



HMIPS

HM INSPECTORATE OF
PRISONS FOR SCOTLAND

INSPECTING AND MONITORING

HMP LOW MOSS

FULL INSPECTION

31 JANUARY – 11 FEBRUARY 2022



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The full inspection findings and overall rating for each of the quality indicators

INTRODUCTION AND BACKGROUND

This report is part of the programme of inspections of prisons carried out by Her Majesty's Inspectorate of Prisons for Scotland (HMIPS). These inspections contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies known as the National Preventive Mechanism (NPM); which monitor the treatment of and conditions for detention. HMIPS is one of 21 bodies making up the NPM in the UK.

Her Majesty's Chief Inspector of Prisons for Scotland (HMCIPS) assesses the treatment and care of prisoners across the Scottish Prison Service (SPS) estate against a pre-defined set of standards. These standards are set out in the document 'Standards for Inspecting and Monitoring Prisons in Scotland', published in May 2018, which can be found at <https://www.prisoninspectorscotland.gov.uk/standards>

The Standards reflect the independence of the inspection of prisons in Scotland and are designed to provide information to prisoners, prison staff and the wider community on the main areas that are examined during the course of an inspection. They also provide assurance to Ministers and the public that inspections are conducted in line with a framework that is consistent and that assessments are made against appropriate criteria. While the basis for these standards is rooted in International Human Rights treaties, conventions and in Prison Rules, they are the standards of HMIPS. This report and the separate 'Evidence Report' are set out to reflect the performance against these standards and quality indicators.

HMIPS assimilates information resulting in evidence-based findings utilising a number of different techniques. These include:

- asking the Director or Governor In Charge for a self-evaluation – summary of their progress against previous recommendations, the challenges they face and the successes they have achieved.
- obtaining information and documents from the SPS and the prison inspected.
- shadowing and observing SPS and other specialist staff as they perform their duties within the prison.
- interviewing prisoners and staff on a one-to-one basis.
- conducting focus groups with prisoners and staff.
- observing the range of services delivered within the prison at the point of delivery.
- inspecting a wide range of facilities impacting on both prisoners and staff.
- attending and observing relevant meetings impacting on both the management of the prison and the future of the prisoners such as Case Conferences.
- reviewing policies, procedures and performance reports produced both locally and by SPS Headquarters (SPS HQ) specialists.

HMIPS is supported in our work by inspectors from Healthcare Improvement Scotland (HIS), Education Scotland, the Care Inspectorate, and guest inspectors from the SPS.

The information gathered facilitates the compilation of a complete analysis of the prison against the standards used. This ensures that assessments are fair, balanced and accurate. In relation to each standard and quality indicator, inspectors record their evaluation in two forms:

1. A colour coded assessment marker

Rating	Definition
 Good performance	Indicates good performance which may constitute good practice.
 Satisfactory performance	Indicates overall satisfactory performance .
 Generally acceptable performance	Indicates generally acceptable performance though some improvements are required.
 Poor performance	Indicates poor performance and will be accompanied by a statement of what requires to be addressed .
 Unacceptable performance	Indicates unacceptable performance that requires immediate attention.
 Not applicable	Quality indicator is not applicable .

2. A written record of the evidence gathered is produced by the inspector allocated each individual standard. It is important to recognise that although standards are assigned to inspectors within the team, all inspectors have the opportunity to comment on findings at a deliberation session prior to final assessments being reached. This emphasises the fairness aspect of the process ensuring an unbiased decision is reached prior to completion of the final report.

This report provides a summary of the inspection findings and an overall rating against each of the nine standards. The full inspection findings and overall rating for each of the quality indicators can be found in the 'Evidence Report' that will sit at the back of this report.

KEY FACTS

Location

HM Prison Low Moss is situated north of Bishopbriggs, East Dunbartonshire.

Brief History

The original HMP Low Moss prison closed in May 2007. The buildings were demolished and replaced with new buildings that opened in March 2012.

Accommodation

A modern prison, HMP Low Moss is a light and airy establishment with every cell having en suite facilities.

HMP Low Moss holds male offenders on remand, short term offenders (serving less than four years), long term offenders (serving four years or more), life sentence offenders and extended sentence offenders (Order of Lifelong Restriction) primarily from the North Strathclyde Community Justice Authority area.

