



# **HM INSPECTORATE OF PRISONS**

## **HMP INVERNESS**

**INSPECTION: 2-3 JULY 2003**

**LAST FULL INSPECTION 7-10 MARCH 1999**



**SCOTTISH EXECUTIVE**

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**FOLLOW UP INSPECTION: 2-3 JULY 2003**

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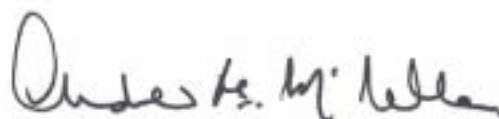
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## 1. INTRODUCTION

1.1 The visit to Inverness was made as part of a programme to visit every prison each year in which a full inspection is not being made. In the course of such visits the purpose is to follow up points of note from previous inspections, to examine any significant changes, and to explore issues arising from the establishment's own assessment of itself. It should not be seen as an attempt to inspect the whole life of the establishment.

1.2 The Inspection Team comprised:

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August 2003

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HM CHIEF INSPECTOR OF PRISONS

## **2. PREAMBLE**

2.1 The last Inspectorate report on Inverness in 2002 highlighted “worrying indications that what was previously a most positive regime could start to falter”. This anxiety arose from an observed combination of overcrowding and staff shortages. Since then overcrowding and escort duties have continued to rise; and combined with other factors have created a staff shortage which is certainly no better than twelve months ago. Yet this current report shows clear evidence that Inverness prison has not faltered.

2.2 The Prison Survey, conversations with prisoners and conversations with prison staff all indicate that relationships within the prison are very good. Like the last report, this report points to high levels of safety and good food. In addition, the report draws attention to new work which is commended: the induction and pre-release programme and material, the application of the personal officer scheme to all short term prisoners, and work done in prison education all deserve to be mentioned.

2.3 What is of particular note is that some matters of concern raised in the last report have been addressed. A drugs strategy document has been produced, and difficulties which were identified about the circumstances of women prisoners have been addressed. Unfortunately, the visits room remains as inadequate as it was a year ago; and nothing appears to have been done to fill the gap in healthcare left by the closure of the day care centre. Meanwhile, some new concerns emerged during this follow-up visit, and are mentioned in the report; but only a full inspection would be able to examine them properly.

2.4 Despite the determination evident in Inverness to make the best of circumstances, the problems created by overcrowding are very great: they have significant effects on the opportunities available to prisoners and on the conditions in which prisoners live and prison staff work. Since the inspection of a year ago, which spoke of “often serious overcrowding” the average daily population has risen by five; figures of 40% overcrowding are now regular. No more staff are in place to manage these high numbers: and the difficulties associated with providing escorts over such a huge area as is served by Inverness prison mean that high demands are made on the staff.

2.5 The report indicates aspects of Inverness prison which are not up to an acceptable standard and which could only become acceptable with some investment in the fabric of the prison: the visits room and the reception area are examples. There are real difficulties about some kinds of investment in Inverness because of the limitations of available space: but it is clear that capital investment in Inverness in recent years has been very limited.

### **3. ASSESSMENT**

#### **Safety**

##### *Overcrowding*

3.1 In 2002-03 the average daily prisoner population was 142 (31% overcrowding). For April and May of 2003 that average was 151 (40% overcrowding). The trend is upward and the problems associated with overcrowding affect most elements of regime provision.

##### *Escorts*

3.2 The need to provide an escort service to the courts and hospitals continues to impact on the day to day running of the prison. For example, on the day prior to the inspection, the prison had to inform two Courts that they could not provide prisoners the following day. To further illustrate the demands being placed on the prison, two members of staff had recently been required to attend a Central Belt Court to give evidence that a prisoner had grown a beard. They were required to be available, in the Central Belt, for up to two weeks. A further three staff were on standby to attend the Court.

##### *Staffing*

3.3 The main issue affecting staff was the continued demands posed by overcrowding. Staff representatives noted that this had a detrimental effect on enthusiasm and energy.

##### *Escapes*

3.4 There had been no escapes since the last inspection

##### *Violence*

3.5 Inverness continues to present as a very safe prison for prisoners and staff. In 2002-03 there had been no prisoner on prisoner assaults against a KPI target of one. There had been 13 minor assaults. There had been no prisoner on staff assaults against a KPI of zero.

3.6 The Inspectorate was concerned about the dormitory accommodation for untried prisoners in 'A' Hall. Currently, the agreement between Management and the local unions is for a maximum of six prisoners. The arrangements do however mean that prisoners who may well not be known to the prison or to each other, and who may have a range of needs and issues, have to share accommodation. The dormitory was the scene of a serious incident of violence in May 2003. The Inspectorate intends to examine the use of the dormitory accommodation more closely in the next inspection.

