panel visited her there. The flat is extremely clean, well decorated and nicely furnished. K.H. seemed to be well settled and content living there.

7.3 We were pleased that K.H. was prepared to talk to us about living at 14 Hillary Rise and Barbara Coleman's death. She asserted to us that she had not liked Barbara Coleman and had not enjoyed living with her although she had not asked to move from 14 Hillary Rise because she "thought if I don't stick this woman, I would be cracked." She said she would have liked Barbara Coleman to be moved.

Comment

One positive consequence of the tragic incident with which we are concerned is that K.H. has settled well into her new accommodation, away from a group home setting. As far as she is concerned, she did not like living with Barbara Coleman and, in the August 1997 assessment done by the Bedford and Shires Health and Care NHS Trust, she is recorded as saying she did not get on with Barbara Coleman. It seems likely that such a move would have come about earlier but for the fact that the care of the patients at 14 Hillary Rise was not transferred to the Bedford and Shires Health and Care NHS Trust as anticipated.

CHAPTER 8 - Giuseppe NACCI'S TRIAL: 8TH APRIL 1998

8.0 His remand

Giuseppe Nacci was remanded in custody to H.M. Prison Bedford. He remained there until 25th February 1998 when he was transferred to Ward 1 of the Orchard Unit at Fairfield Hospital pursuant to section 36 of the Mental Health Act 1983. Three medical reports were prepared in readiness for his trial.

8.1 Dr. Pinto's report

Dr. Pinto saw Giuseppe Nacci on a number of occasions at Bedford Prison. In his report dated 28th January 1998 (prepared for the Crown Prosecution Service), he recorded that Giuseppe Nacci suffered from chronic schizophrenia and had been receiving anti-psychotic medication for several years which had kept him generally stable although he was still experiencing some psychotic symptoms which had included auditory hallucinations. Dr. Pinto concluded that there was no evidence of any significant deterioration in his symptoms or mental state preceding Barbara Coleman's death, nor was there any clear evidence that chronic auditory hallucinations were directly responsible for his homicidal behaviour. He said Giuseppe Nacci had consistently maintained that the reason he had attacked Barbara Coleman was chronic nagging and irresponsible behaviour. He said that there had:-

> "never been any evidence that the hallucinations in themselves directed Mr. Naachi (sic) to carry out the killing and, if anything, the presence of these voices can be understood to have contributed to a possible increase in his level of arousal which in time could have led to some diminution in his ability to control his feelings and behaviour".

Dr. Pinto said Giuseppe Nacci had never expressed any contrition.

8.2 **Dr. Howard's report**

Dr. Howard prepared a report which is dated 13th February 1998 on behalf of Giuseppe Nacci. He said Giuseppe Nacci "feels that he has not been "stable" since he was about 7 years. He told me of an occasion around that time when he had attended a wedding and seen a white baby coming out of his brother's body." Giuseppe Nacci also spoke of having dreams of being brainwashed by Indian people in Hell and of having his brain frozen in nitrous oxide when he was about twelve years old. Dr. Howard reviewed his medical history and concluded that he has suffered more or less continuously since he was about 21 years old in a fluctuating way from severe schizophrenia. Dr. Howard said that he has at times experienced a number of symptoms which are ordinarily regarded as pathognomonic of schizophrenia. These included complex delusions, the experience of thoughts being inserted into his mind, taken from his mind and made available to other people, feelings of being under external control and the use of neologisms. He has displayed other symptoms commonly found in schizophrenia which included inappropriate affect and both visual and auditory hallucinations. The auditory hallucinations are not pathognomonic of schizophrenia, but are of a kind commonly found in schizophrenia. Dr. Howard said that attempts at rehabilitation over the years had met with limited success. However, following the 4½-5 year admission between 1987 and 1992, Giuseppe Nacci had remained out of hospital in residential homes.

8.3 Dr. Howard said that Giuseppe Nacci's records indicated that his past sudden, unpredictable and serious violence had been the product of psychotic experiences. This was most noticeably the case in respect of the criminal damage in 1975 and the 1988 attack on a stranger who, he believed, had raped his mother. Dr. Howard concluded that the stabbing was closely related to Giuseppe Nacci's illness. He suggested that he may have been acting on psychotic experience and that he was suffering from a disturbance of his normal emotional reactivity when he stabbed Barbara Coleman. He subsequently concluded that the killing was intimately related to the abnormal experiences produced by the condition of schizophrenia from which Giuseppe Nacci suffers. Dr. Howard said, when Giuseppe Nacci committed the offence on 11th October 1997, he was suffering from such abnormality of mind

(induced by disease) as substantially impaired his mental responsibility for his acts and omissions.

