



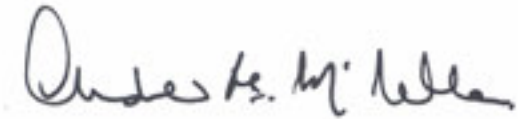
# **HM INSPECTORATE OF PRISONS**

## **Report on HMP Dumfries**

**FULL INSPECTION  
28 APRIL – 2 MAY 2008**

The Scottish Ministers

In accordance with my terms of reference as Chief Inspector of Prisons for Scotland, I forward a report of a full inspection carried out at HMP Dumfries between 28 April – 2 May 2008. Thirteen recommendations and a number of other points for action are made.

A handwritten signature in black ink, appearing to read "Andrew R C McLellan". The signature is written in a cursive style with a large initial 'A'.

ANDREW R C McLELLAN  
HM Chief Inspector of Prisons

July 2008



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## **1. PREAMBLE**

1.1 Some of the most serious problems of Dumfries prison are problems about which the prison can do very little. It is overcrowded; and the overcrowding is more difficult to deal with because the buildings are old and awkward and limited. Dumfries is really two prisons within one wall: one part is a local prison for (mostly) short-term male offenders and young males on remand, and the other part is a prison for long-term male adults convicted of sex offences who do not admit their guilt. For reasons of safety, these two groups must be kept completely separate. So a very great deal of prison management is directed towards the complications of holding together two groups who must be kept separate at all times.

1.2 Each group of prisoners feels that they are not receiving the best possible regime. There is no doubt that remand prisoners from the Dumfries area are the least well provided for in the prison.

1.3 The design of the buildings is extremely complex and raises concerns: it is not easy for staff to reach all parts of the prison quickly in cases of emergency: and it is not easy for nurses to reach all parts of the prison quickly, carrying emergency equipment, in the event of a medical emergency. Indeed, it would not be impossible for new members of staff to be unsure of the way to find the location of an emergency.

1.4 There are two groups of prisoners whose presence in the prison raises important questions. Regularly the prison holds persons who are detained under immigration legislation. These are people who have been convicted of a crime and who have served a prison sentence; but they are not released on its completion because they are subject to further procedure by the immigration authorities. This can mean that they are held in prison because they have not been transferred into a detention centre. The prison also holds some old prisoners. Some of these men show the signs of advancing age: problems of mobility and health deterioration and even Alzheimer's disease. They have been convicted of crimes; but it is almost impossible for any prison to meet their specialised needs.

1.5 And there is one group whose absence from Dumfries is questionable. In March 2006 the decision was taken to close the unit for women. All prisoners from the South of Scotland who are women are now held in HMP & YOI Cornton Vale in Stirling, even those detained

for short periods of remand. There is no advantage in Cornton Vale of a superior regime for a prisoner on remand; and very little for prisoners serving short sentences. For these prisoners there are significant disadvantages in being held so far from home: a journey in a Custody Vehicle from a court in Stranraer to Cornton Vale via Dumfries Prison will take at least 3½ hours. The same return journey for a prisoner's family could take a whole day. It has often been said that family contact is especially important for women prisoners: it is exceptionally difficult when the prisoner comes from the South West of Scotland.

1.6 A pattern has emerged in Dumfries which is repeated in prisons all across the country. Each year there is less provision for prisoners to go to work and more time spent by prisoners locked in their cells. Every prison has had to make significant savings, and more savings are required this year: but these savings are not without a cost. If the cost is that an increasingly overcrowded prison does not have enough members of staff to deliver a full day's programme of useful work for each prisoner then the cost of savings may be high. Day after day spent locked in a cell with a stranger is not a good way to prepare prisoners to live useful and crime-free lives. Prisons must be equipped to provide the best preparation for release possible: it is an issue of public safety.

1.7 The problem of preparation for release is particularly acute with regard to those sex offenders who are held in Dumfries. It has been stated in previous HMCIP reports on Peterhead that sex offenders receive the worst preparation for release, despite being those prisoners of whom the public are most likely to be afraid. It is almost impossible for any sex offenders to have any preparation for release in the community, by which other long-term prisoners can be tested and trained. In Dumfries the situation is even more alarming. Since those prisoners, unlike most in Peterhead, do not admit their guilt, they do not prepare for their release in programmes designed to address their offending behaviour (the "SOTP" programme). So, when their sentence is ended, it is quite possible that nothing will have been done in prison to encourage them to change anything. However, the report does recognise the good work which is being done in Dumfries in the Integrated Case Management structure, in which contacts are established and arrangements made with authorities outside the prison before release.

1.8 There are issues at Dumfries which do come within the power of the prison itself. The catering at weekends is inadequate, particularly the brunch arrangement. A new system

of booking visits is proving very frustrating. There is very poor access to dental treatment: during the inspection there was none at all. Some cells have unenclosed toilets. The canteen is unpopular. Very disappointing is the lack of access available to prisoners to the “Back Field”, which is a good area of grass playing field, and a beautiful garden.

1.9 On the other hand the prison is safe. This is a considerable achievement in terms of the limitations of the buildings and the mix of prisoner population. An impressive reduction in staff sickness time may contribute to the safety of the prison. It is also a very clean place. Relationships between prisoners and staff are good; although the increasing time which prisoners spend in cell and the reduction of staff numbers makes these good relationships more difficult to maintain.



## 2. CONDITIONS

### 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.*

2.1 Not fully met. The basic necessities of life are provided and the quality of food is good. However, some living areas do not have natural light; some cells have unscreened toilets; arrangements for the provision of underwear are poor; the timing of meals is poor; and the arrangements for food at weekends are very poor. Some mattresses are also in a very poor condition.

### Population

2.2 HMP Dumfries serves the courts of Dumfries and Galloway. It has a design capacity of 179. The average daily population in 2007 was 203 prisoners. On the first day of the inspection there were 194 prisoners unlocked as follows:

Adult remand	39
Adult convicted	142
Young remand	13

2.3 The highest number that the prison has held, prior to the inspection, was 207.

2.4 The prison holds up to 100 local male prisoners who are remanded in custody for trial and those convicted but remanded for reports. Short-term convicted male prisoners may be kept in Dumfries or transferred to another establishment according to the length of their sentence and the availability of spaces. It also provides a national mainstream facility for holding up to 95 long-term and short-term prisoners who require to be separated from mainstream prisoners because of the nature of their offence (sex offenders).

## Accommodation Areas

2.5 There are five main Residential Halls ('A', 'B', 'C', 'D' and 'E'). Outwith these is also an area 'A'1 (previously known as the Observation Suite), and a basement ('B'Zero) which includes prisoners in segregation. Overall there are 14 separate living areas in the prison comprising cellular and dormitory provision.

'A' Hall

'A'1

2.6 This area (still referred to as the Observation Suite by staff) houses prisoners at risk of self-harm or those seen as vulnerable and needing extra support. It comprises two reduced ligature cells, a four bedded dormitory cell and a single cell. All cells have integral sanitation and electric power. The anti ligature cells do not have televisions. The toilet in the single cell is not enclosed. **It is recommended that toilets in all cells should be enclosed.**

2.7 The dormitory has four beds with little space in between them. One of the beds is on a slight elevation to accommodate a heating pipe. There is only space for two chairs and one bed did not have a mattress. Decoration is poor. The four bed dormitory should be upgraded and made fit for purpose.

2.8 Two showers and a toilet, all in good condition and offering adequate opportunity for privacy are available in the main living area.

2.9 Prisoners are able to access a telephone in the central living/recreation area, and appropriate notices are in place for this. A television, microwave, table, chairs, filing cabinets and hoover are also situated in this area. A hot water urn is also located here.

2.10 The prisoner notice board was lacking information on services available within the prison such as health, addictions, social work and chaplaincy. No complaint forms were readily available.

### *'A'2 and 'A'3*

2.11 This area comprises 14 cells over two floors, and has capacity to hold 30 prisoners. It houses short-term convicted prisoners. Twelve cells are double occupancy. A further two cells house three prisoners. All cells have integral sanitation. A number of mattresses in this hall should be replaced as they are thin and worn. Some are also split. Sheets were being used as curtains in some cells, in others the curtains were rags. All cells have power points, televisions, kettles, tables and chairs and individual lockable safes, although some of these were broken. The whole area should be redecorated.

2.12 There are four shower areas which were clean and well maintained. However, electrical cleaning equipment is stored in these areas which restricts access.

2.13 The central living/recreation area is very cramped and a couple of the window panes were cracked. The officer station on the ground floor does not allow privacy for private conversation. The communal TV faces this desk. A telephone with canopy is available for use during recreation times.

2.14 There was very little information on the prisoner notice board. Complaint forms were not readily available. On the ground floor there are wall radiators running floor to ceiling and these were very hot.

### *'B' Hall*

2.15 'B' Hall houses long-term convicted sex offenders. The accommodation is mostly single cell. The capacity of the hall is 50 over three floors. Each of the floors is treated as a separate unit connected by an external stairway. All cells have integral sanitation and electrical power.

### *'B'1*

2.16 'B'1 is used to accommodate prisoners who are classed as elderly or infirm. Prisoners in this area do not go to the central area for meals. Their meals are transported by lift, from the kitchen and served in a heated servery. Meals are eaten in cell. All cells are single and

have a television, kettle, table and chair. There is a telephone with a canopy which can be accessed during recreation times.

2.17 There are three showers in the central living/recreation area, and all were clean and allowed privacy. There is also a pool table and television. Three wheelchairs, all in good condition, are available in this area in the event that prisoners require to be evacuated. There are also a couple of high backed sturdy chairs. There is no natural light in the central area.

### *'B'2*

2.18 'B'2 has 17 cells, one of which is a dormitory for three people. There are three showers and one toilet situated at the far end of the hall, opposite the officer station. Whilst the showers afforded privacy in terms of adequate screening, the positioning of a security camera was poor and afforded little dignity. This was corrected during the inspection. A telephone with canopy is also situated in this central area. The area is bright and well ventilated. There is also a television and pool table in the central living/recreation area.