### *Prevention of Suicide*

3.7 In April 2003 a prisoner attempted suicide and some days later died in hospital. This is the subject of an awaited FAI. The last recorded suicide in the prison was August 2000. Prior to this there were no recorded suicides in living memory.

3.8 The Deputy Governor is the local ACT Co-ordinator: this helps to maintain a high profile. The good relationships between prisoners and staff referred to elsewhere in this report also help to maintain a high standard of care in this area. Out of approximately 100 admissions per month the number of prisoners placed on ACT range between 6 to 12. The prison is forced to rely on the use of anti-ligature cells in the absence of other suitable facilities. When numbers are high problems arise in the availability of these cells (one of which is in the female wing).

3.9 ACT had recently been the subject of an SPS external audit but the results were not yet available. In addition, it was noted that efforts are currently being made to set up a Listener Scheme. While ACT is operating satisfactorily in the prison there are two concerns. The first relates to very unsatisfactory interview facilities in Reception. The second relates to the lack of a Day Care Unit which would allow free association and so reduce the use of anti-ligature cells. These should be addressed.

### *Relationships*

3.10 The Prison Survey and conversations with prisoners and staff indicate that relationships between staff and prisoners were very good.



### *Reception*

3.11 As noted in the Inspectorate's previous report, the Reception area is inadequate. Nothing has changed in the last year. Whilst the facility is clean and relatively tidy the shortcomings in terms of design make the task of those who work there extremely difficult. There is an urgent need to improve the holding area for prisoners; the interviewing facilities for operational and nursing staff; storage facilities, showering facilities, toilet facilities and almost all other aspects of the reception process.

### *Segregation Unit*

3.12 There is no segregation unit in Inverness. Prisoners are rarely required to be taken out of association but when they are they can be located in one of two cells located adjacent to the health centre. These cells were not occupied during the visit but they are very similar to cells found in segregation units in other prisons and are well maintained and fit for purpose.

### *Orderly Room*

3.13 Misconduct reports are relatively rare in Inverness and no one was in the Orderly Room during the visit. Orderly Room paperwork was reviewed and was found to be procedurally sound.

## **Decency**

### *Accommodation*

3.14 Ever increasing prisoner numbers are placing more and more pressure on the existing accommodation. The standard of the prisoner accommodation itself is nevertheless good. A refurbishment programme underway in 'A' Hall is improving things further and it is planned to carry this work through to 'B' Hall when 'A' Hall is finished. 'E' Wing is clean and tidy and the cells are reasonably well maintained. 'C' Wing provides the best accommodation in the prison. It is suitably maintained and decorated for the enhanced status of the prisoners who are housed there. The recreation area is also very comfortable and welcoming. 'D' Wing has the poorest facilities. The cells are shared, drab, and in need of redecoration.

There were prisoners sitting around in the wing during the visit and a possibility might be to offer them some training, provide them with equipment and materials and let them decorate the area themselves. This has worked in parts of Aberdeen Prison. If numbers ever permit, 'D' Wing might be better used as office or interview space rather than prisoner accommodation.

#### *Female Unit*

3.15 Accommodation for women is comfortable and there is now more on offer in terms of regime than during previous inspections. The issue raised in the last Inspectorate report about the women being locked up when male prisoners from 'C' Hall had access to the telephone in the Unit has now been resolved.

3.16 Prisoners reported that relationships with staff were very relaxed and supportive; that the food was very good; and that they were satisfied with the conditions in the Unit.

#### *Visits*

3.17 The visits room is small, with tables and chairs very close together. This leads to a noisy and sometimes tense atmosphere. The visiting arrangements themselves on the other hand are flexible and if the room is not busy visiting times can be extended. Bonding visits for female prisoners and their children have also been introduced. All prisoners are strip searched after a visit and the reasons for this should be examined. Visitors are searched on a random basis.

3.18 The Family Contact Development Officer (FCDO) system is not functioning effectively although residential officers do pick up on crisis issues. The role of FCDO's in small establishments such as Inverness should be reviewed.

#### *Catering*

3.19 The kitchen is located in 'B' Hall and food is served hot and fresh over the counter to the majority of prisoners. It is transported in heated trolleys to the female unit and to 'D'

wing but the speed with which this was carried out meant that the quality of the food did not suffer. The quality and quantity of food were very good and special diets were well catered for. The only issue raised was that remand prisoners complained that they were always the last to get their meals. A rotational system of serving meals is being put in place to address this.

### *Social Work*

3.20 The Social Work Unit is functional and busy, dealing primarily with Statutory requirements. Work is prioritised, with traditional welfare work being delegated to uniformed officers. Interviewing facilities within the Halls are scarce and some interviews take place where a space can be found, sometimes on a landing.

