



HM INSPECTORATE OF PRISONS

Report on HM Prison

Dumfries

March 2005

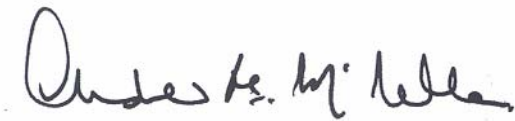


SCOTTISH EXECUTIVE

The Scottish Ministers

In accordance with my terms of reference as HM Chief Inspector of Prisons for Scotland, I forward a report of a full inspection carried out at HMP Dumfries between 6-10 December 2004.

Four recommendations and a number of other observations are made.

A handwritten signature in dark ink, appearing to read 'Andrew R C McLellan'.

ANDREW R C McLELLAN
HM Chief Inspector of Prisons
for Scotland

March 2005

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1. PREAMBLE

1.1 Dumfries is a safer prison than it was. In the past year there have been no escapes, no suicides, no serious assaults on staff, and the number of assaults by prisoners on prisoners has reduced. All prisoners and members of staff interviewed during the inspection said that they felt safe. At the same time, the uncertainty about the use of this prison has been brought to an end, at least in the short term, by the arrival of prisoners serving long sentences who are vulnerable or in need of protection, usually because of the nature of their offences.

1.2 There are therefore some signs of a new stability at Dumfries. In that context, it is clear that some basic aspects of prison life are being done well. Prisoners live in decent accommodation and the prison is not overcrowded. Any visitor would notice that it is kept clean, and this was confirmed throughout the inspection process. For very many prisoners two key aspects of their lives are food and visits. The SPS Prisoner Survey gives consistently high approval ratings for food; and the food eaten by inspectors was good, although the constant shortage of fresh fruit and vegetables was apparent. The Visit Room is a very good facility, bright and spacious, with crèche facilities for children and a tea-bar run by volunteers.

1.3 Previous reports of HMIP have been listened to and acted upon. The prison has acknowledged the challenge of the new group of prisoners which it now holds; and management and staff can be pleased with the way in which a potentially difficult transfer of these prisoners took place safely. Relationships between staff and prisoners have been commended in previous reports: Dumfries is a good example of an increasing number of prisons where such relationships are identified as humane and appropriate.

1.4 Yet there is much which is not yet right. Compliance with ACT requirements was inadequate; and this issue was raised as a matter of urgency during the inspection. It is important for prisoners, for prison staff and for the general public that the greatest possible vigilance be exercised with regard to the preservation of life within prisons.

1.5 High staff sickness levels are continually mentioned as the key difficulty in Dumfries. It is not easy to compare one prison with another; but it is true that two or three members of staff who are ill for long periods have a disproportionate effect in a small prison. Staff

sickness levels are understood by prison managers and staff to lead to restriction of regime. Workplaces, for example, will be closed down, or health provision will not be accessed because, it is said, staff are simply not available to make it possible.

1.6 It is obvious that many members of staff do not wear name badges. Why this should be much more common in Dumfries than in other prisons is not clear: but it is one example among several of the difficulty this prison has had in changing with the times. There are good reasons why in other prisons a health centre is no longer called a surgery, why cell doors no longer have name notices outside, why boards with prisoner names are no longer surname only; just as there are good reasons for staff to wear name badges. But these good reasons have not caused change in Dumfries. Indeed the prison still seems to call itself HMYOI Dumfries, although it ceased being a Young Offenders Institution in 2003.

1.7 These are among the serious challenges which face this prison. On a more basic level there is frustration among prisoners and staff with the number of things which are not working: in the kitchen, the gym, the laundry, the gardens and the unit for women there are machines which are not working and which have been neither repaired nor replaced. The greatest challenge, however, may be that presented by the combination of different groups within the prison. It is difficult to meet the needs of vulnerable long-term prisoners, of local short-term prisoners and of women prisoners within a small prison. There are problems of keeping the populations separate, of restrictions on the amount of useful work which is available to each group, of an almost inevitable feeling in each group that the other groups “get everything”.

1.8 The challenge of meeting the needs of these different prisoner groups has two implications which must not be ignored. The first is to do with the particular needs of the new population. The inspection took place seven months after the long-term prisoners had arrived. But their needs had not properly been addressed. There is limited induction for long-term prisoners, almost no training in dealing with sex offenders has been given to staff, the PE provision which is very good for short-term prisoners does not offer a noticeably different approach for the long-term prisoners who are likely to be older and less fit, and sentence management is not taking place according to national standards for long-term prisoners.

1.9 The other implication is to do with preparation for release. There is a pre-release programme for short-term prisoners, but almost nothing for long-term prisoners and only very limited provision for women. It is often argued that the circumstances surrounding the release of a prisoner are extremely important in determining whether or not that prisoner will re-offend. If there is truth in that claim, then good pre-release programmes are a significant contribution to public safety, and their absence should not be ignored.

2. POPULATION, ACCOMMODATION AND ROUTINES

Population

2.1 Dumfries holds a wide mix of prisoner groups: male adult and under 21 remands, convicted short and long-term prisoners, adult and females aged under 21, and remand and short-term convicted prisoners. On the first day of inspection 175 prisoners were unlocked. The design capacity of the prison is 178.

2.2 The introduction of long-term protection prisoners to Dumfries took place in Spring/Summer 2004. This process was managed with great care, and as a result Dumfries has become three prisons in one, part local short-term/remand, part long-term protection, part local women. It is a feature that each group believes they are the least well off in terms of regime.

Accommodation and Routines

2.3 The prison has seven residential units. Routines across all of these units are regularly disrupted or cancelled because of staff shortages. On the week of inspection one area each evening had recreation cancelled. This results in prisoners spending long periods locked in their cells.

‘A’ Hall

2.4 ‘A’ Hall houses male local short-term adult prisoners. It has a design capacity of 30 and held 30 prisoners on the first day of inspection.

2.5 The hall has twelve two-person cells and two three-person cells on two floors. The building is old and there are signs of wear and tear, especially in communal areas. Because of demand for places it is difficult to get decoration and repairs done.

2.6 All cells have power points, televisions and kettles. There is integral sanitation within each cell. There is one telephone in the hall and four showers, two on each floor. The facilities in general are reasonable.

2.7 'A' Hall prisoners have access to the recreation room adjacent to 'C' Hall in the evenings. A telephone in the recreation room is available during the recreation period. Prisoners can play pool, table tennis or watch television. They can access outside exercise every day in the main prison yard.

2.8 Some cells had large amounts of pornography displayed on cell walls. Offensive material on cell walls should be removed and management should publish a local policy on the displaying of materials.

'Bravo Zero'

2.9 'B Zero' divides into two separate units. There is a separate cells area with four normal cells and one strong cell. The other area has nine cells and is known locally as the Behavioural Change Unit (BCU). Some cells are shared in the BCU bringing the capacity to 14. On the first day of inspection there were three prisoners in the separate cells and 10 in the BCU.

2.10 There is a power point, a kettle, and a television and integral sanitation in all cells. There is also running water in each cell in the BCU but not the separate cells. Prisoners in the separate cells as a result of an Orderly Room adjudication have their television removed.

2.11 A door separates the two areas. In general both areas were well maintained, especially the BCU, which was very bright and clean. There are two showers in each area.

2.12 Prisoners in the separate cells can take exercise in the open air on their own every day in a small enclosed yard adjacent to the hall. They can also use the telephone located in the BCU. Otherwise they are locked in their cell. If the telephone is being used by a prisoner from the separate cells all other prisoners are locked up. The telephone is uncovered and located directly next to the staff desk. Prisoners using the telephone during association periods have no privacy. The prison should make sure that telephone calls can be made in private.

2.13 The prisoners located in the BCU only leave the area to attend exercise in a small enclosed yard, to go to a visit or to the health centre. They have no access to work.

2.14 There are no recreation facilities in the BCU and there can often be up to 14 people standing around in a cramped area with nothing to do. Added to this is the fact that some of the prisoners in this area are poor copers and may have mental health problems. The prison should create a more productive and constructive environment in the Behavioural Change Unit.

