HM INSPECTORATE OF PRISONS

HMP PETERHEAD

INSPECTION: 3-4 JUNE 2008

The Scottish Government

CONTENTS **PAGE(S)**

1. INTRODUCTION

1.1 This is a different type of inspection. It does not attempt to cover all aspects of the prison, nor does it follow up specific recommendations and points of note raised in the previous full inspection – that has been done. The inspection focused on the four areas which have been the cause of concern for the Inspectorate for some time: conditions generally; contact with family and friends; access to education, work and programmes and preparation for release; and healthcare.

1.2 The Inspection Team comprised:

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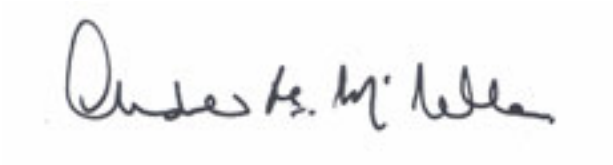

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July 2008

2. PREAMBLE

2.1 This report is of a short inspection of HMP Peterhead. The inspection was deliberately limited and does not claim to report on all aspects of the prison. Increasing use of self-assessment has been a feature of prison inspection in recent years: matters drawn to the attention of inspectors by the prison itself form part of the subject of this report. Matters raised in previous inspections, or apparent to inspectors on subsequent visits, also contribute to this report.

2.2 This inspection concentrated on matters of current concern: but it is right to acknowledge that many of the good things referred to in recent reports are still part of the life and culture of Peterhead. Just because the safe environment and the relationships with staff and the food are good at Peterhead they are not the subject of this report.

2.3 During the inspection the announcement was made of the building of a new prison, HMP Grampian, on the site of Peterhead. Uncertainty about the future of the prison has thus been ended, although building will not start for some time. Previous reports have commented on the damage done to HMP Peterhead by continuing uncertainty. One aspect of that damage has been the lack of investment over the last five years at least. Now that a new prison has been announced, it is even less likely that more money will be spent on the existing building: yet its condition continues to deteriorate and prisoners continue to live in it.

2.4 The continuing use of chemical toilets is the most obvious sign of lack of investment in the prison building. Peterhead is the only prison in the United Kingdom where prisoners have no access to toilets when locked in their cells. Some steps have been taken to try to alleviate the impact of slopping out, but its continuation at Peterhead remains "the worst single feature of prisons in Scotland". It is quite lamentable that the words written in the inspection report of 2006 can be written without alteration today. Many reports welcome the improvement of living conditions in prison after prison: but certainly there is no such improvement in Peterhead.

2.5 During the inspection 30 prisoners who should have been at work in the woodworking workshops had not been there for some weeks and would continue not to be at work for weeks. The closure of the workshops can be traced directly to the dilapidated state of the

building. The situation is a striking illustration of the importance of maintaining prison buildings. In the woodworking workshops sawdust is extracted into a large skip. When the skip is full a lorry removes it through the back gate of the prison. But when the back gate cannot be opened because the hinges have rusted through, the lorry cannot enter and the skip cannot be removed. No more sawdust can be extracted from the shed: and so work has to stop completely. Because the hinges on the gate are not working, 30 prisoners or more have to be locked in their cells most of the time.

2.6 No doubt this is an exceptional circumstance. But access to work is limited even when the back gate is functioning properly. There are prisoners who have no job; and there are prisoners who have a job but do not always have the opportunity to go to it; and there are prisoners who go to work but do nothing when they are there. Prisoners in Peterhead can spend long hours locked up in their cells doing nothing; and at weekends they all certainly do spend long hours locked up in their cells doing nothing.

2.7 Previous reports have also criticised the preparation for release of prisoners at Peterhead. The criticism has been – and continues to be - in two forms. One is the absence of community placements which would allow some testing in the community before prisoners are released. The other is about the small number of prisoners who participate in the "SOTP" programme: the programme designed to address the offending behaviour of sex offenders. The number of places on the SOTP programme available at Peterhead can do nothing to address the number of prisoners waiting to participate. Prisoners who have been convicted of serious sex offences are the very prisoners who should get the best possible preparation for release. This report makes it clear that they are still, no matter how many reports are written, the prisoners who get the worst preparation for release.

2.8 Some of these continuing difficulties are related to the shortage of staff at Peterhead. There are 28 fewer members of staff than there should be; 13% of the staff total is simply not there.

2.9 There is a noticeable improvement in health care. Staffing difficulties have been addressed and the morale of both nursing and medical staff is high. Nurse led clinics ensure proper provision for prisoners with chronic diseases: this provision is well supported by residential staff. The vast majority of prisoners are responsible for the administration of their

own medication. It is not appropriate, however, that, since a nurse is always present during a GP consultation, nothing is done to ensure that prisoners are aware that they can have private consultations with a GP.

2.10 Since the last inspection Peterhead now offers the same Enhanced Addiction Service as all other prisons. The service is new, but there are encouraging signs of the effectiveness of this development. There is a case-load of 87 prisoners.