It has education, training and employment opportunities to help prisoners address their reoffending and reintegrate back into the community on their release from prison.

Design Capacity

This prison's design capacity has normally been 784, but was raised to 884 as part of 'Project 100' to help deal with the national rise in prison population. The additional 100 spaces has meant that converted double cells are deemed too small by Inspectorate standards.

Date of Last Inspection:

29 May – 9 June 2017

Healthcare Provider:

NHS Greater Glasgow and Clyde

Learning Provider:

Fife College

OVERVIEW BY HMCIPS

Scotland's [National Performance Framework](#) anticipated that all public bodies will contribute to the National Outcomes, including 'we live in communities that are inclusive, empowered, resilient and safe' and 'we respect, protect and fulfil human rights and live free from discrimination'. This ambitious outcome is echoed in the [Vision for Justice Scotland 2022](#) which also envisaged a modern person-centred and trauma-informed approach. Flowing down from these overarching principles, the [SPS Corporate Plan](#) 'Unlocking Potential Transforming Lives' clearly recognised the need for prisons to address offending behaviour, protect public safety and drive recovery and reintegration. Since writing the Corporate Plan the challenges already facing the SPS with a rapidly changing prison population, both in terms of numbers and complexity, have been further exacerbated by dealing with a global pandemic.

We were therefore impressed with the very evident strong management grip of the current Governor In Charge (GIC) and her team, and their determination to continue to deliver an excellent service in support of the Corporate Plan despite the challenges.

With the construction of HMP YOI Grampian and HMP Low Moss, Scotland's prisons saw an investment in infrastructure that transformed the prison landscape and gave Scotland credibility for enlightened penology, architecture and design on an international stage. However the continued overcrowding, far exceeding design capacity, remains an enduring crisis and is echoed in HMP Low Moss with the prison population also exceeding its 2012 design capacity. The introduction of an additional 100 spaces, while providing much-needed capacity for the overall estate, reduced the individual living space available for prisoners by creating double cellular accommodation out of designated single cell accommodation. These small double cells are particularly troubling in the COVID pandemic when time out of cell was at a premium.

The pressures of the pandemic meant that significant numbers of prisoners were constrained to the minimum requirement of one hour's exercise in the open air with very little additional out of cell time. In addition, infection control protocols saw isolated prisoners even having this basic right reduced to one hour out of cell in the fresh air every third day. We were pleased to see that the GIC addressed and resolved this human rights issue during the inspection.

The prison is also dealing with a more complex population than when first opened and despite having the additional 100 places the prison was not allocated permanent additional resources. There is a clear need for a full capacity modelling exercise, with HMIPS expectation that additional staff will be needed not only in the SPS but also across the partner disciplines of the NHS and Fife College. The capacity modelling exercise also needs to address the challenges faced by the prison in releasing staff to attend training and maintain core competency compliance.

Staff prisoner relationships are key to a successful prison and the Inspectorate had conflicting perceptions of SPS staff. We observed and heard examples of good compassionate care and support for prisoners, for example, on admission, and we also commend the support offered for vulnerable prisoners in Kelvin Two Bravo. However, prisoner perceptions of some staff were not always so positive and at times troubling. Conversely, the robust processes around managing staff absences and staff discipline, supported and underpinned by good relationships between the GIC and local trade unions, were notable and to be praised.

Relationships between SPS and external agencies were generally very positive, but there is a need to embed the good management culture of mutual understanding and co-operation between the SPS and NHS to every level below the management, to ensure patient care is not compromised. Agencies reported positively on their relationships with prison staff, particularly during the challenges of COVID-19. Reduced access to the prison and prisoners was difficult at times but agencies felt really well supported in enabling them to deliver their services. An important point to note was the stability within prison- and community-based social work (CBSW) teams, giving a continuity of service and collaborative working approach between well-informed and experienced staff.

The prisoner transport performance was deeply troubling with significant evidence of late arrivals and missed hospital appointments. This was true across Scotland and was a serious concern that had been escalated by HMCIPS to SPS HQ. Since the inspection, improvements have been noted.

We were pleased to see that a number of action plans were in place and progress being made against previous recommendations for example on the information for foreign nationals and the well-established Integrated Case Management (ICM) Team. The ICM were co-ordinating effective risk and case management processes, but in common with many other establishments had very little direct input from personal officers.