'B' Hall

2.15 'B' Hall houses vulnerable long-term prisoners. There is a mixture of sex offenders and non-sex offenders on three floors. Each floor is a separate unit connected by an external stair. The capacity of the hall is 50. All cells are single occupancy. There were 50 prisoners in the hall on the first day of inspection.

2.16 One floor houses elderly or infirm prisoners. They spend almost all of their time on this floor including meal times. Meals are transported in a lift and prisoners served from a heated trolley.

2.17 Each cell in 'B' Hall has integral sanitation, electrical power, a television and a kettle. There are three showers and one telephone on each floor. The telephones are uncovered and there is no privacy.

2.18 Recreation takes place on each floor. Facilities are fairly basic. There is a pool table, table tennis and a large screen television. There is access to terrestrial stations. A common complaint amongst prisoners was that recreation was regularly cancelled due to staff shortages. Staff confirmed this.

2.19 All of the long-term prisoners exercise in the open air every day in the large exercise yard. The yard is very open and plans are in place to section it off and control the movement of prisoners more effectively.

‘C’ Hall

2.20 ‘C’ Hall houses vulnerable long-term prisoners. There is a mixture of sex offenders and non-sex offenders on four floors. Each floor is a separate unit connected by an external stair well. The capacity of the hall is 40. All cells are single occupancy. There were 36 prisoners in the hall on the first day of inspection.

2.21 There is electronic night sanitation throughout ‘C’ Hall. This is also used during the day when staff are re-deployed to other duties. During inspection it was apparent that some staff left cleaners out in the sections during periods of the day. This meant that prisoners locked in their cells could not get access to the toilet.

2.22 The hall is kept clean and tidy and prisoner/staff relationships are positive and constructive. There was no consistent management presence in the wings. Management should be more visible to ensure consistency from wing to wing.

2.23 The recreation facilities in the hall are very good. Prisoners have access to pool, table tennis, table football, darts and a large screen television with access to satellite. There is an uncovered telephone available to prisoners in the recreation rooms.

2.24 There are showers and ablutions on each floor. Some of the shower plinths were chipped and in need of replacement. In general the standard of cleanliness and decoration was satisfactory. However, on one floor there was an inappropriate “notice” telling prisoners to be more careful when using the toilet written on the tiled wall in felt pen. Even when inspectors remarked upon the existence of this graffiti it was not removed.

‘D’ Hall

2.25 ‘D’ Hall houses remand and short-term convicted prisoners. There are four sections on one floor, three together and one in an annexe. There are 17 cells in the hall with cell sharing throughout. Some cells can take up to four prisoners giving the hall a design capacity of 47. There were 35 prisoners in the hall on the first day of inspection. As the admission hall it has been necessary to hold as many as 50 for short periods in the past.

2.26 All cells have integral sanitation, power points, kettles and televisions. Two cells have showers. There is also a communal ablutions area. The floor in this area was dirty and the paint on the floor unsightly. The ablutions room floor should be cleaned and repainted. The general standard of cleanliness and decoration in the hall was good.

2.27 Some concerns were expressed about the quality of the mattresses in the hall. A store in 'D' Hall contains spare mattresses and mattress covers. Inspectors were assured that old or worn mattresses or covers were replaced as required.

2.28 Admissions are allocated to a cell based on a local cell sharing risk assessment. Although a fairly basic tool it appears to be effective. Prisoners can also influence who they share with through discussions with staff.

2.29 Recreation facilities are basic. There is a pool and a table tennis table. There is also a quiet room with cards, board games and a small library. There are two telephones in the hall, one covered, one uncovered.

2.30 Prisoners have access to the open air every day in a yard adjacent to the hall. However, the yard is small, enclosed and claustrophobic. The prisoners would benefit from being allowed to exercise in the large yard on their own or with 'A' Hall prisoners.

Observation Suite

2.31 The observation suite houses prisoners at risk of self-harm or who are particularly vulnerable. There are three single cells and a four-person dormitory. On the first day of inspection there were three prisoners living there.

2.32 Each cell has integral sanitation, electrical power, a kettle and a television. There is an ablutions area with a shower. Recreation facilities consist of a pool table. The suite was clean and tidy.

Female Unit

2.33 The female unit has six cells with a design capacity of 12. There are two cells which house three prisoners, and three cells which could house two. If the population increases to 14, two foldaway beds are available. There is also one safe room for any female prisoners who are considered at risk. On the first day of inspection there were nine women in the unit.

2.34 The rooms have in-cell sanitation. One room has a shower and wash hand basin (this was previously the mother and baby room). There is one other shower in the unit, although this is locked and the women cannot freely use it. All rooms have in cell power and are well maintained.

2.35 The condition of the unit is in general satisfactory, although consideration should be given to the replacement of the 'waiting room' style chairs with sofas. The carpet should also be cleaned. There is one telephone enclosed within a booth to ensure privacy.

2.36 There is one officer working within the unit at any one time, and relationships between staff and prisoners appear to be mixed.

2.37 Work for the women consisted of putting bolts together, which was described as boring and meaningless. It took place at the 'breakfast bar' within the unit. The women were able to attend education every afternoon. If they did not attend they had their wages reduced. Education consisted of Art and basic English and Maths.

2.38 Physical Education classes were provided twice during the week and once at the weekend. However, if a session was missed during the week access was not allowed at the weekend. Wages were also reduced.

2.39 The women were positive about the visiting arrangements and found visits to be relaxed and enjoyable.

2.40 Meals are eaten within the unit and at each mealtime two prisoners went to the kitchen to collect the food. They carried it back to the unit in large heavy containers. None of the prisoners were trained in manual handling and the arrangements for transporting food

should be reviewed. Management should also consider offering women the opportunity to cook their own meals in the unit. There were complaints about the temperature of the food and it sometimes had to be reheated within the unit. Recreation was limited – there only appeared to be TV or reading available.

2.41 The women said they felt ‘really safe’ from other prisoners and from staff.

3. CUSTODY AND GOOD ORDER

Safety

3.1 In 2003-04 there were four serious prisoner-on-prisoner assaults against a KPI target of two. In the same period there were no serious prisoner-on-staff assaults. There were 13 minor prisoner-on-prisoner assaults and two minor prisoner-on-staff assaults within this period. Between 1 April and 31 October 2004 there had been one serious and six minor prisoner-on-prisoner assaults. There were no serious and five minor prisoner-on-staff assaults.

Security

3.2 There have been no escapes since the last inspection.

3.3 In a recent security audit the establishment was assessed as 81% compliant with SPS Security Standards. Some local processes have changed to meet the requirements of the Security Standards; others will need significant capital investment if they are to be addressed.

3.4 At the time of inspection the operations group was under complement and had high levels of absence. Consequently, the major issues facing the prison were the inability to cover posts and carry out escorts. It has recently become more difficult for managers to persuade staff to cover escorts or posts made vacant by absence, especially at short notice. This has led to restrictions in the delivery of regime, and managers covering officer posts or undertaking escort duties. This is not a viable long-term solution.

3.5 Staff rotate through all posts in operations and while this gives everyone the opportunity to participate in different types of activity it is not necessarily conducive to building high levels of confidence and competence in each role. There are fewer operations roles in Dumfries than in some other establishments and some areas such as visits are supervised by residential staff.

Prisoner Disciplinary System

3.6 The Inspectorate attended one Orderly Room hearing. The lay out of the room and the manner in which the process was managed by the adjudicator was consistent with SPS Orderly Room guidance: formal but relaxed. However, one of the members of staff present tried to influence the outcome by commenting on the video evidence without being invited to do so by the adjudicator.

3.7 In the period between 1 April 2004 and 30 November 2004, 291 charges were dealt with in the Orderly Room. The establishment could not indicate how many of these charges resulted in a guilty verdict. Orderly Room paperwork was reviewed and two cases gave cause for concern. In one, a prisoner was placed on report for the same offence twice by two different officers. This should not happen. In the second case a prisoner pleaded not guilty to a minor charge. He gave a different version of events than the officer who had placed him on report. The adjudicator found the prisoner guilty on the original charge. On leaving the Orderly Room the prisoner was placed on report, by the officer who had first charged him, for disputing his evidence. No prisoner should be placed on report for questioning the evidence against him. Management should review the Orderly Room procedures.