8.4 He expressed the view that Giuseppe Nacci remained an unpredictably dangerous man. He said that the killing of Barbara Coleman was:-

> "certainly the second act of serious interpersonal violence carried out, unpredictably, as a consequence of his illness and it is postulated that other acts of violence may have been similarly produced. Much of the content of his psychotic experience is of a violent kind. He has armed himself with knives over an extended period. He has given little indication to those looking after him of his propensity for violence other than the acts themselves and he has not sought help with controlling such impulses in any systematic way. He has possessed weapons, seemingly for a long time and, although he gives some every-day explanation for this, he has also on one occasion given a psychotic explanation for possessing a knife in terms of the need to defend himself against possible Chinese invasion. His disturbance of emotion is such that serious violence does not appear to be accompanied by ordinary feelings of guilt and remorse."

8.5 Dr. Howard concluded that any hospital placement should be in a secure setting and that, given the length of his illness and its relatively poor response to treatment, such hospitalisation was likely to be required for a prolonged period.

8.6 **Dr. Treasaden's report**

Dr. Treasaden's report is dated 30th March 1998. In this, he noted that Giuseppe Nacci had suffered from chronic schizophrenia since at least 1975 which had been controlled but not brought into full remission by standard depot injection anti-psychotic medication. Dr. Treasaden said that the killing of Barbara Coleman was best understood:-

> "against the background of the deterioration in Mr. Nacci's social functioning and personality, due to his severe mental illness of chronic schizophrenia, resulting in a reduction of his tolerance of stress, and Mr. Nacci feeling under stress prior to the [killing] due to the apparent behaviour of the victim due to her own

> depressive mental illness, as a result of which she repeatedly stated that parts or all of her body were "all gone" and was otherwise perceived by Mr. Nacci as interfering, critical and argumentative. It is clear, with the benefit of hindsight, that prior to the index offence, Mr. Nacci had increasingly felt under stress from the victim and wanted to move out of the group home as a result."

8.7 Dr. Treasaden said that, at the time of the offence on 11th October 1997, Giuseppe Nacci was suffering from such abnormality of mind, owing to his chronic schizophrenia, as to impair substantially his mental responsibility.

8.8 Dr. Treasaden considered that Giuseppe Nacci was easily manageable within the confines of the Orchard Unit and did not require placement in a special hospital. He recommended that Giuseppe Nacci continued to be detained at the Orchard Unit and said that were there to be any deterioration in his mental state or behaviour, or were he otherwise to give rise to concern, he could be transferred to the Three Bridges Regional Secure Unit in Middlesex.

8.9 **8th April 1998**

Giuseppe Nacci was sentenced at Luton Crown Court on 8th April 1998. His Honour Judge Rodwell Q.C. made an Order under section 37 of the Mental Health Act 1983 with a restriction order under section 41.

CHAPTER 9 - OUR CONCLUSIONS ABOUT THE DEATH OF BARBARA COLEMAN

9.0 It is clear from all of the evidence which we have heard and read that Giuseppe Nacci has suffered from chronic schizophrenia since at least 1975. His illness pursued a deteriorating course until 1987 when he was admitted to Fairfield Hospital for about 4½ years following which he was discharged to 2 The Avenue, Stotfold. His illness had been considerably modified by anti-psychotic medication in recent years and he had to a great extent reached stability whilst continuing to experience some persisting symptoms, most notably the auditory hallucinations ("voice attacks") to which we have referred. He has found those extremely distressing at times, although he tends to respond to them by seeking solitude and often listening to music (especially opera) until they pass. He remains significantly impaired in his social and occupational functions.

9.1 A number of witnesses told us Giuseppe Nacci was not a violent person. To the extent that he had no convictions for offences of violence, that is correct. However, he has a history of incidents of physical violence and we were not persuaded that those witnesses were right in their assessment of him. We believe that those witnesses who recognised that he had been violent in the past, and retained the potential (even if remote) for further acts of violence, were more accurate in their assessment. However, the past episodes of violence appear to have occurred when Giuseppe Nacci's thinking was seriously affected by active and florid psychosis.

9.2 Giuseppe Nacci found Barbara Coleman to be very trying at times. Yet their relationship was one of contradictions since they got on well together at other times.

9.3 At the time of the killing of Barbara Coleman, he had experienced a particularly troubling auditory hallucination on the preceding day. This disturbed his peace of mind greatly but Barbara Coleman does not appear to have understood his illness nor his need for peace, and she pestered him throughout the day. We have

heard that she was often bored and understimulated at weekends and she seems to have behaved in an irritating manner on occasions, demanding to lie on the sofa. She was described in the occupational therapy assessment of 7th November 1995 as lacking "confidence and motivation". It was raining and neither of them left the house. Giuseppe Nacci became frustrated and angry with her. It was in this atmosphere that the killing took place. We have concluded that there is little, if any, evidence to show that his actions were driven by psychotic impulses, although we bear in mind that Dr. Howard's report particularly tends to suggest otherwise.

9.4 We realize that one issue which particularly concerns everybody involved in the care and treatment of a person who has committed a homicide is whether that event could or should have been foreseen. We have, therefore, considered this issue carefully and in detail.