3. ISSUES

Outcome

Prisoners are held in conditions that provide the basic necessities of life and health, including adequate air, light, water, exercise in the fresh air, food, bedding and clothing.

3.1 The cellular accommodation in Peterhead is the worst in the SPS. Only the ten cells in the local 'top end' have toilets – and these are unscreened. The cells in this area have adequate natural light and ventilation and there are opportunities for hand washing. Fifteen cells in the enhanced regime also have access to a toilet and hand washing facilities.

3.2 Accommodation in the rest of the prison is very poor. Cell windows are small and allow little natural light. Ventilation is obtained by removing a piece of wood from one of the small panes. The cells are cold and draughty and have no toilets. There is a 'porta pottie' in each cell but no running water for hand washing. Hand wipes previously issued had been removed for "health and safety reasons". Prisoners can have a basin of water in their cells at lock up but this does not allow hand washing in clean water following each toilet use. Given the poor ventilation in the cells there is a noxious smell when the chemical toilets are opened for use.

3.3 The majority of chemical toilets are emptied by a specially trained team of prisoners. Prisoners who want to empty their own are permitted to do so and at the time of inspection approximately six prisoners were doing this. Chemical toilets can be emptied on a daily basis, Monday to Friday although in reality they are emptied on a Tuesday and Thursday. They are emptied within a toilet area on each floor. Prisoners reported that during the emptying process a vile smell permeates the hall despite a scented spray being used.

3.4 Some prisoners have the additional hazard of parcels of faeces being thrown from cells above on to a roof outside their window. These can lie there for several days before being removed.

3.5 Many of the cells displayed inappropriate posters of women. The amount of posters and personal equipment held in some cells add significantly to the fire risk.

3.6 The communal areas in residential units were clean and tidy. There is a limited opportunity for prisoners to dine outside their cells but there is not enough space for everyone to do this if they so chose.

Outcome

Good contact with family and friends is maintained.

3.7 The location of the prison makes the maintenance of family contact difficult for many prisoners. For those who are able to have visits the booking system is effective, and because there is a relatively low take up some prisoners are able to have visits over and above their statutory entitlement.

3.8 There have been some improvements to visitor facilities since the last full inspection. Two small visitor waiting areas have been introduced which have removed the need for a bus outside the prison at weekends. This is a welcome improvement. The new facilities are, however, basic with very little information. The new visit waiting rooms are open from 13.10hrs at weekends. If visitors arrive before this they are required to wait outside.

3.9 Despite the distance which many visitors travel, the catering facilities available on arrival at the prison are poor: hot and cold drinks, sweets and crisps from a vending machine. The main visits room has twelve tables which makes the room cramped. The low ceiling makes the room noisy when full. There are no facilities for children. Cameras are obtrusive and invasive. If there are more than twelve visitors in the room at the weekend there is an overspill visit room in the education department. This area is also inadequate.

3.10 All prisoners have an approved visitor list which is passed to the prison based social work department to ensure that there are no child protection issues. There is no formal ongoing training for visit staff on child protection. This is too important to be ignored in a prison containing only long-term sex offenders.

Outcome

Prisoners take part in activities that educate, develop skills and personal qualities and prepare them for release.

3.11 The main offending behaviour programme delivered at Peterhead is 'SOTP' (previously referred to as "STOP"). This is aimed directly at tackling sex offending behaviour. It includes 'Core SOTP' for those prisoners considered most dangerous. Prisoners who go through this may also participate in 'Extended SOTP' if assessed as suitable. 'Rolling SOTP' is an open-ended programme for those prisoners assessed as being medium to low risk. 'Adapted SOTP' is for prisoners considered as high risk who fall below the IQ level required for the Core programme.

3.12 In the last year, SOTP completions were as follows, although it should be noted that some prisoners may have completed more than one programme:

Core	17
Extended	8
Adapted	8
Rolling	19

3.13 At the time of inspection 120 prisoners had been referred to, and were awaiting assessment for, a SOTP programme. So it is almost inevitable that some high risk offenders will be returned to the community without having taken part in any form of SOTP. This is not effective preparation for release, and many prisoners who are serving life or indeterminate sentences may be held beyond their tariff date because there is such a long waiting list for the programme. Prisoners cannot prepare for release until they have accessed this programme. All sex offenders must be given the opportunity to reduce their risk prior to liberation.

3.14 In addition to sex offender programmes, Peterhead also delivers the 'CARE' programme (Control Anger Regulate Emotion). This is a preferred programme which has replaced Anger Management. Constructs, a cognitive based accredited programme, and Alcohol Awareness are also delivered. There are significant waiting lists for assessment for these programmes: 86 for Constructs, 72 for CARE and 59 for Alcohol Awareness.

3.15 At the time of inspection there were two prisoners on the waiting list for the Violence Prevention Programme (VPP). This programme is only delivered in three mainstream establishments and it is difficult for sex offenders to safely access it.