Prisoner Complaints Procedure

3.8 Dumfries has experienced an increase in the number of complaints since the arrival of the long-term prisoners. Before May the average received monthly was 13. Since May that average has risen to 39.

3.9 There were 182 Internal Complaints Committees (ICC) held between 28th June 2004 to 29th November 2004, an average of 9.6 per week from a capacity of 178 prisoners. This number is higher than the average number which take place per month in Polmont, Cornton Vale, Shotts and Peterhead.

3.10 The Duty Manager has responsibility for organising and chairing ICC's. Timescales are not met due to the high number of complaints.

3.11 Complaint Procedure forms are locked away in staff offices, therefore prisoners have to request a form from a member of staff. Complaint Procedure forms should be readily accessible to prisoners.

Night Duty

3.12 Night shift orders, contingency plans and area instruction books are in place and are all user friendly. When asked, the staff on night shift had a good understanding of emergency procedures. There were concerns about managing the prison if a prisoner had to be escorted to hospital during the night. The inability to persuade some staff to come in at short notice made this a particular issue in Dumfries.

Relationships

3.13 Staff prisoner relationships were in general good. This is supported by the SPS Prisoner Survey. However, some staff seemed to have difficulty in dealing with prisoners with respect. It was also apparent that some staff were reluctant to engage with prisoners.

4. ADDICTIONS

Strategy

4.1 A written addiction policy is now in place. The prison also has a Drug Strategy Steering Group which meets regularly, chaired by the Governor and including the head of Prisoner Management, head of Rehabilitation and Care/Operations, and the addiction co-ordinator. There is also a regular Drug Strategy Group meeting which consists of the addictions co-ordinator, the Health Centre Manager, the Links Centres Manager and the Cranstoun team leader. Individual prisoner cases are discussed at the Links Centre Forum.

Staffing

4.2 Staffing has not improved since the last follow-up inspection in March. The addictions co-ordinator still carries out addiction duties in addition to a full-time manager post. At the time of inspection the prison did not have an addictions counsellor. Management are trying to re-instate this post. Cranstoun has one team leader and one case worker, who assess prisoners and also, uniquely, do transitional care work. This is an area of **good practice** as it means continuity for the prisoners and the fact that Cranstoun staff are able to develop good links with the community. The addictions manager is still unable to liaise with Cranstoun and to oversee their management appropriately. This impacts adversely on individual care planning for prisoners. There is no addictions nurse in the prison and this too results in a reduced service for prisoners.

Practice

4.3 Individual cases are reviewed through Links Centre Forum meetings. Although these meetings are not only for people with addiction problems, addiction problems can be discussed and the Cranstoun worker, the addictions co-ordinator, programme manager, housing, job centre staff and others can be present. This means a very positive holistic view of prisoners needs can be taken and action identified. While this meeting focuses primarily on admissions and liberations, crises can also be discussed.

Cranstoun

4.4 Two Cranstoun workers who carry out CAART assessments also carry out transitional care work. This is unique in the SPS. Both staff are COSCA trained. While the transitional care contract does not include employment or benefits it does include housing, health and harm reduction and this provides a useful service. Cranstoun staff carry out harm reduction during the induction process and also pre-release. Cranstoun assessments have dropped from approximately 40 to 25 per month because of the change in prisoner population. As in other prisons, remand prisoners are given crisis throughcare. Cranstoun staff have carried out some very positive work in linking with the community, for instance, in persuading Cameron House staff to visit to maintain continuity, and in identifying a gap for family support in the community.

Counselling

4.5 There is no counsellor at present. The prison has made attempts to rectify this but so far unsuccessfully. It is very important for the delivery of addiction services to prisoners that counselling is part of the process of care.

Programmes

4.6 Cranstoun ensure that referral is made to programmes after interviewing prisoners. There is a 21-hour drug awareness and a sensible drinking programme in place. Harm reduction information is given during the induction process and in the pre-release programme.

Care Management

4.7 The Links Centre meetings are important in planning care. External agencies representing employment, housing and benefits are available and there are good links with community projects such as Turning Point and Cameron House.

MDT

4.8 The SPS mandatory drug testing policy requires that a random sample of 10% of the prisoner population is tested each month. Dumfries achieves this. In the period April to October 2004, random mandatory drug testing indicated an underlying negative (clear) rate of 90%. This means that the KPI target of 82% of prisoners testing negative for drugs was easily surpassed. This is a major improvement on the situation in 2003-04 when only 75% of prisoners tested negative against a target of 88%. This improvement is to be welcomed.

4.9 The officer who manages MDT does this in addition to other duties and has to constantly reorganise testing to suit officers available. He tries to target individuals, and follow-ups on negative testing are good. Week-end testing is available on occasions and some suspicion testing takes place but this is variable.

Health Care

4.10 There is no addictions nurse but health care staff provide a good service. Detoxification takes place to Health Care Standard 10.

Substitute Prescribing

4.11 Methadone is prescribed for those who are receiving it on admission. Cameron House and Turning Point in Stranraer will keep prisoners previously known to them on their lists if they are in prison for short periods. For prisoners being discharged who wish to receive methadone, work has to be done with these agencies as they both have waiting lists. At the time of the inspection, there were 21 people receiving methadone, which is delivered in the health centre.

Blood Borne Virus

4.12 There is a Blood Borne Virus Clinic in the prison with one trained nurse and one trained counsellor.

Alcohol

4.13 The addictions team offer help with alcohol problems and there is sensible drinking programme in place. Alcoholics Anonymous attend every Friday. This is primarily for long-term prisoners but some short-term prisoners are offered the opportunity to attend.

Women

4.14 Women receive the same help as men with addictions. Cranstoun offer the same service and MDT is able to test women. Women have received the 21 day drug awareness programme in the female unit and have received one-to-one counselling when that was available.

5. PRISONER MANAGEMENT

Reception

5.1 The reception at Dumfries immediately impresses with the space available and the level of cleanliness. However, access is not good. The entrance is adjacent to the inner gate and vans have to park outside on the only roadway into the prison, an area which is not secure and where there is steady traffic. While the Inspectorate appreciate that this situation is unlikely to change, the movement of vehicles and prisoners should be closely monitored.

5.2 The reception area has an office fronted by a desk with full glass screen. There is a spacious holding cell fully visible from the office. There are eight traditional reception cubicles along the external wall. Each of these has some access to natural light. Also along this wall are two shower cubicles, a toilet cubicle and a cubicle containing a bath. This is in a poor state of repair and has minimal privacy. If the bath is to be used (which it rarely is) it should be replaced. If not it should be removed.

5.3 On the opposite wall are two search cubicles adjacent to the office, a nurses' station, a further two traditional reception cubicles and two store cupboards. In the centre of reception there is an x-ray machine used for examining all property sent in, including any suspicious letters.

5.4 Staff indicated that the cubicles are used almost exclusively to allow prisoners to change and to hold their property while they are out of the prison. However when prisoners are admitted who require protection or are at risk, they are held in the cubicles until the other admissions have been dealt with. This can mean some prisoners spending excessive periods of time in cubicles.

5.5 Most admissions are held in a communal area. This is bright, clean and spacious and has a television. Plans are in place to produce a local information video to show here. This is to be welcomed.

5.6 Prisoners are called to the desk to be processed. The subsequent interview is very impersonal, lacks any privacy, and is done in earshot of other prisoners. The prisoner is not

allowed the common courtesy of being seated during the process. This is a very traditional reception practice which should be reviewed. It is questionable whether Dumfries fully meets Operating Standard 3.8 for Prisoners on Reception.

5.7 At reception, personal clothing is handed in and prisoners are issued boiler suits to wear on their way to the hall where they are then issued with their prison clothing. The boiler suits seen were small and apparently date back to when Dumfries's population was predominately young adults. The sizes of the boiler suits should be reviewed.

5.8 The stores for holding prisoners' private property and clothing were bright, clean and well organised. There is provision for personal clothing to be laundered.