2.19 While the single cells are an adequate size, and were clean and the décor bright, the three bed dormitory was small. It contained only two chairs. Some of the mattresses and pillows in this hall should be replaced.

2.20 The full range of complaint forms was not readily available. The prisoner notice board lacked information regarding services available within prison. A selection of literature on national initiatives was available, including Race Relations, Capability Scotland, Equality and Diversity. A leaflet advertising the local anti-violence confidential telephone line was also evident.

### *'B'3*

2.21 'B'3 – has the same standard of living accommodation as 'B'2. There is also one three bed dormitory area. The décor of all cells was satisfactory. The shower area was clean and afforded privacy, but again the positioning of the camera caused concern.

2.22 The prisoner notice board was similar to 'B'2, with the exception that there were no easily accessed complaints forms at all. There was information with regards to some services including the Listeners Scheme and the Father and Child Visit Scheme. A pool table, television, selection of reading material and table tennis table were available for recreational use.

2.23 Prisoners in 'B'2 and 'B'3 go to the dining hall for meals.

#### *'B' Zero*

2.24 This area has two separate living areas with a door separating them. One area is the Segregation Unit (described at paragraph 6.17).

2.25 The second area houses local short-term and remand prisoners who have requested protection. There are nine cells; three single and six double. Eighteen prisoners were living in this area at the time of the inspection. All cells have integral sanitation, which is enclosed.

2.26 All cells have televisions, kettles, tables and chairs. However, the cells are in need of decoration, and window covering should be provided to replace the bed sheets currently in use. Some mattresses require replacing.

2.27 Prisoners located in 'B' Zero spend long periods within their cells with little to do other than watch TV. The living conditions are cramped and dark. There is little or no opportunity for a prisoner to have any time alone, and prisoners describe the atmosphere as tense as a result of this.

2.28 The central living/recreational area is not fit for purpose. There is no natural light and the area is not big enough to accommodate 18 prisoners safely when they are all out of their cell. The central area also comprises a pool table, officer station, and a telephone with a wooden hood (without a canopy) which is positioned directly opposite the officer station. The last inspection report highlighted that this should be re-positioned but this has not been addressed. Also in this area are a communal television, a post-box (which was broken and could not be secured), laundry bags, bins, a sink unit, and a table with selection of literature

(some of which needs to be updated as the information was written in 2005 when the unit was known as the Behavioural Change Unit). Prisoners have access to a microwave.

2.29 Prisoners in this area have the use of one communal toilet and two showers, both of which were clean. A number of prisoners said that they were rushed when accessing shower facilities due to the lack of time out of cell and the number who required to use them. Prisoners in this area do not access the dining area but receive their meals from the kitchen via a heated meal trolley. Meals are delivered in plastic trays, from which prisoners eat. They eat their meals in cell.

2.30 During the inspection it was noted on a number of occasions that this group of prisoners appeared to be locked up for longer periods of time than others. An officer was not always available. Prisoners also spoke of receiving less access to work, recreation, education, library, and chaplaincy services.

2.31 Information on the prisoner notice board was poor. There was no information on services within the prison. Complaint forms were available for race relations although no other complaint forms could be accessed without asking an officer.

2.32 The practice of calling young remand prisoners ‘young offenders’ is common in ‘B’ Zero. **It is recommended that this practice stops.**

#### *‘C’ Hall*

2.33 ‘C’ Hall houses long term convicted sex offender prisoners. The accommodation is on four floors with each floor comprising 10 single cells. Each floor is treated as a separate unit. There is electronic night sanitation throughout ‘C’ Hall. Whilst the areas are clean some cells are showing signs of wear and tear. All cells have a table and chair, television and kettle.

2.34 Toilet facilities are located at the entrance to each floor and comprise showers with wooden screens, enclosed toilets and urinals. One of the showers (‘C’4) was broken and out of use. A number of prisoners in this hall had two mattresses. This allowed them greater

comfort than that available to remand prisoners. Whilst the majority of mattresses were satisfactory some were showing signs of wear and tear and some were very thin.

2.35 Recreational areas in this hall are separate from the main living areas. 'C'2 and 'C'3 have their own recreation area, while one other recreation area is shared between 'C'4 and 'C'5. Although these recreation areas are of a much higher standard in terms of furnishing than the rest of the prison there is no natural light in the 'C'2 & 'C'3 areas. The room is also very warm. Prisoners have access to pool, table tennis and darts. A telephone with canopy is available in each of these recreation areas. An officer station is also situated in both areas.

2.36 No complaint forms were readily accessible in this hall. However, prisoner notice boards appeared to be tailored to the long-term population and there was a greater variety of information than elsewhere in the prison.

2.37 Prisoners in this hall go to the dining hall for meals.

#### *'D' Hall*

2.38 The accommodation in 'D' hall is located on the first floor and is inaccessible to prisoners with severe mobility problems. The rooms are in three sections. There is one five person dormitory, five four person dormitories, five three person rooms and six double rooms. All rooms have an enclosed toilet and two of the two person rooms have a shower. The prisoners in 'D' hall dine in a dining room. All of the rooms have sufficient natural light and there is a lockable safe for each prisoner in every room although two were damaged. Bed spaces do not have reading lights and in some cells prisoners can only get enough light to read at night by using light from the toilet by keeping the door ajar. This should be addressed.

2.39 Some of the cells were reasonably spacious although none had a chair for each occupant. In some rooms the accommodation felt cramped. Not all bunk beds had a ladder to access the upper bunk and one of the upper bunks had the safety rail hanging off. These issues should be addressed. There was graffiti in some of the rooms and a number of posters displayed inappropriate pictures of women.

2.40 Not all rooms had wardrobes and of those that were available many had the door or rail missing. Many of the drawer units were also damaged. Although some of the mattresses were thin, the bedding in general was clean. Many of the rooms had no curtains and sheets were used as make shift curtains. Some of the rooms had excessive inflammable material.

2.41 Overall, the rooms in 'D' hall are showing the excessive wear and tear associated with over-crowded high turnover halls.

### *'E' Hall*

2.42 'E' Hall comprises two four bed dormitories, two bed dormitories and one cell classed as an observation cell. It houses local short-term convicted prisoners who participate in a "progressive regime" and are working towards release. All rooms have in cell sanitation, electricity, kettles and televisions. There is one shower unit for communal use. The shower curtain was clean, although it was also ripped and torn and should be replaced. Another cell has a shower, toilet and wash basin.

2.43 A number of mattresses in this area were damaged. Graffiti was also evident on walls and ceilings. Some of the prisoner's sheets had cigarette burn marks, and some pillows were stained. A door was hanging off one of the in cell toilets, and a broken mirror was being used in another cell. One of the front sections of bunk beds was broken. The cell areas generally are dated, need to be kept cleaner and need to be decorated. A number of the dormitories were also cramped and untidy.

2.44 Prisoners in this area have the use of a washing machine and dryer to launder their own clothes. They can use the large kitchen area. They also have access to a small outside courtyard area. The recreation facility comprises pool table, television, exercise bike, play station, books and videos. Prisoners in this area spoke of being given more trust and getting extra visits.

2.45 Complaint forms were readily accessible in this hall. Prisoners in this area eat in the dining hall or make light meals in the kitchen at weekends.



## *Conclusion*

2.46 The accommodation in Dumfries is not good. There is a lot of dormitory accommodation which detracts from the opportunity for privacy. The furniture in 'A' and 'D' Halls was either missing or broken, and the condition of mattresses was extremely poor. It has a run down feel and many areas need major redecoration. The building is also very complex in terms of design and how the halls are utilised. It is important that particular groups of prisoners are kept apart but it is not easy for staff to reach all parts of the prison quickly in an emergency. The sheer number of individual residential units is confusing.

## **Exercise Areas**

2.47 There are two main outdoor exercise areas where prisoners are able to take exercise. These areas have a small seated area, and flowers have been planted in raised boxes.

2.48 There is also a large prison garden with a football pitch, an enclosed quadrangle space at the centre of 'D' Hall, and a similar quadrangle at 'E' Hall.

2.49 During the inspection the main exercise areas were used only occasionally, with the majority of exercise observed being undertaken in the quadrangle area of 'D' Hall. During the weekend this area contained litter which had been thrown from 'D' Hall cell windows. **It is recommended that prisoners are offered quality exercise in the designated main exercise areas.**

2.50 Prisoners have access to fleeces to wear in the fresh air. Waterproofs are available for those who wish them.

## **Catering**

2.51 The kitchen employs 12 prisoners and is clean and efficient. Two prisoners were studying for an SVQ at Level 1 in catering.

2.52 The quality of food is good and most areas eat in a communal dining room. There is a good choice of menu, (apart from at the weekend), with healthy choices, and prisoners can

have five pieces of fruit or vegetables every day if they wish. This provision is exceptional and is an area of **good practice**.

2.53 Food Focus groups are in place and can influence to a degree the menu. Diets are catered for and the kitchen employs one Muslim prisoner. Medical diets are dealt with on an individual basis. A catering complaints book is in place but it is rarely used.

2.54 The times at which meals are served are not good. There are two sittings for lunch and tea with short-term prisoners eating first:

Breakfast	This is given out with the evening meal and prisoners can eat it when they want
Lunch	11.30-12.00 12.00-12.30
Tea	16.30-17.00 17.00-17.30

2.55 At weekends brunch is served between 10.15-10.45 and 10.45-11.15. Tea is served between 16.00-16.30 and 16.30-17.00.

2.56 An evening snack pack is also served at weekends. The weekend brunch is poor. There is no opportunity within the dining area to obtain a drink. The brunch consists of two filled rolls containing bacon, sausage, egg or cheese. Prisoners can only receive two rolls with the same filling. If they wish two different rolls they have to swap with another prisoner.

2.57 Overall, the quality and choice of food is good but the timing of meals should be reviewed. The brunch available is inadequate and should be improved.

### **Canteen**

2.58 The arrangement for prisoners' canteen is "bag and tag". Two members of staff and one prisoner operate the canteen. The storage area for stock is small but adequate. All but one item of stock were well within the "use by" date. Stock is obtained once a week and the

canteen tries to keep up with demand. There was no stock for ethnic minority prisoners although requests can be made through outside purchases.