9.5 We believe that Giuseppe Nacci was ambiguous in his statements and actions about the nature of his relationship with Barbara Coleman and that he had not made it clear to those people involved in his care and treatment that he particularly wished to be separated from her. Had he expressed such a wish, we believe that the Community Rehabilitation Team would have been sympathetic to that wish even bearing in mind the intended transfer of his care to the Bedford and Shires Health and Care NHS Trust. We understand that, had he or a relative asked for it, the Trust could have sought to resettle him within its boundary. We particularly bear in mind that Giuseppe Nacci was moved from 2 The Avenue, Stotfold because of differences with another resident there.

9.6 We wondered whether this tragedy might have been averted if Barbara Coleman's reporting of Giuseppe Nacci's supposed threat to stab her had been addressed properly by staff on the Firs Unit. This is a matter which has troubled us. At the least, a qualified member of staff should have spoken to him about that threat. But we have no way of knowing whether he would have revealed anything which tended to suggest he would carry out his threat, especially since he was often ambiguous about Barbara Coleman. We can say no more than that a chance of avoiding this tragedy may have been missed.

9.7 We considered all of the evidence which we have heard carefully, particularly that of Miss Brooks' visit to 14 Hillary Rise on the afternoon of 10th October 1997 and that of the two telephone calls which Giuseppe Nacci had on 11th October 1997 (with Mrs. Friquin and Gennaro Nacci). In the absence of any direct questioning of Giuseppe Nacci about his apparent threat, we have concluded that there were no clues in what was observed of Giuseppe Nacci's mental state before the killing to suggest that this particular weekend was likely to be different from any other weekend at 14 Hillary Rise and that he was likely to be violent in the immediate future, such that this killing ought to have been foreseen.

9.8 There are times when unpredictable tragedies occur within the services provided for those who are mentally unwell, and we consider that this terrible killing was such an unpredictable tragedy.

9.9 A number of witnesses attempted to explain or seek in some way to justify this killing on the ground that it was akin to an incident of domestic violence. We do not agree with this. Its only resemblance was that it took place within a domestic setting. People who remain living with a violent partner may do so for any number of reasons but Barbara Coleman and Giuseppe Nacci were both patients of the Trust which was responsible for providing their care and for determining their needs, including their accommodation needs, whilst they remained so. It is a quite different situation.

9.10 Although it is our view that there was nothing to mark this weekend out from any other and that this incident could not have been foreseen, that is only one of the issues which arose in the course of our Inquiry. We have also concluded from the evidence we have heard and read that there could and should be an improvement in the provision of mental health services within the Trust, and we turn now to deal with the further conclusions we have reached.

9.11 **Care plans**

The local policy is set out in the Trust's document "Community care policy for people receiving care from mental health services" although this is presently

under review. The policy is to have two main Care Programme types: Care Programme 1 (CPA1) and Care Programme 2 (CPA2). The third category is for those people included on the supervision register which is not relevant for our Inquiry. CPA 1 is defined as follows:-

> "A CPA1 patient will have relatively uncomplicated health care problems, consequently, the care programme will be fairly straightforward. These are patients who have never been admitted to hospital or have had a relatively short stay during admission. To enhance understanding of the type of person who fulfils the criteria for CPA1 is simply to say that, all patients who do no fulfil the criteria for CPA2 (see under Care Programme 2), are deemed to be CPA1 patients.
>
> "CPA1's will, most probably, require the input of only one team member. This team member, whether s/he be the Consultant Psychiatrist, CMHN or Social Worker, will be called the patient's keyworker. The decision to discharge such a patient from community care will not normally require discussion by the multidisciplinary team rather, the keyworker will be able to make this decision alone. Normal multidisciplinary reviews of this patient's progress are not mandatory but may, of course, be undertaken if the keyworker believes that the patient's health care will be enhanced by such consultation."

CPA2 is defined as follows:-

> "CPA2 patients are those with more complex health care problems, therefore, their programmes are liable to be more intricate than CPA1's. That is to say, the CPA2 will require multidisciplinary intervention and, perhaps, multi-agency involvement. Within CPA2 there will be a range of care programmes of varying complexity. The main elements of CPA2 are:
>
> (a) a systematic assessment of health and social needs (including accommodation);
>
> (b) a plan of care agreed between the multi-disciplinary team;

(c) the allocation of a keyworker who, not only may deliver the planned care, but will also co-ordinate the care delivered by others;

(d) the regular formal review of the patient's progress and his or her continuing health and social care needs.

"When a patient falls into one of the following categories then s/he must receive community care under CPA2:

(1) those admitted to hospital under Section 3, 37 or 47 of the Mental Health Act (1983);

(2) those on a Guardianship order;

(3) those who have been in hospital for sixteen weeks or more;

(4) those who have had four or more admissions within a twelve month period;

(5) those who do not fit into the above categories but whom, it is believed, will present a danger to themselves or others if effective after-care is not delivered.

"As can be seen from the above criteria, to quality for community care under CPA2, the patient must have been an in-patient at some stage of his or her care."

9.12 Both Giuseppe Nacci and Barbara Coleman had been in hospital for long periods of time throughout the years and they were seen as patients who would need the continuing help of psychiatric services for an indeterminate period. Both had been discharged from Fairfield Hospital before the Trust implemented the Care Programme Approach in about October 1994.