5.9 Little information is given to prisoners in reception, and no list of articles in use is displayed. Short-term prisoners receive information on routines if they ask for it or if staff think they need it, although no formal assessment of need is made. Long-term prisoners receive a handbook. This is suitable for those with reasonable reading skills. Information for prisoners who do not speak English consists of a number of information sheets in principal languages. No translation of these is available and staff were unaware what the information was. However, there is now access by telephone to the Language Line for prisoners who do not speak English.

5.10 The notice board in the holding room is not well managed. Dumfries has a Temporary Waiver in its Contract in respect of Operating Standards 3.2 and 3.5 although there seems to be no good reason for this. Management should review all information available in reception.

5.11 Overall, the reception works in a purposeful and relaxed manner, although staffing poses problems. There is a single reception officer. When admissions arrive, that officer has to radio for a second member of staff to help. Although one member of staff in the gate is the nominal assistant, that member of staff is often not available, leading to delays. Sometimes that member of staff has no training in reception procedures. At the weekend, the reception officer is required to assist at visits morning and afternoon. Property handed in at the weekend is not issued until Monday at the earliest. This breaches Operating Standard 3.6. The system for ensuring that two officers are available when the reception process is taking

place should be reviewed and a clear protocol put in place to minimise delays and ensure timescales are met.

Induction

5.12 Induction ranges from being excellent to being non-existent, depending on the sentence a prisoner is serving or the regime they are undergoing.

5.13 For short-term and remand prisoners the induction programme is as good as any in the SPS. They receive a pre-prepared kit issue immediately and have a short initial interview. At this a well-designed Induction Pack is used both to record information and to give information. An excellent feature of this is a 'First Night Form' which captures key information and which is completed the next day giving continuity of information between staff. This is an example of **good practice**.

5.14 An Induction programme conforming to the SPS national models is run in the hall by hall staff. Again this provides excellent consistency of information. From this, induction information is generated for the Links Centre via both a local form and the SPS Core Screening instrument. This initiates appropriate interventions for prisoners.

5.15 The Induction programme is carried out over a week with sessions being run by hall staff and by local service providers. There is a comprehensive checklist kept for each prisoner which clearly identifies which element has been completed. A feature at the last inspection was a follow-up "test" to see what information had actually been absorbed. Plans are in place to re-introduce this. It is an imaginative way to test the effectiveness of the process.

5.16 Women now receive access to a shortened, but acceptable, version of the short-term programme. However, the induction of long-term prisoners may or may not happen, and the quality of the programme depends on the interest and availability of a personal officer. Similarly, for those prisoners who are admitted and go straight onto protection or who are deemed vulnerable, it appears that no induction occurs.

5.17 Management should ensure consistency and quality of induction for all groups of prisoners.

Sentence Management

5.18 At the time of the last inspection, Dumfries held short-term and remand prisoners. In May 2004 this population changed significantly with Dumfries now holding a mixture of short and long-termers.

5.19 This latter group is made up of a mixture of individuals, many of whom have issues which make it difficult for them to manage in the mainstream. Some have committed offences of a sexual nature, some have committed offences which make them a target for other prisoners, some have behavioural issues which either make them vulnerable or at risk. They have complex needs, and it is disappointing to report that the SPS Sentence Management Scheme for long-term prisoners does not operate in any coherent way at Dumfries. Some work occurs on an ad hoc basis and an attempt is made to do statutory work. Otherwise, the situation is extremely poor.

5.20 In terms of what is in place, there is a Personal Officer assigned to each long-term prisoner. Eight staff have been identified as Risk and Needs Assessment Officers, but some appear not to have received training. Despite this there is evidence of Risk and Needs Assessment work having been done.

5.21 As with other areas in Dumfries, the change of population has occurred without putting in place appropriate systems to deal with it. This was described as a resource issue which has not yet been resolved with SPS HQ. Despite this, there seems to be no reason, given that staffing in residential areas is a priority, that more effort to carry out Sentence Management could not be made. Dumfries is not compliant with operating Standards 2.1, 2.2, 2.3, 2.4, or 2.5. **It is recommended that the SPS Sentence Management Scheme for long-term prisoners is introduced as a matter of priority.**

Throughcare

5.22 As with other aspects of the regime, the experience of throughcare can be quite different for different prisoner groups. Short-term prisoners, as with induction, have the best access.

5.23 The Links Referral Form in the induction pack provides an immediate range of information about the prisoner. This allows interventions to be made prior to the prisoner's situation being discussed at a case conference at the fortnightly Links Forum meeting. This multi-disciplinary casework meeting was set up following the last inspection to address an issue raised about monitoring and evaluating throughcare. The Forum appears to be a successful local response and provides a useful overview of throughcare.

5.24 In addition to the local Links Referral Form, the SPS Core Screening Instrument is used with all short-term and untried prisoners, including women. As with induction, those prisoners who go straight to protection or vulnerable individuals managed outwith 'D' Hall do not have this work done. This is unacceptable.

5.25 The Links Centre administration staff manage all of the referral and Core Screening information, and via the fortnightly Links Centre Forum, ensure that individual referrals are followed up and the Prisoner Record System updated. Partner agencies have "read only" access to the record system. There is therefore the potential for information to be lost. SPS should review the level of access which partner agencies have to the Prisoner Record System.

5.26 While the use of two forms has the potential to cause confusion, the approach does appear to meet local needs. The Forum works well in monitoring the progress of interventions. The prison is well served by a range of internal and external partners providing interventions including Jobcentreplus, Citizens Advice, Housing Benefits, Career Scotland as well as internal Education, Social Work and Addiction Services.

5.27 However, the situation for long-term prisoners is poor. No use is made of the SPS Core Screening Instrument. This appears to be a training issue, although given the simplicity of this form it is hard to understand why this would be an inhibitor to its use. What happens

to long-term prisoners appears to be dependent on the outcome of the one-to-one induction interview (which does not occur consistently).

5.28 As mentioned elsewhere in this report, the long-term prisoner population is a complex one, and to find that seven months after their arrival that there is no organised and monitored access to throughcare is surprising.

5.29 It is recommended that management address access to throughcare for all prisoners as a matter of urgency.

Pre-Release

5.30 With little Sentence Management occurring there is no Sentence Management Action Plan for long-term prisoners, to manage either interventions or release. Long-term prisoners being released are dealt with on a one-to-one basis as are women (although a successful condensed Pre-Release Course was run for women in August 2004). In both cases the reasons given are the low number of long-termers and women who are released.

5.31 Prisoners were involved in the design of the Pre-Release Course which is run over two weeks and commences every fortnight. Eight to ten prisoners can attend and staff target prisoners ahead of each course to encourage them to attend. The Pre-Release courses are well designed, and an examination of the prisoner feedback sheets reveals that they are well received. The use of the feedback sheets allows prisoners to influence the content of the courses and is an example of **good practice**.

6. HEALTHCARE

Physical Environment

6.1 The health centre is clean, bright and spacious, although some of the signage is out of date and should be replaced: ‘Surgery’ for example, should be replaced with ‘Health Centre’ to reflect the multi-disciplinary approach to maintaining good health. Storage space is adequate, although the second consulting room requires more lockable cupboards, particularly for non-drug items. Management should also consider any data protection implications arising from having prisoners’ names on a white board in the examination room – a practice that also occurs in the residential areas in relation to prisoners receiving medications at particular times.

6.2 A room is set aside in the reception area which is solely for nursing staff carrying out initial assessments of prisoners: this is an appropriate environment in terms of privacy and décor.

Access to Healthcare

6.3 Access to healthcare is a relatively straightforward process, with nurses triaging all requests for nursing or medical attention on the day they are made and informing prisoners of appointment times. Prisoners usually wait no more than a day to see a nurse and around three days to see a doctor for a routine appointment, although this may be longer, for example over a weekend. Urgent appointments can be seen on the same day and arrangements for dealing with emergencies are in place. Out of hours – that is after 21.00 during the weekend and after 18.00 at weekends, officers contact medical help direct.

Nursing Services

6.4 The nursing staff team consists of a health centre manager and four RGNs. There is no RMN/Addictions nurse. This means that amongst other things, there is no one-to-one drug counselling, no particular nursing support directed at those on Methadone programmes, no links with community psychiatric nursing services for those being liberated and none of the targeted interventions seen in some other establishments. It is accepted that the prison has

made repeated attempts to recruit an RMN and has been unsuccessful. It is also understood that there has been some initial thinking around joint arrangements with the local Health Board and this option should be pursued as soon as possible.