On healthcare there was evidence of a sustained improvement in, for example, the audit of record keeping and patient care plans. We welcomed the 'safe to start' approach that had been implemented across the three prisons by NHS Greater Glasgow and Clyde (NHS GGC) to maintain adequate staffing numbers, and ensure safe healthcare delivery. We also welcomed the health needs analysis exercise for mental health, addictions, and primary care that looked at the demography of the care needs of patients and included a survey to inform future planning and development. However, NH GGC need to reintroduce clinical supervision as a priority within the Mental Health Team and Addiction Team to support staff with the sustained pressures experienced with both COVID-19 and staffing shortages.

In conclusion, the inspection undoubtedly highlighted a number of issues where improvement is necessary and where, with creative thinking, the limitations of the existing pandemic are not an insurmountable barrier to progress. However, the GIC and management team demonstrated their capability to provide strong operational leadership in testing times. The Inspectorate applauds their efforts to support and motivate staff and partners to work together to maintain prisoner safety and manage difficult situations as a cohesive team. HMIPS also commends those staff working in HMP Low Moss who evidenced their continued compassion for prisoners and determination to provide a caring and professional service in extremely challenging circumstances.

KEY RECOMMENDATIONS

There were 30 points of good practice. We have made 68 recommendations in total but we encourage the prison and its partners, including SPS HQ, to focus in particular on the following nine recommendations (numbered as they appear in the report):

Recommendation 4: SPS HQ should look for alternative solutions to accommodate the increased prison population as the 'Project 100' cells are too small to comfortably accommodate two people.

Recommendation 17: HMP Low Moss should introduce a dedicated and staffed drug testing facility that would support a wider range of drug testing and enable analysis of substance prevalence.

Recommendation 20: HMP Low Moss should review its staffing shortage regime restrictions to ensure that it is not always the same group of prisoners who are adversely affected.

Recommendation 41: The senior management team should endeavour to get the STIP fully operational at the earliest available opportunity by way of providing STPs with the support they require to tackle criminogenic needs.

Recommendation 42: The senior management team should look at ways of reinvigorating the personal officer scheme and aligning the role with ICM and RMT arrangements.

Recommendation 48: SPS HQ should take the lead in translating key documents into the most commonly used foreign languages so they can be downloaded and used by all prison establishments.

Recommendation 49: SPS HQ should undertake a capacity modelling review with the NHS and take action to address the resourcing challenges facing the prison.

Recommendation 52: National co-ordination and discussion with partner agencies (such as Police Scotland, Scottish Courts, GEOAmeY and SPS) is required to ensure that people arrive at the prison during the prison's core opening times.

Recommendation 53: GEOAmeY and the SPS must without delay provide a solution to escort patients to hospital when this is required.

HUMAN RIGHTS-BASED APPROACH OVERVIEW

HMIPS is a human rights organisation. As such, we ground all of our inspections in human rights principles. Our nine standards are written with the international human rights framework in mind, and our inspectors apply these standards through a human rights-based approach.

The human rights-based overview of the inspection of HMP Low Moss follows the PANEL headings, illustrating how human rights are applied to the inspection as a whole. This overview is not exhaustive of all human rights observed and engaged, but is intended as a brief synopsis of the implementation of a human rights-based approach in HMP Low Moss.

HMIPS' human rights-based approach to inspection is a critical element of ensuring both that the human dignity of the prisoner is upheld and that prisons are places of productive, positive and useful education, work and interaction, leading to better outcomes in reducing recidivism and keeping our communities safer.

PANEL

Participation

“Prisoners should be meaningfully involved in decisions that affect their lives.”

While inspectors noted that some efforts to involve prisoners in participation had been made by HMP Low Moss, in general this was neither sufficiently consistent nor robust.

Inspectors were pleased to see prisoner representation on the E&D Committee and a clear commitment by the E&D Manager to develop an action plan for priority work. The prison ran a focus group with Vietnamese prisoners during the inspection to understand where further information and support was required. As will be discussed under Non-Discrimination – it is vital to all layers of a human rights-based approach that individuals are able to understand the information they are provided with. While it appears this had been identified as priority work, there had not yet been sufficient progress to make material accessible to all. Inspectors are encouraged that the E&D Forum may make progress in this regard.

