

**HMP Addiewell  
Full Inspection – 6-17 August 2018**

**Evidence Report**

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## **INTRODUCTION AND BACKGROUND**

This report provides the commentary and overall ratings for each of the quality indicators. A summary of the inspection findings, the overviews for each of the standards and the overall rating against each of the nine standards area can be found in the 'Summary Report'.

## **STANDARDS, COMMENTARY AND QUALITY INDICATORS**

### **STANDARD 1 - LAWFUL AND TRANSPARENT CUSTODY**

The prison complies with administrative and procedural requirements of the law, ensuring that all prisoners are legally detained and provides each prisoner with information required to adapt to prison life.

**The prison ensures that all prisoners are lawfully detained. Each prisoner's time in custody is accurately calculated; they are properly classified, allocated and accommodated appropriately. Information is provided to all prisoners regarding various aspects of the prison regime, their rights and their entitlements. The release process is carried out appropriately and positively to assist prisoners in their transition back into the community.**

#### **Quality Indicators**

**1.1 Upon arrival all prisoners are assessed regarding their ability to understand and engage with the admission process.**

Rating: Generally acceptable performance

For those returning from court the initial interview was carried out by the senior office, and was held at the main desk but out of sight and hearing of others. For first time admissions and those transferring in from another establishment or returning convicted from court, a further interview took place in an interview room. The interviews were carried out by two staff members and included a Reception Risk Assessment (RRA) and Talk To Me (TTM) assessments. The friendly, "human" approach of staff helped relieve any tensions of those being interviewed. The room provided the facility to contact translation services; however, records provided by the establishment indicated that this service was not being regularly accessed.

During the inspection, there were no admissions where English was not the individual's first language. Therefore, inspectors interviewed a number of these prisoners in the halls. The interviews identified concerns that those entering the establishment with little to no English had difficulty understanding the process and routine of the prison, and none had been offered use of the translation service. Although, in most cases, these prisoners could communicate at a basic level in English, they stated that they had struggled to understand what was being said to them and to articulate clearly any queries or concerns they had.

Staff and prisoners confirmed that, at times, prisoners of the same nationality were utilised as translators. Although this practice was adopted with the best intentions, there was a risk that what was being translated was not accurate and breached prisoner confidentiality.

**1.2 On admission, all prisoners are provided with information about the prison regime, routine, rules and entitlements in a form that enables the prisoner to understand.**

Rating: Poor performance

As reported in QI 1.1, all prisoners observed entering the reception had English as their first language and staff explained the admission process well. Staff were able to build a rapport and evidenced a strong empathic approach, particularly when observed admitting a prisoner who had not been in prison for a number of years and benefitted from additional time and support during the admission process.

First night in custody information leaflets were available and staff stated they were included in all new admissions toiletries bag. The leaflets included general information on subjects such as the telephone system, canteen access, visits, requests and searching. However, during the inspection no prisoners were seen to have these leaflets in their toiletries bags when leaving reception.

For prisoners where English was not their first language, the first night in custody leaflet was available in six of the most common languages admitted to the prison. They were produced by a professional translation service thus ensuring the accuracy of the information contained within. Regrettably, only one of the prisoners spoken with, for whom English was not their first language, had received the leaflet. The impact of this would be exacerbated through inconsistent use of the translation line service.

There were a few information boards in reception. The information available was current and adequate. Notices allowing prisoners to identify their preferred language were visible at the main reception desk and interview room.

**Recommendation: HMP Addiewell should ensure that all prisoners are provided with information about the prison regime, routine, rules and entitlements in a form that they can understand. The translation line service should be offered to all prisoners where English is not their first language.**

**Recommendation: The kiosk should also be more accessible to prisoners with little to no English, as it did not translate fully into foreign languages.**

**Recommendation: HMP Addiewell must take a proactive approach in engaging with and supporting prisoners who face barriers to full participation in the admission and induction process, in order to ensure that the individual needs and requirements of all prisoners are met.**

**1.3 Statutory procedures for identification and registration of prisoners are fully complied with.**

Rating: Generally acceptable performance

All staff observed appeared experienced in the admission process. Staff reported that only those who had completed warrant training to intermediate level were involved in identification and registration of prisoners, and this is reflected in the

Standard Operating Procedure (SOP), and Warrant Guidance. Training records indicated that seven out of sixteen staff were trained to this level.

During the inspection, an occasion arose where a staff member not trained to the prescribed level carried out the admission checks on warrants for admissions. Management must ensure that this situation does not occur again.

Information on each individual was gathered from the Personal Escort Report (PER) and processed appropriately. All information was passed to Administration Office, where it was processed and recorded appropriately.

Medical staff were present in reception to complete their part of the admission process.

All admissions observed were dealt with in an orderly and timeous manner, with most prisoners being processed within an hour. However, a number of prisoners stated they had spent significantly longer in reception, which was supported by staff who said the process regularly could take in excess of two hours.

**Recommendation: Only staff trained in warrant calculation should undertake warrant checks in the Reception.**

**1.4 All prisoners are classified and this is recorded on the prisoner's electronic record.**

Rating: Satisfactory performance

As observed in QI 1.3, an SOP stipulated the requirements for classifying and recording prisoners entering the prison. During the inspection, there was no evidence of any prisoners being wrongly classified. The majority of those observed entering the reception were returns from court and were generally dealt with before new admissions, regardless of when they entered the reception. Both areas where prisoners were interviewed by operation and healthcare staff were suitably private. The Prison Records System 2 (PR2) was updated and maintained.

**1.5 All prisoners are allocated to a prison or to a location within a prison dependent on their classification, gender, vulnerability, security risk or personal medical condition.**

Rating: Poor performance

At HMP Addiewell, the first assessment of prisoners needs and their initial location took place during the admission process. In most instances, they were placed in Douglas B hall, which operated as a de facto first night centre. This was also the main hall for protection prisoners. Non-protection prisoners remained there for the period of their induction.

Staff in reception carried out initial assessments in a courteous and professional manner. Evidence was provided of completed TTM, RRA and protection request forms, which supported a robust process. This was also the case for Healthcare interviews. Reference to PR2 for a cross section of prisoners admitted in the weeks

immediately preceding the inspection evidenced that medical markers, special risks and conditions, offence types and protection status had been applied correctly.

At the time of inspection, Douglas B hall held 62 prisoners, of which 10 were passmen and 40 were protection prisoners. During interviews with those recently admitted to the hall, a number stated that there was little to no regime for protection prisoners. This was confirmed by staff who stating that, aside from periods of exercise, protection status prisoners were locked in their cell for lengthy periods of time. It was concerning that a hall with a population primarily consisting of protection prisoners, who do not generally move on to another location in the establishment, operated a regime suited to 12 mainstream prisoners and 10 passmen. Inspectors were also informed that protection prisoners did not attend induction. Staff in the hall and those delivering induction confirmed this, although some stated that it would be delivered in the hall. However, all of the protection prisoners interviewed stated they had not received or been offered any form of induction. Furthermore, prisoners interviewed in Douglas A, B and C hall, where English was not their first language stated that they had not attended or been offered induction after admission to the establishment. The worrying consequence of this was that whilst there was a process for allocating prisoners based on their individual needs, doing so deprived certain groups of a full regime and access to appropriate information and support.

**Recommendation: HMP Addiewell should change the regime in Douglas B hall to allow for a full regime for protection prisoners.**

#### **1.6 A cell sharing risk assessment is carried out prior to a prisoner's allocation to cellular accommodation.**

Rating: Satisfactory performance

Due to the nature of the contract at HMP Addiewell, the population numbers were capped, resulting in them diverting any prisoner admissions that would take them over their contractual limit to other prisons. Consequently, instances of cell sharing were very low and limited to Forth A hall, where the practice is utilised to maintain protection prisoners within one hall. At the time of inspection, there were four instances of cell sharing within the establishment. The related Cell Sharing Risk Assessments (CSRA) were checked and it appeared that staff had carried out the process in adherence with guidelines, with appropriate consideration of risk given for those sharing.

#### **1.7 Release and conditional release eligibility dates are calculated correctly and communicated to the prisoner without delay.**

Rating: Satisfactory performance

The office administrators were very experienced and had a high degree of knowledge and understanding of the process. During the inspection, an instance arose where the details on a warrant were incorrect and staff were witnessed liaising with the court to rectify this. Critical dates were manually calculated by the office administrator and checked against those on the warrant and calculated by PR2. On a Friday or at the weekend, when no office administrators present, there was a process in place to ensure that warrants were confirmed before lock up. Prisoners

were not informed of critical dates before leaving reception, but they were sent a message via the Kiosk within 24 hours of admission. This form of communication allowed prisoners to respond directly to the office administrators if they have any queries.

As recorded in QI 1.3, there appeared to be an insufficient number of staff trained to the appropriate level to check warrants. Therefore, in order to satisfy the SOP there must always be a senior officer on duty to carry out the check with an office administrator. The flaw in this set up was evidenced in QI 1.3.

**1.8 All prisoners attend an induction session as soon as practicable, but no later than one week after arrival, which provides a thorough explanation of how the prison operates and what the prisoners can expect, including their rights and obligations.**

Rating: Poor performance

Induction took the form of a week-long programme of sessions, including awareness sessions on psychoactive substances, faith, oral health, violence in prison, and throughcare support. A more detailed consideration of prisoner needs was carried out through Core Screen interviews, and numeracy and literacy was measured through the Big Plus assessment. There were induction sessions on Wednesday, Thursday and Friday which dealt specifically with hall regime, prison rules, entitlements, rights and obligations, facilities, canteen, how to make a complaint and other day-to-day aspects of the prison.

Sessions observed were well attended and participation from the prisoner group was excellent. In particular, the co-facilitation of peer mentors and staff provided a good model, as prisoners were able to relate to the experience of their peers whilst the regime of the establishment was reinforced, this is deemed good practice. This approach was especially powerful during the session relating to violence within the custodial environment, where prisoners examined underlying issues that may underpin future violence. Induction was also the first point where Librite was introduced to prisoners. HMP Addiewell had produced its own induction booklet, which contained excellent information covering all aspects of what had been delivered during the induction week. The booklet had been translated into six of the most common languages of prisoners entering the prison, and was available in addition to the generic SPS induction booklet.

As detailed in QI 1.5, protection prisoners did not attend induction and therefore missed this fundamentally important aspect of admission to the establishment. This is wholly unacceptable and must be addressed as a matter of urgency.

The comprehensive induction programme in HMP Addiewell was significantly compromised due to the vulnerable prisoner groups attendance not being facilitated.

**Recommendation: HMP Addiewell should ensure that protection prisoners and those for whom English is not their first language attend induction, and have equity of access to the full range of opportunities, supports and interventions as mainstream prisoners, including family visits.**



**Good Practice: Induction sessions observed were well attended and participation from the prisoner group was excellent. In particular, the co-facilitation of peer mentors and staff provided a good model, as prisoners were able to relate to the experience of their peers whilst the regime of the establishment was reinforced.**

**1.9 The procedures for the release of prisoners are implemented effectively with provision for assistance and basic practical arrangements in place.**

Rating: Good performance

The liberation process observed during the inspection was a positive and professional transition back into the community. All prisoners were provided with subsistence and a means to travel if they were not being picked up at the prison gate. The staff in reception processed liberations with professionalism and empathy, and ensured that individuals were aware of any scheduled appointments. All prisoners were provided with a small black rucksack in which to place returned property, in order to provide privacy and reduce any possible stigmatism upon release.

Prisoners were released from the prison as early as practicable in order to ensure that they would be able to attend any scheduled appointments. Prisoners were liberated from the visits area. Any throughcare or support services coordinated by Librite to assist an individual were also welcomed into the waiting area, which provided a comfortable and friendly spacious area to meet.

**Good practice: All prisoners were provided with a small black rucksack in which to place returned property, in order to provide privacy and reduce any possible stigmatism upon release.**

**Good practice: Prisoners were liberated from the visits area. Any throughcare or support services coordinated by Librite to assist an individual were also welcomed into the waiting area, which provided a comfortable and friendly spacious area to meet.**

## STANDARD 2 - DECENCY

The prison supplies the basic requirements of decent life to the prisoners.

**The prison provides to all prisoners the basic physical requirements for a decent life. All buildings, rooms, outdoor spaces and activity areas are of adequate size, well maintained, appropriately furnished, clean and hygienic. Each prisoner has a bed, bedding and suitable clothing, has good access to toilets and washing facilities, is provided with necessary toiletries and cleaning materials and is properly fed. These needs are met in ways that promote each prisoner's sense of personal and cultural identity and self-respect.**

### Quality Indicators

**2.1 The prison buildings, accommodation and facilities are fit-for-purpose and maintained to an appropriate standard.**

Rating: Satisfactory performance

A range of cells across all halls were viewed during the inspection and all were noted to be of good size, with adequate ventilation and lighting. Each cell was equipped with an in-cell shower, hand basin and toilet. The vast majority of cells within the establishment were allocated as single, and where there were cells that could be used for double occupancy, it was reported that using both beds only occurred when there was no other suitable accommodation.

Out with the residential halls, other areas that were used by prisoners appeared to be of a good size and in reasonable condition, in keeping with a 10-year-old building. It was noted that there was good lighting throughout the establishment, and furnishings appeared appropriate for the designated activity. During the inspection, completed documentation relating to both planned and reactive maintenance was reviewed, and appeared to be appropriate and completed satisfactorily. Outside areas of the establishment were viewed and found to be of good condition and fit for purpose.

**2.2 Good levels of cleanliness and hygiene are observed throughout the prison and procedures for the prevention and control of infection are followed. Cleaning materials and adequate time are available to all prisoners to maintain their personal living area to a clean and hygienic standard.**

Rating: Satisfactory performance

The establishment was clean and ordered. Completed cleaning schedules were viewed and were completed without any issues. A number of SOPs were also viewed. Within each hall there was a designated store area containing suitable materials for cleaning cells. While most staff could speak knowledgeably about how the halls and cells were maintained, a number stated they were unaware that there were specific SOPs for this purpose.

Prisoners appeared to have sufficient time to maintain their cells to the required standard. However, some prisoners did not adhere to this and this was deemed to be as a result of the individual prisoners located within those cells.

The Infection Control Guidance was viewed and appeared fit for purpose. Staff spoke confidently about their knowledge of this Guidance document. Staff were familiar with the Biohazard cleaning capabilities within the establishment, and were able to list a number of prisoners who were trained in this process.

**2.3 All prisoners have a bed, mattress and pillow which are in good condition, as well as sufficient bedding issued by the prison or supplied by the prisoner. The bedding is also in good condition, clean and laundered frequently.**

Rating: Satisfactory performance

Inspectors found that a number of mattresses were ripped, and one was covered in what appeared to be a significant amount of mould. One further mattress was noted to be missing the complete top half of the plastic protective covering. Inspectors welcomed the immediate response and replacement of these mattresses during the inspection, and the 100% check of all mattresses that was conducted following the inspection.

All bed frames were a solid construction and fixed to the wall, and were in a good condition. The bedding was of good quality, and a number of prisoners spoke positively about being able to have their own bedding sent into the establishment.

There were two laundry changes per week. Each hall had an industrial washing machine, which was used throughout the 'working day' by the hall passman. Outwith these times the laundry facilities were available for use by other prisoners. There appeared to be an effective recording process for items sent to the hall laundry, so that these items could be tracked. The process consisted of hand-written sheets that were prepared by the hall passman. Staff confirmed there was no process for prisoners to note the items sent for washing, though equally commented that this did not appear to cause any specific issues.

**Good practice: A number of prisoners spoke positively about being able to have their own bedding sent into the establishment.**

**2.4 A range of toiletries and personal hygiene materials are available to all prisoners to allow them to maintain their sense of personal identity and self-respect. All prisoners also have access to washing and toileting facilities that are either freely available to them or readily available on request.**

Rating: Satisfactory performance

In each hall, there was a ready availability of basic toiletries that were free of cost and prisoners reported there were no issues getting specific items if required. There was also a good choice of toiletries available for purchase from the Canteen.

Prisoners reported on a number of occasions they were not adequately consulted on decisions made about the range of toiletries available from the Canteen. Some prisoners also said they were not aware that meetings were held in relation to the Canteen. The minutes from the last Canteen meeting held in February 2018 were reviewed, and it was noted that only one prisoner had attended. The establishment should consider advertising Canteen meetings more widely to give more prisoners an opportunity to attend.

Each cell has its own toilet, and throughout the establishment, there were a number of toileting facilities available for use by prisoners. There were no restrictions on when prisoners could shower in their cells, and this was supported by prisoners.

Each prisoner was given an allocation of two towels, and there was sufficient stock to match this allocation within each hall.