6.5 The health centre manager has recently been included on the working group developing an addictions strategy for the prison, although health care input to addictions work will be severely limited until an RMN is available. Three of the current nursing team are trained in smoking cessation support, but are unable to extend this beyond those with existing illnesses e.g. respiratory conditions.

6.6 The health centre manager now inputs to a multi-disciplinary meeting with prison staff and external agencies on housing, addictions etc, for prisoners on admission and those soon to be liberated. Nursing staff also offer a Blood Borne Virus testing and counselling service although follow-up has to be sourced from a local clinic. The health centre manager is hopeful that an NHS nurse specialist will be available to provide that service within the prison from next year.

6.7 In general health care is under-resourced in staff terms for the size and complexity of the new population, resulting in a situation where anything beyond basic provision is difficult to offer. An already difficult situation is worsened by the lack of any dedicated administrative support for the work of health centre staff.

Medical Services

6.8 General medical care is arranged through the SPS contract with Medacs and is provided mainly by one GP who has worked at the prison for four years. Out of hours and other cover is also provided through Medacs, although the GP spoke of having had difficulty finding colleagues who might share the prison responsibility with him. The GP sees prisoners 09.00-10.00 Monday to Saturday, although he reports that often the first appointment is not brought to the health centre until 09.20, causing unnecessary additions to waiting times; current capacity is therefore not being fully utilised, and this should be addressed.

6.9 Prisoner satisfaction with medical services is markedly lower than with nursing services and the GP attributes this to the ‘tough’ stance he takes on the prescription of ‘abusable’ drugs – anxiolytics, night sedation and analgesia. The absence of one-to-one drug counselling and any input from an RMN or psychologist arguably serves to exacerbate the apparent harshness of this situation to prisoners.

Psychiatry

6.10 Psychiatric input is provided by a local Consultant Psychiatrist, who has been working at the prison for ten years. During that time, the psychiatrist has seen psychologist support withdrawn by SPS and that, combined with the difficulty in recruiting an RMN, has meant the demise of a team approach to mental health in the prison, although relationships with the nursing team, addictions services and the GP are good. There is little specialist input to addressing offending behaviour and little room for any pro-active work in relation to the co-morbidities common to many prisoners – depression, anxiety, Post Traumatic Stress Disorder and anger management. This situation of high levels of co-morbidity is especially characteristic of the female prisoners in Dumfries as elsewhere in the SPS.

Dental Services

6.11 The present wait for a routine dental appointment is around eight weeks, which is comparable to that for NHS dentists in the community. However, the situation could be improved were prisoners always to attend for booked appointments. Instead, it is not uncommon for booked appointments in the one dental session a week to be cancelled because there is no officer available to bring prisoners to the health centre. This should be addressed.

Pharmacy

6.12 A local pharmacist, organized through the contract with Moss Pharmacy, comes into the prison fortnightly to check the Controlled Drugs register, supervise stock control and scan prescriptions for interactions.

Optician

6.13 There is no provision for an optician to visit the prison and therefore no provision for routine eye appointments, since all appointments that are made have to be made with opticians in the community. This is despite repeated efforts on the part of the health centre manager to recruit local opticians to come into the prison. Some prisoners raised concerns about charges which were made for glasses, claiming that there was no provision for free glasses and that prisoners with no personal resources could not afford them.

Podiatry

6.14 There is no podiatry provision within the prison; a local NHS clinic is being used for all routine and 'special' foot care.

Counselling

6.15 A counsellor is contracted for one day a week, although on the day she is in the prison, there is not an officer available to bring prisoners to the health centre in the morning. This situation undoubtedly contributes to the present two month wait to see the counsellor and also limits plans she has to do more pro-active work with prisoners.

6.16 Referrals are made to the counsellor from the healthcare team, from officers and on occasion following concern expressed by a prisoner's family.

Links with External Services

6.17 Links with external services are not as well developed at Dumfries as they might be. Health promotion for example, is an excellent way of getting external services involved in the prison and should have a much greater profile with prisoners. The annual health promotion event, which did not take place at all this year, should be more frequent. As noted above, the lack of an RMN on the nursing team means that links with related services in the community are not well developed; sexual health promotion has not happened in any formal way at the prison for over two years.

Suicide Prevention

6.18 In the year prior to the inspection there had been no suicides at the prison. Up to twenty incidents of self-harm were reported. ACT procedures had been initiated on 30-50 occasions.

6.19 The March 2004 inspection report commented on the infrequency of ACT strategy meetings, the absence of a Listener Scheme in the prison and the fact that the external audit of the ACT procedure requested at the time of the last full inspection in 2001 had not been carried out. Little progress has been made in any of these areas.

6.20 The ACT Strategy Group has met only once since the last full inspection. This should be addressed. There is still no Listener Scheme operating in the prison, although this seems to be due to the lack of support capacity in the local Samaritan group.

6.21 An external SPS audit of ACT procedures at the prison was carried out in the summer of 2004, but as yet has not been considered. No local audit has been carried out.

6.22 The Inspectorate was informed that there was a 12 month plan to get the prison to a good place in relation to ACT, in terms of resources, senior commitment, regular meetings of the strategy group, prioritization of case conferences, pro-active work with prisoners and families and staff training. **It is recommended that the proposed plan in relation to improving ACT procedures is formalised and documented with action deadlines agreed.**

7. LEARNING, SKILLS AND EMPLOYABILITY

Education

7.1 Education services are provided in a dedicated learning centre under contract by Motherwell College. The learning centre is managed by a Learning Centre Manager who has been in post for a number of years. The Learning Centre Manager liaises regularly with the Regimes Manager and with staff in other areas of the prison. Motherwell College deploys four part-time teaching staff in meeting the requirements of its contract with the SPS. Current staff have a good range of experience in working with prisoners and were appropriately qualified in their subject areas. As part of a national pathfinder project, a further part-time tutor, employed by Dumfries and Galloway Council, provides discreet, one to one support for literacies learners in the Links Centre. There is no dedicated administrative support in the learning centre.

7.2 Accommodation in the learning centre, which is situated below 'D' Hall, comprises four teaching areas with staff room, prisoners' rest room and the managers' office. One teaching area contains eight networked computers with a limited range of learning software. This teaching area is cramped. A further classroom is well-equipped for arts classes. Motherwell College has installed additional computers in the two general classrooms to support courses in these areas. Generally, furnishing and fittings are suitable for purpose and teaching staff have good access to the learning resources they require. The learning centre accommodates 18 prisoners in each session. However, the centre and teaching staff could accommodate up to 32 prisoners. The current numbers are restricted by the National Contract which SPS has put in place.

7.3 At induction, short-term and remand prisoners are assessed for literacy and numeracy capabilities using the Basic Skills Assessment. Female prisoners are assessed and inducted into the learning centre as soon as possible after admission. Long-term prisoners are assessed and inducted as required by the sentence management process. Convicted prisoners complete an individual learning plan (ILP) as part of their induction into education. However, ILPs recorded the classes that prisoners will attend but not their learning goals. Very few ILPs had been reviewed. Learning centre staff should improve their use of individual learning plans to

more fully engage prisoners in setting their learning goals and reviewing their progress towards achieving them.

7.4 Most prisoners have access to education on 50 weeks of the year. The timetable arrangements provide opportunities for long-term prisoners in the mornings and short-term and female prisoners in the afternoons. There is no provision for short-term protection prisoners. Classes are advertised through a regular newsletter, *TheBrainCell*, that is available throughout the prison. The Learning Centre Manager also visits the gardens and work shops to promote education opportunities weekly. An average of 52 prisoners accessed education in any month during 2003-2004. The learning centre had met its contracted learning hours target in 2003-2004 and was slightly ahead of target for 2004-2005. However, continuity and consistency of prisoners' attendance at classes had been adversely affected by the loss, in the summer, of a dedicated officer to provide escort functions for education. Plans to re-instate this post should be implemented. The current programme of classes included art, IT, literacies, and maths. However, of the 24 classes on offer, nine are art classes. Learning centre staff should implement their plan to consult prisoners about their needs to ensure that the curriculum is as relevant as it can be to the different prisoner populations.