2.59 Canteen sheets are handed out on a Monday night and all categories of prisoners are provided with their order within reasonable timescales. Outside purchases can also be made: these include certain foods, greetings cards, flowers, etc. Arrangements for outside purchases are good. Despite this, the canteen was very unpopular with prisoners who criticised it constantly during the inspection.

### **Clothing and Laundry**

2.60 Nine convicted prisoners are employed in the laundry. The laundry officer has undertaken a Guild of Cleaners and Launderers qualification since the last full inspection and is now able to offer SVQ training and supervision. One prisoner had just registered to complete an SVQ at Level 2 in laundry.

2.61 A laundry rota is in place which enables an individual's laundry to be washed four days per week (if convicted), and two days per week (if on remand). A process is in place to ensure that bedding is laundered weekly. However, no routine planned washing of duvets has been undertaken for nine months, although prisoners can request to have their duvets washed. A routine programme for washing duvets should be reintroduced.

2.62 Although a system is in place to ensure that clothing is returned promptly, a number of prisoners spoke of clothing "going missing". The laundry officer has introduced a system where individual lists are checked and monitored on a regular basis.

2.63 All convicted prisoners are given a "kit bag" with their individual identifier on admission. New underwear and socks are only supplied if requested. Remand prisoners are supplied with this from 'D' Hall Storage. No underwear is available to remand prisoners in 'D' Hall. Should a prisoner require underwear on admission this is given out in reception on the first night. However, prisoners are not aware of this process and as it can take at least a week for prisoners to get their own clothing sent into prison, they can wear one set of underwear for up to a week. Prisoners spoke of sharing underwear with new admissions. **It is recommended that all new admissions are issued with underwear.**

2.64 All allocated clothing appeared to be in good condition and there is a system in place to dispose of old clothes and towels. The prison had recently purchased new towels for all prisoners.

2.65 Procedures are in place for bio-hazard washing and infection control.

### 3. SAFETY

#### Outcome

*Appropriate steps are taken to ensure that individual prisoners are protected from harm by themselves and others.*

3.1 Met. The prison is safe; relationships are good; prisoner escort arrangements are appropriate; and there have been no suicides since the last inspection.

#### Escapes, Absconds and Physical Security

3.2 There had been no escapes or absconds since the last inspection. The use of CCTV throughout the accommodation areas ensures that any incident within the prison is likely to be captured.

3.3 At the time of inspection the establishment's contingency plans were being reviewed and updated.

3.4 Fire evacuation procedures meet the required standards and evacuation drills take place every six months.

3.5 The establishment has set up an Anti Violence Confidential Free Phone, which is widely advertised through the establishment and visit room. This is an area of **good practice**.

3.6 Local Management use what is called the 'Back Field' Risk Matrix in order to ascertain whether a prisoner can access the back field or not. This Matrix excludes a number of prisoners from using this area. The 'Back Field' should be made more accessible to prisoners.

3.7 Overall, the prison is described as a safe environment by both prisoners and staff, and relationships between staff and prisoners are good.

## **Supervision Levels**

3.8 Prisoner supervision paperwork is started on the first night in custody and allocated within designated timescales. The process commences in the residential area and is then reviewed by a senior manager, prior to final allocation. Remand and short term prisoner paper work is filed in the prisoners warrant file. Long term prisoners' supervision paperwork is filed in individual ICM folders. Reviews take place within allocated timescales. Whilst prisoners are not present at the reviews they are informed of changes to their allocation and sign the appropriate paperwork to confirm this.

3.9 Inspectors reviewed warrant files, ICM files, PR2 and documentation following first night in custody. All paperwork was completed correctly and prisoners' signatures were evidenced in all cases. Where changes had been made which perhaps did not follow the flow chart process the reasons for this were noted. The current system appears to be working well.

## **Escort Handover Procedures**

3.10 There is good communication between the prison and the escort provider, Reliance Custodial Services (RCS). RCS staff provide advance warning to the prison of pending admissions from each of the main courts in the area. For each part of the escort process the information shared is comprehensive.

3.11 Vehicles were clean and carried food and water. Prisoners said that escort staff treated them with respect and that they received food if they were required to be away from the prison over a meal time period. Each vehicle has a taped safety message. This message is not relayed prior to the start of every journey.

3.12 The prison is able to ensure that the escort vehicles park very close to the reception door and that prisoners can securely embark and disembark without the requirement for handcuffing. This speeds up the process. The two main courts in the area have secure holding cells so prisoners do not have to remain in the vehicle on arrival at court. Prisoners are regularly admitted to the prison before 6:30pm allowing time for quality risk assessments. Depending on the availability of transport at Stranraer Sheriff Court a female prisoner may

have to travel to Cornton Vale via Dumfries prison with male prisoners in the vehicle. This practice should stop.

3.13 On long journeys comfort stops at a prison or police station are routine.

## **Admission and Induction Procedures**

### *Reception*

3.14 The reception area has a communal waiting room where prisoners are placed immediately after being identified and their warrant, cash and property checked. The room is bright and creates a relaxed and welcoming environment. There is soft seating and two low tables on which are magazines and newspapers. This is an area of **good practice**. There is a TV in the room and a good range of notices informing new prisoners about healthcare, language identification and the Samaritans. In addition there is a SHAP (religious festivals) calendar and an anti-violence notice. CCTV relays images from this room to a screen in the staff workstation adjacent to the waiting room. There is no drinking water in the room. Prisoners who may have difficulty with other admission prisoners are held in a separate waiting room.

3.15 There is also a second waiting room where prisoners are held until they can be taken to the accommodation area. Facilities in this room are reasonably good. Staff can supervise the prisoners via large windows which allow good sight lines.

3.16 The reception still has a number of small cubicles but they are only used for searching or for changing clothes prior to liberation or going to court.

3.17 New prisoners are taken from the waiting room and are offered a seat at the staff workstation where their details are entered on to the computerised record system. Property and cash are opened and checked in the presence of the prisoner. Clothing, cash and property are then entered on to the prisoner's cash and property cards and are subsequently signed by the prisoner. Cash and valuable property are locked in the reception safe until this can be handed over to the office staff. Cell sharing and ACT2Care risk assessments are completed. These assessments are conducted in full view of prisoners in the second waiting room. Admission

to prison can be distressing for some individuals, and to help maintain dignity, admission interviews should be conducted out of the view of other prisoners.

3.18 Following the initial admission interview the prisoner is searched. Following this, he is allowed to retain his underwear and socks and is given a boiler suit to wear until he is admitted to the residential area where he is provided with prison clothing. The prison does not make clean underwear and socks readily available. Some wear the same underwear and socks for several days, others hand wash their own or borrow a friend's. It was difficult to ascertain who would supply prisoners with prison based underwear and socks.

3.19 There is a medical interview room in the reception area. At the time of the inspection this room was being used for the storage of equipment while the dentist's room was being refurbished. A range of harm reduction literature is on display. All new admissions to the prison are seen by a nurse in this room.

3.20 There are two storage rooms for prisoners' property. Both rooms have clothing boxes stored on metal shelves. There is also an area to hang suits in each room. Both areas were tidy and smelled fresh.

3.21 When a non-English speaking prisoner is admitted to the prison staff have access to a telephone interpreting service.

3.22 Overall, staff interact appropriately with prisoners during the reception process and deal quickly with those who are considered to be vulnerable.

#### *Induction – Short-Term and Remand Prisoners*

3.23 All prisoners are given a first night induction designed to provide sufficient information to settle in. Within 72 hours (but usually the following day) the core screening tool is completed and passed to the Links Centre for subsequent referral to appropriate interventions. The information collected from the screening tool is added to the Community Integration Plan on the computerised SPS prisoner record system (PR2).



3.24 An addictions harm reduction package is delivered as part of the induction programme. This package is delivered within the first week by the addictions nurse. Chaplains have no formal involvement in the induction process. This should be addressed.

#### *Induction – Long-Term Prisoners*

3.25 Long-term prisoners were previously admitted to ‘B’ Zero and staff there were responsible for the delivery of the induction programme. These prisoners no longer have a dedicated admission area and it was difficult to determine who was responsible for the delivery of long-term prisoners induction. The consequence of this is that induction is either not delivered on time or sometimes a prisoner is missed completely.

3.26 When induction does occur there is a first night check list and the core screen, needs identification, is completed. When the induction is completed PR2 is updated. There is no input from chaplains or healthcare or addictions, although if a need is identified a referral is made. A process should be developed so that long-term prisoner induction can be completed within 72 hours of admission.

#### **Suicide Risk Management**

3.27 There have been no suicides since the last inspection. There are two ligature reduced cells in 'A' hall which are used for prisoners “at risk” or “high risk”. These cells are extremely spartan with a concrete plinth on which a mattress is placed. There is a stainless steel urinal and a small wash-hand basin recessed in the wall. There is no furniture and no electric power, The cells do not meet the current SPS design for safer cells. **It is recommended that the two ligature reduced cells in ‘A’ Hall meet the current SPS design for safer cells.**

3.28 It was regularly reported to inspectors that the prison is safe, and this may be a reason for the relatively low numbers of prisoners subject to ACT2Care. At the time of the inspection there were two prisoners on ACT2Care and both were removed from this status within a couple of days. In the month prior to the inspection there were three cases opened and the monthly average of cases for the past year was five. Case conferences are well attended with good multi-disciplinary attendance. Although the prisoner usually attends the

case conference, he is not listed as attending and does not sign to say he has attended. This should be addressed.

3.29 Dumfries has a standard approach to prisoners placed “at risk” or “high risk” which is “safe cell, canvas clothing, no articles in use”. There is no evidence of social stimulation; prisoners spend a long time in their cells when considered to be at risk. The individual will then go from the very spartan regime described above to “no risk” and a full regime in a very short period. SPS policy encourages individualised care plans based on the level of identified risk. **It is recommended that standardised care plans for prisoners subject to ACT2Care should be discontinued and replaced with individualised plans based on need.**

3.30 Inspectors observed the call bell of a high risk prisoner being unattended for over 15 minutes due to staff being out of the area. Cell call bells of prisoners on high risk must be answered promptly, and if staff have to leave the area the cell bells must be monitored from another area.