### *Race Relations*

3.21 There have been no issues raised since the last inspection. Race Relations Officers were in place but because no issues had arisen there were no formal structures in place to deal with potential incidents. This should be reviewed to ensure that the prison is able to deal with any issues should they arise.

### *Health Care*

3.22 At the last inspection in August 2002 health care in the prison was very satisfactory. It was particularly encouraging to note the developing partnership between the prison and community health services, especially in relation to drug addiction throughcare. There were some concerns however about the loss of the Day Care Unit and the lack of administrative support for the health centre. The interview facilities in Reception were also inadequate as described in paragraph 3.11.

### *Accommodation*

3.23 Since the last visit the health centre has been refurbished and changes have been made to the lay-out. This has resulted in a new consulting room/clinical office in the former dental

suite, and a completely refurbished dental suite in another room. There is also a waiting area with health promotional material available. The basement has been converted to a storage area for old medical records. The result is very impressive given the limited options in an old building. Since the last visit the emergency equipment has been renewed and it is checked regularly, and staff are appropriately trained in its use. The emergency drug bag remains the same (drugs are kept in a canvas zip bag and are not easily identifiable). This needs to be addressed.

#### Medical Officer

3.24 One of the local G.P. practices has provided primary medical care for the prison for a number of years. It continues to do so but now under the national contract with MEDACS. Any changes in these arrangements are required to be negotiated through this contract. The relative inflexibility of the contract has created difficulties for the prison. There is currently some debate as to the appropriate number of hours which the doctor should work. At present, for example, there is no dedicated medical time which would allow the doctor to provide advice and support for the addictions nurse. At the same time, if protocols were set up whereby nurses could provide what in the community are regarded as “over the counter” medications it would free up more of his time for other activities. From conversations with staff it seems there is pressure on the doctor’s time in the prison. This is partly due to the fluctuations in the number of admissions all of whom must be seen within 24 hours. There is on average a two week waiting time for non-urgent consultations with the doctor. This issue of the doctor’s hours and nurse protocols should be considered further.

#### Nursing

3.25 The nursing team is up to full complement with a clinical manager and three practitioner nurses. There is also an addictions nurse who works closely with health centre staff. The prison receives a very good service from a consultant psychiatrist but he has insufficient nursing support. Attempts to recruit a practitioner nurse with mental health skills have so far been unsuccessful.

3.26 In the last Inspectorate report it was noted that more nursing time could be made available for clinical activities if administrative support was provided in the health centre.

This remains the case. It is encouraging that nurses have access to the Internet and its clinical support information. There would be advantages if more staff were trained in first aid.

## Mental Health Care

3.27 As in many other establishments the proportion of prisoners with mental health problems is increasing. In Inverness there is a lack of a practitioner nurse with an RMN qualification, and it was noted in the last inspection that attempts should be made to re-open the Day Care Unit which had previously operated so successfully. This Unit helped in the management of vulnerable prisoners including those coming off ACT. It was run by specially trained discipline staff with input from members of the health care team. Such a facility is required in the prison.

3.28 Prison Management continue to work in a most positive way to maintain close links with community mental health and drug addiction services. The lack of clinical psychology input is a service which the psychiatrist, medical officer and members of the health care team regard as an unmet need. In this respect, repeated recruitment campaigns have failed to provide clinical psychology cover, even on a local NHS contract. Emergency cover is co-ordinated through the Head of Service. On a more positive note the community liaison psychiatric nurse appears to be making a valuable contribution to the throughcare of prisoners with mental health problems.

## Other Health Care Services

3.29 A dentist attends weekly. There is pressure on his time with a waiting list of four weeks for non-urgent appointments. The refurbished dental suite awaits inspection by a specialist inspector regarding prevention of cross-infection. A chiropodist and optician provide an on demand service which appears to work well.

## **Reducing Re-offending**

### *Induction*

3.30 As noted during the last Inspection, there is a comprehensive induction and needs assessment process in place. Special comment should be made on the review of Induction

which has been carried out and the comprehensive system which is in place. Four officers based on 'E' Wing are responsible for Induction and the Pre-Release Process, bringing continuity to the management and administration of this area. Increasingly it is evident that these officers are becoming a point of contact both internally and for external agencies. Plans to integrate these staff into the wider Inclusion Strategy Implementation Group can only enhance the current Induction/Liberation process.

3.31 Perhaps uniquely, Inverness appoints a personal officer to every admission. While little might be reasonably done for those serving very short sentences, the appointment of a personal officer gives each individual the opportunity to raise problems with an identified person. The Induction Form not only identifies the personal officer assigned, but includes contact sheets where a target of one contact per fortnight is recorded. A sample inspection of forms showed that these targets were being regularly met. The Induction process itself is thorough and appropriate.