7.5 During the year 2003-2004, of 155 registrations, 145 Scottish Qualifications Authority (SQA) awards were achieved by prisoners. Certification played an important role in raising the self-esteem of prisoners, particularly those who had never previously achieved any accredited qualifications. However, a few prisoners reported that they had not received certificates for courses they had completed. Motherwell College should ensure that its processes deliver certificates to prisoners as soon as possible after completion. The learning centre is an SQA accredited centre enabling teaching staff to assess prisoners' progress in learning modules. Very few prisoners were engaged in higher level courses and none were studying through the Open University. The learning centre had a commendably strong record of using national competitions and exhibitions to acknowledge the work of prisoners in art. This had resulted in a number of Dumfries prisoners achieving commendations and cash prizes in Koestler and other award schemes.

7.6 The atmosphere in the learning centre is relaxed and purposeful. Staff work well together as a team and provide effective learning support for prisoners. Prisoners' behaviour in education is generally good and they show appropriate respect for teaching staff.

7.7 Staff discuss their work regularly but informally. Commendably, Motherwell College had started to bring together subject tutors from across those prisons where they delivered education. Staff in Dumfries appreciated these development opportunities. Teaching staff are also included in Motherwell College's annual review and development processes, although annual reviews had not yet been held for 2004/2005. However, as in many other prisons, staff need to apply more systematic approaches to self-evaluation as part of planning for improvement.

Employability and Employment

7.8 Prisoners have a limited range of work party options in laundry, catering, cleaning, gardens and as passmen. In addition, just over 20% of prisoner activity time is spent in assembly and packaging work to meet contract targets for a Rawl bolt manufacturer. Award-bearing vocational training opportunities are limited to industrial cleaning and bricklaying. The industrial cleaning VT operates to high standards and provides British Institute of Cleaning Science modules at levels which are valued by firms in the community. Prisoners achieved 31 cleaning operators proficiency certificates at levels one and two in 2003-2004. They also achieved 27 modules in cleaning minor and major hazards. One prisoner is progressing towards a level three award which would qualify him to supervise and assess other prisoners. Consequently, the mobile cleaners work party made a valuable contribution to ensuring the cleanliness of the prison and in dealing with various bio hazard incidents. Overall, this is an area of **good practice**. Prisoners achieved 19 bricklaying awards and four bricklaying progression awards in 2003-2004.

7.9 Overall, however, too few prisoners are able to benefit from vocational training. Previous opportunities in painting and joinery are no longer available. The potential for prisoners to work towards accredited qualifications in catering, horticulture and painting and decorating are not being realised. Management should improve the range of opportunities for accredited vocational training to better equip prisoners for work on their release.

Library

7.10 The small library is located in a locked room beside the recreation area in 'B' Hall. It is managed by an enthusiastic residential officer in a voluntary capacity. Prisoners access

books through a publications list and order forms that are available in each hall. However, as a result of books being damaged, short-term prisoners did not have access to the library at the time of the inspection. Because of the location of the library, prisoners are unable to visit and browse for titles of interest to them. The library is well-maintained and well-catalogued. It contains some 3,000 titles, 70 audio books and 30 CDs. The library would benefit from a computer to assist with loans and stock management. Budget constraints had significantly reduced the capacity to replenish stock. The development of the library needs to be taken forward alongside other plans to improve learning and employability within Dumfries.

Physical Education

7.11 Prisoners have access to a good games hall and a well-equipped, if cramped, gym. There is good storage space for the varied range of games and other sports equipment. The PE facilities are open seven days each week and staffed by three Physical Education Instructors (PEI) on a rota system. The facilities are made available to staff for an hour and a half at lunchtimes and for an hour in the early evenings. All prisoner groups, with the exception of short-term protection prisoners, have access to the facilities on at least three sessions each week. Prisoners do not have access to an induction booklet about PE provision.

7.12 The PEIs provide a health and fitness assessment for prisoners and staff who use the facilities. Female prisoners are not currently assessed, although most attend PE. Assessments are conducted in confidence within a well-equipped physiotherapy room. The PEIs also monitor the progress of individual prisoners but records of their progress are not kept.

7.13 The PEIs have a range of appropriate qualifications in weight-lifting, aerobics, first aid, manual handling, football, hockey, badminton and health and safety. They are also highly motivated and enthusiastic. However, none of them are trained assessors and so currently cannot provide accredited training for prisoners.

7.14 The PEIs have established a good atmosphere within the PE facilities and relationships with prisoners are relaxed and purposeful. Prisoners show improvements in attitudes and behaviour as well as health and fitness through engaging in the physical education programme. However, programmes are sometimes curtailed because PEIs are

redeployed for escort or security duties. Budget constraints have resulted in some gym equipment not being repaired or replaced.

Summary

7.15 Prisoners had access to a limited range of learning and vocational training opportunities. The provision was constrained by the need to cater separately for the different prisoner populations. Provision was typified by a good atmosphere for learning and good working relationships between staff and prisoners. However, staff were in the early stages of developing more holistic approaches to meeting the needs of individual prisoners. Developing relationships with learning providers in the community had the potential to improve continuation of learning for prisoners once released. Staff shortages were adversely affecting the range, continuity and consistency of prisoners' opportunities for relevant vocational training.

8. CARE

Family Contact

8.1 The visit room is bright, spacious and well maintained. The visits take place in a relaxed and pleasant environment. There were adequate staff supervising the visits, although there were no regular visit staff. The Visit Co-ordinator did show flexibility by allowing prisoners to have visits outwith their scheduled times in exceptional circumstances. There is a good canteen available managed by 'Friends of Dumfries Prison' who are a group of motivated volunteers.

8.2 Both male and female prisoners have visits together in the visit room. To date there have been no problems with this arrangement. The booking system is viewed by both prisoners and visitors as easy to use. Concern is given to the arrangements in the event of having a disabled prisoner. The visit room is not accessible to any prisoner who is confined to a wheelchair. Facilities for children are in place.

8.3 Other arrangements for maintaining family contact are poor. There is one Family Contact Development Officer (FCDO) in post: however, this is in addition to other Residential Officer duties. Due to this no contact is made with families. The FCDO does not attend the visit area during visits. There are no posters/leaflets anywhere in the prison to say that there is an FCDO. Nor are there any referral forms or family contact database in place. The FCDO should be provided with dedicated time to develop family contact.

Social Work

8.4 The staffing compliment is two social workers plus 20% from the manager of the community based Criminal Justice Team. One of the social workers at the time of the inspection was on long-term sick leave and the other had recently left for another post within the Social Work Department, but was providing some cover. A retired Senior Probation Officer had been recruited to provide some cover and a Social Work Assistant was due to start soon after the inspection visit. Despite the staffing situation statutory responsibilities were being met and duty cover was also being provided to look at family matters and parole. However, the staffing situation needs to be addressed to ensure a full service is provided.

8.5 The team is accommodated in the administration block and interviewing takes place in two offices at the central core of the prison. Social work also has use of the Links Centre.

8.6 There are good links with Cranstoun and with the Links Centre Forum. Social Work also provides input to the induction process in 'D' Hall.

8.7 Social work has had to readjust in terms of skill-base because of the change in prison population with the introduction of sex offenders into the prison.

8.8 Social work maintain good links locally and is developing links throughout Scotland for throughcare work.

Psychology

8.9 Dumfries shares a psychologist with Barlinnie (two days per week at Dumfries). The main tasks involve Risk and Sentence Management, Anger Management and the Drug Programme. Discussions are ongoing as part of the SPS Review of Psychological Services to include a Mental Health Resource.

8.10 The two key issues facing the psychology unit are the backlog in the Sentence Management process given the staffing problems in the prison and the backlog of Risk and Needs Assessments which came with the new prisoner population.