**Recommendation: The establishment should consider advertising Canteen meetings more widely to give more prisoners an opportunity to attend.**

**2.5 All prisoners have supplied to them or are able to obtain for themselves a range of clothing suitable for the activities they undertake. The clothes available to them are in good condition and allow them to maintain a sense of personal identity and self-respect. Clothing can be regularly laundered.**

Rating: Satisfactory performance

Within the halls, prisoners were permitted to wear their own clothing that was popular with those spoken to. Prisoners were required to wear prison issue clothing during periods of work or attending visits etc. and this did not appear to cause any issue. During the inspection the stock of prisoner clothing was viewed and appeared to be appropriate in both quantity and quality. Where prisoners had an issue with the condition of prison issue clothing, those spoken with were aware that they could approach a member of staff to seek a replacement. There was not appropriate clothing available within the halls for use during inclement weather. However, a number of prisoners commented that even if jackets etc. were available, they would choose not to go outdoors during bad weather. There was appropriate clothing available for prisoners who worked outdoors.

**2.6 The meals served to prisoners are nutritionally sufficient, well balanced, varied, served at the appropriate temperature and well presented. Meals also conform to their dietary needs, cultural or religious norms.**

Rating: Satisfactory performance

The food that was provided to prisoners within HMP Addiewell was prepared in line with the Healthy Living Award 2017-2019. Meals were regularly tasted by the duty manager and written records supported this. The menus were prepared on a four weekly cycle and had a good choice, which catered for individual prisoner needs. Menu choices were selected through the Kiosk located in the halls, and this system appeared to work well. Food forums were held at least twice yearly, and usually took place before commencement of the next menu cycle. Additional food forums may be held on an ad-hoc basis. Records on testing food temperature were viewed and

appeared to be up to date and appropriate. Food was transported from the kitchen to the halls using insulated containers designed for that purpose. There was evidence to support the provision of a range of dietary requirements, including cultural and for medical purposes. Given that prisoners were located in their cells for longer periods over the weekend, an additional 'Supper Pack' was provided to all prisoners in addition to the meals that were served.

Within the kitchen, there was an extremely detailed Training Pack for Kitchen Workers. The Pack contained a number of different induction and training packages, which were used. Within the Pack, there was an opportunity to review progress against training, and it was noted that these review dates had been used on a number of occasions. The Training Pack was considered to be good practice.

**Good practice: Upon commencing working in the kitchen, prisoners undergo a comprehensive training programme. This was recorded in the Training Pack for Kitchen Workers. This pack was extremely comprehensive and covered a variety of job roles within the kitchen.**

## STANDARD 3 - PERSONAL SAFETY

The prison takes all reasonable steps to ensure the safety of all prisoners.

**All appropriate steps are taken to minimise the levels of harm to which prisoners are exposed. Appropriate steps are taken to protect prisoners from harm from others or themselves. Where violence or accidents do occur, the circumstances are thoroughly investigated and appropriate management action taken.**

### Quality Indicators

#### **3.1 The prison implements thorough and compassionate practices to identify and care for those at risk of suicide or self-harm.**

Rating: Satisfactory performance

Those at risk of self-harm or suicide at HMP Addiewell were supported by TTM, and during the inspection there were three prisoners on it. They informed inspectors that staff looked after them well, allowing them opportunities to discuss their situation and agree the best way forward.

A number of historical TTM files were reviewed and on occasion the narratives suggested that self-harming prisoners were placed on TTM. Prisoners that present as self-harmers without the threat of suicide should not be placed on TTM. Other forms of support such as an Insight plan should be utilised instead, see QI 3.2. Almost a third (29%) of all prisoners placed on TTM since 1 January 2018 had been placed in a safer cell at some point during their care, and eight prisoners had been placed in safer clothing. The standard of the safer cells was poor. The cells were stark and there was graffiti on the walls. In one case, although on 15-minute observations and in safer clothing due to risk, there was no opportunity to occupy the person's time as the cell had no built in television or radio.

Since 1 January 2018, only two foreign nationals had been placed on TTM. It was reassuring that when it was deemed necessary the translation service was used, particularly in case conferences.

The Harm to Self & Others Manager carried out a robust audit of all completed files along with a selection of RRA forms, and presented a dashboard to senior management in order to assess trends and identify training needs when standards did not meet the expectations.

**Recommendation: The definition of a safer cell has still to be defined following the launch of TTM in December 2016, and we would urge the Scottish Prison Service (SPS) to introduce a safer cell definition to assist establishments to provide the best care for those in crisis.**

### **3.2 The prison takes particular care of prisoners whose appearance, behaviour, background or circumstances leave them at a heightened risk of harm or abuse from others.**

Rating: Generally acceptable performance

One difficulty in assessing those in crisis is that on many occasions the way the person presents contradicts the way they are feeling, and it can be complex. Staff were observed to operate with compassion and consideration to minimise the risk presented, and to support each person in an individualised way. On occasion, where a person presented in crisis, the safer cell was used in the SRU. However, this was done when there were no other options. Evidence suggested those in crisis were moved back to the hall at the earliest opportunity.

Staff appeared to have a good understanding of the TTM process. The narratives within the TTM files were of good quality, and as identified in QI 3.1 the Harm to Self & Others Manager carried out training and discussions with individuals if standards fell short.

Staff were aware of the translation service available for use but required the permission of the senior officer before using it. HMP Addiewell may wish to investigate the levels of authority required to access this facility.

HMP Addiewell utilised a strategy to reduce those that carried out self-harm called an Insight plan. This was used to monitor and support those that were likely to self-harm and wished support and it appeared to work well when prisoners participated in their plan. This was also supported by the mental health team, when deemed appropriate. This was evidence of good practice.

**Good practice: HMP Addiewell utilised a strategy to reduce those that carried out self-harm called an Insight plan. This was used to monitor and support those that were likely to self-harm and wished support and it appeared to work well when prisoners participated in their plan. This was also supported by the mental health team, when deemed appropriate.**

### **3.3 Potential risk factors are analysed, understood and acted upon to minimise situations that are known to increase the risk of subversive, aggressive or violent behaviour. Additionally, staff are proactive in lowering such risks through their behaviours, attitudes and actions.**

Rating: Generally acceptable performance

The overall sense from those working, living and visiting HMP Addiewell was that it felt safe, although this was not unanimous. Those residing in areas where there were both offence and non-offence protections felt less safe. Some prisoners reported that due to the use of Novel Psychoactive Substances (NPS) and prisoners resulting unpredictable and unreliable behaviours, this made them feel more concerned for their safety. This was also reported by staff, who also cited concerns over the unknown long-term effects of being exposed to these substances.

Due to the frequency of incidents involving NPS, HMP Addiewell adjusted their approach to dealing with those presenting as being under this particular influence,

and work closely with partners to gain a better understanding of how to manage these situations, and are investing a great deal of time preventing the introduction and use of NPS.

Interaction and positive relationships between staff and prisoners is fundamental in minimising situations where people were at risk. Throughout the inspection, it was observed that hall staff were often at their desks and not engaging with prisoners in the halls. Staff were often found carrying out a number of different roles, in different locations, during their shift. It was reported by staff that the constant changing of roles led to a lack of consistency in dealing with prisoners, which was also compounded by a lack of experience of those on duty.

**3.4 Any allegation or incident of bullying, intimidation or harassment is taken seriously and investigated. Any person found to be responsible for an incident of bullying, intimidation or harassment is appropriately reprimanded and supported in changing their behaviour.**

Rating: Satisfactory performance

Every incident within HMP Addiewell was reviewed by the Head of Operations and the Deputy Director, and learning points were identified and communicated for action. See Standard 4.

HMP Addiewell had a robust anti-bully strategy in place called Step in Step Out. It had a clear definition and clear outcomes to reduce bullying and was accessible to all staff. This strategy had resulted in the establishment of violence reduction meetings. The strategy encourages the victim to participate in how these incidents are dealt with and on many occasions it is a watching brief. The strategy lends itself to dealing with the perpetrator rather than removing the victim from the area. Where it is more serious and cannot be dealt with by dialogue the perpetrator is moved to another area within the establishment or transferred out.

Case conferences were held and those being harassed or bullied were supported well. Prisoners were challenged on being bullied where evidence showed compliance with the strategy. As mentioned in QI 3.3 incidents of bullying could be missed if staff are not engaging with prisoners within the halls and are reliant on self-reporting by prisoners rather than observations by staff.

**3.5 The victims of bullying or harassment are offered support and assistance.**

Rating: Generally acceptable performance

Where possible, victims of bullying or harassment were offered support. As stated in QI 3.4, the support offered was likely to include speaking to the perpetrator, if the victim was willing to identify them. Where necessary the perpetrator was moved. Case conferences were held and support was offered.

Staff were aware of the actions to take in the event of someone being bullied by following the Step in Step out strategy. Those that showed signs of being bullied had an Insights plan drawn up. During the inspection, prisoners reported that



bullying was occurring within the halls and that it was difficult to minimise if staff were not in and around the cells to observe this.

**3.6 Systems are in place throughout the prison to ensure that a proportionate and rapid response can be made to any emergency threat to safety or life. This includes emergency means of communication and alarms, which are regularly tested, and a set of plans for managing emergencies and unpredictable events. Staff are adequately trained in the roles they must adopt according to these plans and protocols.**

Rating: Satisfactory performance

The Head of Operations was responsible for the management and testing of a suite of SOPs aimed at ensuring the prison operated in a safe and secure manner. These SOPs were available to all staff through the communication systems.

Most staff carried radios that also contained a staff alarm functionality. Staff were informed at the start of the shift if they were the first response to any alarm and were clear on their role. However, inspectors found that due to staff shortages, staff could be redeployed to a number of roles within their shift and staff reported this could cause confusion, especially when first response staff were moved to an area such as the SRU where staff do not respond to incidents, and they are not replaced by another officer in that area. Therefore, the response protocol was not being adhered to, placing the establishment at risk. Staff shortages also affected secondary responses where there was not enough staff to respond.

Radios were subjected to regular testing and benefited from a maintenance and repair contract to maintain the appropriate number of functional devices. It was recognised by the establishment that the use of panic alarms, by those staff not carrying radios was not ideal, especially as the response to the activation of these devices was only effective if the location of the incident was known. They reported that they would attend the area, but in a hall it could be difficult to pin point the incident due to the acoustics unless staff knew the exact area, and it could take a few minutes to locate the incident. Also, if a panic alarm was activated, and quickly taken off the person and silenced by the attacker there would be no record of where the incident was taking place. Whereas, if a staff alarm is activated it indicates in the ECR the location of the incident and is recorded even if the alarm is silenced. Inspectors were informed that at the time of the inspection the establishment did not have a full coverage of alarms. Inspectors welcome the introduction of a full 'radio beacon' identification system that was installed following the inspection.

Staff were trained in the appropriate techniques to ensure their safety and that of others. When control and restraint procedures were deployed, they were the subject of a report that was reviewed by the Head of Operations, and any lessons learnt were implemented.

**Recommendation: HMP Addiewell Management must review their approach to identifying responders, to ensure that the appropriate first and secondary response is available at all times.**

### **3.7 The requirements of Health and Safety legislation are observed throughout the prison.**

Rating: Satisfactory performance

A Health and Safety (H&S) manager was employed within HMP Addiewell to ensure legislation and processes were in place. H&S checks were carried out on a regular basis and included senior management 'safety walks' where they identify any issues. Peer audits were also carried out to assess each other's areas and reports were submitted for analysis by the senior management team. The establishment had a number of key processes to assess and mitigate presenting risks, particularly in the work areas where risk assessments and safe systems of work were available.

A lack of manual handling courses may put staff and prisoners at risk. This had been identified by the H&S Manager and an online training programme was being introduced in the near future. H&S meetings were held regularly and reports were recorded on a comprehensive dashboard where incidents were analysed. Each incident or near miss was investigated and any lessons learned were communicated.

## **STANDARD 4 - EFFECTIVE, COURTEOUS AND HUMANE EXERCISE OF AUTHORITY**

The prison performs the duties both to protect the public by detaining prisoners in custody and to respect the individual circumstances of each prisoner by maintaining order effectively, with courtesy and humanity

**The prison ensures that the thorough implementation of security and supervisory duties is balanced by courteous and humane treatment of prisoners and visitors to the prison. Procedures relating to perimeter, entry and exit security, and the personal safety, searching, supervision and escorting of prisoners are implemented effectively. The level of security and supervision is not excessive.**

### **Quality Indicators**

#### **4.1 Force or physical restraints are only used when necessary and strictly in accordance with the law.**

Rating: Satisfactory performance

A robust system was in place to monitor the use of force and to ensure that this was used only when necessary. A database was held to record key statistics and allow trends to be analysed. An inspection of C&R forms showed that 100% were reviewed and CCTV footage of every use of force was viewed by the head of operations or the senior management team in his absence. Any concerns raised were actioned appropriately. Use of force was also discussed at the weekly violence reduction meeting. Inspectors observed a prisoner being relocated to the SRU following an incident and all processes were followed, using minimum force.

#### **4.2 Powers to confine prisoners to their cell, to segregate them or limit their opportunities to associate with others are exercised appropriately, and their management is effected, with humanity and in accordance with the law. The focus is on reintegration as well as the continuing need for access to regime and social contact.**

Rating: Generally acceptable performance

Prisoners being removed from association was done in accordance with Rule 95 or Rule 41 processes, and the paperwork checked was completed appropriately and lawfully. Whilst the majority of those removed from association were held within the SRU there were a number of prisoner held on Rule 41 within residential areas. There were however occasions where a prisoner was removed from association on rule 95 for three days and then Rule 41 for three days. This resulted in a prisoner being removed from association for more than 72 hours. HMP Addiewell and the SPS should review this approach to avoid using two separate rules consecutively when dealing with individuals with problematic and changeable behaviour.

All prisoners removed from association received entitlements such as exercise in the open air, and all stated they had attended case conferences. Observation of a case

conference highlighted a focus on reintegration and encouraged participation by the prisoner.

**Recommendation: Management should review their processes to ensure that Rule 95 and Rule 41 are appropriately applied and not used consecutively as was found during the inspection.**

#### **4.3 The prison disciplinary system is used appropriately and in accordance with the law.**

Rating: Satisfactory

The disciplinary system was adjudicated within the establishment by controllers from SPS, and the process was delivered with the appropriate level of formality. Observation of the adjudication process and examination of the paperwork highlighted no concerns. Prisoners were informed of the process by the adjudicator and were made aware of their rights both prior to and during the adjudication.

#### **4.4 Powers to impose enhanced security measures on a prisoner are exercised appropriately and in accordance with the law.**

Rating: Satisfactory performance

During the inspection there were no prisoners placed on special security measures. Historic paperwork was made available and staff and managers were able to demonstrate a sound knowledge of the process.

#### **4.5 The law concerning the searching of prisoners and their property is implemented thoroughly.**

Rating: Satisfactory performance

Observation of prisoners and property being searched was completed to a good standard, with dignity considered and an explanation provided to the prisoner. There were robust SOPs in place. Rubdown searches were observed and completed to a high standard.

#### **4.6 Prisoners' personal property and cash are recorded and, where appropriate, stored. The systems for regulating prisoners' access to their own money and property allow for the exercise of personal choice.**

Rating: Satisfactory performance

Prisoner's personal property and cash were recorded both on paper and electronically, allowing prisoners to check this via the kiosk system. A timetable was in place for prisoners to access it in reception. The kiosk system allowed prisoners to request items from Argos and via a pro-form process so families or friends could bring in property for the prisoners at visit sessions. Prisoners reported that the system worked well and there were no issues with getting access to their property.

**4.7 The risk assessment procedure for any prisoner leaving the prison under escort is thorough and implemented appropriately. Any restraint imposed upon the prisoner is the minimum required for the risk presented.**

Rating: Satisfactory performance

There were SOP's in place and a robust risk assessment was conducted prior to any escort taking place. A sample of paperwork highlighted that individual circumstances including any medical or disability support was considered, and a clear rationale for the use of handcuffs was recorded. There were numerous examples of prisoners having been granted escorted leave for compassionate reasons.

**4.8 The law concerning the testing of prisoners for alcohol and controlled drugs is implemented thoroughly.**

Rating: Satisfactory performance

The ICM Team was previously responsible for the Mandatory Drug Testing (MDT) process within the establishment; however, this has recently transferred to the security team. Testing was restricted to those identified for progression and those identified in targeted intelligence driven approach. Prisoners raised concerns that regular voluntary testing was not available and the manager responsible for MDT agreed that this did not take place.

**4.9 The systems and procedures for monitoring, supervising and tracking the movements and activities of prisoners inside the prison are implemented effectively and thoroughly.**

Rating: Satisfactory performance

The route movement was managed by a manager and was well established and understood by staff and prisoners. Robust procedures were in place utilising WMD and wands. Prisoner IDs were checked and finger print screening on entry to areas prevents enemies mixing. CCTV operators within the Electronic Control Room (ECR) had a good understanding of camera locations, and monitored routine movements throughout the establishment.

**4.10 The procedures for monitoring the prison perimeter, activity through the vehicle gate and for searching of buildings and grounds are effective.**

Rating: Satisfactory performance

Staff had a sound understanding of the SOP's and there was a clear systematic approach to physical security, with all items entering the establishment being thoroughly searched. Staff in the ECR had a good understanding of their role, and perimeter checks and tests of Perimeter Intruder Detection System (PIDs) were accurately recorded.