3.31 There were some gaps in the paperwork regarding dates and signatures. The prison should put in place a system for monitoring the accuracy of ACT2Care paperwork.

3.32 The Listener Scheme has recently been reinvigorated and Listeners and Samaritans were confident that they had the support of senior management. Samaritans felt that a number of the barriers which previously impeded the smooth operation of the scheme were no longer an issue. At the time of the inspection there were only two Listeners but a number of potential new Listeners had been interviewed and it was hoped that their training would take place in the near future.

3.33 The local Suicide Risk Management Group (SRMG) meeting has been amalgamated with the Multi-Disciplinary Mental Health Team (MDMHT). The new group aims to meet once per month although the minutes suggest that the meetings are sometimes at two monthly intervals. The ACT2Care policy states that SRMG meetings should be held at least once per quarter. The current structure diminishes the status of ACT2Care. There is no evidence for example that Samaritans or Listeners are in attendance and good practice dictates that they

should be. **It is recommended that Suicide Risk Management Group meetings are reinstated.**

## **Violence**

3.34 In the year prior to the inspection there, were no serious and three minor prisoner-on-staff assaults. In the same period there was one serious and 31 minor prisoner-on-prisoner assaults. This compares with figures in the 2005 report which had four serious prisoner-on-prisoner assaults, no serious assaults on staff, 13 minor prisoner on prisoner assaults and two minor prisoner assaults on staff.

3.35 During the week of the inspection there were two minor incidents of violence. Both incidents were managed swiftly and appropriately by staff, and initial investigations indicated that both were a result of conflict brought into the establishment from the outside community.

## **Night Duty**

3.36 At the time that night duty was inspected, 201 prisoners were locked up. This included two prisoners placed on observations for their own safety. An electronic recording system is used to record and monitor patrol movements and also to ensure that any observations take place. The atmosphere within the accommodation blocks was relaxed and quiet.

3.37 Visibility into cells is good and ensures the safety of those held.

3.38 The establishment's contingency plans provide robust arrangements for a range of circumstances including medical and other emergencies.

3.39 Staffing consisted of a First Line Manager and five officers, who are deployed throughout the prison to provide adequate security and safety cover. Staff were confident and competent and able to provide detailed descriptions of how a range of incidents would be managed.

## **4. RESPECT**

### **Outcomes**

*Prisoners are treated with respect by prison staff.*

4.1 Met. Relationships are good, but active engagement with prisoners in the residential units is not obvious.

*Prisoners are treated with respect for their dignity while being escorted to and from prison, in prison and while under escort in any location.*

4.2 Met. There is good communication between the prison and the escort provider; vehicles are clean; and escort staff treat prisoners with respect.

### **Relationships**

4.3 Relationships between staff and prisoners are good. This is supported by the Prisoner Survey 2007 which notes that 98% of prisoners said they got on well or very well with staff. First names are used when addressing prisoners and no inappropriate behaviour was observed.

### **Equality and Diversity**

4.4 There are two nominated Race Relations Officers. The first and only meeting of the Equality and Diversity Forum was held in October 2007. This group should hold regular meetings. Impact assessments have been carried out on local policies.

4.5 At the time of the inspection three prisoners were registered as disabled with a visual impairment, one of whom also had a hearing impairment. One prisoner had mobility issues. An extensive range of audio books and several large print books are available for prisoners who have a visual impairment. The prison has also made large print notices available for prisoners.

4.6 There are currently no cells in Dumfries that meet the SPS standard for disabled prisoners. The layout of the prison accommodation areas makes it very challenging to prisoners with mobility problems. Such prisoners can only access the accommodation in 'B'1 or 'A'1. They cannot easily access the health care area, chapel, dining hall, library or 'C' hall. At the time of the inspection there was only one ramped entry to, or exit from 'B' hall. **It is recommended that the prison is made more accessible to prisoners with mobility problems.**

4.7 There were six prisoners over the age of 70 during the inspection. From time to time there have been prisoners in Dumfries who required assistance to get in and out of bed, dress and access the toilet and shower. This puts added pressure on an already busy regime.

4.8 There were 15 ethnic minority prisoners held in the prison on the first day of inspection. Interpreting services are available via a telephone helpline and onsite interpreters. In 2008 on site interpreters had been used three times and the telephone helpline had been used 14 times. The establishment also has a copy of a DVD which has the national induction policy in a range of languages. There are also folders with prison information in a range of languages. In the two years prior to the inspection there were three Confidential Racial Incident Reports raised. The incidents had been dealt with appropriately.

4.9 At the time of the inspection there were two former prisoners being held on an immigration warrant awaiting transfer to an immigration detention centre. **It is recommended that on conclusion of a sentence, individuals who require to be detained for the Immigration Service should be transferred immediately to a facility for that purpose.**

4.10 Inspectors met with a group of ethnic minority prisoners who indicated that they felt safe and that staff treated them well.

## **Searching**

4.11 The searching of prisoners after visits takes place in a dedicated area which ensures that the dignity of the prisoner is maintained. All searches observed were conducted in a respectful and discreet manner and to the required SPS Standard.

4.12 There were no records kept of prisoners searched, although detailed records are kept within the gate area of all staff and visitors searches. Appropriate records are kept of all area and cells searches, both in hard copy and on PR2.

## 5. CONTACT

### Outcome

#### **Good contact with family and friends is maintained.**

5.1 Not fully met. The visits room is bright, airy and spacious; facilities for visitors are good; and supervision arrangements during visits are appropriate. However, the visit booking system was not working properly and there was very little information for visitors.

### Family Contact

5.2 Arrangements for maintaining family contact are reasonably good, although at the time of the inspection there was a problem with the booking system for local unconvicted and convicted prisoners.

5.3 Visiting arrangements are as follows:

#### *Untried and Local Convicted Prisoners:-*

Monday – Thursday	13.30 – 14.30
Saturday	11.30 – 12.30 by request
Sunday	10.30 – 11.30 by request
Evening visits can be booked on a Tuesday and Thursday	19.15 – 20.00

#### *Untried only:-*

Friday	15.00 – 16.00
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#### *Long-Term Prisoners:-*

Friday	13.30 – 14.30
Saturday	14.15 – 15.45
Sunday	14.15 – 15.45

5.4 All visits were at the time of inspection booked by the prisoner. Untried prisoners were block booking and this was causing problems as it was effectively becoming a system of ‘first come first served’: it was suggested to inspectors that some prisoners were selling their visit slot. The booking system should be improved.

5.5 Father and child bonding visits are also available for low/medium security prisoners (both long and short term) who have had a negative drug test in the past month and no recent disciplinary reports. These visits are available in addition to normal visits. The visits are available to short-term prisoners for one hour on a Saturday morning and to long-term prisoners for one hour on a Sunday morning. Only one visit takes place at any one session, but uptake has been low. The reasons for this should be examined.

5.6 There are two Family Contact Development Officers (FCDO) in post although these duties are in addition to other duties. Their badges indicate that they are FCDOs but there are no photographs in the visits waiting area or visits room. This should be addressed. There is no dedicated space for the FCDOs to carry out their duties in privacy. This should be addressed.

5.7 Families are not involved in the induction process, although all admissions are provided with an information pack to send to their families/visitors. Families should have the opportunity to participate in induction sessions.

5.8 The location of the prison can cause difficulties in terms of distance and travelling time. The SACRO bus which previously provided a service from Glasgow has been discontinued because of a lack of use. The FCDOs help by providing directions and advice on road and rail journeys.

5.9 Visitors spoken to were content with how they were treated by staff and felt that the experience was as pleasant as it could be under the circumstances. Visitors must produce identification before being allowed into the prison. Several reported that they had been refused entry if they arrived after the 15 minute cut off period. During the inspection one person arrived late and was allowed entry. Visitors are called into the visits room by the prisoner's surname only.

5.10 When prisoners submit their approved visitor list this is firstly passed to the Social Work Department to check for child protection issues. There is also a training package for staff on child protection risk factor particularly with reference to sex offenders.



## **The Visits Room**

5.11 The visits room is bright, spacious and airy. There are tables available for 20 visits. Tables are reasonably well spaced to allow a certain amount of privacy. Noise levels were not too high. The visit session observed was supervised by four members of staff, but supervision was not obtrusive and on one occasion staff were particularly helpful to one prisoner. Prisoners wear different coloured bibs.

5.12 There is a play area for children and a well stocked shop run by local volunteers: Friends of HMP Dumfries. This shop is well used and appreciated by visitors.

## **Information**

5.13 There is sufficient information about the visiting arrangements available.

## **Searching**

5.14 Random searching of four to five visitors per week takes place. All visitors suspected of carrying contraband are searched. Arrangements are appropriate.

## **Communications**

5.15 A robust process for handling mail is in place. There are sufficient telephones in the residential areas.

## **6. ENTITLEMENTS**

### **Outcome**

*Prisoners' entitlements are accorded them in all circumstances without their facing difficulty.*

6.1 Not fully met. Disciplinary procedures and the handling of privileged mail are handled appropriately. However, complaint forms are not readily available in all residential areas.

### **Management of Disciplinary Proceedings**

6.2 The Orderly Room is small, cramped and has no ventilation. The set up of the room follows the normal convention, although hearings take place at a round table, which coupled with the size of the room, makes movement difficult.

6.3 Adjudication of disciplinary hearings is conducted by Senior Managers on a rotational basis. Proceedings follow SPS guidelines although there were none on show. There were no writing materials available either. Writing materials and a copy of the Prison Rules should be available.

6.4 A total of 151 discipline charges had been brought against prisoners since 1<sup>st</sup> Jan 2008, of which a total of 120 were found guilty. One conclusion which might be drawn from these figures, is that staff only use the disciplinary process in circumstances that cannot be avoided: but the number of guilty verdicts does seem high.