Programmes

8.11 Two programmes officers deliver the following programmes in the Links Centre:

<i>Programme</i>	<i>Status</i>
Cognitive Skills	Accredited Programme
Anger Management	Accredited Programme
21 Hour Drug Awareness	Approved Activity
Relationships	Approved Activity
Sensible Drinking	Approved Activity
Pre-Release	Local Activity

8.12 However, the Cognitive Skills Programme had not been run for some time as there was no trained coach available. The target for the year was 80 completions of which 8 were from Accredited Programmes. To date of inspection, the prison had completed 43 of the target of 72 Approved Activities. Plans were being made to run an Anger Management Programme.

8.13 As with other areas in the prison, staffing difficulties have impacted on programmes. Programmes Officers have been used throughout the year for other duties: but attempts have again been made to ring-fence these staff. Management needs to consider how it best meets the needs of the long-term prisoner population, especially vulnerable prisoners.

Race Relations

8.14 There is one Race Relations Manager (RRM) and two Race Relations Officers (RRO) in post. They carry out these tasks in addition to other duties. The RROs deliver training as part of the induction process and hold separate meetings with all ethnic minority prisoners.

8.15 There were four ethnic minority prisoners being held at the time of inspection – three long-term prisoners and one untried. Dietary requirements were being met. The prison had recently acquired access to the Language Line for prisoners who did not speak English. Audio tapes of the Koran were available (and on loan during inspection).

8.16 While the RRM and RROs were able to meet informally with prisoners and tended to see them on a daily basis, there was no formal Race Relations Monitoring Group in place. Such a group should be set up and the meetings minuted.

8.17 Information promoting race relations is available throughout the prison. Effort has also been made to link with the local community and the prison is part of the Dumfries and Galloway Race Relations Consultative Group.

Chaplaincy

8.18 Meeting the religious needs of the prisoner population has been problematic in Dumfries recently. The Church of Scotland Minister's post has been vacant since August 2004, the Roman Catholic Priest took up post in October 2003 and a Minister from

the United Free Church took up post in October 2004. Both of the current team are contracted to deliver five hours per week. The Chaplaincy team should be fully staffed.

8.19 Roman Catholic prisoners can attend mass on a Friday afternoon on alternate weeks. This is to keep the short-term and the long-term populations separate. A Protestant service is available every second Sunday to those prisoners who wish to attend for the same reason. Only a very small number attend either service. It is not considered safe by the prison to allow prisoners to mix even at church, but this should be reviewed. This kind of mixing is commonplace in other prisons. Women do not attend any services, although the chaplains said none had ever asked.

8.20 Although small in number the Chaplaincy team said they felt part of the prison. They have good informal links with staff, who regularly seek their advice or refer prisoners to them. They also work with the social work unit helping develop links with outside voluntary agencies and church groups.

8.21 Although they said they did try to attend the Links Forum meetings whenever they could, they confirmed that more formal links are not really in place. They do not take part in committees or working groups. They do not deliver any training or have any formal meetings with groups of prisoners. The Chaplaincy should become more directly involved in the formal structures of prisoner management.

Visiting Committee

8.22 The Visiting Committee believes that it is well supported in its work by management and staff within the prison. There is a weekly visit by a member of the committee. Members visiting have a useful aide-memoire to guide them.

8.23 Matters raised with prisoners are regularly taken up with prison management, and there is a record of that process. However, there is no record of the result of the process.

8.24 The arrival of the long-term prisoners has led to some increase in the number of matters raised by prisoners with the Committee. It is very unusual for matters of food or healthcare to be raised with the Visiting Committee.

8.25 Among the views of the Committee on the life of the prison are:

- It is a safe place: staff and prisoners feel safe and there are no concerns about public safety
- Women prisoners do not have the opportunity to spend a completely useful day
- The prison is clean
- There are only limited work opportunities

8.26 All of these confirm the findings of the inspection.

9. SERVICES

Estates and Facilities

9.1 The Estates Manager has one maintenance manager, six tradesmen, one labourer and one administrator in his department. The unit is very well organised and there is a very high standard of decoration and cleanliness throughout the prison.

9.2 The prison has no development plan agreed with SPS. The development of the local estate is therefore restricted to individual projects/business cases being submitted and SPS making decisions on a case-by-case basis. Over the last three years Estates have introduced a maintenance programme backed up by schedules, checklists and safe systems of work for each area and task. This imposes a structure to the process that gives confidence that work will be completed and that appropriate standards are consistently applied.

9.3 Estates have also been affected by the staff shortages in other parts of the prison. In the period between 1 April 2004 to the first day of the inspection 880 hours of Estates staff time had been spent escorting contractors: a task normally undertaken by operations staff. This led to 880 hours lost on maintenance or project work.

9.4 Estates do not have a painter among the tradesmen. All painting and decorating has therefore to be contracted out. The result of this is that the prison pays for the painting and the estates department lose another member of staff to escort the contractor as they do the work. The Estates department team should be reconfigured to include a painter.

Health and Safety

9.5 The Health and Safety Committee is well attended. At least 50% of members attend the meetings which are held twice monthly. Items covered relate to both staff and prisoners, and cover both reactive and proactive points.

9.6 The majority of First Line Managers had completed Health and Safety training. However, no non-managerial member of staff had received refresher training recently. This should be addressed.

9.7 The Infection Control Committee has never met. Therefore no infection control measures are being driven forward in Dumfries. This should be addressed.

9.8 Recent pre-audit conducted by SPS in October 2004 showed a Health and Safety compliance rate of 85%.

Human Resources

9.9 The full time equivalent staff in post exceeds the agreed complement. This excess is primarily in the Residential Officer group, who were 4.28 over complement. At the time of the inspection there were 12 members of staff on sick leave. It was indicated to the Inspectorate that previous high levels of sickness had caused significant staffing difficulties in the prison.

9.10 There were significant numbers of staff who were not wearing name badges. **It is recommended that all staff should wear name badges.**

Staff Training

9.11 Staff training has suffered recently. In the week before the inspection the Staff Development Manager's post was filled after being vacant for most of 2004. This has meant that the Human Resources manager has had to do his own job and try to keep training up to speed.

9.12 A good training plan is in place and good recording systems exist. The matrix used for operations staff is particularly good. This covers in-house competence in the use of equipment in the ECR or gate.

9.13 A matrix of core training competencies is also maintained. Unfortunately it shows that there are large gaps in core competencies and very little involvement in other training. Most concerning was the very low level of competence in ACT. The establishment only has 42% of staff ACT competent although 89% of residential staff were competent

9.14 There are no training facilities in the prison. The Staff Development Manager has to try and book a programmes room or another office to deliver training. This also leads to a lot of training being delivered outwith the prison. Management should review the way in which it organises and delivers training.

Catering

9.15 The Catering Department was fully staffed at the time of inspection. The kitchen was a popular job with prisoners and relationships in the workplace were very good.

9.16 The quality of food was good at the point of cooking. All but three areas of the establishment eat in the dining room. Long-term prisoners always dine first to suit the regime. All meals were served and eaten within one hour. There was a good choice of menu with a healthy option available at each meal time. The maximum amount of fruit and vegetables on offer was an average two portions per day. Prisoners stated that food portions generally were adequate.

9.17 The kitchen did not have a complaints book, preferring to address any concerns directly with the prisoners. A complaints book should be introduced. There were 'food complaint forms' and 'food suggestion forms' in the halls for the prisoners to use if they had a complaint or suggestion for the catering staff. However, the number of complaints about food were minimal.

9.18 Food Focus Groups were held each month. These were chaired by a Catering Officer, and appeared to work well.

9.19 Special diets were catered for.

Laundry

9.20 The two washing machines were broken which resulted in the prisoners clothes being sent out to an external source for washing. Since then there have been an increase in complaints.

9.21 The laundry employs 10 prisoners. All these prisoners are LTPs. There is no certificated work in the laundry due to the laundry officer not having the necessary qualifications to allow him to carry out SVQ work with the prisoners. Consideration should be given to the provision of such training for the laundry officer.

Canteen

9.22 The canteen system in Dumfries is good. A “Bag & Tag” system is in place. One prisoner is employed alongside the full time canteen co-ordinator. The canteen also receives administrative support for 1.5 days per week.

9.23 Each residential unit has ample opportunity to access the canteen, which is particularly impressive given the complexity of the population. It was clear that the prison had also added significantly to the canteen list in recent months to cater for the changing tastes of the population.

