



HM INSPECTORATE OF PRISONS

HMP GREENOCK

INSPECTION: 6-7 MARCH 2007



SCOTTISH EXECUTIVE

CONTENTS

PAGE(S)

1.	INTRODUCTION	1
2.	PREAMBLE	2-3
3.	PROGRESS ON RECOMMENDATIONS AND POINTS OF NOTE	4-13

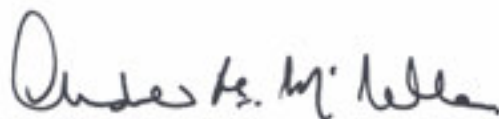
1. INTRODUCTION

1.1 The visit to HMP Greenock was made as part of a programme to visit every prison in the year following a full inspection. In the course of such visits the purpose is to follow up points of note from the full inspection, 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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2. PREAMBLE

2.1 Greenock prison is a good illustration of what overcrowding means. Darroch hall and Chrisswell House have no overcrowding; while Ailsa Hall has nearly double the number of prisoners it was built for. Almost all prisoners in Ailsa share a cell. A similar picture emerges in a number of prisons across the SPS: overcrowding is not spread evenly, but is concentrated in a few halls in a few prisons, where its effects are disproportionate.

2.2 Greenock prison also reflects prisons across Scotland in the evidence that it provides about the irresistible rise in numbers. A previous inspection report made comment on the difference in Greenock as soon as the numbers were slightly reduced: this report shows that the numbers are back to their highest ever levels. Because overcrowding now seems to be a permanent feature of a number of prisons, the expectations of prisoners and staff alike become accustomed to the limitations overcrowding brings.

2.3 It is much to the credit of all who work in Greenock that the damage done by overcrowding is not greater than it actually is. Although the overcrowding is located in one hall the effects of it are felt throughout the management of the whole prison, and access to facilities and opportunities for prisoners in the other two halls are reduced. Yet the prison manages to remain safe, to provide good arrangements for family contact, and to serve food which is among the best in Scotland's prisons. These three matters were identified as strengths in the last report and they are still strengths.

2.4 It would, however, be wrong to take these good things as evidence that overcrowding does no harm. It requires very great effort to maintain these standards. Prisoners agree: "you have to see things from the staff's point of view – overcrowding makes their job twice as hard". If the numbers were less, that same effort could be put in to developing opportunities for the reduction of re-offending.

2.5 One consequence for Greenock prison, as for all overcrowded prisons, is that far too many prisoners spend far too much time locked in their cells. While they are locked in their cells they are not taking the steps they could be taking towards preparing for release. Another consequence is that in a hall where overcrowding occurs it almost always happens

that the furniture falls into disrepair and the cells become shabby. This is because of the rapid turnover and the impossibility of finding cells empty for long enough to improve them.

2.6 A high proportion of those locked up prisoners in Ailsa are on remand. A locked cell shared with a stranger is not the proper environment for those who have not been convicted of a criminal offence or who might be awaiting sentence. It is good that Greenock is able to offer at least some prisoners on remand some access to education

2.7 Despite these difficulties, many of the concerns raised in the last inspection report have been dealt with. The most serious criticism contained in the last report was about the arrangements for healthcare. Since then, there has been a significant improvement. The arrival of a new doctor and a new healthcare manager has been the catalyst for change. Healthcare is now much more obviously part of the wider life of the prison and is involved in wider questions of management. A new audit system is in place and there has been a review of long-term medication, a matter which raised concerns in the last report.

3. PROGRESS ON RECOMMENDATIONS AND POINTS OF NOTE

Six Recommendations and forty one Points of Note were made in last year's full inspection report. Progress as follows:

Recommendations

Implemented	3
Partly Implemented	1
Not Implemented	1
No longer Relevant	1

Points of Note

Implemented	15
Partly Implemented	13
Not Implemented	13

11. RECOMMENDATIONS

11.1 The toilets in all cells in Ailsa and Darroch Halls should be in cubicles (paragraphs 2.8, 2.21 and 9.3).

Not implemented.

11.2 A comprehensive review of the management and meetings structure within Rehabilitation and Support should take place (paragraphs 5.17 and 5.23).

Implemented. A meetings structure has been introduced in which the Inclusion Manager meets with two First Line Managers on a monthly basis to monitor progress against targets. A number of support meetings contribute to this.

11.3 The practice of transferring some prisoners to Chrisswell House for very short periods of time should be reviewed (paragraph 5.22).

No longer relevant. The need to move determinate sentence prisoners through the system quickly to fill spaces in the Open Estate is no longer necessary. Chrisswell House is now predominantly populated with life sentence prisoners who will spend two years there before they are eligible to move on.

11.4 Serious offending behaviour needs of life sentence prisoners should be addressed at an appropriate point of the sentence (paragraph 5.26).