### **Religious Observance**

6.5 The Chaplaincy team comprises three part time Chaplains all employed on permanent contracts of eight hours per week. This is a significant increase in resource since the last inspection. Two of the Chaplains are Church of Scotland, the other is Roman Catholic. There is no regular Imam service to the prison, although an Imam (from Fife) visits infrequently.

6.6 There is a monthly Chaplaincy Steering Group Committee meeting.

6.7 The Chapel is small but furnished appropriately. It has no windows. A number of prisoners commented on the recent installation of a camera into the chapel. Chaplains were less concerned.

6.8 The Church of Scotland Chaplains offer a Sunday Service from 2.00-3.00 pm in the Chapel. The Roman Catholic Mass is delivered in the Chapel on a Monday from 12.45–13.45 hours. Muslim prayers are held on a Friday at 2.00 pm in the induction room. Prayer mats and copies of the Koran are available for use in cell. A large prayer mat is available for use during the Friday prayer session. These meetings are sometimes cancelled because of staff shortages. There was no meeting on the week of the inspection and this was the second time the meeting had been cancelled in three weeks. Muslim prayer meetings should happen as timetabled.

6.9 Numbers attending the Church of Scotland Service have dropped slightly as this service now clashes with an afternoon visits session.

6.10 A Church of Scotland Chaplain delivers a “10 Commandments” Session in the Links Centre on a Thursday afternoon. The Roman Catholic Chaplain delivers New Faith Drop in Clinic on a Monday evening. All of the services are available to every prisoner group, although prisoners access these on a first come first served basis i.e. prisoners automatically deselect themselves from attendance at this service if they turn up and sex offenders are there first.

6.11 Chaplains do not input into the ACT2Care process or attend monthly ACT or Multidisciplinary Mental Health Team Meetings. They have also not established a routine process for visiting all new prisoners on admission. It is disappointing to note that despite having been raised in the 2005 report the chaplaincy team still are not becoming involved in the wider life of the prison. **It is recommended that every new prisoner should see a chaplain, and that chaplains should become more integrated in the life of prison.**

## **Visiting Committee**

6.12 The Visiting Committee feels well supported by the Governor and staff. They reported that the prison had improved in the past three years although they expressed concern at the rapid turnover of governors in the recent period. In the past year there have been 25 applications to see a member of the visiting committee.

6.13 They reported that there had been no real problems in the local community with the prison changing function to hold sex offenders. The food they felt was good but they had concerns about the maintenance of this standard with the rising cost of ingredients. They also reported that the physical conditions in the segregation unit were poor. Concerns were raised also about the size of their budget to meet their needs and also about the fact that it is controlled by the Scottish Prison Service

## **Prisoner Complaints Procedure**

6.14 Complaint forms are not readily available in all residential areas. During the inspection they were visible and accessible in 'B' and 'E' Halls: in all other areas prisoners had to ask staff for a form. Complaint forms should be readily available in all residential areas.

6.15 The number of complaints has dropped dramatically since the last inspection (a 61% reduction in 16 months). This has resulted, in the main, from one prisoner leaving the establishment. An analysis of a sample of complaint forms showed that many prisoners were asking for things or asking for clarification of why they were not allowed them.

## **Management of Segregation**

6.16 One of two areas in 'B'Zero is the 'Back End', which is used to locate prisoners on punishment or Rule 94 (the Segregation Unit). This area contains four normal cells designed for single accommodation which have hot and cold running water, in cell power with a TV and a toilet unit which is not enclosed.

6.17 This area has a very isolated and oppressive feel. It appears to be used only as a last resort and very sparingly.

6.18 On the day of inspection, one prisoner had been located in the 'Back End' as a result of an incident elsewhere within the establishment at 07:20hrs. At 13:45hrs this prisoner had still not received any written direction outlining why he had been relocated to that area.

6.19 It had been two months since any prisoner had been held under Rule 94 conditions, however inspection of the relevant paperwork showed gaps in the documents for that prisoner.

6.20 On a more positive note, historical documentation indicates clear management engagement in terms of management plans for prisoners held under Rule 94 conditions.

## 7. ACTIVITIES

### **Outcome**

*Prisoners take part in activities that educate, develop skills and personal qualities and prepare them for life outside prison.*

7.1 Met. All prisoners have access to learning opportunities, including those on remand and those serving short-term sentences. Around one third of prisoners participate in LSE activities, and the majority of prisoners participate in work parties, although access is limited by timetable. Nevertheless, for many short-term prisoners, long periods of time are spent locked in cell.

### **Introduction and Context**

7.2 An experienced full-time manager organises and manages activities within the Learning, Skills and Employability (LSE) Centre in the prison. The contract for the provision of these services is held by Motherwell College. Prisoners are also able to access facilities within the Links Centre, which provide routes to informal learning, including links with Dumfries and Galloway Community Learning and Development (CLD). The majority of prisoners participate in meaningful training and work in a limited range of workshop activities.

### **Staffing and Resources**

7.3 The LSE Centre is adequately staffed with experienced and vocationally qualified teaching staff. Most teaching staff hold a teaching qualification. The learning centre manager liaises with Motherwell College which provides student enrolment, internal moderation and assessment administration for most programmes.

7.4 Accommodation is of a good standard, clean, well maintained and appropriately furnished. It comprises four classrooms, including a dedicated art room, two general classrooms and an ICT suite. Computers are adequate for the level of work on offer.

However, ongoing difficulties with software to simulate on-line activity have prevented prisoners from completing the ‘European Computer Driving Licence’ (ECDL) award.

7.5 Enthusiastic prison service staff manage the Links Centre well and use external local authority CLD tutors and other external agencies to good effect to provide additional learning support for prisoners. A small team of trained prisoner mentors is particularly effective in providing individual support to prisoners with literacy and numeracy needs.

7.6 Prison officers also manage a limited range of meaningful training and work party opportunities for around 40% of the total prison population. The regimes manager is proactive in identifying appropriate work for prisoners and staff encourage prisoners’ active participation.

7.7 However, the poor layout of the production workshop prevents prisoners from interacting sufficiently with one another during work periods and does not simulate a realistic environment for purposeful employment.

### **Access to Learning, Skills and Employability**

7.8 All prisoners have access to learning opportunities, including those on remand and those serving short-term sentences. Creative timetabling by the LSE manager ensures long-term prisoners remain segregated from short-term prisoners and those on remand. Across each week, around a third of the prisoner population attend the LSE Centre, with 15-18 prisoners routinely attending on each half-day learning session.

7.9 The Links Centre provides additional access to individual learning for a number of prisoners, including CLD-delivered first steps into computing programmes. These programmes complement the LSE provision and give prisoners wider choice. A suitable range of partner organisations, including CLD, Phoenix Futures and Citizens Advice work with prisoners and respond to prisoner issues as appropriate. Routinely, 10-15 prisoners use the Links centre on each half-day session.

7.10 The majority of long-term and short-term prisoners (56%) participate in work parties. Opportunities are available in the laundry, kitchen, garden, joinery workshop, general production workshop, and as cleaners and passmen. Routinely, 75-80 prisoners are involved in these activities daily.

7.11 Prisoners in 'E' Hall were preparing for release under a 'progressive regime' and as such were required to participate in both education and work party activities.

7.12 Prisoners are financially disadvantaged when attending education classes in preference to being on a work party. The prison's practice is to reduce prisoners' wages by 30% for each education session attended by prisoners in preference to work party activity. This differential acts as a disincentive to attend education classes for a number of prisoners who are fully dependent on their earned weekly wage to purchase personal goods and telephone cards. **It is recommended that prisoners are not financially disadvantaged as a result of attending education.**

### **Assessment of Need**

7.13 Almost all new prisoners attend an induction programme on entry to the prison where learning and training opportunities are explained. An "alerting tool" is used to diagnose basic literacy and numeracy needs. All prisoners engaging in education programmes are further assessed using paper-based and online tools to establish levels of literacy and numeracy and this informs their programmes of study. LSE Centre staff produce suitable individual learning plans (ILP) for all prisoners involved in learning and use these to monitor and record progress regularly.

7.14 Not all learning records for long-term prisoners are supplied to the LSE Centre and this results in delays in prisoners being placed on the correct level of programme.

### **Delivery of Learning**

7.15 In the LSE Centre, prisoner learning is self-directed and supported by tutor assistance where required. Prisoners are engaged purposefully in developing the full range of core



skills, particularly communication, numeracy and information technology. Staff work particularly effectively with prisoners and support them well.

7.16 In the Links Centre, staff are approachable and respond flexibly to learner needs and interests. The CLD service provides an adult literacies teacher and supports individual and small group work.

7.17 Workshop training is vocationally based and incorporates SVQ units or awards from other awarding bodies, such as BICS VT cleaning, where appropriate. Motivated staff organise and deliver training effectively to prisoners. LSE staff work with workshop staff to provide contextualised numeracy support in the joinery and cleaning workshops and this benefits prisoners.

### **Prisoners' Learning Experiences**

7.18 Most prisoners attending the LSE Centre value their learning and spoke positively about staff commitment. In particular, art classes are popular and provide opportunities for prisoners to develop new practical skills and a vehicle to further develop oral and written communication skills. Prisoners regularly submit high quality artwork to the national Koestler Awards competition and a few have enjoyed success as prizewinners. This has contributed to improved self-esteem.

7.19 Links Centre staff support prisoners to self-reflect on their experiences and develop increased confidence to represent themselves more effectively as part of their parole review.

7.20 'Toe-by-Toe' prisoner literacy mentors take responsibility for delivering literacy support to other prisoners. They regularly book accommodation, resources and access to the classroom as required. Mentors value the active support of Links Centre staff and the opportunity to take the responsibility for the delivery of learning. Prisoners found the mentor support particularly helpful.

### **Achievement**

7.21 Most prisoners who complete programmes gain certification for their learning. Over the last year prisoners attending the LSE Centre had attained 114 SQA units, mainly in

communication, numeracy and information technology. Over the same period, prisoners on vocational training programmes had attained 278 units, with 77% of these being gained in cleaning awards.