9.24 Prisoners cannot access toasters or microwave ovens. While access across SPS lacks uniformity, it is unusual that no prisoners, particularly long-term prisoners, have access to a means of augmenting prison meals in their own time. These concerns appear to have been addressed in other prisons.

9.25 Overall, the prisoners are well served by the current canteen arrangements.

10. GOOD PRACTICE

10.1 Cranstoun Addiction Services provides one case worker who does transitional care work (paragraphs 4.2, 4.4).

10.2 A 'First Night Form' is completed for untried and short-term prisoners. This captures key information and gives continuity of information between staff (paragraph 5.13).

10.3 The use of feedback sheets on the Pre-Release Course (paragraph 5.31).

10.4 The industrial cleaning and bricklaying vocational training opportunities (paragraph 7.8).

11. RECOMMENDATIONS

For Establishment

11.1 The SPS Sentence Management Scheme for long-term prisoners should be introduced to Dumfries as a matter of priority (paragraph 5.21).

11.2 Management should address access to throughcare for all prisoners as a matter of urgency (paragraph 5.29).

11.3 The proposed plan in relation to improving ACT procedures should be formalised and documented with action deadlines agreed (paragraph 6.22).

11.4 All staff should wear name badges (paragraph 9.10).

12. POINTS OF NOTE

For SPS/HQ

12.1 SPS should review the level of access which partner agencies have to the Prisoner Record System (paragraph 5.25).

For Establishment

12.2 Offensive material on all walls in 'A' Hall should be removed and management should publish a local policy on the displaying of materials (paragraph 2.8).

12.3 Prisoners should be able to make telephone calls in private (paragraphs 2.12, 2.17, 2.23, 2.29).

12.4 A more productive and constructive environment should be created in the Behavioural Change Unit (paragraph 2.14).

12.5 The situation where some cleaners in 'C' Hall are left out of their cells during parts of the day, thus restricting others access to a toilet, should be reviewed (paragraph 2.21).

12.6 Management should be more visible in 'C' Hall (paragraph 2.22).

12.7 Some of the shower plinths in 'C' Hall should be replaced (paragraph 2.24).

12.8 Inappropriate graffiti in the ablutions area in 'C' Hall should be removed (paragraph 2.24).

12.9 The floor in the ablutions area in 'D' Hall should be cleaned and repainted (paragraph 2.26).

12.10 Prisoners in 'D' Hall would benefit from being allowed to exercise in the large yard on their own, or with 'A' Hall prisoners (paragraph 2.30).

12.11 The chairs in the Female Unit should be replaced by sofas, and the carpet should be cleaned (paragraph 2.35).

12.12 The arrangement for transporting food from the Kitchen to the Female Unit should be reviewed (paragraph 2.40).

12.13 Management should consider offering women the opportunity to cook their own meals in the unit (paragraph 2.40).

12.14 The inability to cover operations posts and deliver the escort service should be addressed (paragraph 3.4).

12.15 Management should review the Orderly Room procedures (paragraph 3.7).

12.16 Timescales for Internal Complaints Committees should be met (paragraph 3.10).

12.17 Complaint Procedure forms should be readily accessible to prisoners (paragraph 3.11).

12.18 The Addiction Service offered to prisoners is reduced by the fact that the addictions manager is unable to oversee the management of Cranstoun properly, and also by the fact that there is no addictions nurse (paragraph 4.2).

12.19 The prison should ensure that counselling is part of the delivery of addiction services (paragraph 4.5).

12.20 If the bath in reception is to be used it should be replaced. If not it should be removed (paragraph 5.2).

12.21 Prisoners should not spend excessive periods of time in the reception cubicles (paragraph 5.4).

12.22 The process of interviewing prisoners on reception should be reviewed (paragraph 5.6).

12.23 The size of the boiler suits issued on reception should be reviewed (paragraph 5.7).

12.24 Management should review all information available in reception (paragraph 5.10).

12.25 The system for ensuring that two officers are available when the reception process is taking place should be reviewed and a clear protocol put in place to minimise delays and ensure timescales are met (paragraph 5.11).

12.26 Management should ensure consistency and quality of induction for all groups of prisoners (paragraph 5.17).

12.27 Prisoners who go straight to protection or vulnerable individuals managed outwith 'D' Hall should have the SPS Core Screening Instrument done (paragraph 5.24).

12.28 Signage in the health centre should be updated to reflect the multi-disciplinary approach to maintaining good health (paragraph 6.1).

12.29 The second consulting room in the health centre requires more lockable cupboards, particularly for non-drug items (paragraph 6.1).

12.30 Management should consider any data protection implications arising from having prisoners' names on a white board in the examination room – and in the residential areas in relation to prisoners receiving medications at particular times (paragraph 6.1).

12.31 Management should urgently explore joint arrangements for RMN input with the local health board (paragraph 6.4).

12.32 Prisoners should be escorted to doctor's appointments in the health centre on time (paragraph 6.8).

12.33 The situation where dental appointments are cancelled because there is no officer available to take prisoners to the health centre should be addressed (paragraph 6.11).

12.34 Prison health services should give higher priority to health promotion (paragraph 6.17).

12.35 Learning centre staff should improve their use of individual learning plans to more fully engage prisoners in setting their learning goals and reviewing their progress towards achieving them (paragraph 7.3).

12.36 Education provision should be made for short-term protection prisoners (paragraph 7.4).

12.37 Plans to re-instate a dedicated officer to provide escort functions for education should be implemented (paragraph 7.4).

12.38 Learning centre staff should implement their plan to consult prisoners about their needs (paragraph 7.4).

12.39 Motherwell College should ensure that its processes deliver certificates to prisoners as soon as possible after completion (paragraph 7.5).

12.40 Learning centre staff need to apply more systematic approaches to self-evaluation as part of planning for improvement (paragraph 7.7).

12.41 Management should improve the range of opportunities for accredited vocational training (paragraph 7.9).

12.42 The development of the library needs to be taken forward (paragraph 7.10).

12.43 The fact that staff shortages were adversely affecting the range, continuity and consistency of prisoners' opportunities for relevant vocational training should be addressed (paragraph 7.15).

12.44 The Family Contact Development Officer should be provided with dedicated time to develop family contact (paragraph 8.3).

- 12.45 The staffing levels in the social work unit need to be addressed (paragraph 8.4).
- 12.46 Management needs to consider how it best meets the needs of the long-term prisoner population, especially vulnerable prisoners (paragraph 8.13).
- 12.47 A formal Race Relations Monitoring Group should be set up, and the meetings minuted (paragraph 8.16).
- 12.48 The Chaplaincy team should be fully staffed (paragraph 8.18).
- 12.49 Consideration should be given to allowing long-term and short-term prisoners to mix at church (paragraph 8.19).
- 12.50 The Chaplaincy Team should become more directly involved in the formal structures of prisoner management (paragraph 8.21).
- 12.51 The Estates department team should be reconfigured to include a painter (paragraph 9.4).
- 12.52 Non-managerial staff should receive refresher training in Health and Safety (paragraph 9.6).
- 12.53 Infection control measures should be addressed (paragraph 9.7).
- 12.54 Management should review the way in which it organises and delivers staff training (paragraph 9.14).
- 12.55 A complaints book should be introduced in the kitchen (paragraph 9.17).
- 12.56 Consideration should be given to providing training for the laundry officer to allow him to carry out SVQ work with prisoners (paragraph 9.21).
- 12.57 Management should review the policy that no prisoners can access toasters or microwave ovens (paragraph 9.24).

SOURCES OF EVIDENCE

Written material and statistics received from the prison prior to Inspection

Prison's self-assessment

Governor's briefing

SPS Prisoner Survey

Prison Records

SPS background material

Discussions with prisoners

Discussions with prisoners family

Focus groups with prisoners

Interviews with prisoners

Interviews with prison staff

Focus groups with staff

Observations

INSPECTION TEAM

Andrew R C McLellan	HM Chief Inspector
Rod MacCowan	HM Deputy Chief Inspector
David McAllister	HM Assistant Chief Inspector
David Abernethy	HM Inspector
Sandra Hands	Associate Inspector
Jim Rooney	Education Adviser
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