Partly implemented. The Violence Prevention Programme is an issue. Any prisoner in a 'top-end' who is identified as requiring the VPP is referred to the establishment's Risk Management Group where a further assessment is made and decision taken about whether or not to refer the prisoner to one of the establishments where the programme is delivered. It is anticipated that the Integrated Case Management process will identify need at an earlier stage. Needs which cannot be met in Greenock will be met elsewhere.

11.5 Healthcare arrangements should be reviewed (paragraph 6.24).

Implemented. A new doctor has been appointed and attends the prison during contracted hours. A new on call process developed by Medacs has improved out of hours support.

11.6 The accommodation for the social work team should be improved, and adequate space for sensitive social work interviews provided (paragraph 8.16).

Implemented. Social work staff can now access PR2 via the SPIN terminals in the Psychology Unit.

12. POINTS OF NOTE

12.1 All prisoners arriving in the prison should be located in the part of the hall set aside to deal with them (paragraph 2.6).

Partly implemented. Proactive prisoner management, in collaboration with other establishments, has allowed more effective use of the admission area for new prisoners.

12.2 The telephones in Ailsa Hall should be fitted with canopies to reduce background noise and provide privacy (paragraph 2.7).

Partly implemented. Some telephones have new canopies.

12.3 The cells in Ailsa Hall should be redecorated (paragraphs 2.9 and 9.2).

Implemented. All cells and offices have been redecorated. However, the standard of cell furniture is variable. In some cells it is adequate whilst in others drawers and doors are missing from cupboards and some cells have no hanging wardrobe provision. Most bunk beds in Ailsa Hall do not have a safety rail on the top bunk and there are no steps to the top bed.

12.4 Prisoners in Ailsa Hall should be able to attend work and have a period of access to the open air (paragraph 2.10).

Implemented. Ailsa prisoners who are working are now allowed to join Darroch prisoners during their exercise period.

12.5 Consideration should be given to transferring young adult remand prisoners to a more appropriate location (paragraph 2.12).

Not implemented.

12.6 The library arrangements should be reviewed (paragraphs 2.22 and 7.5).

Not implemented. There is no link with the local council library facility. All books are donated.

12.7 SPS should ensure that a robust system of supervision is in place in Segregation Units which have no staff present (paragraph 2.27).

Implemented. New monitoring arrangements have been introduced. The new provision is audited through a "Separate Cells Daily Sheet" which contains information about who visited, the time of the visit and comments on the behaviour of the prisoners located in the Unit.

12.8 Beds should be fitted, and toilets screened, in the cells in the Segregation Unit (paragraph 2.28).

Partly implemented. Beds have been fitted, but toilets have not been screened.

12.9 All prisoner complaints should be recorded on the SPS Prisoner Records System (paragraph 3.7).

Implemented. The Finance and Compliance Manager audits the prisoner complaints system. Individual Unit Managers also do spot checks on their own area. A notice is circulated reminding staff of their responsibilities. Complaints are now much better managed.

12.10 A formal monitoring system of Orderly Room procedures should be set up (paragraph 3.9).

Not implemented.

12.11 The night shift instructions should be updated (paragraph 3.11).

Implemented. The instructions are reviewed on a regular basis as part of the First Line Manager's audit checks.

12.12 Prisoners in Ailsa Hall who are prescribed methadone should have enough time to collect their medication and have breakfast before going to work (paragraph 4.10).

Implemented. All prisoners now appear to get their medication timeously which allows them to have breakfast and then go to work.

12.13 The timing of routine inter-prison escorts should be examined (paragraph 5.8).

Partly implemented. Regular meetings with the escort contractor, and communications with sending prisons have led to an improvement but have not fully eliminated the problem.

12.14 Community Integration Plans should be reviewed on a regular basis (paragraph 5.16).

Partly Implemented. A review is held six weeks prior to liberation and prisoners are tracked on a comprehensive data base which is regularly audited. For prisoners serving less than three months, reviews tend to be 'ad hoc'.

12.15 A structured pre-release programme should be introduced (paragraph 5.16).

Not implemented.

12.16 Prior to arrival in Chrisswell House, all prisoners should have a risk and needs assessment carried out by the sending establishment (paragraph 5.19).

Implemented. Prior to the arrival of a prisoner in Chrisswell a check is carried out to ensure that a risk and needs assessment has been carried out by the sending establishment. If it has not the prisoner is not accepted.

12.17 The content of the post Special Escorted Leave Reports should be improved (paragraph 5.27).

Partly implemented. SPS and the escort contractor have attempted to improve training and communications. A sample of reports was viewed, but the standard was mixed.

12.18 Medical case notes should not block one of the corridors in the Health Centre (paragraph 6.1).

Implemented. Additional archive storage space has helped eliminate this problem.

12.19 Emergency healthcare provision should be available in the halls (paragraph 6.4).

Partly implemented. Some emergency equipment is now stored in Ailsa Hall, but not Chrisswell or Darroch as it is felt that medical staff can get to these areas within an acceptable timescale.

12.20 Nurses should stay in the room during a prisoner's consultation with the doctor only if there are good clinical or safety reasons for doing so (paragraph 6.6).