7.22 There are no formal arrangements for LSE or prison staff to celebrate the success of prisoners through local award ceremonies. This is a missed opportunity to recognise the attainment and wider achievement of prisoners.

### **Ethos and Values**

7.23 Respectful and good relationships between prisoners and staff contribute to a positive and purposeful learning environment in all areas. Prisoners value the support and opportunities they receive through learning and training opportunities.

7.24 Strong partnership working between the Link Centre and various external agencies extends the range of support services that prisoners are able to access before and after release.

### **Quality Assurance**

7.25 LSE Centre staff engage in an annual self-evaluation exercise that identifies strengths and weaknesses in the planning and delivery of programmes. However, targets for improvement are not sufficiently SMART or always linked to the weaknesses identified. This reduces the opportunity to bring about improvements to the learning experience of prisoners.

### **Conclusion**

7.26 Prisoners enjoy and benefit from a range of purposeful activities in the LSE Centre, Links Centre and workshops. Work experience is good but limited in the range of activities on offer. Appropriately qualified and approachable staff support prisoners to make suitable progress in a range of core and vocational skills. ‘Toe-by-Toe’ prisoner mentors provide a valuable service to fellow prisoners by providing personal support in literacy and numeracy.

7.27 Prisoners are financially disadvantaged when attending education classes in preference to being on a work party. This differential acts as a disincentive to attend education classes for a number of prisoners.

## **Library**

7.28 The library is located in a confined space in 'C' Hall. There is no natural light and the area is not conducive to learning. A part-time prisoner librarian and a prisoner volunteer manage the library stock effectively. There is a good stock of fiction books and DVDs, including a few DVDs in languages other than English. Arrangements for prisoners to order DVDs on a weekly basis are good and uptake of DVDs by prisoners is high. However, only a small number of prisoners access books.

7.29 There is a limited supply of reference books and prisoners do not have easy access to legal texts. The library is not well stocked with materials that take account of the cultural and religious background of the prisoner population. Books in languages other than English are stored in a closed cabinet with no signage.

7.30 Not all prisoners have access to the library facilities, with prisoners in 'A' and 'D' Halls unable to access the main library. The prison officer with responsibility for the library has not received any specific training in library management. There is no partnership link between the prison library and the local authority library service. It is not possible for prisoners to order books.

## **Other Out of Cell Activities**

7.31 The Physical Education facility is small and the games hall is drab and in need of redecoration. Storage facilities are limited. There are only two PT instructors in post and the establishment does not make best use of their time, as they are required to take on an escort role with considerable time spent escorting prisoners to and from the PE session.

7.32 At the time of the inspection, prisoner access to PE had been reduced by 50% in some cases, due to insufficient planned absence cover. This had resulted in a major reduction in the PE programme and there had been no evening access for the previous four weeks.

7.33 Very few prisoners can access the well-maintained external sports field for PE activities since only low risk category prisoners are considered suitable.

## **8. HEALTHCARE**

### **Outcome**

*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.*

8.1 Not fully met. Waiting times to see the doctor are good, and the Health Centre is clean and tidy. The addiction service generally is good. However, the referral system to the Health Centre is poor, and no appointments for healthcare are provided. Access to the dentist was very poor due to refurbishment of the dentist's room. The process for administering methadone is unsafe, and there is no system in place to manage chronic disease.

### **Health Services**

#### *Primary Health*

8.2 Primary health care is delivered by a team of four Practitioner Nurses, an Addictions Nurse, a Health Care Manager and three part time doctors. An Administrator has recently been employed. The nursing team are employed by the prison, and the medical team and out of hour services are provided through Medacs who subcontract this service to a local practice.

8.3 The nursing service is available Monday to Friday (7.00am to 9.00pm) and at weekends (8.15am to 5.00pm). The medical team deliver a GP clinic for one and a half hours each week day and for one hour on a Saturday. This has increased by 2 hours 30 minutes each week in the last year. Clinics are now less rushed and prisoners are seen more quickly.

8.4 Most primary health care is delivered in the "Health Care" area. This area comprises a dental suite (out of use at the time of inspection as it was being refurbished), a store room (also out of use due to refurbishment), a small counselling/meeting room, a prisoner toilet, a staff toilet, a general administration office, a treatment room (which doubles as a medication administration hatch area), a small but adequate GP clinical room and a waiting area.

8.5 The waiting area is little more than a corridor. There is no signage advertising it as a waiting area, and no access to drinking water. Wooden seating is attached to one wall. Minimal health promotion literature was available and there was no information advertising services or the health care team. There is little privacy in this walk through area for prisoners waiting to see the doctor.

8.6 All health care areas were bright, clean and tidy.

### *Referral to Health Care Services*

8.7 All prisoners receive a health care assessment by a nurse on admission to the prison. These are reviewed by the GP within 24 hours. Thereafter prisoners who wish to see a doctor or dentist have to report “sick” to an officer in the hall before 8.00am. Each hall then telephones their individual “sick” list names to the officer in ‘A’1. He collates all names and passes this to the “health care” officer. This officer ensures that all those identified are taken to “health care” where they are seen by a nurse that morning. Prisoners were positive about this process but they were less positive with regards to follow up by a doctor. They spoke of the nurse as the “gate keeper” to the doctor and the fact that they could only access the doctor if the nurse thought it was appropriate.

8.8 The majority of prisoners are seen by the doctor within three to five days of the initial request. SPS Policy states that “prisoner self referral arrangements will be in place”. The reporting sick process does not meet either SPS Health Care Standard 2 (Primary Care Services) or 10 (Prescribing for Clinical Management of Drug and Alcohol Dependency). This process is also the only way that prisoners have of accessing the Addictions Nurse, podiatry, counselling services, mental health support and enhanced addictions casework service. The process lacks confidentiality and there is an over reliance on a hall officer to pass on information. The referral process to see health care specialists should be reviewed.

### *Optician*

8.9 An optician does not attend the prison. All appointments are made with service providers in the community. Nine prisoners are currently waiting to be seen and they can

wait for up to 12 weeks. The waiting time to access this service in the community is three weeks.

### *Podiatry*

8.10 A podiatrist from the local NHS Trust attends the prison on a regular basis. On average two to six prisoners will be seen at each visit. This service has recently been introduced, but it is not advertised within the prison.

### *Dental Services*

8.11 A Dentist and Dental Nurse attend the prison for two sessions per week. A Dental Hygienist usually attends monthly, but that had not been happening recently. At the time of inspection the dental suite had been out of commission for one month due to refurbishment. The waiting list for routine dental work was 60 prisoners, and the waiting list for toothache was 32 prisoners. This means that almost one half of prisoners in Dumfries are waiting for dental care. Prisoners requiring emergency care are seen at a local surgery. **It is recommended that steps are taken to reduce the waiting times to see a dentist.**

### *Mental Health Services*

8.12 A Consultant Psychiatrist attends the prison for up to two sessions per week, depending on need. There is evidence of good working links with community Mental Health Services. A recently employed Practitioner Nurse is mental health trained; however she is not employed by the prison as a Mental Health Nurse. At the time of inspection there was a waiting list of 14 people requiring assessment – this equates to a four week waiting list before assessment can take place and the case is discussed at the Multidisciplinary Mental Health Team Meeting (MDMHT). There is very little one-to-one support available for prisoners with mental health problems. This should be addressed.

### *Nurse Led Services*

8.13 There is no evidence that individual nurses take responsibility for specific lifelong conditions such as diabetes or asthma. Prisoners who suffer from these conditions are triaged

by a nurse and then seen in the GP clinic when they become unwell. However, a member of the nursing team was in the process of establishing and piloting a well man service specifically targeting older prisoners.

#### *Addictions Nurse Service Provision*

8.14 The Addictions Nurse has established close links with community Blood Borne Virus (BBV) and Sexual Health Services. The nurse works closely with Phoenix Futures and together they deliver smoking cessation group work sessions. A BBV and sexual health screening service is also available.

8.15 The Addictions Nurse also promotes harm reduction within the prison and a range of harm reduction equipment and literature is available.

#### *Emergency Equipment*

8.16 All nursing staff attend annual resuscitation training. Although medical staff have not taken part in this training as part of the Medacs Contract they do undertake it annually as part of their NHS Trust commitment. There is one set of emergency resuscitation equipment situated in the health care treatment room. Should this be required the nurse on duty must run from the area he/she is working in, collect the equipment and then run to where the prisoner requires help: this could be up five floors if the prisoner is located in 'C'5. The equipment is heavy and the nurse must lock and unlock all doors in which he/she passes. An adequate amount of emergency medical equipment should be available throughout the prison.

#### *Training*

8.17 Nursing staff have undertaken a range of training in line with the national nurse training strategy. The health care department has supported various general and mental health student community placements. This is an area of **good practice**.



### *Management of Medicines*

8.18 Medicines are stored as required by current legislation. Prisoners are also encouraged to keep their medication in their possession. For those on supervised medication administration times are as follows:

Mon – Friday Morning	7.30am to 8.30am
Lunch	2.00pm
Evening	7.00pm – 8.00pm
Weekends Morning	8.30am to 9.45am
Lunch	Midday
Evening	4.15pm onwards

8.19 The timing of weekend medications, particularly the practice of administering anti-depressants and night time sedation from 16.15hrs onwards should be reviewed.

8.20 When an officer is the second signatory for the administration of Controlled Drugs they undertake this practice with no knowledge of, or training in, standards of practice of administration of medicines. This practice should stop.

### *Clinical Prescribing*

8.21 Although a range of clinical prescribing support is available such as detoxification, stabilisation and maintenance, there is little evidence to suggest that a prisoner's individual needs are taken into account. The majority of prisoners on admission receive a six day detoxification programme. This falls outwith current SPS health care policy which advocates prescribing support for between 12 and 18 days.

8.22 At the time of inspection 27 prisoners were in receipt of a methadone prescription. When prisoners receiving methadone require individual support, if for example they are misusing, the methadone is reduced or stopped.

8.23 Links have been made with Cameron House (a community provider) to ensure continuity of care for prisoners with alcohol problems who require support in the community. This is an area of **good practice**.