## **STANDARD 5 - RESPECT, AUTONOMY AND PROTECTION AGAINST MISTREATMENT**

A climate of mutual respect exists between staff and prisoners. Prisoners are encouraged to take responsibility for themselves and their future. Their rights to statutory protections and complaints processes are respected.

**Throughout the prison, staff and prisoners have a mutual understanding and respect for each other and their responsibilities. They engage with each other positively and constructively. Prisoners are kept well informed about matters that affect them and are treated humanely and with understanding. If they have problems or feel threatened, they are offered effective support. Prisoners are encouraged to participate in decision making about their own lives. The prison co-operates positively with agencies that exercise statutory powers of complaints, investigation or supervision.**

### **Quality Indicators**

#### **5.1 The prison reliably passes critical information between prisoners and their families.**

Rating: Satisfactory performance

In relation to general information sharing, there was clear evidence that staff made every effort to encourage prisoners to include their families in a wide range of activities. This was most notable in the attempts made to ensure that families were invited to key discussions around the individual's progress during their sentence. The level of family attendance at ICMs was encouraging and staff were working to improve upon this as they saw the benefits when families actively participated in these activities.

HMP Addiewell was one of the first establishments in Scotland to develop a family centre for those visiting their friends or family members in custody. In addition, prisoners had access to the 'e-mail a prisoner' service as well as a telephone message service. Both of these allowed prisoners to maintain contact with their families and friends at little to no cost. HMP Addiewell also offered a liberation support service called Librite, which encouraged and supported prisoners to actively engage with family and friends prior to and immediately after liberation.

#### **5.2 Relationships between staff and prisoners are respectful. Staff challenge prisoners' unacceptable behaviour or attitudes and disrespectful language or behaviour is not tolerated.**

Rating: Satisfactory performance

Prisoners reported that, in general, they had good relationships with staff. However, prisoners frequently reported that they felt the staff group was inexperienced and that, at times, they knew more about the systems and processes that operated within the establishment than the staff. Additionally, prisoners stated that staff were moved around a lot, which made it difficult to build a relationship with them. Information provided by management confirmed that 20% of the staffing complement had less

than 12 months' experience, with 37% having less than 24 months' experience. This situation, combined with staff deployment inconsistencies, corroborated the prisoners perceptions.

Whilst recognising the challenges that the inconsistency of staffing creates, it was clear that there was a working relationship within the halls, that the manner of the engagements that took place were respectful and that the interactions between the staff and prisoners were, in the main, professional.

### **5.3 Prisoners' rights to confidentiality and privacy are respected by staff in their interactions.**

Rating: Generally acceptable

HMP Addiewell was a modern prison, built only 10 years ago. However, there was little to no space within the halls for staff and prisoners to engage in a confidential manner. Staff endeavoured to achieve confidentiality, but the design of the house blocks made this difficult. Whilst there were facilities to interview prisoners in a confident setting within the hub area, staff were reluctant to use it as it left their colleague on their own in the hall.

Staff respected prisoners' private space without affecting the wider security issues and where they had cause to enter their cells this was done in a respectful and professional manner.

Inspectors noted that prisoners did not have a safe and secure place within their cells to secure private information or store medication. Management should review this situation and consider the introduction of secure storage facilities within each cell.

**Recommendation: HMP Addiewell should review prisoners not having a safe and secure place within their cells to secure private information or store medication, and consider the introduction of secure storage facilities within each cell.**

### **5.4 The environment in the prison is orderly and predictable with staff exercising authority in a legitimate manner.**

Rating: Generally acceptable

HMP Addiewell was a safe and orderly prison; however, there was not a high degree of predictability. The contractual requirement to provide the opportunity for 40 hours of purposeful activity every week heavily influenced management decisions on resources, and resulted in significant staff movements to ensure this requirement was met. Staff and prisoners reported that these regular movements caused issues with consistency with both groups stating these moves could be unsettling.

Prisoners often commented that 'time went slowly' in the prison, and when questioned further they said there was not enough work to keep them physically and mentally occupied. This situation was, to some extent, explained when a 'spot check' was taken of what prisoners were doing at 15:45 on Tuesday 7 August 2018.

At that time, there were more than 530 prisoners located within the halls, almost 400 of whom were not engaged in any form of activity. It was also noted that 144 individuals, equating to 12 per hall, were deemed to be involved in purposeful activity as passmen and ambassadors within the halls.

**Recommendation: The SPS' contract monitoring team and HMP Addiewell management must engage to ensure that the focus of the contract is on engagement with the regime on offer, rather than merely the provision of spaces. The contract should be an enabler rather than an inhibitor.**

In relation to staff exercising their authority, inspectors noted that prisoners were addressed appropriately. The requests made of them were acceptable, and the manner and tone of those engagements were professional and respectful.

**5.5 Prisoners are consulted and kept well informed about the range of recreational activities and the range of products in the prison canteen as well as the prison procedures, services they may access and events taking place. The systems for accessing such activities are equitable and allow for an element of personal choice.**

Rating: Generally acceptable

HMP Addiewell benefited from having a 'kiosk' system. The system ensured that information communicated was accurate and up to date. However, management must ensure that this highly useful way of communicating, was not seen by staff as a means of reducing their personal interactions and engagements with prisoners regarding the daily activities and routines within the establishment.

Whilst there were forums where prisoners were afforded the opportunity to be involved in framing their environment, it was unclear if the forums were judged by the prisoners as being meaningful, that they were held regularly or that their decisions were implemented.

Whilst most prisoners reported they had access to the full range of activities, which was not the case for the 40 or so protection prisoners located in Douglas B hall. These men had no access to any regime, other than in cell education, and as a result could find themselves locked up for almost 22 hours per day, only having access to recreation and time in the open air. This situation was immediately escalated to management with the requirement that a regime be established for these individuals as a matter of urgency. This will be revisited by HMIPS later in 2018.

**Escalated Recommendation: Prisoners on protection in Douglas B hall should be given access to induction and a regime should be developed.**



**5.6 Prisoners have access to information necessary to safeguard themselves against mistreatment. This includes unimpeded access to statutory bodies, legal advice, the courts, state representatives and members of national or international parliaments.**

Rating: Generally acceptable

As mentioned in QI 5.2, the staff group was quite inexperienced and, at times, they were unsure of their responsibilities in relation to information prisoners should have ready access to. When challenged, specifically in relation to accessing prison rules, staff were uncertain about their exact location and if the prisoner could take them back to their cells. Management must ensure that staff know what their responsibilities are in relation to assisting and supporting prisoners to access their rights. Some staff were also unclear about prisoners having private access to inspectors, initially wishing to seek permission from their senior officer. This situation was quite concerning as it was possible that access might be denied, at least initially, to individuals the inspection team were entitled to see.

Visits by statutory bodies were facilitated within the visits area, where staff were knowledgeable and fully aware of their roles and responsibilities. Professional visitors informed inspectors they were content with the arrangements made for them and that the staff group were polite, welcoming and professional.

**5.7 The prison complaints system works well.**

Rating: Satisfactory performance

In line with findings in other establishments, what prisoners reported about the complaints process and what inspectors found was quite different. Prisoners openly and frequently stated that complaints went missing or were destroyed by staff. Inspectors found no evidence of this. In general, complaints appeared to be dealt with fairly and openly and in line with agreed timescales. It was noted that complaints remained in paper form, despite the existence of the kiosk system. If the complaints process could be included within the kiosk system this would allow prisoners to track the progress of their complaints, and would remove any dubiety with regards to paperwork being destroyed or not being responded to.

**Recommendation: HMP Addiewell should consider including the complaints process in the Kiosk system.**

**5.8 The system for allowing prisoners to see an Independent Prison Monitor works well.**

Rating: Satisfactory performance

Independent Prison Monitor (IPM) request forms, noticeboards and request boxes were available in all halls. However, in line with comments made during other inspections, not all prisoners knew about IPMs. This was particularly noticeable amongst the short-term and untried populations. However, on checking the recording system used by monitors it was clear that they dealt with a number of requests, which indicated that prisoners who were in need of support had accessed

the services of IPMs. Feedback from prisoners spoken to who had had contact with IPMs was largely positive. In line with comments made in QI 5.7 in relation to the complaints process, it may be worthwhile looking into whether prisoners could seek the support of IPMs via the kiosks.

## **STANDARD 6 - PURPOSEFUL ACTIVITY**

All prisoners are encouraged to use their time in prison constructively. Positive family and community relationships are maintained. Prisoners are consulted in planning the activities offered.

**The prison assists prisoners to use their time purposefully and constructively and provides a broad range of activities, opportunities and services based on the profile of needs of the prisoner population. Prisoners are supported to maintain positive relationships with family and friends in the community. Prisoners have the opportunity to participate in recreational, sporting, religious and cultural activities. Prisoners' sentences are managed appropriately to prepare them for returning to their community.**

### **Quality Indicators**

**6.1 There is an appropriate and sufficient range of good quality employment and training opportunities available to prisoners. Prisoners are consulted in the planning of activities offered and their engagement is encouraged.**

Rating: Poor performance

Overall, HMP Addiewell offered a limited range of employment opportunities for prisoners. Around 50% of the opportunities offered were for pass duties and a further 14% were ambassador roles. The remaining opportunities were in work parties that included industrial cleaning, painting and decorating, barbering, grounds work, maintenance, recycling, stores and the main kitchen. However, almost all work opportunities were limited to simple, repetitive tasks that did not engage prisoners well, and few of these led to useful vocational qualifications.

There were employment opportunities for 40% of the prisoner population, however at the time of the inspection there were 31 vacancies, around 10% of the available employment opportunities. A few work party activities involved prisoners in introductory vocational training and certification such as; the Cleaning Professional's Skills Suite (CPSS) training programme, accredited by the British Institute of Cleaning Science (BICSc), food hygiene certification, Construction Skills Certification Scheme (CSCS), Portable Appliance Testing (PAT) and a new roads and street works qualification. Notably, the prison did not offer training for prisoners in Manual Handling or Health and Safety.

The prison did not offer a fully appropriate and sufficient range of vocational training opportunities for prisoners. Prisoner engagement in these opportunities was reduced substantially by the closure of the brickwork/plastering workshop and the joinery workshop. The workshops, along with the associated vocational training and certification had been out of use, due to several unsuccessful rounds of recruitment, for around six months, with no immediate prospect of re-opening. Therefore, prisoners did not have access to some of the most useful vocational training and certification opportunities that could lead to prospects of employment on liberation. There were no opportunities for prisoners to progress to advanced awards beyond SCQF level 5, particularly relevant for those prisoners serving longer sentences.

There was a constructive working relationship between the vocational training staff and prisoners, and prisoners felt well supported and encouraged to participate in employment and training activities. The training kitchen in particular was well-attended and offered life and employability skills for prisoners that would be useful on their liberation. Consultation with prisoners in the planning of activities was limited to a few focus groups and surveys, which did not provide meaningful data to evaluate the employment and training opportunities, or to plan for improvement.

**Recommendation: The prison should review and extend the number and type of employment opportunities on offer to prisoners, and include relevant vocational qualifications where appropriate.**

**6.2 Prisoners participate in the system by which paid work is applied for and allocated. The system reflects the individual needs of the prisoner and matches the systems used in the employment market, where possible.**

Rating: Generally acceptable performance

There was a clear process and rationale for prisoners to apply for paid work, which operated effectively. Prisoners were able to choose which work party to apply for through the Kiosk system, and following appropriate safety and security checks being carried out, prisoners were allocated paid work when a space became available. However, around 40 prisoners in Douglas B hall were excluded from participating in paid work. There was a well-established mechanism and procedure for the allocation of work to prisoners. However, there was no clear strategic overview or evaluation of the uptake and quality of the employment and training opportunities. Prisoners were not consulted or advised on the most appropriate employment opportunity for them based on their skills, interests, length of sentence or ambitions for paid work on liberation.

Most work parties had low levels of prisoner attendance, particularly in the main prison kitchen. The prison found it difficult to recruit prisoners to this work party and has not yet analysed the reasons or addressed this issue. Low numbers in work parties limited the quality and engagement of prisoners undertaking paid work. A few prisoners did not attend their paid work sessions for valid reasons, such as family visits or medical and legal appointments. However, in many instances the reasons for prisoner absence was unclear and the prison had not taken steps to analyse or address this issue. Employment opportunities were offered with a range of full-time and part-time hours, including some paid work in the evenings and weekends. However, full-time jobs were only allocated to enhanced prisoners who then had restricted access to other purposeful activities, such as attending education classes or the gym. Management should review this situation to assess if it is meeting the wider needs of the prisoners involved.

### **6.3 There is an appropriate and sufficient range of good quality educational activities available to the prisoners. Prisoners are consulted in the planning of activities offered and their engagement is encouraged.**

Rating: Generally acceptable performance

There was an adequate range of educational opportunities available to the majority of prisoners. Subjects offered included communications, numeracy, maths, computing, business studies, music, art and design, English as a Second Language (ESOL) and creative writing. Scottish Qualifications Authority (SQA) qualifications were available in most of these subject areas. Prisoners participated in a useful induction to education activities and had the flexibility to select preferred subjects and qualification levels. Educational opportunities were offered to all categories of prisoners. However, around 10% of the prison population, those located in Douglas B hall, were excluded from participating in educational activities within the academy.

The quality of learning and teaching within the classrooms was good. However, the engagement by prisoners was constrained by the fact that typically, half the allocated places in any one session remained unfilled. It was unclear why prisoners failed to attend their scheduled education classes. Although a few prisoner forums and discussions had taken place to consult on the planning of educational activities, this was limited in scope and had no discernible impact on planning for improvement. In addition to timetabled classes, around 70 prisoners engaged with in-cell learning or distance learning. These opportunities were beneficial for those prisoners who had particular needs in learning, or difficulties mixing with the wider prison population. In-cell education activities were planned and delivered well, and for most prisoners they provided encouragement to help them work towards joining classroom activities or studying subjects of individual interest.

The prison also offered a very engaging business course, focussed primarily on developing self-employment for prisoners as an option on liberation. The business course encouraged reflection on the long-term options for prisoners, and the prison had effective partnership arrangements in place with organisations such as Business Gateway and The Princes Trust, to provide long-term support for prisoners after their release. Typically, one prisoner per month moved on to work with a business adviser with a view to starting up their own business. There were several examples of prisoners who had successfully started their own business and others who were prepared well to do so. This is good practice and should be commended.

The prison Workrite programme was a well-structured programme designed to enhance the job search skills of prisoners. This opportunity was available to the majority of prisoners at any time, although a specific offer was made to all prisoners six weeks before their release date. Curriculum Vitae development, mock interviews and at times, real-life job interviews with employers helped prisoners to prepare well for job searches and to create a folder of support materials for job applications and interviews. Staff worked well to find suitable work opportunities for prisoners and through direct contact with employers and employer fayres helped a good proportion of prisoners to secure employment at liberation. We commend the establishment for publishing details on the kiosk of prisoners who were successful in achieving employment.

Although the standard of resources supporting education were generally good, the exceptionally dated and unreliable ICT equipment had an impact on the quality of delivery in these subject areas.

The educational activities carried out on the mezzanine level in house block two were poor, informal, unstructured and provided for only 18 prisoners from a hall comprising around 70 prisoners. The provision in this area lacked structure and there was no clear educational offer. Most of the prisoners attending mezzanine sessions engaged in computer games or activities to pass the time, rather than constructive educational work.

**Escalated Recommendation: Around 10% of the prison population, located in Douglas B hall, were excluded from participating in educational activities within the academy. HMP Addiewell should address this urgently.**

**Good practice: The prison offered a very engaging business course, focussed primarily on developing self-employment for prisoners as an option on liberation. The prison had effective partnership arrangements in place with organisations, to provide long-term support for prisoners after their release. Typically, one prisoner per month moved on to work with a business adviser with a view to starting up their own business. There were several examples of prisoners who had successfully started their own business and others who were prepared well to do so.**

**Good practice: We commend the establishment for publishing details on the kiosk of prisoners who were successful in achieving employment.**

**6.4 There is an appropriate and sufficient range of physical and health educational activities available to the prisoners and they are afforded access to participate in sporting or fitness activities relevant to a wide range of interests, needs and abilities. Prisoners are consulted in the planning of activities offered and their engagement is encouraged.**

Rating: Generally acceptable performance

The majority of prisoners had access to a good range of sporting and fitness activities. All prisoners completed an induction session with a member of staff before accessing the fitness and training equipment. The prison provided good quality traditional fitness and exercise equipment, along with equipment such as spin cycles. Prisoners had the opportunity to use an indoor games hall for a variety of games, including racquet sports, circuit training and bespoke activities such as an over 40s exercise classes and high intensity training. Prisoners could also access a good quality outdoor all-weather seven-a-side football pitch. However, these high quality facilities were not used frequently because of low levels of prisoner participation. Most prisoners that attended the fitness centre made good use of an appropriate range of exercise and training equipment, and engaged well with the physical and health activities provided. Some prisoners also made use of hall gyms in the evenings and at weekends.