Not implemented. It is normal practice for the nurse to remain in the room with the doctor and patient during consultation. If a prisoner requests a private consultation this may be allowed following a risk assessment.

12.21 The lack of development in nurse-led clinics should be addressed and nurses should have appropriate training (paragraph 6.7).

Partly implemented. Blood Borne Virus, Hepatitis C and asthma clinics are now in place.

12.22 The lack of audit/quality assurance in healthcare should be addressed (paragraph 6.7).

Partly implemented. Some audit processes have been introduced. The pharmacist undertakes methadone compliance audits.

12.23 The Royal College of Nursing learning representative should be utilised more fully (paragraph 6.7).

Partly implemented. A Learning Resource Centre has been developed within the Health Centre. However, this is not fully used due to other demands on staff.

12.24 The uncertainty about the number of hours which the doctor was spending in the prison should be cleared up (paragraph 6.9).

Implemented. A new doctor has been appointed and a new Service Level Agreement signed.

12.25 Medical cover should be provided when the doctors are on annual leave (paragraph 6.9).

Not implemented.

12.26 The practice of sending prisoners direct to hospital without examination when the doctor is called 'out of hours' should be reviewed (paragraph 6.10).

Implemented. All calls are now routed through a 'call centre'. Prison staff can speak to a doctor who will make a decision based on the symptoms. It is still unlikely that a doctor will attend in person and if required, staff would be advised to transfer the prisoner to hospital.

12.27 Three-monthly reviews of medication prescriptions should be carried out (paragraph 6.10).

Implemented.

12.28 Chronic illness management should be formalised (paragraph 6.10).

Not implemented.

12.29 Learning, Skills and Employability provision should develop a strategic vision to promote communication and collaboration (paragraphs 7.2 and 7.15).

Implemented. Learning Centre staff are now involved in Vocational Training courses. A new inclusion meeting structure has helped improve communications and allowed greater collaborative working.

12.30 The space for vocational workshops should be increased to allow more prisoner participation (paragraph 7.3).

Not implemented. Painting and Bricklaying have no capacity to increase trainee places. At the time of the inspection the hairdressing salon was closed to allow staff re-deployment.

12.31 A rigorous system of allocating and monitoring LSE activities to ensure good attendance at learning centre programmes should be introduced (paragraph 7.6).

Partly implemented. Closer co-operation between the Inclusion and Residential functions has resulted in some improvement. A proposed review of Ailsa Hall will focus on this area.

12.32 The prison should continue to increase the range and breadth of accredited opportunities (paragraph 7.14).

Not implemented. There is no capacity to increase the number of accredited opportunities. However, a review of provision against aggregated need has led to a change of focus.

12.33 The prison should develop ways of celebrating success and recognising achievement in LSE provision (paragraph 7.14).

Implemented. A presentation ceremony is provided, with refreshments, on completion of Vocational Training courses, Programmes and Education.

12.34 A quality assurance system to ensure continuous improvement of teaching and the learning experience should be introduced (paragraph 7.17).

Partly implemented. A database of student progress has been developed. Motherwell College has a quality assurance system in place in the college but not in the prison. A working group has been set up to develop a system which can be rolled out to all Motherwell College prison sites.

12.35 The prison should develop a system of noting and monitoring requests made to the Family Contact Development Officers by visitors and the action taken in response to such requests (paragraph 8.1).

Not implemented. The FCDO office is not permanently staffed and there is no evidence of any improvement in the handover and information sharing process.

12.36 The prison should continue to run the family awareness sessions and be proactive in advertising them (paragraph 8.4).

Not implemented. An information booklet has been added to the prison's intranet site and copies are available in the visits area. There have been no one-to-one sessions.

12.37 The Race Relations Monitoring Group should be reinvigorated and should meet on a regular basis (paragraph 8.24).

Not implemented.

12.38 A system should be put in place which can quickly identify the number of ethnic minority and foreign national prisoners being held, and where they are being held in the prison (paragraph 8.25).

Implemented. A form is completed in Reception. The coordinator then speaks to the prisoners. An up-to-date list can be printed from the system.

12.39 The chaplains should be proactive in examining the reasons for the poor attendance at Sunday services, particularly from Darroch Hall (paragraph 8.29).

Partly implemented. A member of the chaplaincy team attempts to see all new admissions and a card is issued outlining the times of the services and the activities of the chaplaincy team. Although there are a lot of requests to see a chaplain this has not led to any significant increase in numbers at Sunday worship.

12.40 A clear system should be identified to ensure cereal is issued to those prisoners in Ailsa Hall who want it (paragraph 9.20).

Implemented. Cereal is put into bags and issued along with the evening meal.

12.41 Prisoners working in the laundry should be offered the opportunity to study for the Guild of Cleaners and Launderers qualification (paragraph 9.25).

Not implemented. This qualification is changing to a vocational qualification and there are plans for the prison to deliver this. Two staff have been trained and initial meetings have taken place with the SQA.