Inspectors observed an individual from arrival in reception to the first night in custody area and their induction. They were pleased to find the relevant information booklet was explained to them and the first night checklist was completed. In general, staff encouraged prisoners to participate in the process by asking probing questions in a supportive manner. The documents were comprehensive and ensured the prisoners were made aware of various processes and procedures, including mealtimes, reporting sick, discipline matters, completion of nominated visitors lists and prisoner admissions kits to name but a few.

That said, inspectors noted a lack of awareness amongst staff and prisoners around ordering mattresses and clothing.

PIACs can be a good opportunity to meaningfully involve prisoners in decisions that affect the prison. Unfortunately these were not utilised or developed to a sufficient standard at HMP Low Moss. There was also a disparity between Clyde and Kelvin halls. In Kelvin, there was only one recent PIAC meeting which was chaired by an officer. There appeared to be no evidence of detailed minutes, action plan or engagement. Inspectors were more encouraged by PIACs in Clyde, where in contrast meetings were convened every six weeks, chaired by a Unit Manager, and utilised a good model of a consultative approach.

Inspectors noted poor information provision on noticeboards in general, and this included a lack of PIAC minutes being displayed for information of all staff and prisoners. It is important to involve all prisoners in discussions that were held at PIAC, rather than just those who attended.

HMIPS encourages HMP Low Moss to develop their PIAC model further. While it doesn't involve cumbersome work, a good PIAC model can greatly influence the participatory success of an establishment and help make prisoners feel heard and engaged.

In general, there were the beginnings of a good participatory model, grounded in good prisoner/staff relationships. But this needs to be developed further to embed a participatory culture and further develop the meeting infrastructure and information sharing.

Components to the principle of participation include that it must be active, free and meaningful and give attention to issues of accessibility, including access to information in a form and a language that can be understood. HMIPS would expect that any barriers to participation are identified and that those prisoners would be assisted to overcome them in order to meaningfully participate.

Accountability

“There should be monitoring of how prisoners’ rights are being affected, as well as remedies when things go wrong.”

There was a framework of administrative accountability in the prison. However, effective accountability based on human rights standards were not consistent at the time of the inspection. This is not to say that human rights were readily ignored; however reference to standards, rules and human rights-based criteria were minimal.

Independent Prison Monitors advised inspectors that the complaints process was one of the most complained about topics by prisoners. Inspectors found a low level of confidence in the complaints process and a general feeling of dissatisfaction with how the complaints model operated. Some prisoners felt there was little point complaining as their complaints would not be dealt with properly or, in some cases, even acknowledged.

Disappointingly, the relevant complaint forms were not freely accessible for prisoners within the halls. In Clyde, there were no PCF1, PCF2 or PAF1s. Staff highlighted drawers where these were held but they were empty. In Kelvin, a small number of PCF1 forms were found, but no PCF2 and PAF forms.

In discussion, some staff seemed to be of the view that by keeping the complaint forms behind the staff desk and making the prisoner request a form, they were able to resolve a complaint before it got to a formal stage with better results for all. This is poor practice. Prisoners should be able to freely access complaint forms without the need to discuss the nature of their complaint with staff. While informal resolution is to be encouraged, the outcome of the discussion and the prisoner’s views should be recorded, rather than simply noting that the matter had been resolved. This reduces any perception of discouragement or intimidation in pursuing complaints.

There was no noticeable trend in topics of complaint and FLMs demonstrated good knowledge and awareness of the process. FLM responses were adequate. Assurance checks appeared appropriate, although they had only recently started.

In general, the disconnect between prisoners and the complaints system was disappointing. Prisoners need to be assured that their voice is listened to and that authorities are accountable when things go wrong. Despite the process appearing robust when complaints were received, more effort should be taken to provide prisoners with confidence in the process, in addition to providing freely accessible copies of the relevant forms.

Outwith the complaints system, inspectors were pleased to observe positive practice of continuous monitoring and audit within HMP Low Moss. This included Talk To Me (TTM), use of force, and decency assurance.

Non-Discrimination and Equality

“All forms of discrimination must be prohibited, prevented and eliminated. The needs of prisoners who face the biggest barriers to realising their rights should be prioritised.”