However, over recent months the attendance at scheduled gym sessions and other physical and health activities had declined significantly. The numbers that attended

each session in the fitness centre was frequently less than half the number of prisoners scheduled, and the number of prisoners scheduled was less than half of the overall capacity. With prisoner attendance in the fitness centre of around 25% of capacity, many physical and health activities such as indoor and outdoor games and spin classes did not take place as there were insufficient participants.

The fitness centre offered opportunities for a few prisoners to gain the Sports Leader qualification, participate in short courses such as Fit for Life, football coaching and sessions such as 'Kno' the Score', Weights Club and Training Knowledge Opportunity (TKO) – a course designed to inspire prisoners to better their own lives and share business ideas.

Fitness centre staff engaged well with outside organisations, such as West Lothian Youth Foundation and with external speakers to arrange discussion groups for prisoners on topics such as life coaching. However, prisoners were not offered general health and fitness classes or other important health awareness programmes, such as Heart-Start or information on the misuse of anabolic steroids.

**Recommendation: HMP Addiewell should consider making much more use of the physical activities areas and recreation.**

**6.5 Prisoners are afforded access to a library which is well-stocked with materials that take account of the cultural and religious backgrounds of the prisoner population.**

Rating: Generally acceptable performance

There was a well-stocked and welcoming library within the Solas area, which was made available to all groups of prisoners with limited access from some other halls. The facility was bright and roomy, and conducive to quiet reading or restrained conversation. Prisoners valued the library and used it well for leisure, and at times, for study. One-hour time slots could be booked through the Kiosk system, which prisoners found convenient and practical. This booking system allowed prisoners to take account of their varying levels of interest and differing speeds in reading. A good selection of fiction and non-fiction books, newspapers, DVDs and games were available for loan, and stock was updated and rotated periodically.

Good account was taken of the needs of the diverse prisoner population. Large print books, books in several languages, newspapers in several languages and law books were readily available. There was also a small but adequate book trolley service made available to areas where it was not practical for prisoners to join the wider prison population. The librarian consulted with education staff to ensure appropriate texts were available to support the taught programmes in the learning centre.

The prison had organised a few focus groups, some questionnaires and individual discussions with prisoners to help shape the library service and obtain views from prisoners on how it might be improved. Three library ambassadors were employed to manage the loan system and the book stock, and to give advice to other prisoners. There were no thematic events or group activities to promote reading.

**6.6 Prisoners have access to a variety of cultural, recreational, self-help or peer support activities that are relevant to a wide range of interests and abilities. Prisoners are consulted on the range of activities and their participation is encouraged.**

Rating: Poor performance

There were limited opportunities within the educational provision or library service to develop cultural, recreational or self-help activities. The library facilitated some social interaction through the use of electronic and board games. There were some recreational opportunities within the prison to motivate prisoners through competitions and events, primarily through activities such as pool, cards, and quizzes, which were run on the halls during weekends.

The recent family fun day was attended well with almost 100 prisoners, staff and visitors involved. This event was valued by prisoners who felt it offered a positive opportunity to interact with their families in an engaging and relaxed atmosphere. The art and design class ran an art exhibition, which boosted participant's confidence and self-esteem and helped raise almost £300 for charity. Almost 50 prisoners entered into the Koestler awards which led to five highly commended works. HMP Addiewell is commended for this achievement.

However, there was no clear mechanism for engaging prisoners in helping to shape the overall social and cultural activities on offer within the prison, and only a few social and cultural events were arranged throughout the year. There were missed opportunities to promote awareness of other backgrounds and cultures through themed events or culturally diverse menus. The prison would benefit from increasing opportunities to promote equality and diversity or an awareness of the wider world through religious or themed events.

Peer support was driven primarily through the ambassador roles. There was a wide range of almost 70 passmen ambassador roles, which were used to promote and support services, such as education, gym and library provision. This role was extended to include ambassadors in almost all the educational subject areas, such as in art and design, creative writing and music. This facilitated some peer learning and allowed for additional support for those less confident or new prisoners. However, in many of the wider ambassador roles, there was very little peer support, or active promotion of the role or uptake of support.

**Recommendation: The prison should consider proactive engagement with all prisoners to extend the variety of cultural and social activities, including raising the profile of equality and diversity, cultural differences and other social themes such as violence against women and mental health. Prisoners should be consulted on the range of activities and their participation in these activities encouraged.**



**6.7 All prisoners have the opportunity to take exercise for at least one hour in the open air every day. All reasonable steps are taken to ensure provision is made during inclement weather.**

Rating: Generally acceptable performance

HMP Addiewell provided fresh air for all prisoners, and a sample of prisoners spoken to confirmed they were offered it daily. However, in areas where there were different categories of protection prisoners, it was noted that sex offenders were often reluctant to partake in fresh air due to their fear of being threatened by non-offence protections and mainstream prisons. Management should review these arrangements to ensure that prisoners are not discouraged from taking time in the open air for fear of the consequences.

Inspectors noted that although fresh air was taken, many prisoners did not attend for their allotted time. Prisoners were allowed to return to their hall during exercise but were then not allowed to return to the exercise area. Those prisoners who were at work during the main exercise time, 16:30 to 17:30 were given it at other times of the day. There did not appear to be a summer routine of evening exercise on offer in place of recreation, although there was scope to do this at weekends. A common complaint from the prisoner focus groups was that evening meal at 17:30 sometime clashed with the end of exercise if the meals arrived early. This was not evident during the inspection.

**Recommendation: Management should review the process by which prisoners access the outside to ensure that all prisoner groups have equal access and feel able to take advantage of this important activity.**

**6.8 Prisoners are assisted in their religious observances.**

Rating: Satisfactory Performance

The Chaplaincy Team was made up of team members including Roman Catholic, Church of Scotland, and Muslim faith. They offered a faith induction for all prisoners admitted the previous week. This induction offered information on all faiths practiced in the prison, but also offered support for those that did not indicate a faith. The establishment delivered a number of services throughout the week, including Christian study groups, one in Polish and a Muslim study group. The Christian study group used film and discussion to encourage participation from those who had difficulty reading and writing, including foreign nationals.

The prison offered Friday prayers for Muslim prisoners, and a Roman Catholic and Church of Scotland service over the weekend. When a Chaplain for a particular faith is not available, other team members stepped in to allow the service to go ahead. It was disappointing to discover that protection prisoners were not afforded group worship, but they were offered it on an individual basis if requested. Arrangements would be made if a prisoner with a faith not provided for arrived at HMP Addiewell.

The faith induction was good practice; however, the Kiosk was used to communicate information about it, which was unhelpful to those that were unable to use it due to learning or language difficulties, as the Kiosk did not fully support foreign languages.

The Chaplain reported that staff contacted him by radio if a prisoner requested his presence. The Chaplaincy also supported prisoners by offering to carry out funerals and hospital visits for prisoners and family members. The Chaplain had previously presided over a travelling community funeral.

The Chaplaincy also arranged a number of events including guest speakers, some of whom had previously been in prison. Although the faith team were motivated and delivered a variety of services to the population, the lack of sex offender inclusion i.e. to attend a group service was disappointing and something which management should review and address.

**Recommendation: The lack of sex offender inclusion, i.e. to attend a group service was disappointing and something which management should review and address.**

**6.9 The prison maximises the opportunities for prisoners to meet and interact with their families and friends. Additionally, opportunities for prisoners to interact with family members in a variety of parental and other roles are provided. The prison facilitates a free flow of communication between prisoners and their families to sustain ties.**

Rating: Satisfactory performance

HMP Addiewell's Kiosk system allowed convicted prisoners to book visits with friends and family, and the reverse for those on remand. This was not a consistent approach and could cause confusion, particularly when a prisoner changed status from remand to convicted during their stay. The room was large, bright and well laid out, allowing for each visit to take place with a degree of confidentiality. It had a reasonably sized play area for children, which was well-stocked with toys etc.

HMP Addiewell ran rolling visits times in the afternoons and evenings. This allowed some flexibility where family members were not restricted to a particular start time. The visit time started when the prisoner logged-in via their fingerprint. The sessions observed were well-run and relaxed, without diminishing the normal security issues. Children's sessions were provided one day during the week and one on a Saturday morning. Each session lasted for two and a half hours and was well-received. HMP Addiewell also offered parenting classes that was generally attended by those on children's visits.

A prisoner ambassador led the family visit induction presentation, supported by staff. This allowed visitors to get a perspective from serving prisoners and to ask them questions on prison life. This is regarded as good practice and something that should be adopted in other establishments. However, it was reported that attendees were low, and HMP Addiewell had been actively trying to address this.

There was evidence of events such as Father's Day and Family Fun Days. These events were reported as being appreciated by those that attended. The Father's Day event allowed families to eat together in the staff canteen. Having been encouraged by these events, HMP Addiewell planned to offer a Christmas dinner.

**6.10 Arrangements for admitting family members and friends into the prison are welcoming and offer appropriate support. The atmosphere in the visit room is friendly, and while effective measures are adopted to maintain security, supervision is unobtrusive.**

Rating: Generally acceptable performance

Although HMP Addiewell did not have an external visitors' centre, the Cyrenians looked after visitors within the establishment. They offered a supportive environment and offered guidance to those that needed it. The waiting area was bright and clean with ample seating. Due to the rolling visits programme the area is not normally full. The noticeboards were informative with a range of communication regarding visits policy and procedures. Staff were observed to be polite, knowledgeable, understanding and motivated in ensuring that the visit experience was a positive one.

A common complaint from prisoners and their visitors was the waiting times to see their friend or family member. From booking in until the prisoner arriving, visitors could wait upwards of 45 minutes. This was witnessed during the inspection and it appeared that prisoners were not picked up quickly enough, generally due to staff shortages and security protocols i.e. when having to respond to an alarm or when the route moved. This caused frustration to both visitors and prisoners. This is something that management should review and address with a degree of urgency, as the escort provision should meet the needs of the prisoner and visitor. However, when in discussion, families reported that their experience of visits in HMP Addiewell was generally a positive one. Given the importance of the visits area as a possible point of entry for illegal articles, inspectors were surprised that visits staff were included as a first response to an incident.

HMP Addiewell had one Family Contact Officer (FCO) who was clearly enthusiastic, knowledgeable and highly motivated. Although it was a single post, other experienced officers covered when she was off. The FCO had not long taken up post and had a number of ideas for improvement, including more theme days where prisoners and their visitors could engage in events to improve relationships.

The tea bar was run by prisoners who were responsible for the daily running of the area, including cashing up and stock control, and offered a varied choice of food and drinks, which we would deem as progressive and good practice. Fresh fruit was also available for those visiting the establishment.

**Recommendation: Management should review the process by which prisoners are brought to visits as inspectors witnessed family members waiting for long periods prior to the visit commencing.**

**Good practice: The running of the tea bar was the responsibility of two prisoners including cashing up and dealing with stock control.**

**6.11 Where it is not possible for families to use the normal arrangements for visits, the prison is proactive in taking alternative steps to assist prisoners in sustaining family relationships.**

Rating: Satisfactory performance

Prisoners had access to telephones in the halls during unlock. There was also a process for them having limited use of a prison landline if they had a family crisis and no credit on their telephone account. There was an 'E-mail a prisoner' service, where families and friends could e-mail messages to a prisoner. This was done through the Kiosk system and prisoners could reply. However, it was disappointing that the sender of the e-mail had to buy credit (20 pence) before this could be done. Family visits induction was offered to families of those admitted in the previous seven days. Ambassadors had recently been used to present the slides and take any questions. Although it was reported as having low attendance, the FCO was confident this could be improved, particularly with the involvement of serving prisoners offering their insight to prison life. There was a visitor's forum in operation and whilst it did not meet during the inspection, minutes showed they were looking to improve the visit experience. One of the visitors was keen to become a visitor peer supporter and this was currently under discussion.

**Good practice: The family visits induction recently involved prisoner ambassadors leading the presentation. This allowed visitors to get a perspective from serving prisoners and ask them questions on prison life.**

**6.12 Any restrictions placed on the conditions under which prisoners may meet with their families or friends take account of the importance placed on the maintenance of good family and social relationships throughout their sentence.**

Rating: Satisfactory performance

During the inspection, there were four prisoners on closed visits (CV). Each booth was of ample size and lighting. Prisoners were placed CV as per prison rules. The paperwork was comprehensive allowing the prisoner to provide written representation. Minutes were available and included a letter sent to prisoners informing them of the decision. Where appropriate, the Throughcare & Communities Manager explained the decision to prisoners face-to-face.

All incidents involving possible CV sanctions were reviewed by a senior officer, and if deemed appropriate the prisoner was placed on temporary CV. This decision was reviewed monthly, as per guidance. However, it was only done once per month, meaning that prisoners could wait up to 30 days for their case to be reviewed, which was a lengthy period in closed conditions away from their families. Whilst we are not suggesting that each prisoner on CV is reviewed more frequently, we would urge HMP Addiewell to review this process to minimise the time prisoners are placed on temporary CV. Inspectors were informed that any prisoners placed on CV were brought to the attention of the Throughcare & Communities Manager. However, this appeared to be on an ad-hoc basis and a more formalised process was required. Prisoners on CV were permitted to attend children's visits unless intelligence advised differently. Members of the public who were placed on restrictions or banned from

the establishment were also reviewed through the CV review board and informed of the outcome by letter.

**6.13 There is an appropriate and sufficient range of therapeutic treatment and cognitive development opportunities as well as an appropriate and sufficient range of social and relational skills training activities available to prisoners.**

Rating: Satisfactory performance

HMP Addiewell provided a range of therapeutic treatments and cognitive development. A team of dedicated facilitators delivered nationally recognised courses including Pathways, and Discovery and Constructs. Other opportunities included one-to-one and group work such as alcohol awareness, stress management, assertiveness and alternative to violence workshops. Those requiring other national programmes such as Moving Forward Making Changes and the Self Change Programme were placed on the national waiting list based on their critical dates. However, there were issues transferring prisoners to the relevant establishment to complete the programmes due to national population issues. This could result in prisoners missing the offer of parole, or prisoners being liberated before they were able to address their offending behaviour.

**Recommendation: SPS should review the accessibility of identified need for treatment programmes.**

**6.14 The prison operates an individualised approach to effective prisoner case management, which takes account of critical dates for progression and release on parole or licence. Prisoners participate in decision making and procedures provide for family involvement where appropriate.**

Rating: Generally acceptable

There was not a personal officer scheme in place, other than those assigned to prisoners held on an Order of Lifelong Restriction (OLR). Evidence suggested that officers supported prisoners through initiatives such as Insights, where they met prisoners on a daily basis to discuss progress, but did not complete personal officer reports. Case management was dealt with by Case Managers (CMs) who sought information from officers in residential areas, but completed the documentation themselves. This team was currently two staff members down with a significant caseload. In most cases, CMs were responsible for over 80 prisoners.

Despite the large work load, case management documentation was of a good standard. However, some of the information could have been collated by officers to reduce the CMs workload. It was observed that in many cases, prisoners were handed back their paperwork without substantial feedback from CMs, and this appeared to be due to the lack of time required to do so. CMs had caseload lists of prisoners that were motivated to work with them, and this appeared to be where they focused their attention. However, all prisoners should be given opportunities and motivational interviewing could be utilised to increase those wishing to engage.

Multi-agency Public Protection Arrangements (MAPPA) and OLRs appeared to be managed well and there were strong relationships with external agencies.

HMP Addiewell's Head of Public Protection who was in charge of this was an experienced manager and it appeared to work well. There was an effective process in place to take account of critical dates and a communications strategy to allow HMP Addiewell to meet the dates identified during the process. Prisoners were asked if they wished their family to attend particular meetings and if they agreed an invite was sent out. Approximately 40 family members had attended different meetings since the turn of the year.

HMP Addiewell did not partake in the Special Escorted Scheme to provide support to those that were unable to attend the Open Estate. A disabled prisoner who, due to his condition, could not progress there. HMP Addiewell, with SPS support, developed a plan that was similar to what he would have received had he been transferred to the Open Estate, and managed his progression to liberation from closed conditions. Whilst this was an inventive solution, it highlights the fact that disabled prisoners do not have the same access to open conditions as those that are able bodied.

**Recommendation: Due to the significant work load of CMs, vacancies should be addressed and/or consideration should be given to developing a Personal Officer Scheme.**

**Recommendation: The SPS must review the provision of disabled facilities within the National Top Ends and the Open Estate to ensure that disabled prisoners are not being discriminated against.**

#### **6.15 Systems and procedures used to identify prisoners for release or periods of leave are implemented fairly and effectively, observing the implementation of risk management measures such as Orders for Lifelong Restriction and Multi-Agency Public Protection Arrangements.**

Rating: Satisfactory performance

During the inspection, there were three OLRs and 48 MAPPAs prisoners being managed. Every prisoner had a plan tailored to suit their treatment needs through the case management process. The Head of Public Protection or a representative met regularly with various groups dealing with MAPPAs. Unlike other prisoners in HMP Addiewell each OLR was allocated a Personal Officer. Relationships between prison staff and the relevant community based personnel appeared to be professional and collaborative.