9.13 We discussed this matter with Dr. Kanakaratnam whose opinion was that all three of the residents of 14 Hillary Rise would probably be CPA2 patients but that they were not subject to it because of their discharge from the hospital prior to the implementation of the Trust's CPA policy. We have been particularly concerned with Giuseppe Nacci and, looking at the Trust's criteria, we agree with Dr. Kanakaratnam's assessment. He explained to us that he is taking steps to bring those patients who are not as yet covered by the CPA within its ambit but that it is an inevitably time-

consuming task which needs resources. It is happening slowly. The mental state and medication of the patients are of course reviewed in the psychiatric outpatient's clinic but we are concerned that such a review is not truly multi-disciplinary. Dr. Kanakaratnam told us that he was dissatisfied with this but said that there were time and resource implications for the Community Rehabilitation Team.

9.14 As we have commented earlier, we believe that Giuseppe Nacci was capable of more independence and a better quality of life than living with two ladies who were aged in their 60's in a group home. That this was so was recognised by Dr. Patel who had envisaged more for him as did the November 1995 occupational therapy assessment. Perhaps because of the proposed change in the management of his care, he did not benefit from a regular review of his social needs (including his accommodation needs) or, at least, not a sufficient one. Yet this was recognised by the Trust's policy as appropriate for a CPA2 patient.

9.15 Giuseppe Nacci needed a care plan which was carefully thought out, particularly as to his future needs and the objectives for him, and informed by a multi-disciplinary (and probably multi-agency) assessment of his needs. Such a care plan needed to be put into practice. Unfortunately the failure of the two trusts to transfer the management of him and other patients for at least a four year period seems to have worked against this happening in that, although he had a care plan, it did not address the question of his future needs.

9.16 Although we are told that full needs assessments are to be carried out for all relevant patients, this has not yet happened and we believe it is important to stress that all patients of the Community Rehabilitation Team should not only have a plan for their management, treatment and care but that such plan should be reviewed and monitored to see that it is carried into effect and modified, if appropriate. Performance management criteria should be incorporated. Consideration should be given as to how best to include those patients within the Care Programme Approach who fulfil the Trust's criteria but have as not yet been brought within its ambit.

9.17 **Day care services**

Although some witnesses told us that the role of the Firs Unit was a therapeutic one, others were frank in saying that, in many respects, it did little more than to provide somewhere for the patients to spend their weekday waking hours.

9.18 Particularly in relation to Barbara Coleman, we felt that she had a range of deficits which were not being addressed by her attendance at the Firs Unit and which probably should have been. She was very difficult to live with at times, sometimes because of a lack of personal hygiene and sometimes because of challenging behaviour, some of which may have had its origin in her limited intellect. She was not motivated to do much around the house, for example cooking or cleaning. Some witnesses told us that her unusual somatic delusions were thought to be attention-seeking and "put on". We do not feel this belief adequately reflects the nature of her illness.

9.19 We realise that the role of the Firs Unit has changed since last year in that only inpatients at the hospital now attend pending the closure of Fairfield Hospital which is presently expected to take place in March 1999. However, the Trust is already providing day care facilities elsewhere and will continue to do so. It is essential that the needs of those patients using the day care facilities are assessed in consultation with the Community Rehabilitation Team in order that those needs can then be addressed in a purposeful way by the Day Care Services.

9.20 The Trust provided us with Draft 8 of the Joint Operational Policy for Leagrave Lodge which is a community rehabilitation unit for people with severe mental problems. This draft states that:-

> "The day care programme and environment of the Lodge aims to encourage independence. We aim to teach, encourage, enable and support the client to:-
> - plan and carry out tasks for independent living
> - interact comfortably in groups
> - identify and satisfy their needs without infringing on others
> - express their own opinions
> - develop an understanding of one's self and relationship to one's environment
> - develop living skills

- develop work and leisure skills
- interact in family situations"

This draft provides for individual assessments by a named nurse with there being a treatment plan and appropriate goals, plans and time scales.

9.21 This represents the approach to day care services which we have in mind. We were pleased to see the contents of this draft but, given our findings as to the Firs Unit, we feel it would be beneficial to stress that day time activities for those patients who are within the ambit of the Community Rehabilitation Team should not just replicate institutionalised care outside the hospital. There needs to be a combination of social, therapeutic and recreational activities which are informed by the needs of the patients although we appreciate that the provision of social and recreational activities in the relatively rural area surrounding Fairfield Hospital would not have been as easy as in a town centre.

9.22 Mrs. MacDonald was the most senior representative of the Social Services Department who gave evidence to us. She told us that various befriender groups in Luton provided focal points for patients with mental health problems, as did the ACE organisation. Further, a user forum had been organised, and the Trust's facilities provide accommodation for voluntary organisations including Alcoholics Anonymous and Relate. We were pleased to hear of these initiatives which represent, for Luton, examples of the type of centres which we have in mind.