Non-Discrimination requires the duty bearer (in this case HMP Low Moss) to go further than not actively discriminating – it is not a passive duty but an active one, to make deliberate efforts to prevent discrimination from occurring in all forms. In this regard, HMP Low Moss could go further.

While inspectors were pleased to see good models in place for accessing translation services, and additional phone credit to support a call to their home country for foreign nationals, it was disappointing to see this had not been used frequently.

There was a user-friendly process for foreign nationals to access additional phone credit to support a 10-minute phone call to their home country every month. However, despite this being available and although HMP Low Moss had a high amount of foreign nationals in custody (59 at the time of inspection), only 2 prisoners accessed this facility during the month of January 2022.

On a similar note, although there was provision for utilising translator services, this service had only been used three times in the year to date, once for induction of a number of Vietnamese admissions and twice for social work. While the establishment fulfils its responsibility to have avenues for translation services and maintaining family contact, this did not appear to be benefitting foreign nationals in custody.

Inspectors were concerned that greater steps to support foreign nationals who may have struggled with English were not being taken. Inspectors were also very concerned to note that although foreign nationals who could not read English were identified at admission, not all cell doors had translated fire safety notices. As this was standard procedure, clearly a key safety point had been missed.

While the library did contain a number of foreign language books, these were in a locked cupboard and no clear signage to foreign national prisoners of their existence. This seemed entirely unnecessary and acted as a barrier for these prisoners accessing books, which did not exist for English speaking prisoners. Further, the range of foreign language books did not represent the variety of nationalities in the prison population. Legal texts were available, but again did not represent the nationalities within the prison. General Comment No. 2 (2008) of the Convention Against Torture on the implementation of Article 2 by States Parties makes clear that the right of detainees to be informed of their rights is a basic guarantee for all persons deprived of their liberty.

Separately, inspectors were pleased to observe respectful support to prisoners practising a religion, with all prisoners having the opportunity to pray, read religious texts and wear appropriate clothing. Staff were seen to be observant of prisoners' faith. An example of such was when staff opened a cell to meet with a prisoner, the staff member immediately realised the person was engaged in prayer and respectfully and discreetly withdrew.

Faith-based meal selection was respected, however there was only one choice for prisoners following a vegan diet. This limited choice for those following a vegan diet in comparison to the rest of the prison population. The prison made efforts to support cultural diversity by hosting regular food theme nights which were popular with prisoners.

Inspectors were pleased to observe a generally good atmosphere at HMP Low Moss with no direct discrimination taking place. However the establishment should work harder to ensure those who do not speak English have access to the same provisions as are available to native speakers. While the translation infrastructure appears to be in place, there is insufficient outreach to help those who may require it. Non-Discrimination touches all elements of a human rights-based approach and HMIPS would encourage the establishment to go further.

Empowerment

“Everyone should understand their rights, and be fully supported to take part in developing policy and practices which affect their lives.”

Much of the discussion above around participation and Non-Discrimination also applies to empowerment – prisoners cannot be empowered if they do not have opportunities to participate or do not have information presented in a way they can understand.

We would expect prisoners to understand their rights and be fully supported in utilising them. It was not clear that this was consistently applied at HMP Low Moss.

Inspectors were pleased to find sufficient employment opportunities for prisoners and good levels of consultation at induction on work party preferences. All eligible prisoners could apply for employment, or request a change to their work party, through the Purposeful Activity Allocation Board (PAAB). This process applied to all prison populations that were eligible for work. The PAAB allocated employment and vocational training opportunities to prisoners, after consideration of their personal preferences and individual needs.

The prison reviewed and monitored regularly the work allocation schedule to balance the needs of both prisoners and the establishment. For example, the prison offered employment opportunities for a few untried prisoners in the catering work party, as they were skilled chefs. This was positive practice.

Overall prisoners were represented on some committees, but there was not a culture of prisoner empowerment at HMP Low Moss. HMIPS would like to see prisoners at the centre of policy and decision making, with more engagement and involvement at all levels.

Legality

“Approaches should be grounded in the legal rights that are set out in domestic and international laws.”

Inspectors did not find anything during the inspection of this standard that compromised any domestic or international laws. There was a strong focus and drive from senior management on complying with the Prison Rules and meeting contractual obligations.