The prison operated a Home Detention Curfew (HDC) process in line with policy. The HDC Team were well-versed in the relevant protocols and had an administration process in place that supported full compliance.

## **STANDARD 7 - TRANSITIONS FROM CUSTODY TO LIFE IN THE COMMUNITY**

Prisoners are prepared for their successful return to the community.

**The prison is active in supporting prisoners for returning successfully to their community at the conclusion of their sentence. The prison works with agencies in the community to ensure that resettlement plans are prepared, including specific plans for employment, training, education, healthcare, housing and financial management.**

### **Quality Indicators**

**7.1 Government agencies, private and third sector services are facilitated to work together to prepare a jointly agreed release plan, and ensure continuity of support to meet the community integration needs of each prisoner.**

Rating: Satisfactory performance

The established and well-used 'Librite' centre hosted a range of national and local partner agencies, offering support to prisoners during their sentence and as they prepared for release. An experienced senior manager with overall responsibility for partnership working provided strategic governance, and was viewed as visible and approachable by both prison staff and partners. A highly motivated senior officer had clear oversight of the day-to-day management of the centre and co-ordination of support activities for all new and about to be released prisoners.

Partnership agencies described relationships and communication between themselves and the prison as good. The twice-weekly partnership meetings were viewed as a useful mechanism in promoting collaborative working, sharing information, avoiding duplication and in identifying gaps in pre-release support plans. The Department of Work and Pension (DWP) provided a daily support and advice service, which helpfully included pre-arranging appointments in the community. This helped to remove barriers in accessing universal credit upon release. National agencies were also offering pre and post support to men under the age of 25 returning to the Lanarkshire and West Lothian areas, as part of the Public Social Partnership arrangements. When men were returning to other areas around Scotland the centre manager pro-actively sought local sources of post release support. Several agencies offered assistance to address substance misuse, including continuity of recovery work and support to attend appointments.

Intensive support for short-term prisoners over the age of 26 was less evident and we say more about this under QI 7.5.

**7.2 Where there is a statutory duty on any agency to supervise a prisoner after release, all reasonable steps are taken to ensure this happens in accordance with relevant legislation and guidance.**

Rating: Generally acceptable

An ICM process was embedded in practice with Prison Based Social Work playing a key role in formulating risk assessments and release plans. Strategic oversight of

key performance targets and timescales by a member of the Senior Management Team ensured compliance with relevant legislation and guidance. Attendance by Community Based Social Work either in person or via video-conferencing was good.

The prison operated a centralised case management system as opposed to a personal officer scheme. The model was viewed as enabling a smaller team of dedicated staff to undertake a broader range of tasks, with greater consistency of approach. The team of eight case managers, some of whom were relatively inexperienced, were expected to carry large, often complex, caseloads of 80+ short and long-term prisoners, with two staff members holding additional responsibility for remand prisoners. Although two members of staff had been appointed to the vacant case manager posts, staff shortages in the Residential Team meant that they had not yet been released to take up their duties. Carrying vacancies further reduced the time available to case managers to meaningfully engage and develop purposeful relationships with prisoners.

Positively, the prison had had some success in encouraging increasing numbers of family members to engage with the ICM process. While prisoners felt encouraged and supported to attend their ICMs, the quality of chairing was viewed as variable, and refresher training had been recognised as an area for improvement by senior management. Case managers were also responsible for chairing their own ICMs. It was the view of the inspectors that chairing arrangements lacked objectivity as well as limiting opportunities for constructive challenge and independent scrutiny of statutory plans.

**Recommendation: HMP Addiewell should review the Case Management Team being responsible for chairing their own ICMs, and introduce a system where the ICM chair can provide an independent perspective on the case.**

**7.3 Where prisoners have been engaged in development or treatment programmes during their sentence, the prison takes appropriate action to enable them to continue or reinforce the programme on their return to the community.**

Rating: Generally acceptable

The Generic Programmes Assessment (GPA) process was used appropriately to identify individual needs. Plans were agreed and progress reviewed within the Programme Case Management Board. Prison Based Social Work and Psychology services played an important role in preparing assessments and reports for consideration by the Risk Management Team. They also worked in partnership to deliver bespoke 2:1 intervention as required. Where programmes had been completed during the sentence, relevant outcomes and opportunities to support learning were reflected within Community Integration Plans (CIP).

The Constructs programme focussed on general offending while the Discovery programme addressed violent behaviour. The Pathways programme aimed to address offending related to substance misuse and the Programmes Team also supported SMART recovery initiatives. A number of sessions, distance learning courses and individual learning opportunities helped raise awareness and explore attitudes to domestic abuse and violence against women. Support was also



available to help manage and reduce stress, with sensorimotor therapy offered as a holistic alternative to medicated intervention for men whose experience of trauma had impacted upon their wellbeing. Fathers, or prisoners who were about to become parents, had the opportunity to participate in a range of parenting support programmes delivered in partnership with community agencies. These programmes also offered opportunities for on-going engagement following release.

Men convicted of sexual offences were on the national waiting list for the Moving Forward Making Change Programme. However, unlike SPS establishments, HMP Addiewell did not have access to the national waiting list for general offending programmes such as Constructs. This had implications for progression, particularly for men who were approaching crucial dates and could not be accommodated in the scheduled programmes being delivered by the prison. Senior managers were aware of the issue and had escalated their concerns to SPS for further consideration and resolution.

#### **7.4 All prisoners have the opportunity to contribute to a co-ordinated plan which prepares them for release and addresses their specific community integration needs and requirements.**

Rating: Satisfactory performance

There were clear processes in place supported by coherent guidance for staff which enabled all prisoners to contribute to a co-ordinated CIP. This was recorded on the PR2 system following completion of the core screen assessment. Consent to share information was routinely obtained which removed potential barriers to engagement for partner agencies. An additional Asset Based Approach Review (ABAR) assessment was used to identify and build on individual strengths and to encourage more meaningful involvement of prisoners in their sentence planning. Detailed minutes from the Progression Case Management Board (PCMB) and Risk Management Team highlighted collective decision making in relation to progression. It was noted that prisoners did not attend these meetings. This would have highlighted opportunities for greater engagement to assist prisoners in understanding and contributing to sentence and release planning.

The prison was working towards achieving the expectations of the Sustainable Housing On Release for Everyone (SHORE) standards. Encouragingly, the prison and their local authority partners across North, South Lanarkshire and West Lothian had jointly funded a full-time housing officer post. Although access to housing remained an issue in a number of areas, the housing officer was aiding communication, removing barriers and assisting prisoners secure and sustain tenancies. This was good practice.

The Education Team were represented at the Librite partnership meetings with a view to linking prisoners to suitable employability, work or training opportunities upon release. A recent jobs fayre had been well attended and the team had good links to their community partners. In terms of continuity of prescribing for individuals leaving prison, support was available from third sector partners in Lanarkshire and West Lothian, including gate pick up and on-going practical support and advice. Naloxone training and supplies were routinely offered to prisoners and their families to reduce risk of overdose upon release.

**Good practice:** The prison was working towards achieving the expectations of the Sustainable Housing On Release for Everyone (SHORE) standards. Encouragingly, the prison and their local authority partners across North, South Lanarkshire and West Lothian had jointly funded a full-time housing officer post. Although access to housing remained an issue in a number of areas, the housing officer was aiding communication, removing barriers and assisting prisoners secure and sustain tenancies.

**7.5** Where the prison offers any services to prisoners after their release, those services are well planned and effectively supervised.

Rating: Poor

As there are no Throughcare Support Officers (TSOs) based at HMP Addiewell, the prison does not deliver any direct post release service. While in theory requests can be made to access support from TSOs in other prisons, in reality this does not take place. There was a clear gap in provision, particularly for men over the age of 26 serving short sentences or being released at sentence expiry date with complex needs and who may have struggled with resettlement and reintegration in the past. To be effective TSOs need to be prison based in order to develop relationships with colleagues, third sector partners, local services and individuals as they prepare for release.

**Recommendation:** The SPS should review the provision of TSOs within HMP Addiewell.

## STANDARD 8 - ORGANISATIONAL EFFECTIVENESS

The prison's priorities are consistent with the achievement of these Standards and are clearly communicated to all staff. There is a shared commitment by all people working in the prison to co-operate constructively to deliver these priorities.

**Staff understand how their work contributes directly to the achievement of the prison's priorities. The prison management team shows leadership in deploying its resources effectively to achieve improved performance. It ensures that staff have the skills necessary to perform their roles well. All staff work well with others in the prison and with agencies which provide services to prisoners. The prison works collaboratively and professionally with other prisons and other criminal justice organisations.**

### Quality Indicators

**8.1 The prison's Equality and Diversity (E&D) Strategy meets the legal requirements of all groups of prisoners, including those with protected characteristics. Staff understand and play an active role in implementing the Strategy.**

Rating: Generally Acceptable

A human rights based framework should consider and address the structural processes (law and policy), the implementation (of the law and policy) and the outcomes (real impact on people). HMP Addiewell management had invested significant effort in the structural process. For example, they had developed an approach to evaluating how an individual with a protected characteristic may be supported to remove or reduce any potential barriers to participation. However, what was less clear was what managers or staff did with this information once it was gathered, or what if any changes they looked to achieve. Whilst we would commend them on their efforts to date, much work was still to be done to ensure that this approach was fully implemented and embedded, and that the intended outcomes were appropriate and most importantly achieved. A more detailed assessment of this aspect of HMP Addiewell can be found at the beginning of the report.

**8.2 Appropriate action has been taken in response to recommendations of oversight and scrutiny authorities that have reported on the performance of the prison.**

Rating: Satisfactory performance

HMP Addiewell had deployed a number of approaches to ensure that they responded in an appropriate manner to issues that had been raised through inspection, monitoring or audit. The senior management team regularly review progress against any action plans they had, and discussed current issues that had been raised by the IPMs. It was pleasing to note that there was clear evidence of HMP Addiewell actively engaging with the IPMs, and when necessary they responded constructively to issues raised.

**8.3 The prison successfully implements plans to improve performance against these Standards, and the management team make regular and effective use of information to do so. Management give clear leadership and communicate the prison's priorities effectively.**

Rating: Satisfactory performance

The new management team at HMP Addiewell had, over the previous two years, developed extensive management information structures to monitor performance across a wide range of activities and processes. These structures took a number of forms, the most prominent of which were the 'dashboards'. Over the last two years, a suite of almost 50 dashboards had been developed to monitor and report on progress and performance in a range of key areas. This information was updated daily and reviewed regularly by the management team. When necessary corrective actions were being taken. However, inspectors felt that the number of dashboards and the volume of information being created may make it difficult to maintain a focus across so many areas of the business, and that staff may not have time to fully understand or appreciate its relevance to them and their role.

In relation to leadership, management sent out a clear message of their expectations of staff and the support that they could expect to receive. However, staff and prisoners stated that they felt members of the senior management team were not visible enough within the establishment. Inspectors noted that members of the senior management team were visible in the operational areas of the establishment during the inspection.

**8.4 Staff are clear about the contribution they are expected to make to the priorities of the prison, and are trained to fulfil the requirements of their role. Succession and development training plans are in place.**

Rating: Poor performance

Whilst the management team had a clear vision for the establishment, this had yet to filter down to many of the staff. Almost without exception staffs' main concern related to staff shortages and the pressure they felt to work overtime to cover shifts. At the time of the inspection HMP Addiewell was operating with 36 fewer staff than they were complemented for, and as mentioned previously, of those on the complement, 37% had under 24 months' experience of working in a custodial environment. New staff were being supported and coached on the job, often by individuals with little more service than them, and openly stated to inspectors that this was of concern to them.

Staff were regularly cross-deployed to cover shortages, so in many cases they found it difficult to get to know the prisoners in their care or the colleagues they were working with. In such an environment, it is challenging for an individual to have a clear understanding of how they can contribute to the wider establishment vision, especially given the level of inexperience within the staff group.

**Recommendation: With such a young and relatively inexperienced staff group management should ensure that new recruits are supported by experienced staff as they join the operational complement.**

**Recommendation: Management need to develop a more robust approach to staff recruitment and retention quickly in order to address the staff shortages that result from high staff turnover and inexperience.**

#### **8.5 Staff at all levels and in each functional staff group understand and respect the value of work undertaken by others.**

Rating: Generally acceptable

This was an area that was also impacted upon by the inexperience of many of the staff and staff often being moved to cover different posts. The most impactful aspect relates to sentence management. The lack of a universal and embedded system of personal officers resulted in many staff being unsure of their roles and responsibilities in relation to sentence management for those in their care. Sentence management and progression issues are uppermost in the minds of most prisoners, and when hall staff are unable to adequately respond to their queries, tensions and anxieties inevitably rise. Inspectors found that most hall staff, when asked, stated that they were unsure of their role and would refer prisoners either to the kiosk for information or seek the support of their senior officer. This situation was aggravated by HMP Addiewell operating with a casework team, which meant hall staff did not get the opportunity to have active engagement with a caseload of prisoners' sentence plans. However, we commend the work the case managers achieve.

One area where a greater understanding of the value of work taken by others would be beneficial is in relation to the internal relationship with the NHS. It was disappointing that the NHS staff within HMP Addiewell reported that the failure of prison staff to bring prisoners to the health centre for treatment and clinics was negatively impacting on the effectiveness of the service they were providing, and thereby the length of waiting lists.

**Recommendation: HMP Addiewell management must work quickly towards finding a solution whereby all prisoners required to attend internal and external healthcare appointments are escorted timeously. Such failures to attend are a significant waste of valuable and expensive resources.**

#### **8.6 Good performance at work is recognised by the prison in ways that are valued by staff. Effective steps are taken to remedy inappropriate behaviour or poor performance.**

Rating: Satisfactory

HMP Addiewell operated a number of schemes that recognised the work of individuals or teams. For instance, they identified a staff member and a team each month to recognise and celebrate their success. It was clear that management operated a robust approach to staff discipline, and over recent months a number had been dismissed for failing to meet the expected levels of behaviour. However, this had created a high level of anxiety within the staff group, with many staff members stating that they were fearful of making a mistake and as a consequence losing their jobs. If not addressed this situation could result in staff deferring decisions, that rightly sit within their scope, to their manager, and inspectors witnessed this happening on a number of occasions.

**8.7 The prison is effective in fostering supportive working relationships with other parts of the prison service and the wider justice system, including organisations working in partnership to support prisoners and provide services during custody or on release.**

Rating: Satisfactory performance

Managers and staff within HMP Addiewell actively engaged with the SPS and the wider justice system in a number of ways, and had developed a range of effective and influential relationships.

Being a privately run establishment also created a slightly different relationship with the other prisons in Scotland. Whilst they undoubtedly endeavoured to build strong and positive relationships with their public sector colleagues, the Contract created some challenges.

There was significant evidence of good working relationships with the onsite SPS contracts team and other justice partners. HMP Addiewell is to be particularly commended for their working relationship with Police Scotland on the NPS initiative.

**Good practice: HMP Addiewell is to be particularly commended for their working relationship with Police Scotland on the NPS initiative.**

**8.8 The prison is effective in communicating its work to the public and in maintaining constructive relationships with local and national media**

Rating: Satisfactory performance

Sodexo invested a significant amount of effort and resources into ensuring that their staff, clients, and the wider public were aware of their brand, the work that they do and the commitment of their staff to the task at hand. HMP Addiewell not only benefited from a small local team dedicated to delivering a coherent communications strategy, but it also had access to corporate support as and when required. A wide range of material was freely available.

## STANDARD 9 - HEALTH AND WELLBEING

The prison takes all reasonable steps to ensure the health and wellbeing of all prisoners.

**All prisoners receive care and treatment which takes account of all relevant NHS standards, guidelines and evidence-based treatments. Healthcare professionals play an effective role in preventing harm associated with prison life and in promoting the health and wellbeing of all prisoners.**

### Quality Indicators

**9.1 An assessment of the individual's immediate health and wellbeing is undertaken as part of the admission process to inform care planning.**

Rating: Good performance

All prisoners arriving at HMP Addiewell were screened on admission by a member of the primary care team. On observing the health screening process, we saw that an appropriate room was used and confidentiality was maintained throughout. Present and past medical history were discussed, suicide risk was assessed and all information was recorded in the electronic patient record. All registered nurses had undergone training in TTM, which was used to create a plan to keep patients with suicidal risk safe. Anyone identified as being at risk of self-harm or suicide was immediately placed on TTM. Any patients identified in reception as requiring follow up would be seen by the GP or advanced nurse practitioner at the 'first night in custody clinic' the following day.

No written information was given to prisoners in reception about the services provided by health services within the prison, but new prisoners were told about the self-referral process via the Kiosk system. The Kiosk was used for patients to refer themselves to health services, including primary care, optician, sexual health, mental health and substance misuse services. For patients at risk of alcohol or substance withdrawal, processes were in place to ensure that appropriate medications were prescribed in line with the patient group direction. Screening tools were in place as part of the patient group direction to aid the identification of those at risk.