CHAPTER 10 - THE RESPONSE TO BARBARA COLEMAN'S DEATH

10.0 Mr. Molloy was the on call officer at Fairfield Hospital on the night of 11th October 1997. As we have recorded in chapter 7, he received a telephone call from the police telling him that K.H. was at Biggleswade Police Station but that she had no clothing with her, and Sister Parkins and Mr. Brown went there with Mrs. Friquin.

10.1 Mr. Molloy then telephoned Lorna Liverpool who was the senior on call manager. The Trust's serious incident policy was implemented and Mrs. Liverpool contacted Tom Downie (Mental Health Services Manager), Philip Burgess (Director of Operations) and William Turner (Hospital Manager). Mrs. Liverpool, Mr. Downie and Mr. Turner met Mr. Molloy at Fairfield Hospital at approximately 3.15 am on 12th October 1997. Dr. Baker-Fenn went to Biggleswade Police Station to interview K.H. and ascertain whether she was mentally fit for questioning by the Police.

10.2 In addition, the following action was taken:-

10.2.1 The Biggleswade police requested the names and addresses of the next of kin of Giuseppe Nacci and Barbara Coleman. The police informed Mr. Molloy that they would contact the relatives concerned.

10.2.2 A brief press release was prepared. A copy of the release was sent by facsimile to Mr. Burgess.

10.2.3 Instructions were given that all enquiries were to be directed to the Duty Officer at Fairfield Hospital.

10.3 When he went off duty at 7.00 am on 12th October 1997, Mr. Molloy handed over to Mr. Leeming (the Day Duty Officer) and told him about the events of the night.

10.4 On 13th October 1997, a meeting was held at 8am at Fairfield Hospital at which the Chief Executive of the Trust was present together with Mr. Burgess, Mrs. Liverpool, Mrs. Friquin, Mrs. Slater and Mr. Downie. After that meeting, there was a further meeting held at Fairfield Hospital which was attended by members of the Community Rehabilitation Team, Mr. Downie, Mrs. Liverpool and the hospital chaplain, a Mrs. Joy Rapley. This meeting enabled the staff to discuss their feelings and views about the death of Barbara Coleman. The staff were offered the opportunity of support either from colleagues such as Mr. Brown or Mrs. Rapley or, if they wished, they were told that an alternative, presumably external, arrangement could be made.

10.5 Giuseppe Nacci was remanded in custody at H.M. Prison Bedford. He was seen there on a number of occasions by Clive Vanderwell, a Registered Mental Nurse who is based at Bedford Prison.

10.6 Mr. Downie contacted Gennaro Nacci and offered him support by the Trust at that time and at any point thereafter if he wished.

Comment

We think that the support offered to staff, to K.H. and to Gennaro Nacci after this incident was extremely good save that we were concerned that Mrs. Houghton told us that she was asked to return to work when she was still feeling very upset. An incident such as this can have a devastating impact on all people who are involved in it and we feel very strongly that staff should not feel obliged to return to work until they are ready so to do.

We were particularly concerned that some members of staff were still very distressed about this incident when they came to talk to us eight

months after it occurred. It is not for us to say whether any support is now needed for individual members of staff but the need for on-going support in a situation such as this should always be addressed by the managers of the Trust.

10.7 It became apparent as we conducted our Inquiry that the Trust's system of clinical supervision is on the whole working well, although one witness did not receive any such supervision. We feel that the supervision needs of all members of staff should be met: they are all entitled to appropriate support, assistance and encouragement. We also believe that it would be appropriate for caseload and workload management to be a feature of the clinical supervision given where it is not already.

10.8 **The Internal Inquiry**

The Trust was keen to establish an Internal Inquiry to investigate this incident as soon as possible. However, they were told by the police that they could not hold an Internal Inquiry until after the trial of Giuseppe Nacci. We were told that the Trust did not take advice from their solicitors but the chief executive said that she sought the views of both the Health Authority and the Regional Office and was advised, in essence, that the Trust should wait given the view of the police.

10.9 As a result, the Trust felt constrained by the wish of the police that it should not hold an Internal Inquiry at the outset even though it was ready to do so. We have not heard any evidence from the police but wonder whether there was some confusion on the part of the police between the scope and purpose of the Internal Inquiry and of our independent Inquiry. The Internal Inquiry has now been held. It reported on 22nd May 1998 and, as we have already said, we have seen a copy of its report. It is a comprehensive report and our views of the circumstances surrounding Barbara Coleman's death and recommendations are in many respects similar to those of the panel which conducted that Inquiry.

CHAPTER 11 - RECOMMENDATIONS

11.0 Although we have concluded that Giuseppe Nacci's killing of Barbara Coleman could probably not have been foreseen, we believe that the provision of services to the patients of the Community Rehabilitation Team could be improved in a number of respects.