A human rights-based approach requires the recognition of rights as legally enforceable entitlements and is linked to national and international human rights law. The UK is bound by the UN Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules); the European Prison Rules; the Convention against Torture, including the Optional Protocol; and others. It is important that all categories of prisoners enjoy the full range of human rights and that staff are adequately supported. Inspectors have identified areas where they believe further action is required, in particular to ensure that more marginalised prisoners do not fall through the gap.

The realisation of human rights is facilitated in practice by both the provision of information and the need for proactive action to be taken to ensure prisoners are accessing their rights

in practice. A human rights-based framework would be concerned with anticipating areas of prison life where problems are likely to arise, responding to prisoners needs as they are raised and building in monitoring mechanisms to ensure systems are improved through experience.

While inspectors did not find practice which directly called into question the legality of the establishment, we do have two overarching concerns.

'Project 100', which raised the operational capacity at HMP Low Moss by 100 spaces, had led to cells that were too small accommodating two prisoners. The operational capacity for HMP Low Moss was 784. However, this was raised to 884 as part of 'Project 100', which resulted in bunk beds being placed into single cells to help deal with the increased national prison population. It is HMIPS's view that the space available was not adequate for two people to live comfortably side by side. At the time of the inspection, there were no plans to end 'Project 100'.

SUMMARY OF INSPECTION FINDINGS



Standard 1 Lawful and transparent custody

Satisfactory



Standard 2 Decency

Generally acceptable



Standard 3 Personal safety

Satisfactory



Standard 4 Effective, courteous and humane exercise of authority

Satisfactory



Standard 5 Respect, autonomy and protection against mistreatment

General acceptable



Standard 6 Purposeful activity

Generally acceptable



Standard 7 Transitions from custody to life in the community

Generally acceptable



Standard 8 Organisational effectiveness

Satisfactory



Standard 9 Health and wellbeing

Generally acceptable

STANDARDS, COMMENTARY AND QUALITY INDICATORS

HMIPS 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.

Inspection Findings Overall Rating: Satisfactory

In this standard eight quality indicators were rated as satisfactory and one quality indicator rated generally acceptable, giving an overall rating of satisfactory. Two recommendations for improvement were made.

Staff in HMP Low Moss took their responsibilities and legal obligations seriously and ensured that all prisoners arriving there were lawfully detained, which was evident from the first interactions in the reception area. The reception staff had the appropriate knowledge, skills and experience, and adopted robust processes and procedures, including private conversations with prisoners at the appropriate times.

Staff ensured that all the prisoners arriving in the reception area fully understood the reasons for being admitted. Staff were knowledgeable on the use and access to the language line, however the use of this service was minimal. Staff were able to utilise all relevant information available to them to engage with prisoners on admission. Inspectors observed that throughout the admission process staff updated and made good use of PR2, including ensuring the relevant warrants were accurate. Inspectors observed good interactions between healthcare staff and prisoners which took place in private in the reception area. The same level of care and risk management continued from the reception area into Kelvin 1, the first night area, where staff ensured that prisoners were fully informed of relevant information, and an individual cell sharing risk assessment (CSRA) was completed taking cognisance of the prisoner's opinions where appropriate.

Inspectors were satisfied with the information provided in the induction and pre-release processes, which demonstrated positive two-way interactions between staff and prisoners, again ensuring that they had all the relevant information to make well-informed decisions.

HMIPS Standard 1 Lawful and Transparent Custody

In terms of the **PANEL** principles for this standard:

Participation: During the admissions and induction process and the CSRA, staff invited thoughts and concerns from prisoners and encouraged them to ask questions at the appropriate time. This was also evident during the release process.

Accountability: Staff were open, compassionate and receptive to every prisoner entering HMP Low Moss, ensuring that there was a significant scrutiny and focus on treating everyone as individuals, centred around personal needs and their requirements. Prisoners were kept well informed about the prison regime and their entitlements from immediately entering the prison and throughout the admission and pre-release process. The induction delivered was very good and prisoners felt comfortable asking staff questions and indeed challenging specific issues.

Non-Discrimination and Equality: Inspectors noted that staff afforded the necessary and appropriate support and advice to prisoners. Staff had a good awareness of the importance of diversity, equality and inclusion matters and used PR2 appropriately to record important data on personal circumstances and characteristics. Staff in the Links Centre had access to induction information in several languages and were also fully aware of the availability of language line to assist them, although limited use was made of this service. Inspectors were pleased to see staff considering the preferences of individual prisoners; one example of this was where two relatives were permitted to share a cell following the completion of a CSRA, and another example was where staff considered other factors such as ethnicity, when two foreign nationals had been placed together, again following the appropriate CSRA.