Where immediate concerns were identified about a prisoner out-of-hours, an SOP was in place for staff to contact the NHS Lothian unscheduled care service. If concerns were raised within working hours, the GP or an advanced nurse practitioner would be called from the health centre to review the patient.

A language poster was displayed in the nursing room in the reception area. Questions and statements in other languages were also available for staff to use with patients for whom English was not their first language. Healthcare staff had access to language line services which were used when required.

## **9.2 The individual's healthcare needs are assessed and addressed throughout the individual's stay in prison.**

Rating: Generally acceptable performance

The healthcare team had processes and pathways in place to assess and manage patient's healthcare needs for the duration of their stay in the prison. However, inspectors found that one patient with complex physical healthcare needs, who had recently arrived at HMP Addiewell, had not had his needs met. Inspectors spoke with the health centre manager about this patient, and arrangements were made for the delivery of some equipment which was immediately necessary. An onward urgent referral to occupational therapy for this patient had been made. The patient was seen by primary care staff to assist with his personal care and by the physiotherapist to determine the patients care needs.

**Recommendation: Royal Edinburgh Associated Services must ensure that patients with complex physical healthcare needs are identified, assessed and supported in meeting their activities of daily living.**

Royal Edinburgh Associated Services had introduced the role of advanced nurse practitioner to the healthcare team at HMP Addiewell. These nurses had undergone additional training, including non-medical prescribing. They saw, assessed and treated patients at a number of clinics after they had been triaged by primary care nurses. This included a first night in custody clinic where they see all patients with long-term or chronic conditions, mental health or substance misuse problems, or have a positive urine test for drugs. We found that protocols and processes were in place at the first night in custody clinics, which included the use of checklists and national guidance. Where necessary, the advanced nurse practitioner referred patients to be seen by the GP. Confidentiality was maintained in all clinics observed.

Inspectors found that maintenance of confidentiality whilst using the kiosk was reliant on the patient's ability to use it independently. This may be problematic for those who were unable to read or write well, or for whom English was not their first language. For example, inspectors observed one patient's friend using the kiosk for him because he was unable to do this for himself. Inspectors saw that responses to requests for appointments were made through the kiosk system, which kept patients informed of progress with their appointment.

During the inspection, inspectors saw and were told by healthcare staff that there could be significant delays in escorting patients to the health centre for appointments. We discussed this with the health centre manager who told us that the healthcare team did not collect accurate data to monitor the number of missed appointments and the impact this had on waiting times for patients. Although the health centre manager held regular operational meetings with the prison director to discuss and resolve common issues, a significant numbers of appointment slots continued to be missed. During the inspection we observed two chronic disease management clinics that were delayed from starting by 1.5 hours. In addition, there was a delay of over 1.5 hours to commence the triage clinics on the wings.

**Recommendation: Sodexo must ensure that patients are escorted to the health centre at the appropriate time. On occasions where this was not possible,**



## **Sodexo staff must liaise with healthcare staff to reduce the time they spend waiting for patients to arrive.**

Arrangements were in place to ensure patients received appropriate care in an emergency. This includes the use of 'code red' and 'code blue' calls. Code red calls were made when a patient was bleeding, and code blue if there was a breathing problem. The health centre manager told us that there had been over 90 code reds/blues made in June 2018, many of which were in response to suspected illicit drug use. Inspectors were advised that some of these patients did not require emergency attention. The nursing staff we talked with about this agreed that some calls were made inappropriately. One of our inspectors attended a 'code red' during the inspection and found that the response was swift and the care delivered to the patient was appropriate.

**Recommendation: Royal Edinburgh Associated Services and Sodexo must work together to ensure that Sodexo staff receive appropriate training to identify when an emergency response was required, and when a request for a nurse to attend 'when available' was the required response. This will ensure that those patients requiring urgent attention receive this without undue strain on the provision of healthcare services elsewhere.**

An SOP for the management of patients who had used novel psychoactive substances had been developed in partnership with public health, the Scottish Ambulance Service, and accident and emergency specialists. This collaboration included the development of a new national early warning score which was assessed from direct observations of the patient, including temperature, pulse, blood pressure and blood sugars. **This was an area of good practice.**

As healthcare staff were not available after 9pm, Sodexo staff observed patients who needed to be observed out-of-hours. If there were any concerns about a patient at any stage of their stay in prison, they would be promptly transported to hospital. Inspectors spoke with the Director of the prison in advance of the inspection, and he said that there were no barriers preventing the prompt transfer of any prisoner to hospital.

### **9.3 Health improvement, health prevention and health promotion information and activities are available for everyone.**

Rating: Generally acceptable performance

Policies were in place for opt-out blood-borne virus (BBV) testing, and patients reported they had been offered BBV testing. The provision for Hepatitis B vaccination was good. Staff used a managed clinical network speciality model of good practice which used the broader skills within the staffing team, whilst at the same time allowing specialist input for patients when required.

Some health promotion information was available on the halls regarding smoking cessation and the use of Naloxone. Inspectors did not see any information on Hepatitis B or how to obtain condoms in the halls. After raising this with the health centre manager, information on Hepatitis B and how to obtain condoms was placed

on display in the halls the following day. Sexual health clinics were not running due to a lack of staffing. This was a significant risk to sexually active patients.

Information about how to contact the Samaritans and Open Secret was displayed in telephone kiosks. A range of health promotion information leaflets were also available to prisoners in the health centre including BBV, stopping smoking and healthy eating. There was an educational display about Hepatitis C on the walls of the health centre waiting room and information was displayed on the halls for patients to access.

Information posters advising prisoners of the date when all Scottish prisons would go smoke-free were displayed in all halls. Information was provided showing interaction between healthcare and Sodexo staff on the issue of smoking cessation and support of prisoners, including the use of nicotine replacement therapy.

There were no peer Naloxone trainers in the prison at the time of the inspection, but clinics had been put in place to ensure patients had access to Naloxone training prior to liberation. Inspectors saw evidence of Naloxone kits being taken by patients on liberation, which was positive.

We spoke with a wide range of staff about the support available to patients about their health and wellbeing as well as preparing them for liberation. We observed staff promoting good health whilst patients were in the prison. Staff discussed actions which the patient could take on liberation to continue treatment and access further help. Evidence of onward referrals in preparation for liberation was contained in patients' notes.

#### **9.4 All stakeholders demonstrate commitment to addressing the health inequalities of prisoners.**

Rating: Good performance

Inspectors found that all staff questioned had a good understanding of the health inequalities present across the prison population at HMP Addiewell, and their resulting effect. Inspectors observed patient consultations at which inequalities, sensitive practices, and the principles of a human rights approach were clearly embedded. Inspectors also observed a number of nurse-patient interactions outside of clinics where these qualities were also witnessed. Inspectors saw that patients were given the time and space to express themselves, and in the majority of instances actively participated in their care. Staff described seeing an improvement in the health of their patients over time which they found encouraging.

#### **9.5 Everyone with a mental health condition has access to treatment equitable to that available in the community, and is supported with their wellbeing throughout their stay in prison, on transfer and on release.**

Rating: Generally acceptable performance

A weekly Mental Health Team referral meeting took place, with clear pathways for access to and discharge from the Mental Health Team. The team consisted of a range of professionals including psychologists and nurses. A range of therapies

were being delivered such as cognitive behavioural therapy, low level and complex trauma therapies, and wellness recovery action planning.

Self-referrals to mental health services were made by patients via the kiosk, or directly to the Mental Health Team by other professionals. Inspectors were told that if the written information in the referral indicated there was an urgent need to see the patient then they would be seen quickly. The urgency of the self-referral was assessed by the information provided on the referral form. There was no routine direct discussion with the patient about their referral, to assess whether the referral should be considered urgent. Neither was any consideration given as to whether the patient could articulate their symptoms on the referral form. However, inspectors were told that if the referral contained only a small amount of information a healthcare support worker would meet with the referrer to obtain further information.

Following referral, and if appropriate, an appointment would be offered to the patient to attend the mental health triage clinics within the prison. During the inspection the waiting times for an appointment for this clinic was four weeks. Following this appointment patients could be given a further mental health assessment either by the mental health nurses or psychiatrist. A standardised assessment tool was in place for these assessments but it was not supported by any recognised risk assessment tool for mental health. This is an area for improvement.

As already reported having patients brought for appointments was problematic, and a number of available appointment slots were missed at most clinics. This is an area for improvement.

Where care plans were in place, inspectors found that patients were seen to be involved in them. Inspectors saw some specific care plans for patients who were subject to medical assessment, and found that they were personalised to the needs of the patient and had been discussed with them. Although inspectors saw evidence of a range of psychotherapeutic activity being undertaken, care plans were not in place for all of those patients. Inspectors also found that some care plans did not have review dates. This is an area for improvement.

The process for transfer of patients to inpatient mental health services was clearly identified by staff. Identifying medium secure beds was sometimes difficult but inspectors heard that transfers to intensive psychiatric care units in relevant health boards took place.

Within the prison, the consultant addictions psychiatrist ran an attention deficit hyperactivity disorder (ADHD) clinic. Inspectors found that patients who attended this clinic were actively involved in their care and treatment plans. The staff observed during these clinics had excellent knowledge of ADHD and worked collaboratively with their patients. **This is an area of good practice.**

For patients with mental health issues who were being liberated, inspectors saw that the transfer of care to community services was in place. Inspectors saw examples of this in the patient records, where information about available community services and what contact had been made with community mental health services was documented.

The Mental Health Team and Addictions Teams had merged which had generated development opportunities for both specialities. Staff described mixed reactions to this change. They were unclear as to what advantages might be gained from the new working arrangement, and did not feel that these had been clearly demonstrated. It was likely that the anticipated benefits from this new system of working may take time to embed into working practices.

**9.6 Everyone with a long-term health condition has access to treatment equitable to that available in the community, and is supported with their wellbeing throughout their stay in prison, on transfer and on release.**

Rating: Good performance

Patients with long-term health conditions were identified during the reception screening process and through other interactions with healthcare staff, for example, sickness and triage clinics. A number of chronic disease management clinics such as asthma, heart disease and diabetes were available to patients. These clinics had been set up and were run by the trainee advanced nurse practitioners who referred to current best practice and clinical guidelines. Inspectors saw that patients who attended these clinics had the opportunity to discuss their condition and treatment. Management plans were also agreed and patients were encouraged to self-manage their conditions where possible.

We compared the number of prisoners with mobility issues listed on the prisoner emergency evacuation plan held by Sodexo, with those known to the prisoner healthcare services. Inspectors found that patients with significant physical healthcare needs were known to both prison healthcare services and Sodexo. Care plans for these patients were reviewed and inspectors found that in general they lacked the level of detail expected regarding the care each patient required. Neither did they contain planned dates for reviewing the patients care plans. Some patients with complex needs did not have care plans in place. This was an area for improvement. Inspectors discussed this with the primary care senior charge nurse and were informed that a review of documentation was currently being undertaken. The new approach will entail each patient having a single care plan describing all of their care needs across all specialities. This would be a robust approach and support the provision of holistic care. We were told that care plans were currently kept in hard-copy and were not scanned onto Docman until each episode of care was complete. This meant that any staff accessing the electronic patient record on Vision would not be able to see or review the care plan in place for the patient. Inspectors saw evidence of patients being involved in decision-making and care planning for their care.

**Recommendation: Royal Edinburgh Associated Service must ensure that all patients with complex care needs have care plans in place which clearly describe the care required and have review dates in place.**

**9.7 Everyone who is dependent on drugs and/or alcohol receives treatment equitable to that available in the community, and is supported with their wellbeing throughout their stay in prison, on transfer and on release.**

Rating: Good performance

The substance misuse team had an identified clinical team lead. Policies and procedures were in place for the management of substance misuse services in the prison. This included the use of a timetabled meeting to discuss patient referrals, assessments and reviews.

As well as being able to self-refer to addiction services through the kiosk, patients could also be referred by the GP, or other nursing staff, to these services. Inspectors reviewed a number of patient records and found that self-referrals to addiction services were assessed by nursing staff to identify individual support needs. Inspectors saw that patients were actively involved in decision making about their care and that all care plans were personalised. The staff were knowledgeable and experienced and the patients we spoke to described being happy with the outcomes at the end of their appointments.

Staff demonstrated a clear knowledge and understanding of treatment options, their benefits and risks to patients. **This was an area of good practice.** Detoxification, stabilisation and maintenance programmes were available to patients. The NHS Lothian policy is not to prescribe Buprenorphine as opiate replacement therapy if patients admitted into the prison were already being prescribed methadone. Some patients we spoke with were unhappy not having the choice to be prescribed Buprenorphine. However, it should be noted that the 'Drug misuse and dependence UK guidelines on clinical management' state that both Methadone and Buprenorphine are appropriate medications to prescribe for opiate replacement.

We observed a maintenance clinic for patients which was in-line with best practice. Patients have access to a range of alcohol and drug avoidance strategies before they are liberated which includes training on the use and provision of Naloxone for harm reduction.

Although programmes such as narcotics anonymous and alcoholics anonymous were available to prisoners, as well as the SMART recovery, a programme used to tackle any form of addictive behaviours including drugs, alcohol and gambling, we did not find much health promotion work in relation to the risks of NPS.

We were told that a standardised discharge planning tool was used for patients who were expected to be liberated. Any patient attending court was given their morning medications. Staff reported that when patients were liberated directly from court identifying a prescriber in the community at such short notice was sometimes problematic. This is not an uncommon circumstance across Scotland.

## 9.8 There is a comprehensive medical and pharmacy service delivered by the service

Rating: Generally acceptable performance

An accessible clinical pharmacy service was available from NHS Lothian and Lloyd's pharmacy. This would be improved if Lloyd's pharmacist had direct access to the patient record on Vision, and the emergency care summary (which lists medications prescribed by the patient's GP). This would allow the clinical pharmacist to check the emergency care summary and review patient medication along with diagnoses and clinical indications for prescription choices. NHS Lothian also provided pharmacy services including clinical input to HMP Addiewell.

There was a medicine reconciliation process in place to check the medications the patient said he was prescribed against what is shown on the emergency care summary. Inspector found one instance when a patient prescription had not been checked against the emergency care summary because the patient had been admitted to prison directly from hospital. Inspectors also noted that not all of the patient's prescribed medication was listed on the hospital discharge letter. This was raised directly with the health centre manager at the time, and inspectors were told that the prison had not directly admitted someone from hospital before. They acknowledged that the system for checking the emergency care summary had failed in this instance. The health centre manager told us that processes would be put in place to ensure that all admissions, regardless of where from, would have their emergency care summary checked.

The majority of prisoners were housed in single cells, with a very small number sharing a cell with one other prisoner. Inspectors were told that, with the exception of the shared cells, no cells had lockable safes for storing in-possession medications. Inspectors were told that each cell had a privacy lock which was accessible only to the prisoner housed in that cell. This meant prisoners could lock their cells when they left them and it provided secure storage for in-possession medication. However, Sodexo staff and a number of prisoners on multiple halls informed inspectors that not all privacy locks had keys, and some locks were damaged. This is captured in the recommendation for QI 5.3.

Systems and processes were in place to ensure the safe management of medicines. Inspectors noted that some hard copies of SOPs were out-of-date, but online versions were up-to-date. The lead pharmacist from NHS Lothian reported that he was reviewing the current governance processes for making sure that only up-to-date policies, procedures and protocols were available in the pharmacy. Inspectors were also informed that operational staff were fully involved in writing these policies.

Drug Kardex's were regularly audited to ensure prescribing was compliant with the NHS board drug formulary. Queries noted with Kardex's, for example medication changes or how the prescription had been written, were fed back to staff through the staff huddle. We saw evidence of these checks and found that in these instances the prescribing had been appropriate. **This is an area of good practice** and is evidence of a multi-disciplinary approach to medicines and pharmacy services.

Inspectors saw that supervised medicines were safely administered to patients throughout the prison. Pharmacy staff told inspectors that with the exception of insulin, no medications were provided for patients attending court. It was not clear who would carry the insulin in these circumstances or how patients would access other medicines which may be required whilst out at court. Inspectors also noted that patients requiring regular paracetamol could not have this prescribed. Staff could not offer any explanation as to why this was. Although patients could request paracetamol from Sodexo staff, this did not allow for regular administration as they would not be able to receive the maximum four doses of paracetamol over 24 hours. Addressing this issue could reduce the need to prescribe combinations of pain relief like co-codamol.

Patients liberated from the prison were given a five-day supply of their prescribed medication, with the exception of opiate substitution therapy, which was transferred to community addiction services to ensure continuity of care.