11.1 In making our recommendations, we have been particularly conscious of two points. Firstly, the government initiative in respect of the proposed "National Health Service Framework for Mental Health " is likely to have far-reaching consequences for the provision of mental health services throughout the country when it reports. Those consequences may ultimately have an impact on our recommendations. Secondly, we have borne in mind throughout the course of our Inquiry that the final closure of Fairfield Hospital is approaching rapidly. A great deal of time, money, energy and thought has already been devoted to considering how services for those with mental health problems may be provided and maintained for them as they re-establish or seek to maintain their lives in the community. We hope that the recommendations which we now make will be used to inform future decisions about those services and will assist in the provision and improvement of mental health services. We are, however, conscious that our recommendations are based on the evidence which we have heard, the findings of fact we have made and the conclusions which we have drawn. To that extent, they are inevitably limited in their scope.

11.2 The Care Programme Approach

The Care Programme Approach has not been fully implemented throughout the Trust for individual patients. For example, we were told that not all patients who had been discharged from hospital prior to the implementation by the Trust of its CPA policy were as yet subject to it. As we emphasised when conducting our Inquiry into the Care and Treatment of William Monaghan Scott for the Health Authority in 1997, it is important that professionals providing mental health services appreciate fully the criteria upon which it is based if it is to be applied effectively and

efficiently for the benefit of patients, their relatives and carers and the public. The guiding principles of the Care Programme Approach must underlie the provision of mental health services, i.e.:-

- there must be systematic arrangements for assessing the health and social needs of people accepted by the specialist psychiatric services;
- there must be formulation of a care plan which addresses the identified health and social needs;
- there must be the appointment of a key worker to keep in close touch with the patient and monitor care;
- there must be regular review and, if need be, agreed changes to the care plan (Para 1.3.5 - "Building Bridges").

11.3 It is very important that care planning and review standards are both developed and maintained.

11.4 It is quite clear from what has gone before in this Report that we believe the system of review for Giuseppe Nacci's care plan was inadequate. Whilst his health needs were being met, his social needs were not. This seems to have been an unfortunate consequence of the management of his care not being transferred to the Bedford and Shires Health and Care NHS Trust. In any event, we discerned little evidence of a truly multi-disciplinary review being conducted for some patients although we accept that needs assessments will soon be started for all of them. In our Report in 1997, we made three wide-ranging recommendations in relation to the Bedford and Shires Health and Care NHS Trust and its operation of the Care Programme Approach. We have concluded that two of those recommendations are pertinent to this Inquiry and have decided to repeat them here whilst also making three further recommendations. We expect them to be interpreted in the light of all of the observations which we have made in relation to the care and treatment of Giuseppe Nacci and Barbara Coleman.

Recommendations

(1) The Health Authority, the Trust and the Community Rehabilitation Team should examine the extent and quality of their implementation of the Care Programme Approach. In relation to this Inquiry, we consider that the need to review regularly the health and social needs of patients needs particular consideration. Where appropriate, care plans should be modified.

(2) There should be a concerted effort to ensure that the Care Programme Approach policy as formulated is translated into practice in every case.

(3) Particular consideration should be given to the care planning for those three residents still living in group homes and for K.H. who have not yet been formally transferred to the care of the Bedford and Shires Health and Care NHS Trust.

(4) The objectives determined for an individual patient must be written down and communicated to each relevant person involved in that patient's care and treatment throughout the period of his or her involvement with the mental health services.

(5) A system of audit for care plans should be operated at all times.

11.5 In this case, tensions between the residents of 14 Hillary Rise which tended to be exacerbated at weekends were not adequately picked up. Despite being the relevant key worker, Mr. Ha-Cheng visited the house infrequently. Further, when Barbara Coleman said that Giuseppe Nacci had threatened to stab her, this was not investigated.

Recommendations

(6) Key workers should in appropriate cases ensure that their pattern of working includes regular visits to patients' homes and also unannounced visits, at weekends if necessary.

(7) The Trust must ensure that an efficient system of clinical supervision is operated for all relevant staff at all times and that its system of clinical supervision incorporates the issues of caseload and workload management.

(8) Any threat of possible violence must be treated seriously. There should be clear guidance given to all members of staff as to their responsibilities should they become aware of any such threat.

11.6 Although we make no criticism of Miss Brooks's conduct when she visited Giuseppe Nacci on Friday 10th October 1997, it seems to us that she should have been given instructions to report back to Mr Ha-Cheng after her visit in any event, if she was unaware that she should do this.

Recommendation

(9) Members of staff should be familiar with the contents of the Trust's "Working Alone Policy" and should ensure that they follow it.

(10) Each member of staff who conducts emergency visits or a visit which carries with it a real risk of violence should have access to some means of communication (for example, a mobile telephone or "bleep").

11.7 Relatives of patients should be more actively involved in the care planning process than they are at present. Neither Giuseppe Nacci's father nor his brother were ever invited to a multi-disciplinary meeting to discuss the objectives of his care even though they had both visited Fairfield Hospital with him during the earlier years of his illness. Gennaro Nacci found it difficult to contact his brother's key

worker, Mr Ha-Cheng, and so gave up. He did not know of the complaints policy operated by the Trust. These failings should not happen.