3.32 Of particular note is the "Exit Interview" which is conducted. It covers not only the expected areas of personal and social need, but also questions regarding the individual's experience of Inverness Prison (e.g. drug use, bullying, access to interventions, access to agencies, access to regime). This is an imaginative and systematic approach to understanding the individual's experience in prison and is reviewed regularly by Management in order to inform work within the prison. Inverness will in due course move to using the Short term Offender Needs Assessment instrument currently being piloted by SPS. It is hoped that the use of a standardised approach does not mean that the excellent work being done via a local approach is lost or limited.

#### *Sentence Management*

3.33 Building on the Induction Process described above, every prisoner has a personal officer. However, Long Term Prisoners are not dealt with under the SPS Sentence Management Scheme. Reflecting the rise in the number of LTPs held at Inverness, the national Scheme is now being introduced, with two officers trained to do this work and assigned as LTP personal officers. This will ensure a degree of continuity and it is hoped that at the next Inspection this work will be well established.

### *Throughcare*

3.34 Inverness does not have a Throughcare (Links) Centre, although local management has put forward proposals to create one. On such a cramped site, competition for available interview and intervention delivery spaces is high, and it affects the prison's ability both to service and to develop partnerships with external agencies and service providers. While there are local ideas about how such space might be provided, the level of overcrowding makes it unlikely that reconfiguration of the current estate could satisfactorily provide both the prisoner and support accommodation required.

3.35 Throughcare is provided mainly by the Induction Staff and the Addictions Team also Jobcentreplus, Shelter and SACRO. While these are currently managed separately, a plan is in place to integrate these two teams into one management structure to avoid duplication and manage the use of both groups better. This seems to be a sensible option.

### *Programmes*

3.36 There are no dedicated programmes staff, and delivery has fallen mainly to the Addictions Team with support from elsewhere in the prison as and when staff can be made available. Recognising the inability of the prison to free up staff to deliver programmes as an out of hall activity, staff from the Addictions Team and from Activities have been trained to deliver SPS interventions. This is different from the SPS's more usual approach of having SPS staff at the core of programme delivery. However it reveals a commendable pragmatism on the part of local management to make things happen.

3.37 At the time of the last inspection, the provision of programmes was being reviewed, with the intention of introducing a Substance Misuse and Recovery Training intervention. The annual target for programmes was 40 completions. Inverness had 56 programme completions in 2002-03: 40 were for Approved Activities (Sensible Drinking, Parenting and Health Choices), a further 8 for the SMART programme and a further 8 for the 'Incredible Years' programme which it is intended to bring forward for Approved Activity status in due course.

### *Addictions*

3.38 At the time of the last Inspection there was no local drug strategy in place. This has been addressed. However, following an audit by SPS in March, a further policy is to be written. The danger now may be that the Co-ordinator's time is taken up with writing policy documents and development plans. Delivery of services must continue to be a priority.

3.39 It was also noted at the last inspection that a Prison Liaison Nurse and a Throughcare Social Worker were in place. Both are funded externally from SPS. Further work with local partners means that a further two workers in this area will be deployed to the prison. This will enhance the work done with prisoners from the Moray area. While this joint initiative is to be commended, it again highlights the lack of space within the prison both to accommodate and to develop such partnership working.

3.40 The Addictions Team is a well integrated, multi-disciplinary team. Provision for addictions is developing appropriately, and there is a plan in place to develop the Drug Strategy Co-ordinator's role to that of managing Inclusion Strategy. This is a logical grouping of Addictions, Throughcare, Employability, Induction and Sentence Management.

### *Prisoner Activities*

3.41 There are still not enough work places for convicted prisoners. The convicted population is rarely less than 100 and can sometimes be a lot more than that: but there are only 67 workplaces available. A timetabling system does exist which aims to involve as many prisoners as possible in meaningful activity but the volume of prisoners can make this very difficult. Most work is of a production or service nature and very little is done which is certificated.

3.42 The gym facilities are also inadequate for the number of prisoners now being held. Outside activities can only take place with staffing assistance from elsewhere in the prison and even then it takes place in an exercise yard with a tarmac surface surrounded by a wire mesh fence with barbed wire on top. In winter it is unsuitable and the multi-gym is all that is available. Inverness urgently needs a new gym.



3.43 An area of concern was the way in which convicted sex offenders and those prisoners on remand for alleged offences of a sexual nature were being managed. It appeared that these prisoners feared assault and therefore excluded themselves from any activity which might expose them to contact with other prisoners. Officers make the offer of work, recreation, exercise, PT and other activities but these prisoners always decline to participate. The prison should review this situation and find a realistic way of offering prisoners the opportunity to take part in activities with a reasonable expectation of safety.

#### *Education*

3.44 The Education Unit in Inverness is very popular amongst prisoners. However, access can be difficult because of the high demand but the service provided is both diverse and challenging. There is clear evidence of good cross-functional working and a wide group of prisoners benefit from that.