### **9.9 Support and advice is provided to maintain and maximise individuals' oral health**

Rating: Generally acceptable performance

HMP Addiewell had a fully functioning dental suite to provide dental care to patients within the prison. A multi-disciplinary dental team, made up of a dentist, dental therapist, dental hygienist and dental nurse provided services across five days. Scottish Government guidelines state that convicted prisoners should wait no longer than 10 weeks to be seen, but patients were currently waiting up to 14 weeks. Patients on remand received emergency dental treatment only. Dental staff told inspectors that patients not being brought to be seen at the appointed time had the biggest impact on the waiting times. During the dental session inspectors observed that only three out of the 10 appointed patients were brought to their appointment. Other issues such as the lack of cover for holidays and sickness absence may impact on waiting times. Dental staff told inspectors that some of those appointed may have been liberated or refused to attend, and that if all those willing to attend had attended the waiting times would be within the 10-week limit.

Patients had access to fluoride toothpaste but inspectors did not see any information encouraging patients to look after their teeth on the halls. 'Mouth matters' ran as part of the induction process. This was an evidence-based oral health promotion resource which helped staff working in Scottish prisons to be more confident in talking with prisoners about their oral health. We found that the dental suite was fit for purpose, clean and was in a good state of repair. All instruments were managed in-line with best practice and decontaminated off-site. Staff were compliant with standard infection control precautions. Patient notes following treatment and consultations are not kept on Vision.

### **9.10 Not applicable**

**9.11 Everyone with palliative care or end of life care needs can access treatment and support equitable to that in the community, and is supported throughout their stay in prison, on transfer and on release**

Rating: Satisfactory performance

At the time of the inspection there were no patients with palliative or end of life needs. Inspectors were assured that any equipment necessary to care for patients with these requirements would be obtained. Inspectors were provided with evidence that demonstrated that NHS Lothian provided palliative care services to patients in the prison. A local hospital offered a telephone advice for staff when needed and hospice care was also available should this be required.

**9.12 Everyone at risk of self-harm or suicide receives safe, effective and person-centred treatment, and support with their wellbeing throughout their stay in prison, on transfer and on release**

Rating: Poor performance

The TTM process was observed to be followed by both the prison officers and primary care nurses in the reception area. However, the TTM strategy stipulates that patients returning from court with a change in circumstances must be assessed. During the inspection, both Sodexo and healthcare staff spoken with told inspectors, and inspectors observed, that these patients were not being assessed after their return from court. The TTM strategy states that 'admissions, transfers in and those returning from court convicted' should have a healthcare risk assessment undertaken.

**Recommendation: Sodexo and Royal Edinburgh Associated Service must ensure that prisoners returning from court with a change in circumstance are assessed in line with the TTM strategy.**

Where staff identified a risk of suicide, the TTM process was initiated. This process included TTM case conferences to identify measures to keep the patient safe. Follow-up and further assessments were undertaken by the mental health team. Case conferences scheduled to take place at the weekend were attended by primary care nurses. A robust process was not in place for the handing over of information by mental health nurses to primary care nurses in advance of TTM case conferences that took place at the weekends. Following discussions with the health centre manager, inspectors were advised that improvements would be made to this process.

**9.13 All feedback, comments and complaints are managed according to the respective local NHS board policy. All complaints are recorded and responded to in a timely manner**

Rating: Satisfactory performance

Inspectors saw complaints, comments and feedback forms in the halls throughout the prison. These forms were not available in alternative formats or languages. All halls had locked post-boxes to put completed forms into. These boxes were only accessible to healthcare staff who emptied them daily after the morning medications had been administered.



When complaints were acknowledged, information was sent with the acknowledgement which described the timelines for responses. Complaints were recorded on a database which was separate from the patient record. Inspectors observed how complaints were recorded and progressed. Unless there were exceptional circumstances, complaints should not be recorded in patient records. However, in one instance inspectors found that a comment letter, which amounted to a complaint, was available to view in the patient record on Vision. This was discussed with the healthcare manager at the time. Following this, inspectors were told that staff had been informed that complaints or concern letters were not to be stored on Vision. The administrative team leader also removed any templates which staff could use to store letters on Vision. The first stage of the complaints process was for complaints to be responded to by the hall nurses or, if the complaint was about them, another member of the nursing team. If the response was not accepted, the complaint was escalated to stage two and forwarded to the patient experience team for a response. Complainants were directed to the Scottish Public Services Ombudsman if they were not satisfied with the outcome or response to a complaint after second stage. Complaints were responded to within the agreed timescale.

#### **9.14 All NHS staff demonstrate an understanding of the ethical, safety and procedural responsibilities involved in delivering healthcare in a prison**

Rating: Good performance

All staff questioned could clearly describe the actions they would take if the health of their patients could be harmed by their detention. In the first instance, staff would report these concerns to their line-managers. The information would then be shared with the director by the health centre manager or other senior healthcare staff. Staff showed good awareness of their own personal safety and security in the halls and healthcare settings throughout the prison. All patient records were kept electronically on Vision or scanned to Docman. All hardcopy records were appropriately stored in a well organised locked room, out of access to any staff other than administrative staff. If a patient was transferred to another prison, the hardcopy record went with them. When they were liberated, the hardcopy record went to the local prison within their health board.

#### **9.15 The prison implements national standards and guidance, and local NHS board policies for infection prevention and control**

Rating: Good performance

Near patient equipment in all clinical areas was clean and ready for use, although not all of the examination trolley tags had been completed following cleaning. In most rooms, cleaning schedules were complete, although not all rooms had cleaning schedules in place. Inspectors observed body fluids being appropriately managed after a 'code red' call. All staff were seen to be practicing standard infection control precautions. The public health consultant provided a link between the prison and wider NHS Lothian. He made a positive contribution to the healthcare team, keeping them abreast of national and local guidance in relation to public health.

### **9.16 The prison healthcare leadership team is proactive in workforce planning and management. Staff feel supported to deliver safe, effective, and person-centred care**

Rating: Generally acceptable performance

Inspectors were told by the health centre manager that there were staff shortages in the primary care nursing team due to sickness absence and a career break. Sick absence rates in the primary care nursing team ranged from 7.9% and 24.6% during 2018. Interviews had taken place and three new members of staff were due to commence work. The current staffing pressures meant the band 7 senior charge nurse had to be part of the nursing numbers, and worked fully as a member of the clinical team. The senior charge nurse had been in post since May 2018, but had been unable to undertake managerial and leadership duties due to the demands of providing cares and services for patients.

**Recommendation: Royal Edinburgh Associated Service must ensure that senior healthcare staff are given the time to undertake management and leadership duties. This will assist in the provision of support for more junior staff and promote stability in the nursing team.**

Staff handovers of patients occurred daily across all teams. Each morning a safety brief was given prior to the medication rounds. At these meetings patients of concern were discussed along with other operational issues if required. Inspectors were told by staff that team meetings did not take place within the working teams. The pharmacy technicians, who were part of the healthcare team, described feeling isolated from the wider healthcare team. These are areas for improvement. Processes are in place for the mental health and substance misuse team to receive regular formal line management supervision and one-to-one meetings. The mental health and substance misuse nurses told inspectors that they were expected to find their own clinical supervisor outside of the healthcare team at HMP Addiewell. However, as the senior charge nurse for primary care was allocated to clinical duties because of staffing shortages, this type of supervision had not been introduced for the primary care team. This was an area for improvement. Inspectors found that informal peer support was in place in both nursing teams. The senior charge nurse with line management responsibilities for the pharmacy technicians was not aware of this.

Inspectors spoke with some staff in focus groups. Some expressed a lack of confidence in undertaking certain tasks within their role. Inspectors found that part of the reason for this was a lack of understanding of what was expected, and a lack of support by senior staff. This was discussed with the health centre manager who said that remedial actions would be taken. For senior staff to adequately supervise their staff and assess competencies, they need to have the dedicated time to do this.

**Recommendation: Royal Edinburgh Associated Services must ensure that all senior staff are aware of who they line manage, and facilitate the provision of clinical supervision and line management supervision to all staff.**

The health centre manager described the systems and processes in place to assess staff competencies. These included senior staff working alongside junior staff to

observe practices. The lead GP described the assessment of competence of the advanced nurse practitioners. This was undertaken through case reviews and interviews. Line management supervision for the advanced nurse practitioners was carried out by the health centre manager. This may have compounded the advanced nurse practitioners not identifying themselves as part of the Primary Care Team.

The operational needs of the prison adversely impacted on the delivery of healthcare. In particular, both healthcare and Sodexo staff reported that patients were not reliably brought for their appointments in the health centre. This resulted in longer waiting times for patients to be seen by all specialities. Healthcare staff also described significant delays in having patients brought to the triage clinics on the halls, which again had resulted in longer waits for patients to be seen by staff in the appropriate clinic. The health centre manager did not keep a record of the number of missed appointments or the reasons why they had been missed. There was no documented evidence of the impact of these missed appointments, although all staff questioned about this expressed their concern.

Although staff reported that they felt safe in the prison, some had experienced verbal abuse, particularly when undertaking medication rounds. In these instances, staff questioned said that Sodexo staff did not intervene when patients were verbally abusive. On completing Datix reports about this, and asking for feedback on the outcome, healthcare staff were told that the issue had been raised with Sodexo. However, healthcare staff did not describe any improvement in Sodexo staff intervening following Datix reports being made. This is an area for improvement.

The prison director and health centre manager described a positive working relationship, with regular meetings to discuss common concerns about the provision of healthcare, and Sodexo's role of supporting healthcare staff to do this. Inspectors were provided with evidence which demonstrated that healthcare and Sodexo staff worked together to resolve issues. However, as described above inspectors saw evidence of a number of instances during the inspection where long-standing issues, which should have been resolved through effective dialogue between the health centre manager and Sodexo, had continued to be detrimental to the provision of healthcare in the prison.

**Recommendation: Royal Edinburgh Associated Services and Sodexo must work together to ensure that the following are directly discussed and addressed. All findings and solutions must be shared with healthcare staff:**

- **Accurate data on the number of missed appointments and the impact of this on delivery of healthcare**
- **Accurate data on the number of staff reporting verbal abuse, including whether there was an immediate challenge to this by Sodexo staff**
- **All staff who report any type of abuse are supported and informed of any remedial actions being taken by Sodexo**

Staff groups spoken with described their concern about being asked to leave the prison in the evening before they have been able to fully document in the patient record care that has been planned or delivered. Senior staff told us that they would challenge this when asked, whereas junior staff were not empowered to refuse. This

could lead to information being recorded in retrospect in patient records, with a risk that detail may be missed.

**Recommendation: Sodexo and Royal Edinburgh Associated Services must work together to ensure healthcare staff have the time they need to provide care and/or document information in the patient record without pressuring them to leave the prison.**

The GP service in the prison was shared between HMPs Addiewell and Edinburgh, and runs over four days at HMP Addiewell. GPs waiting times had been reduced drastically by the introduction of an advanced nurse practitioner model of healthcare. The advanced nurse practitioners had undertaken training to take on some roles traditionally carried out by the GP. The lead GP provided support, training and advice to the advanced nurse practitioners/trainee advanced nurse practitioners.

There were two trainee advanced nurse practitioners in place who were leading the development of chronic disease management and other clinics to ensure that patients had access to the appropriate level of care and intervention, and were not waiting to see the GP.

The health centre manager described plans to review the workforce requirements for prisoner healthcare. There was an acknowledgement that current workforce numbers had been increased since the NHS took over prisoner healthcare in 2011, but that there had been no formal review of workforce needs. Inspectors were told that the planned review should inform health services managers of the requirements for the different specialities, and account for the range of services required to provide holistic patient care. The review will also consider the range of competencies required by staff to complete their tasks safely and effectively.

All staff spoken with had received induction training, and the records looked at showed that compliance with mandatory training was at least 90%. Staff spoken with about training and education described good processes, but time constraints to access additional training above mandatory training. Inspectors saw a student nurse pack for placements working with the addictions and Mental Health Team. This document clearly detailed the training requirements of students prior to their placements to prepare them for working in this environment.

TURAS is a staff new appraisal system which had been introduced this year across the NHS in Scotland. It was used for recording staffs' objectives and personal development plans. The health centre manager said that training was being provided in the upcoming weeks, and this would be followed by inputting the above data onto the TURAS platform. In the interim, this has been done in hardcopy.

All staff had a clinical skills passport which was used to document skills and competencies staff had gained or were expected to achieve. This document was used and reviewed as part of the appraisal and personal development plan process, which from hereon in would be documented electronically in TURAS.

### **9.17 There is a commitment from the NHS board to the delivery of safe, effective and person-centred care which ensures a culture of continuous improvement**

Rating: Poor performance

The health centre manager and all clinical staff questioned could describe the commitment of the Royal Edinburgh Associated Services to the provision of safe, appropriate, person-centred care. The Leadership Team, including the health centre manager were visible to staff in the health centre. Staff spoken with were aware of the leadership structure for prisoner healthcare throughout NHS Lothian.

The Datix system was used to report adverse events within the prison. Reports could be run off the system to look for common themes. Each entry gave the option for the user to request feedback following any investigation. Staff told inspectors how they used Datix to report occasions when they had been verbally abused by patients during medication rounds, and that Sodexo staff had not intervened. Inspectors were told this was not an uncommon experience. The feedback staff received repeatedly was that this had been raised with Sodexo management. This was an area for improvement. The health centre manager agreed that this was not an adequate response. There was a concern by the nurses that the Sodexo staff were reluctant to intervene in these instances.

**Recommendation: Sodexo and Royal Edinburgh Associated Services must work together to ensure that healthcare staff are supported during medication rounds and that Sodexo staff intervene when healthcare staff are being subjected to verbally aggressive behaviour by prisoners.**

Inspectors saw evidence of patients being asked about their satisfaction with the care they had received, both in the form of a survey, and at the end of clinics. The patients observed in multiple clinics were satisfied with the consultation, planned care was acceptable and they had been fully involved in the decisions about their care.

There was evidence of multi-agency working in the prison for the provision of healthcare, including the use of third sector providers such as Open Secret and Macmillan. Secondary care services were provided by NHS Lothian, including physiotherapy and occupational therapy.

There was a lack of evidence of effective collaborative working between Sodexo and healthcare to facilitate patients' attendance at appointments in the health centre or on the halls. This presented a possible risk to health outcomes for patients within HMP Addiewell and negatively impacted on the effective use of clinical resource. This accounts for the 'poor' rating for this QI.

## **Annex A – Summary of Recommendations**

### **For the Director**

Recommendation QI 1.2: HMP Addiewell should ensure that all prisoners are provided with information about the prison regime, routine, rules and entitlements in a form that they can understand. The translation line service should be offered to all prisoners where English is not their first language.

Recommendation QI 1.2: The kiosk should be more accessible to prisoners with little to no English as it did not translate fully into foreign languages.

Recommendation QI 1.2 : HMP Addiewell must take a proactive approach in engaging with and supporting prisoners who face barriers to full participation in the admission and induction process, in order to ensure that the individual needs and requirements of all prisoners are met.

Recommendation QI 1.3: Only staff trained in warrant calculation should undertake warrant checks in the Reception.

Recommendation QI 1.5: HMP Addiewell should change the regime in Douglas B hall to allow for a full regime for protection prisoners.

Recommendation QI 1.8: HMP Addiewell should ensure that protection prisoners and those for whom English is not their first language attend induction, and have equity of access to the full range of opportunities, supports and interventions as mainstream prisoners, including family visits.

Recommendation QI 2.4: HMP Addiewell should consider advertising Canteen meetings more widely to give more prisoners an opportunity to attend.

Recommendation QI 3.6: HMP Addiewell Management must review their approach to identifying responders to ensure that the appropriate response is available at all times.

Recommendation QI 4.2: Management should review their processes to ensure that Rule 95 and Rule 41 are appropriately applied and not used consecutively as was found during the inspection.

Recommendation QI 5.3: HMP Addiewell should review prisoners not having a safe and secure place within their cells to secure private information or store medication, and consider the introduction of secure storage facilities within each cell.

Recommendation QI 5.4: The SPS' contract monitoring team and HMP Addiewell management must engage to ensure that the focus of the contract is on engagement with the regime on offer, rather than merely the provision of spaces. The contract should be an enabler not an inhibitor (repeated below as also for the SPS).

Escalated Recommendation QI 5.5: Prisoners on protection in Douglas B hall should be given access to induction and a regime should be developed.

Recommendation QI 5.7: HMP Addiewell should consider including the complaints process in the Kiosk system.

Recommendation QI 6.1: The prison should review and extend the number and type of employment opportunities on offer to prisoners, and include relevant vocational qualifications where appropriate.

Escalated Recommendation QI 6.3: Around 10% of the prison population, located in Douglas B hall, were excluded from participating in educational activities within the academy. HMP Addiewell should address this urgently.

Recommendation QI 6.4: HMP Addiewell should consider making much more use of the physical activities areas and recreation.

Recommendation QI 6.6: The prison should consider proactive engagement with all prisoners to extend the variety of cultural and social activities, including raising the profile of equality and diversity, cultural differences and other social themes such as violence against women and mental health. Prisoners should be consulted on the range of activities and their participation in these activities encouraged.

Recommendation QI 6.7: Management should review the process by which prisoners access the outside to ensure that all prisoner groups have equal access and feel able to take advantage of this important activity.