Recommendation

(11) Clinicians should involve the relatives or carers of a patient in the care planning process throughout his or her programme of treatment by the Community Rehabilitation Team.

11.8 **Day Services**

We realise that the provision of day services on the Firs Unit will cease completely when Fairfield Hospital closes and we heard about day services which are being provided elsewhere. Yet we feel it is important to say that we could discern little apparent therapeutic purpose to the services which the Firs Unit provided and little evidence of clinical objectives being determined and progress measured. The staff on the Firs Unit were given little information by the Community Rehabilitation Team. We have already said that we hope that will not prove to be the case with the new services. However, we have decided that the purpose and principles of day care services need to be fully aired at all levels within the Trust so that all of its staff are aware of the principles adopted by the Trust and all patients derive the maximum benefit from them. We wish to emphasize that, in making these recommendations, we are not criticising the nature of the facilities provided throughout the Trust. We have already made it quite clear that we realise the Firs Unit was fast approaching closure.

Recommendations

(12) The Trust and the Community Rehabilitation Team should examine the purpose of the day services which they provide.

(13) In particular, the Trust should ensure that the principles adopted by it for assessing, prescribing and meeting patients' needs are clearly understood and adopted by all members of staff involved in the provision of day services.

11.9 **The Management of Serious Incidents**

Incidents such as this can have a grave impact on staff. We felt that, whilst the Trust's initial response to its staff's needs was largely very good, there may have been some continuing need for assistance which had not been adequately addressed.

Recommendation

(14) Where appropriate, the Trust should make support available to its staff on an ongoing basis. If necessary, this should be through its occupational health department or from outside the Trust.

11.10 The Trust felt unable to hold its Internal Inquiry as soon as it would have wished because the police told it not to do so. It did not know how to respond to this issue. We consider that it is important that Internal Inquiries should be held as soon as practicable: there may be areas of concern which need to be addressed as swiftly as possible. We have concluded that this is an issue which needs to be clarified.

Recommendations

(15) National guidance should be given to Health Authorities, Trusts and the police on the role and purpose of internal Inquiries.

(16) The Health Authority should discuss the roles of Independent and Internal Inquiries with the local police force.

(17) The Trust's serious incident policy should provide a time scale within which statements should be taken from staff involved in any serious incident by an officer of the Trust with responsibility for this task.

At present, we understand the serious incident policy requires the provision of a brief written report to the Trust's Chief Executive by a designated manager within one working day of the incident happening, but not for staff statements to be recorded.

List Of Witnesses **Appendix 1**

J Archer	Community Psychiatric Nurse
A Brooks	Support Worker
R Brown	Clinical Psychologist Fairfield Hospital
P Burgess	Director of Operations South Bedfordshire Community Health Care NHS Trust
T Downie	Manager Mental Health Services South Bedfordshire Commnity Health Care NHS Trust
D Eaton	Chief Executive Bedfordshire Health Authority
H Friquin	Technical Intructor Occupational Health Services
F Gamester	Social Worker Luton Community Mental Health Team
G Ha-Cheng	Community Psychiatric Nurse
V Harrison	Chief Executive South Bedfordshire Community Care NHS Trust
M Houghton	Nursing Assistant Fairfield Hospital
K H	Fellow Resident of G Nacci
S Kanagasingam	Deputy Day Care Services Fairfield Hospital
Dr Kanakeratnum	Consultant Psychiatrist Rehabillitation Services Fairfield Hospital
P Khaira	Nursing Assistant Fairfield Hospital
L Liverpool	Community Services Manager
J Macdonald	Care Manager Luton Social Services
B Molloy	Night Services Manager Fairfield Hospital
G Nacci	Subject of the Inquiry
G Nacci	Brother
R Nessling	Assistant Director Primary Care Bedfordshire Health Authority
B Pamben	Day Services Manager Fairfield Hospital
E Parkins	Night Sister Fairfield Hospital
Dr A Patel	Consultant Psychiatrist Weller Wing Bedford & Shires NHS Trust
Dr R Pinto	Consultant Psychiatrist Fairfield Hospital
D Slater	Occupational Therapy Services Manager
Dr Radford	General Practitioner
W Turner	Night Services Manager Fairfield Hospital
C Vanderwall	Community Psychiatric Nurse

Written Evidence **Appendix 2**

Giuseppe Nacci	Medical Report Dr R Pinto
	Medical Report Dr G Kanakaratnam
	Medical Report Dr M Howard
Giuseppe Nacci	Police Witness Statements
His Honour Judge Rodwell	Sentencing Remarks Luton Crown Court
Giuseppe Nacci	Medical Records
	Social Services Case Notes
	General Practitioner Medical Records

South Bedfordshire Community Health Care NHS Trust

All Mental Health Policies and Procedures 1996/7

Mental Health Operational Policies

Transfer of Care Policy and Procedure

Mental Health Education Strategy

Directorate of Mental Health and Learning Disability Personal Development Portfolio