3.16 The wider risk management process involving ICM and MAPPA appears to be operating effectively. There are, however, no external work placements available in the Peterhead area. Only two prisoners were able to access open conditions and eight accessed a national top end facility in 2007-08. All other prisoners will be released entirely untested to the community. Only special escorted leaves to an approved address, for prisoners in the local top end, are available from Peterhead. So the prisoners who are perceived by the public to be the most dangerous, namely sex offenders, receive the least preparation and testing for release of any long-term prisoners.

3.17 Peterhead has increased the number of opportunities to gain skill based qualifications in the prison, but these opportunities are still limited. City and Guilds or Scottish Progression Awards are available in bricklaying, joinery and horticulture. Prisoners can also be trained to BICS level 2 in cleaning services, and in dealing with bio-hazards.

3.18 Work party opportunities are available in textiles, production joinery and laundry. None of these offer qualifications. At the time of inspection the production joinery complex, which normally employs thirty prisoners, had been closed for eight weeks and it was expected to remain closed for at least another four weeks. The reason for this was that a rear gate's hinges had become corroded and the gate could not be opened. This means that the skip into which the sawdust extraction system from the joinery complex is fed cannot be emptied. This is symptomatic of a wider problem with the deteriorating fabric of the prison. In the work parties which *were* operating there was a lack of activity, with prisoners regularly playing cards or reading newspapers.

3.19 There is no access to the gymnasium or back-field in the evenings or at weekends. PT staff are only available during the core working day which means that prisoners have to leave other activities if they want to go to the gym. Access to the back-field and the gym at weekends and evenings would add value to a largely impoverished recreation regime.

Outcome

3.20 *Healthcare is provided to the same standard as in the community outside prison, available in response to need, with a full range of preventive services promoting continuity with health services outside prison.*

3.21 Substantial changes to the health care team have been made since the last inspection. A new Clinical Manager has been employed, which has led to a major improvement in retention and morale of both the nursing and medical staff. As a result the service available to prisoners is much better. However, the team does not include an addictions nurse.

3.22 There is also no dedicated full time mental health resource, although a Practitioner Nurse with a mental health qualification delivers mental health support when possible. Waiting lists are in place for mental health assessment.

3.23 Waiting times to access the services of an optician are greater than in the community. A new dentist had recently joined the team, replacing temporary arrangements with a local emergency Dental Service.

3.24 Nurse led clinics are now being delivered, ensuring that prisoners with chronic diseases are regularly reviewed and treated. Prisoners with diabetes are now able to keep diabetic equipment in their cells. This process is well supported by Residential Officers. However there is a lack of consistency in how each of the halls carries out the safe transfer, exchange and disposal of lancets.

3.25 The health care team has close links with the local hospital in terms of secondary care provision. Close links have also been established with the community occupational therapy department who provide a range of equipment to the prison.

3.26 The majority of prisoners are responsible for the administration of their own medication. Twenty two prisoners require supervised medication and this is handed out in the residential areas in the morning and evenings: there is little confidentiality in this process. Water should also be provided with the medication. The timing of supervised medication delivery at the weekend is also a cause for concern. Supervised evening medication which

would normally be given to prisoners to take in front of the nurse between 19.30 and 20.30hrs is being given to them between 15.30 and 16.00hrs – "to take away for later". This practice is unsafe. A risk assessment should be undertaken to identify adequate storage of controlled medication and to identify areas where this can be administered safely.

3.27 A GP has now been identified to undertake the Royal College of General Practitioners Certificate in the Management of Drug Misuse Training in Primary Care, ensuring that prisoners who require substance misuse clinical support can now access this in the prison.

3.28 A set of medical emergency resuscitation equipment is stored in the health centre. The nurse must transport this equipment to other areas of the prison in a clinical emergency. The prison should ensure that there is an adequate level of emergency equipment available.

3.29 A "sick parade" system is in place to access the GP. A self referral and appointment system is also in operation. A prisoner who is ill or wishes to speak to the GP can only do so by reporting "sick" three days each week, (the days when the GP is in the prison), and this must be done before 07.20hrs. If urgent they will be seen that day, if not, an appointment will be given within the next seven days. The nurse always triages the prisoners before an appointment is made with the GP. A nurse is also present during the GP consultation, but should a prisoner ask to be seen in private then this would be considered. Prisoners however are not told that this is possible.

3.30 Prisoners in Peterhead now have access to the same level of Enhanced Addiction Services (EACS) as other prisoners in SPS. This service has been introduced since the last inspection. The EACS has a caseload of 87 prisoners, and 13 new referrals have been received in the last month (nine for alcohol support and four for drug misuse).

3.31 A self referral and appointment system has been established. However, there was a lack of self referral forms in some of the halls and very little literature advertising the service in the residential and visits areas.

3.32 Addictions interventions are delivered in the health centre group work and interview room - but finding an interview space can be difficult.

ISBN 978 0 7559 7218 0