Recommendation QI 6.8: The lack of sex offender inclusion, i.e. to attend a group service was disappointing and something which management should review and addressed.

Recommendation QI 6.10: Management should review the process by which prisoners are brought to visits as inspectors witnessed family members waiting for long periods prior to the visit commencing.

Recommendation QI 6.14: Due to the significant work load of CMs, vacancies should be addressed and/or consideration should be given to developing a Personal Officer Scheme.

Recommendation QI 7.2: HMP Addiewell should review the Case Management Team being responsible for chairing their own ICMs, and introduce a system where the ICM chair can provide an independent perspective on the case.

Recommendation QI 8.4: With such a young and relatively inexperienced staff group management should ensure that new recruits are supported by experienced staff as they join the operational complement.

Recommendation QI 8.4: Management need to develop a more robust approach to staff recruitment and retention quickly in order to address the issues that result from high staff turnover and inexperience.

Recommendation QI 8.5: HMP Addiewell management must work quickly towards finding a solution whereby all prisoners required to attend internal and external

healthcare appointments are escorted timeously. Such failures to attend are a significant waste of valuable and expensive resources.

Recommendation QI 9.2: Sodexo must ensure that patients are escorted to the health centre at the appropriate time. On occasions where this was not possible, Sodexo staff must liaise with healthcare staff to reduce the time they spend waiting for patients to arrive.

Recommendation QI 9.12: Sodexo and Royal Edinburgh Associated Service must ensure that prisoners returning from court with a change in circumstance are assessed in line with the TTM strategy (repeated below as also for Royal Edinburgh Associated Service).

Recommendation QI 9.16: Sodexo and Royal Edinburgh Associated Services must work together to ensure healthcare staff have the time they need to provide care and/or document information in the patient record without pressuring them to leave the prison (repeated below as also for Royal Edinburgh Associated Service).

Recommendation QI 9.17: Sodexo and Royal Edinburgh Associated Services must work together to ensure that healthcare staff are supported during medication rounds and that Sodexo staff intervene when healthcare staff are being subjected to verbally aggressive behaviour by prisoners (repeated below as also for Royal Edinburgh Associated Service).

### **For the Scottish Prison Service (SPS)**

Recommendation from SHRC Overview: The SPS should equip all prisoner transport vehicles with temperature control mechanisms, adequate for the conditions under which the vehicles will be used in Scotland.

Recommendation QI 3.1: The definition of a safer cell has still to be defined following the launch of TTM in December 2016, and we would urge the Scottish Prison Service (SPS) to introduce a safer cell definition to assist establishments to provide the best care for those in crisis.

Recommendation QI 5.4: The SPS' contract monitoring team and HMP Addiewell management must engage to ensure that the focus of the contract is on engagement with the regime on offer, rather than merely the provision of spaces (repeated above as also for the Director).

Recommendation QI 6.13: The SPS to review the accessibility of identified need for treatment programmes.

Recommendation QI 6.14: The SPS must review the provision of disabled facilities within the National Top Ends and the Open Estate to ensure that disabled prisoners are not being discriminated against.

Recommendation QI 7.5: The SPS should review the provision of TSOs within the two private prisons in Scotland.



## **For Royal Edinburgh Associated Services**

Recommendation QI 9.2: Royal Edinburgh Associated Services must ensure that patients with complex physical healthcare needs are identified, assessed and supported in meeting their activities of daily living.

Recommendation QI 9.2: Sodexo must ensure that patients are escorted to the health centre at the appropriate time. On occasions where this is not possible, Sodexo staff must liaise with healthcare staff to reduce the time they spend waiting for patients to arrive.

Recommendation QI 9.2: Royal Edinburgh Associated Services and Sodexo must work together to ensure that Sodexo staff receive appropriate training to identify when an emergency response was required, and when a request for a nurse to attend 'when available' was the required response. This will ensure that those patients requiring urgent attention receive this without undue strain on the provision of healthcare services elsewhere.

Recommendation QI 9.6: Royal Edinburgh Associated Service must ensure that all patients with complex care needs have care plans in place which clearly describe the care required and have review dates in place.

Recommendation QI 9.12: Sodexo and Royal Edinburgh Associated Service must ensure that prisoners returning from court with a change in circumstance are assessed in line with the TTM strategy (repeated above as also for the Director).

Recommendation QI 9.16: Royal Edinburgh Associated Service must ensure that senior healthcare staff are given the time to undertake management and leadership duties. This will assist in the provision of support for more junior staff and promote stability in the nursing team.

Recommendation QI 9.16: Royal Edinburgh Associated Services must ensure that all senior staff are aware of who they line manage, and facilitate the provision of clinical supervision and line management supervision to all staff.

Recommendation QI 9.16: Royal Edinburgh Associated Services and Sodexo must work together to ensure that the following are directly discussed and addressed. All findings and solutions must be shared with healthcare staff:

- Accurate data on the number of missed appointments and the impact of this on delivery of healthcare
- Accurate data on the number of staff reporting verbal abuse, including whether there was an immediate challenge to this by Sodexo staff
- All staff who report any type of abuse are supported and informed of any remedial actions being taken by Sodexo.

Recommendation QI 9.16: Sodexo and Royal Edinburgh Associated Services must work together to ensure healthcare staff have the time they need to provide care and/or document information in the patient record without pressuring them to leave the prison.

Recommendation QI 9.17: Sodexo and Royal Edinburgh Associated Services must work together to ensure that healthcare staff are supported during medication rounds and that Sodexo staff intervene when healthcare staff are being subjected to verbally aggressive behaviour by prisoners.

## **Annex B – Summary of Good practice**

Good practice QI 1.2: The good relationship between staff and prisoners appeared natural and gave every indication that it was common practice. This was evident in all interactions observed with prisoners during the course of the inspection.

Good Practice QI 1.8: Induction sessions observed were well attended and participation from the prisoner group was excellent. In particular, the co-facilitation of peer mentors and staff provided a good model as prisoners were able to relate to the experience of their peers whilst the regime of the establishment was reinforced.

Good practice QI 1.9: All prisoners were provided with a small black rucksack in which to place returned property, in order to provide privacy and reduce any possible stigmatisation upon release.

Good practice QI 1.9: Prisoners were liberated from the visits area. Any throughcare or support services coordinated by Librite to assist an individual were also welcomed into the waiting area, which provided a comfortable and friendly spacious area to meet.

Good practice QI 2.3: A number of prisoners spoke positively about being able to have their own bedding sent into the establishment.

Good practice QI 2.6: Upon commencing working in the kitchen, prisoners undergo a comprehensive training programme. This was recorded in the Training Pack for Kitchen Workers. It was noted that this pack was extremely comprehensive and covered a variety of job roles within the kitchen.

Good practice QI 3.2: HMP Addiewell utilised a strategy to reduce those that carried out self-harm called an Insight plan. This was used to monitor and support those that were likely to self-harm and wished support and it appeared to work well when prisoners participated in their plan. This was also supported by the mental health team, when deemed appropriate.

Good practice QI 6.3: The prison offered a very engaging business course, focussed primarily on developing self-employment for prisoners as an option on liberation. The prison had effective partnership arrangements in place with organisations, to provide long-term support for prisoners after their release. Typically, one prisoner per month moved on to work with a business adviser with a view to starting up their own business. There were several examples of prisoners who had successfully started their own business and others who were prepared well to do so.

Good practice QI 6.3: We commend the establishment for publishing details on the kiosk of prisoners who were successful in achieving employment.

Good practice 6.10: The running of the tea bar was the responsibility of two prisoners including cashing up and dealing with stock control.

Good practice QI 6.11: The family visits induction recently involved prisoner ambassadors leading the presentation. This allowed visitors to get a perspective from serving prisoners and ask them questions on prison life.

Good practice 7.4: The prison was working towards achieving the expectations of the Sustainable Housing On Release for Everyone (SHORE) standards. Encouragingly, the prison and their local authority partners across North, South Lanarkshire and West Lothian had jointly funded a full-time housing officer post. Although access to housing remained an issue in a number of areas, the housing officer was aiding communication, removing barriers and assisting prisoners secure and sustain tenancies.

Good practice QI 8.7: HMP Addiewell is to be particularly commended for their working relationship with Police Scotland on the NPS initiative.

Good practice QI 9.2: An SOP for the management of patients who had used novel psychoactive substances had been developed in partnership with public health, the Scottish Ambulance Service, and accident and emergency specialists. This collaboration included the development of a new national early warning score which was assessed from direct observations of the patient, including temperature, pulse, blood pressure and blood sugars.

Good practice QI 9.5: Within the prison, the consultant addictions psychiatrist ran an attention deficit hyperactivity disorder (ADHD) clinic. Inspectors found that patients who attended this clinic were actively involved in their care and treatment plans. The staff observed during these clinics had excellent knowledge of ADHD and worked collaboratively with their patients.

Good practice QI 9.7: Staff demonstrated a clear knowledge and understanding of treatment options, their benefits and risks to patients.

Good practice QI 9.8: Drug Kardex's were regularly audited to ensure prescribing was compliant with the NHS board drug formulary. Queries noted with Kardex's, for example medication changes or how the prescription had been written, were fed back to staff through the staff huddle. We saw evidence of these checks and found that in these instances the prescribing had been appropriate. This is an area of good practice and is evidence of a multi-disciplinary approach to medicines and pharmacy services.

## Annex C – Summary of Ratings

<b>Standard/QI</b>	<b>Standard rating/QI rating</b>
<b>Standard 1</b>	<b>Generally acceptable</b>
QI 1.1	Generally acceptable
QI 1.2	Poor
QI 1.3	Generally acceptable
QI 1.4	Satisfactory
QI 1.5	Poor
QI 1.6	Satisfactory
QI 1.7	Satisfactory
QI 1.8	Poor
QI 1.9	Good
<b>Standard 2</b>	<b>Satisfactory</b>
QI 2.1	Satisfactory
QI 2.2	Satisfactory
QI 2.3	Satisfactory
QI 2.4	Satisfactory
QI 2.5	Satisfactory
QI 2.6	Satisfactory
<b>Standard 3</b>	<b>Satisfactory</b>
QI 3.1	Satisfactory
QI 3.2	Generally acceptable
QI 3.3	Generally acceptable
QI 3.4	Satisfactory
QI 3.5	Generally acceptable
QI 3.6	Satisfactory
QI 3.7	Satisfactory
<b>Standard 4</b>	<b>Satisfactory</b>
QI 4.1	Satisfactory
QI 4.2	Generally acceptable
QI 4.3	Satisfactory
QI 4.4	Satisfactory
QI 4.5	Satisfactory
QI 4.6	Satisfactory
QI 4.7	Satisfactory
QI 4.8	Satisfactory
QI 4.9	Satisfactory
QI 4.10	Satisfactory
<b>Standard 5</b>	<b>Generally acceptable</b>
QI 5.1	Satisfactory
QI 5.2	Satisfactory
QI 5.3	Generally acceptable
QI 5.4	Generally acceptable
QI 5.5	Generally acceptable
QI 5.6	Generally acceptable
QI 5.7	Satisfactory
QI 5.8	Satisfactory

<b>Standard 6</b>	<b>Generally acceptable</b>
QI 6.1	Poor performance
QI 6.2	Generally acceptable
QI 6.3	Generally acceptable
QI 6.4	Generally acceptable
QI 6.5	Generally acceptable
QI 6.6	Poor performance
QI 6.7	Generally acceptable
QI 6.8	Satisfactory
QI 6.9	Satisfactory
QI 6.10	Generally acceptable
QI 6.11	Satisfactory
QI 6.12	Satisfactory
QI 6.13	Satisfactory
QI 6.14	Generally acceptable
QI 6.15	Satisfactory
<b>Standard 7</b>	<b>Generally acceptable</b>
QI 7.1	Satisfactory
QI 7.2	Generally acceptable
QI 7.3	Generally acceptable
QI 7.4	Satisfactory
QI 7.5	Poor
<b>Standard 8</b>	<b>Satisfactory</b>
QI 8.1	Generally acceptable
QI 8.2	Satisfactory
QI 8.3	Satisfactory
QI 8.4	Poor
QI 8.5	Generally acceptable
QI 8.6	Satisfactory
QI 8.7	Satisfactory
QI 8.8	Satisfactory
<b>Standard 9</b>	<b>Satisfactory</b>
QI 9.1	Good
QI 9.2	Generally acceptable
QI 9.3	Generally acceptable
QI 9.4	Good
QI 9.5	Generally acceptable
QI 9.6	Good
QI 9.7	Good
QI 9.8	Generally acceptable
QI 9.9	Generally acceptable
QI 9.10	Not applicable
QI 9.11	Satisfactory
QI 9.12	Poor
QI 9.13	Satisfactory
QI 9.14	Good
QI 9.15	Good
QI 9.16	Generally acceptable
QI 9.17	Poor

## HMP Addiewell - Prison population profile as at 6 August 2018

Status	Number of prisoners	%
Untried Male Adults	117	
Untried Female Adults	0	
Untried Male Young Offenders	0	
Untried Female Young Offenders	0	
Sentenced Male Adults	552	
Sentenced Female Adults	0	
Sentenced Male Young Offenders	0	
Sentence Female Young Offenders	0	
Recalled Life Prisoners	7	
Convicted Prisoners Awaiting Sentencing	22	
Prisoners Awaiting Deportation	1	
Under 16s	0	
Civil Prisoners	0	
Home Detention Curfew (HDC)	0	

Sentence	Number of prisoners	%
Untried/ Remand	137	
0 – 1 month	2	
1 – 2 months	1	
2 – 3 months	8	
3 – 4 months	12	
4 – 5 months	8	
5 – 6 months	24	
6 months to less than 12 months	62	
12 months to less than 2 years	93	
2 years to less than 4 years	126	
4 years to less than 10 years	136	
10 years and over (not life)	14	
Life	73	
Order for Lifelong Restriction (OLR)	3	

Age	Number of prisoners	%
Minimum age:	21	
Under 21 years	0	
21 years to 29 years	248	
30 years to 39 years	256	
40 years to 49 years	127	
50 years to 59 years	49	
60 years to 69 years	12	
70 years plus	7	
Maximum age:	74	

<b>Total number of prisoners</b>	<b>699</b>	
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**Inspection Team**

1. Wendy Sinclair-Gieben, HM Chief Inspector of Prisons
2. Jim Farish, Deputy Chief Inspector of Prisons
3. Calum McCarthy, Inspector of Prisons
4. Kerry Love, Head of Prison Inspection and Monitoring Co-ordination
5. Sean McFedries, Scottish Prison Service
6. Keith Waddell, Scottish Prison Service
7. Scott Watson, Scottish Prison Service
8. Ian Beach, Education Scotland
9. Dr John Laird, Education Scotland
10. Jane Kelly, Care Inspectorate
11. Neil Gentleman, Care Inspectorate
12. Jacqueline Jowett, Healthcare Improvement Scotland
13. Helen Samborek, Healthcare Improvement Scotland
14. Leona Gilhooley, Healthcare Improvement Scotland
15. Leon Wylie, Healthcare Improvement Scotland
16. Karen Melville, Healthcare Improvement Scotland
17. Lindsay MacPhee, Healthcare Improvement Scotland
18. Diego Quiroz, Scottish Human Rights Commission
19. Cathy Asante, Scottish Human Rights Commission



## Acronyms

BBV	Blood Borne virus
BICSc	British Institute of Cleaning Science
C&R	Control and Restraint
CCTV	Closed Circuit Television
CM	Case Manager
CPSS	Cleaning Professional's Skills Suite
CSRA	Cell Sharing Risk Assessment
CV	Closed Visits
D&I	Diversity and Inclusion
DWP	Department of Work and Pension
E&D	Equality and Diversity
ECR	Electronic Control Room
ESOL	English as a Second Language
FCO	Family Coordination Officer
GPA	Generic Programme Assessment
HDC	Home Detention Curfew
ICM	Integrated Case Management
ICT	Information and communications technology
IPM	Independent Prison Monitor
MAPPA	Multi-Agency Public Protection Arrangements
MDT	Mandatory Drug Testing
NPS	Novel Psychoactive Substance
PBSW	Prison Based Social Worker
PCF	Prisoner Complaint Form
PR2	Prisoner Record System – version 2
SOP	Standard Operating Procedure
SQA	Scottish Qualifications Authority
TKO	Training and Knowledge Opportunity
OLR	Order of Lifelong Restriction
OMU	Offender Management Unit
PAT	Portable Appliance Testing
PER	Personal Escort Report
PIAC	Prisoner Information and Activity Committee
PID	Perimeter Intruder Detection
QI	Quality Indicator
RRA	Reception Risk Assessment
SCQF	Scottish Credit and Qualification Framework
SHORE	Sustainable Housing on Release for Everyone
SMT	Senior Management Team
SPS	Scottish Prison Service
SRU	Separation and Reintegration Unit
TSO	Throughcare Support Officer
TTM	Talk to Me
VISION	NHS electronic healthcare record system
WMD	Walk Through Metal Detector