## *Secondary Care*

8.24 The Health Care Administrator organises hospital and other external appointments. Two hospital escorts are planned on any given day. In the last year 234 prisoners were listed for a hospital appointment: 42 were either cancelled, the prisoner refused to attend or RCS were unable to provide an escort. The hall officer, security staff and reception officer are informed on the morning of the appointment. In the majority of cases the prisoner is informed half an hour before his appointment or when the RCS van arrives at the prison. This timing does not allow a prisoner time to change or freshen up. The reason why a significant number of prisoners fail to attend hospital appointments should be examined. The process of informing a prisoner of his hospital appointment should also be reviewed.

## *Special Diets*

8.25 A number of prisoners were in receipt of a special diet (diabetic, nut allergy, religious observance). Special diets are introduced following a health care assessment and receipt of the medical notification form in the kitchen. During the inspection a prisoner with a severe nut allergy had been in the prison for three days yet the kitchen was not aware of his need for a diet. The process for notification of prisoners special dietary requirements should be reviewed to ensure the kitchen are notified in a timely manner.

## **Addictions**

8.26 Dumfries statistics for 2007-08 indicate that 59% of prisoners test positive for illegal substances on admission to the prison.

8.27 An Addictions Co-ordinator is in post. The Addictions Co-ordinator attends the quarterly SPS addictions strategy meetings, represents the prison at local ADAT meetings and acts as a 'broker' between health and addictions teams in the prison and the Tactical Tasking Security Unit. The 'broker' role means that only one person has oversight of a level of information which should be available to all who deliver addictions interventions in the prison.

8.28 A monthly addictions team meeting, co-ordinated by Phoenix Futures, is held in the Links Centre. Individual prisoners are discussed at this meeting. In attendance are a range of providers and agencies, including the addictions nurse. Jobcentre Plus, Phoenix Futures, the Throughcare Addictions Service (TAS), Apex, an addictions counsellor, Independent Living Support, and Dumfries and Galloway Citizens Advice Bureau. The group not only discusses a large number of prisoners, but also actively tries to engage new service providers. Follow up is also given by the TAS provider on how some prisoners are coping in the community. This level of joint working is an area of **good practice**.

8.29 The Phoenix Futures team comprises a team manager, senior practitioner, part-time drugs worker and part time administrator. They are based in the Links Centre. Office space and access to SPIN is adequate. They offer a range of services in the Links Centre and in 'D' Hall. Other staff who work closely with this team are a full time addictions nurse and an addictions counsellor from the local ADAT who works in the prison 2.5 days per week. This is a well integrated addictions team who have established close links with colleagues in the prison and in the local community.

8.30 Enhanced addictions services are now available to all prisoners serving more than 31 days, including sex offenders. A gap still remains however in relation to prisoners serving less than 31 days.

8.31 Prisoners are able to access support in relation to drugs, alcohol and smoking. Interventions include: the national harm reduction awareness session; addictions ICM assessment; one-to-one work, paraphernalia care planning; care plan reviews; alcohol counselling and group work; and smoking cessation support. The employment of an addictions counsellor has enabled CBT, relapse prevention, anxiety and coping strategy support to be delivered. This is an area of **good practice**.

8.32 Prisoners access addictions services through the Core Screen process at the start of their sentence. Should they wish to access services thereafter they speak to a hall officer who will then contact Phoenix Futures. There is no formal confidential referral process and no secondary assurance process to ensure that all referrals are passed on. This should be reviewed. There is also no information on residential area notice boards about how to access this service.

8.33 Due to difficulties associated with keeping different prisoner groups apart a number of group work sessions which had previously been planned are now delivered on a one-to-one basis. This ensures that prisoners needs are met in a safe environment. Similarly, although the establishment is contracted to deliver two smoking cessation sessions four have been delivered in the last year.

## 9. REINTEGRATION

### Outcome

*Appropriate steps are taken to ensure that prisoners are reintegrated safely into the community and where possible into a situation less likely to lead to further crime.*

9.1 Not fully met. Arrangements for Integrated Case Management are good; some programmes to address offending behaviour are in place; a wide range of community based partner organisations operate within a very good Links Centre in the prison; and there is a well structured pre-release programme in place for long-term prisoners. However, the sex offenders do not participate in the “SOTP” programme which is designed specifically to address sex offending behaviour.

### Integrated Case Management

9.2 Integrated Case Management (ICM) procedures have two levels, standard and enhanced. The enhanced procedures allow for all prisoners serving sentences of over four years and all sex offenders to be involved in meetings to review progress and agree strategies to reduce the risk of re-offending and causing harm on release. The nature of many of the long-term prisoners in Dumfries who are either protesting their innocence or refusing to participate in offence related programmes makes ICM and risk management particularly challenging and important.

9.3 Two first line managers have lead responsibility for ICM and risk management. There is a dedicated ICM co-ordinator and an administrator for ICM and Home Detention Curfew (HDC). At the time of the inspection there were four prisoners on HDC.

9.4 ICM meetings take place in the Links Centre or the video conference room. Approximately 25% of the ICM meetings have been held via a video link with the community based social worker. A personal officer scheme operates within the long-term prisoner population. Additionally a number of residential officers are trained as risk and needs assessors.

9.5 There is good cooperation between risk and needs staff and prison based social work staff in the sharing of information to assist in the assessment of risk. This is particularly effective in the use of the new sex offender risk assessment tool (SAO7). It is however concerning to note that the introduction of this has led to a cessation of the risk of harm assessment tools. These instruments are not interchangeable, and the abandonment of a structured risk of harm assessment should be reviewed.

9.6 Personal officers should meet with and compile a report on each of their prisoners at least once per month. There were gaps in the frequency of monthly reports and many of the reports were superficial in nature and did not evidence any attempts there may have been to challenge many prisoners' attitudes to their offences and interventions.

9.7 ICM meetings happen within the designated timescales. Prisoners have sight of their dossier three days prior to the meeting. Not every prisoner takes the opportunity to attend the meeting and there is no evidence that they meet regularly with their personal officer ahead of the meeting. Appearance of personal officers at ICM meetings is poor, largely due to shift patterns. Of 146 case conferences this year personal officers were not in attendance at 103. The personal officer scheme with regard to meeting the prisoner prior to, and attendance at, ICM meetings should be re-invigorated.

9.8 There was evidence from the documentation that the ICM process has a direct link to the Risk Management Group (RMG). All prisoners, for example, who are due to be considered for open conditions are discussed by the RMG. Minutes available to inspectors indicate that the meeting is not always chaired by a senior manager. All RMG meeting should be chaired by a senior manager.

9.9 Due to the nature of the offences of many of the prisoners at Dumfries there requires to be a focus on child protection issues at visits. Prison social workers play a significant role in this. Social work staff are provided with visitor lists to ensure that all matters of child protection are addressed. They work closely with local child protection services and have raised awareness about child protection issues across the prison. Prison staff are alert to the issues which should be passed to social work staff. There have been instances where communication links have broken down and inappropriate visits have taken place: but such instances are rare.

9.10 Inspectors observed an ICM case conference. The meeting was attended by the prisoner, prison based and community based social workers, personal officer, the ICM coordinator and a minute taker. This meeting covered all the issues effectively and supported and challenged the prisoner appropriately. The prisoner had access to the file ahead of the meeting but claimed to have difficulty understanding the content due to his poor reading skills.

9.11 Risk assessments, case conference minutes and community integration plans are recorded on the appropriate domains on PR2.

### **Interventions to Address Offending Behaviour**

9.12 The programmes unit comprises an office and a well equipped group room. The Programme staff deliver ‘Constructs’ and ‘First Steps’. Completion of two Constructs and three First Steps programmes are the 2008-09 contracted target. The Sleep and Anxiety and Relationships programmes have been discontinued. In the past three years the prison has exceeded its target for approved and accredited programmes. The unit staff also provide reports for the ICM and Parole process.

9.13 Staff reported a significant need for Violence Prevention Programme (VPP) which is not available at Dumfries. At the time of the inspection there were 36 prisoners who had triggered the need for an assessment. This means that Dumfries prisoners requiring VPP need to transfer to access the programme. The added complication is that protection prisoners are not able to participate with mainstream prisoners so therefore need to wait until there are sufficient protection prisoners for a full course. There may also be an issue of protection prisoners being safely accommodated in another prison for the duration of the course. **It is recommended that the Violence Prevention Programme is delivered in Dumfries.**

### **Progression**

9.14 The long-term population, by the nature of their offences and the fact they refuse to participate in offence focused work, do not progress to top end or open conditions within the SPS. There is no internal progression for long-term prisoners either.

9.15 Short-term prisoners who address their identified needs and achieve a low supervision level may be considered for progression to 'E' Hall. The regime in 'E' Hall allows greater access to recreation, and access to enhanced family visits. They can also cook their own brunch at weekends. There is a requirement for these prisoners to attend education.

### **Partner Organisations**

9.16 Management actively encourage the engagement of partner organisations. There is a wide range of partners including Jobcentre Plus, Citizen's Advice, Hope and Alcoholics Anonymous. Most of the partners operate from the Links Centre which is a very good facility, although it now has demands which it cannot always meet. Two of the partners, Jobcentre Plus and Citizens Advice, spend part of the week in the prison and part in the community. This helps to develop stronger throughcare links. Clients released from prison are able to have meetings in the community with the same staff that they see in the prison. Partners also have close links with the Dumfries and Galloway homeless liaison officer.

9.17 Phoenix Futures also have a base in the Links Centre and this helps maximise effective communication between the partners. Partners hold 'ad hoc' meetings. In attendance is the Interventions Manager, ICM Manager, literacy/numeracy staff, Citizen's Advice, Phoenix Futures and Independent Living Support staff. This is a potentially very useful meeting which could be more effective if it was planned and minuted.

### **Preparation for Release**

9.18 There is a well structured pre-release programme in place for long-term prisoners. Three months prior to their liberation or parole qualifying dates they are listed for the programme. Each course has 10-12 prisoners. There is input from the police, prison and community based social workers. It includes information on housing, budgeting, healthy living and aspects of disclosure. The use of the police to explain issues relating to the sex offender register and the use of criminal justice social work to explain the main aspects of community supervision is an area of **good practice** for this type of prisoner. The first pre-release session is mandatory, the rest are voluntary, but experience shows that retention is good.