Bedfordshire Health Authority

Fairfield Hospital Service Reprovision and Hospital Closure Plan

Strategic Direction Statement Services for People with Mental Health Problems 1995-2000

Service Specification Community Mental Health Teams 1996/7

Service Specification People with Mental Health Problems 1996/7

Service Specification People with Mental Health problems who require a secure environment including Mentally Disordered Offenders

Draft Performance Management Standards for Adult Mental Health Services

Bedford and Shires Health & Care NHS Trust Documents relating to the Rehabilitation of Patients living in North Bedfordshire

Bedfordshire Social Services

Policy for Recording Information and Risk Assessment 1997

Mental Health Act Commission Reports 1996 and 1997

South Bedfordshire Community Health Care Trust /Bedford and Shires Health Care Trust

Terms of Reference Working Party

Pressure on Acute Psychiatric Beds 1996

Appendix 3

Background Reading

Code of Practice Mental Health Act 1983 published 1994 HMSO

Audit Commission Making a Reality of Community Care HMSO 1986

The Mental Health Act Commission sixth Biennial Report HMSO 1996

Review of Health and Social Services for Mentally Disordered Offenders and others requiring similar services chaired by Dr John Reed Dept of Health and Home Office 1991

Criminal Justice Act 1991 Mentally Disordered Offenders Health Service Guidelines NHSME1991

The Health of the Nation Key Area Handbook - Mental Illness Dept of Health 1993

The Health of the Nation - Mentally Disordered Offenders Dept of Health 1993

Professional Conduct and Discipline Fitness to Practice. General Medical Council 1993

Caring for People with Severe Mental Illness , Information for Psychiatrists Dept of Health 1993

Forensic Psychiatry ; Clinical, legal and Ethical Issues Ed Gunn J and Taylor P J Butterworth-Heinemann 1993

Introduction of Supervision Registers for Mentally Ill People HSG(94)5 Dept of Health 1994

Guidance on the Discharge of Mentally Disordered People and their Continuing Care in the Communirty HSG (94)27 Dept of Health 1994

Audit Commission Finding a Place : a Review of Mental Health Services for Adults HMSO 1994

Report of the Dept of Health and Home Office Working Group on Psycopathic Disorder. Chairman Dr John Reed Dept of Health and Home Office 1994

24 Hour nursed Care for People with Severe and Enduring Mental Illness Dept of Health 1996

The Health of the Nation The Spectrum of Care. Local Services for People with Mental Health Problems Dept of Health 1996

Risk Taking in Mental Disorder Analysis, Policies and Practical Strategies David Carson SLE Publications 1990

Building Bridges A Guide to arrangements for interagency working for the care and protection of severely mentally ill people Dept of Health 1995

Report of the Confidential Inquiry into Homicides and Suicides by mentally ill people The Royal College of Psychiatrists 1996

Report of the Inquiry into the Care and Treatment of Christopher Clunis Jean H Ritchie et al HMSO 1994

Report of the Inquiry into the Circumstances leading to the death of Jonathan Newby Chairman Nicola Davies Oxfordshire Health Authority 1995

The FallingShadow Report of the Committee of Inquiry Chaired by Lois Blom-Cooper Duckworth 1995

The Case of Jason Mitchell Chairman Louis Blom-Cooper Duckworth 1996

The Report of the Independent Inquiry into the Circumstances Surrounding the deaths of Robert and Muriel Viner Dorset Health Authority 1996

The Hampshire Report Mishcon Redbridge and Waltham Forest Health Authority 1996

The Mabota Report Hollwill Redbridge and Waltham Forest Health Authority 1996

Report of the Inquiry into the Treatment and Care of Raymond Sinclair West Kent Health Authority 1996

Independent External Review into Mental Health Services Boltons Hospital NHS Trust 1996

Report of the Independent Inquiry into the Care and Treatment of NG Ealing Hammersmith & Hounslow Health Authority 1996

Report of the Independent Inquiry into the Treatment and Care of Richard John Burton Leicestershire Health Authority 1996

The Report into the Care and Treatment of Martin Mursell Camden and islington 1997

Practice, Planning and Partnership The Lessons to be learned from the Case of Susan Patricia Joughin Isle of Man 1997

Report of the Independent Inquiry following a Homicide by a Service User Bromley 1997

Report of Inquiry into the Treatment and Care of Darren Carr Berkshire Health Authority 1997

Report of the Independent Inquiry into the Care and Treatment of Peter Richard Winship Nottingham Health Authority 1997

Report of the Independent Inquiry into the Care of Doris Walsh Coventry Health Authority 1997

The Report of the Independent Inquiry into the Care and Treatment of William Scott Bedfordshire Health Authority 1997

Inquiry into the Treatment and Care of Damian Witts Gloucestershire Health Authority 1997

Mental Health Act Manual Fourth Edition Richard Jones Sweet & Maxwell 1994

Learning the Lessons 2nd Edition Mental Health Inquiry Reports published between 1969 1996 and their recommendations The Zito Trust 1996

Inquiries after Homicide edited by Jill Peay Duckworth 1996