9.19 An average of five pre-release courses are held each year, catering for 62 prisoners.

9.20 The long-term pre-release programme is well structured and comprehensive, but short-term prisoners do not have access to a structured programme. Prior to release short term prisoners are referred the Links Centre where agencies will individually address identified release issues. When there is a particularly complex case a multi-disciplinary pre-release case conference is arranged. Some prisoners are able to see, in the community after release, the same workers from Jobcentre Plus and Citizens Advice that they see in the prison. This is an area of **good practice**.

## **10. GOOD PRACTICE**

10.1 Prisoners can have five pieces of fruit or vegetables every day if they wish (paragraph 2.52).

10.2 The Anti-Violence Confidential Free Phone (paragraph 3.5).

10.3 There is soft seating, magazines and newspapers in the reception area (paragraph 3.14).

10.4 The health care department has supported various general and mental health student community placements (paragraph 8.17).

10.5 The prison has made links with Cameron House to ensure continuity of care for prisoners with alcohol problems who require support in the community (paragraph 8.23).

10.6 The level of joint working in the area of addictions (paragraph 8.28).

10.7 The employment of an addictions counsellor has enabled CBT, relapse prevention, anxiety and coping strategy support to be delivered (paragraph 8.31).

10.8 The use of the police to explain issues relating to the sex offender register and the use of criminal justice social work to explain the main aspects of community supervision as part of a prisoner's preparation for release (paragraph 9.18).

10.9 Some prisoners are able to see, in the community after release, the same workers from Jobcentre Plus and Citizens Advice that they see in the prison (paragraph 9.20).

## **11. RECOMMENDATIONS**

11.1 All toilets in cells should be enclosed (paragraph 2.6).

11.2 The practice of calling young remand prisoners 'young offenders' should stop (paragraph 2.32).

11.3 Prisoners should be offered quality exercise in the designated main exercise areas (paragraph 2.49).

11.4 All new admissions should be issued with underwear (paragraphs 2.63, 3.18).

11.5 The two ligature reduced cells in 'A' Hall should meet the current SPS design for safer cells (paragraph 3.27).

11.6 Standardised case plans for prisoners subject to ACT2Care should be discontinued and replaced with individualised plans based on need (paragraph 3.29).

11.7 Suicide Risk Management Group meetings should be reinstated (paragraph 3.33).

11.8 The prison should be made more accessible to prisoners with mobility problems (paragraph 4.6).

11.9 On conclusion of a sentence, individuals who require to be detained for the Immigration Service should be transferred immediately to a facility for that purpose (paragraph 4.9).

11.10 Every new prisoner should see a chaplain and chaplains should become more integrated in the life of the prison (paragraph 6.11).

11.11 Prisoners should not be financially disadvantaged as a result of attending education (paragraph 7.12).

11.12 Steps should be taken to reduce the waiting times to see a dentist (paragraph 8.11).

11.13 The Violence Prevention Programme should be delivered in the prison (paragraph 9.13).

## **12. ACTION POINTS**

12.1 The four bed dormitory in residential areas 'A'1 should be upgraded and made fit for purpose (paragraph 2.7).

12.2 Complaint forms should be available in all residential areas (paragraphs 2.10, 2.14, 2.20, 2.22, 2.31, 2.36, 6.14).

12.3 Mattresses should be replaced when they become thin, worn and dirty (paragraphs 2.11, 2.19, 2.26, 2.40, 2.46).

12.4 Windows should have proper curtains (paragraphs 2.11, 2.26, 2.40).

12.5 Broken safes in cells should be repaired (paragraphs 2.11, 2.38).

12.6 The residential areas 'A'2 and 'A'3 should be redecorated (paragraph 2.11).

12.7 Electrical cleaning equipment should not be stored in the four shower areas in residential areas 'A'2 and 'A'3 (paragraph 2.12).

12.8 Notice Boards should provide information which prisoners might need (paragraphs 2.14, 2.20, 2.31).

12.9 The cells in residential area 'B'Zero should be redecorated (paragraph 2.26).

12.10 The central living/recreational area in residential area 'B'Zero should be made fit for purpose (paragraph 2.28).

12.11 The telephone in residential area 'B'Zero should be re-positioned to allow privacy (paragraph 2.28).

12.12 Record keeping in 'B'Zero should be improved (paragraph 2.28).

12.13 Prisoners should have access to reading lights at night in 'D' Hall (paragraph 2.38).

- 12.14 Bunk beds in 'D' Hall should be made safe (paragraph 2.39).
- 12.15 Inappropriate pictures of women should be removed from the cells in 'D' Hall (paragraph 2.39).
- 12.16 The excessive flammable material in 'D' Hall should be reduced (paragraph 2.40).
- 12.17 The shower curtain in 'E' Hall should be replaced (paragraph 2.42).
- 12.18 The cell areas in 'E' Hall should be kept clean and should be redecorated (paragraph 2.43).
- 12.19 The timing of meals should be reviewed (paragraph 2.57).
- 12.20 The brunch available at weekends should be improved (paragraph 2.57).
- 12.21 A routine programme for washing duvets should be reintroduced (paragraph 2.61).
- 12.22 The 'Back Field' should be made more accessible to prisoners (paragraph 3.6).
- 12.23 The taped safety message on RCS vans should be relayed at the start of every journey (paragraph 3.11).
- 12.24 Female prisoners should not travel from Stranraer Sheriff Court to Cornton Vale via Dumfries with male prisoners in the vehicle (paragraph 3.12).
- 12.25 Drinking water should be available in the reception area (paragraph 3.14).
- 12.26 Admission interviews should be conducted out of the view of other prisoners (paragraph 3.17).
- 12.27 Induction should be completed within 72 hours of admission for all long-term prisoners (paragraph 3.26).

12.28 Prisoners subject to ACT2Care should sign to confirm that they have attended case conferences (paragraph 3.28).

12.29 Cell call bells of prisoners on high risk must be answered promptly, and if staff have to leave the area the cell bells must be monitored from another area (paragraph 3.30).

12.30 The accuracy of ACT2Care paperwork should be monitored (paragraph 3.31).

12.31 The Equality and Diversity Forum should hold regular meetings (paragraph 4.4).

12.32 Records should be kept of prisoners searched (paragraph 4.12).

12.33 The system for booking visits should be improved (paragraph 5.4).

12.34 The reasons for the low uptake of the father and child bonding visits should be examined (paragraph 5.5).

12.35 Pictures of the FCDOs should be placed in the visits waiting room and visits room (paragraph 5.6).

12.36 The FCDOs should be able to carry out their duties in privacy (paragraph 5.6).

12.37 Families should have the opportunity to participate in induction sessions (paragraph 5.7).

12.38 Visitors should not be called into the visits room by the prisoner's surname (paragraph 5.9).

12.39 Writing materials and a copy of the Prison Rules should be available during Orderly Room proceedings (paragraph 6.3).

12.40 Muslim prayer meetings should happen as timetabled (paragraph 6.8).

12.41 The ongoing difficulties with software which have prevented prisons from completing the 'European Computer Driving Licence' should be resolved (paragraph 7.4).

12.42 The layout of the production workshop should be improved to simulate a realistic environment for purposeful employment (paragraph 7.7).

12.43 Learning records for all long-term prisoners should be supplied to the Learning, Skills and Employability Centre (paragraph 7.14).

12.44 Formal arrangements to celebrate the success of prisoners in education should be put in place (paragraph 7.22).

12.45 Targets for improvement through the annual self-evaluation exercise for LSE should be SMART and linked to the weaknesses identified (paragraph 7.25).

12.46 The library should be made more conducive to learning (paragraph 7.28).

12.47 Prisoners should have easier access to legal texts in the library (paragraph 7.29).

12.48 Prisoners should have better access to materials that take account of the cultural and religious background of the prisoner population (paragraph 7.29).

12.49 All prisoners should have access to the library facilities (paragraph 7.30).

12.50 The officer with responsibility for the library should receive specific training in library management (paragraph 7.30).

12.51 A partnership link should be established between the prison library and the local authority library service (paragraph 7.30).

12.52 The games hall should be redecorated (paragraph 7.31).

12.53 Access to PE should be increased (paragraph 7.32).



- 12.54 The referral process to see health care specialists should be reviewed (paragraph 8.8).
- 12.55 One-to-one support for prisoners with mental health problems should be available (paragraph 8.12).
- 12.56 An adequate amount of emergency medical equipment should be available throughout the prison (paragraph 8.16).
- 12.57 The timing of weekend medications, particularly the practice of administering anti-depressants and night time sedations from 16.15hrs onwards should be reviewed (paragraph 8.19).
- 12.58 Officers with no knowledge of, or training in, standards of practice of administration of medicines should not be the second signatory for the administration of controlled drugs (paragraph 8.20).
- 12.59 On admission, prisoners should receive a 12 to 18 day detoxification programme (paragraph 8.21).
- 12.60 The reason why a significant number of prisoners fail to attend hospital appointments should be examined (paragraph 8.24).
- 12.61 The process of informing a prisoner of his hospital appointment should be reviewed (paragraph 8.24).
- 12.62 Enhanced addictions services should be available to prisoners serving less than 31 days (paragraph 8.30).
- 12.63 Prisoners wishing to access addictions services should be able to do so confidentially, and there should be a secondary assurance process to ensure that all referrals are passed on (paragraph 8.32).
- 12.64 The abandonment of a structured risk of harm assessment should be reviewed (paragraph 9.5).

12.65 The personal officer scheme with regard to meeting the prisoner prior to, and attendance at, ICM meetings should be re-invigorated (paragraph 9.7).

12.66 All Risk Management Group meetings should be chaired by a senior manager (paragraph 9.8).

**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

Prison background material

Discussions with prisoners

Discussions with prisoners' families

Focus groups with prisoners

Interviews with prisoners

Interviews with prison staff

Focus groups with staff

Observations

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