Empowerment: The prison had adequate provision to provide prisoners arriving at HMP Low Moss with all the relevant and appropriate information to ensure they knew and fully understand their legal rights and entitlements. The reception environment supported prisoners to feel safe and at ease, encouraging them to provide relevant information to both prison and healthcare staff. The induction and pre-release processes ensured the full participation of prisoners, and staff took time to explain both areas in detail whilst promoting discussion.

Legality: The induction process included information on the Prison Rules and the prison complaint process. HMP Low Moss complied with the appropriate legal standards in their discharge of Standard 1.

Emerging concerns

- GEOAmeY transfers arriving late evening could affect the prison regime and sometimes prevented the relevant information being delivered to prisoners on date of admission. In these cases, the prisoner received the information the following day.
- GEOAmeY transfers arriving late evening could prevent healthcare staff from carrying out their full physical and mental health assessments on the day of admission.
- Not all staff knew the process for PSS1 completion.

Encouraging observations

- Staff in reception were compassionate and took their time with each prisoner, encouraged questions, and ensured that there were no issues or concerns during the admission process.
- Good process for pre-release and liberation.

HMIPS 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.

Inspection Findings Overall Rating: Generally Acceptable

In this standard, one quality indicator was rated as satisfactory and five were rated as generally acceptable, giving an overall rating of generally acceptable. There was one example of good practice, and ten recommendations for improvement.

The HMP Low Moss estate was ten years old at the time of the inspection and the prison buildings were all fit for purpose. Most of the establishment was in need of a refresh as no painting had been carried out during the pandemic. The Vocational Training painters returned to work on the day we arrived and inspectors would like priority to be given to painting the residential areas.

The operational capacity for HMP Low Moss was raised to 884 as part of 'Project 100' where bunk beds were placed into single cells to help deal with the increased national prison population. It is HMIPS's view that the space available in these 'Project 100' double cells was not adequate for two people to live comfortably side by side. At the time of the inspection there were no plans to end 'Project 100'.

The accessible cells were a good size with large wet rooms and they contained all of the necessary equipment for those living in them.

HMP Low Moss appeared to have good levels of cleanliness throughout the establishment and cleaning schedules were in place. However, inspectors were told that the current regime meant that cleaners had insufficient time to carry out a full programme of cleaning. HMP Low Moss should look at what can be done to allow the industrial cleaners more time to ensure the prison meets hygiene standards. Inspectors were pleased to see a long term prisoner acted as a mentor to new prisoners joining the industrial cleaners.

Of the cells inspected, prisoners' beds, mattresses and bedding were in good condition.

Prisoners were given free access to an appropriate range of toiletries on the halls and further stocks could be ordered from the prison stores. There was also a range of toiletries to suit all budgets that could be ordered from the canteen.

HMIPS0ard 2 Decency – Continued

There were processes in place to provide sufficient stocks of all prison clothing in all sizes; however prison staff on some halls reported shortages of certain items and that they were difficult to get hold of. The prison stores had contracts in place to order in a full range of prison clothing and receive it quickly. Therefore, there appeared to be a breakdown in communication on the halls about how to go about ordering what was required. The coats provided to prisoners to go outdoors for exercise were windbreaker style and not warm enough for cold weather therefore prisoners tended not to wear them. Prison stores informed inspectors that sweatshirts were available to order that may be more suitable. Prisoners were permitted to wear their own clothing in residential areas to allow them to maintain a sense of personal identity.

The prison laundry was well run with robust processes in place to allow clothing and bedding to be laundered on a regular basis.

Inspectors observed meals being served throughout the inspection and they looked presentable. Mixed reports were received from prisoners about the quality of food provided but this had not resulted in many complaints, with only three in the last three months. One concern for inspectors was that dinner was served around 16:00 each day and those who could not afford to buy food from the canteen would need to wait until breakfast at 07:30, which was a long time to go without any food. In addition to this there was only one choice for prisoners following a vegan diet; therefore if it was something they did not like there was no other option available. This was a concern for those that did not have money to purchase food from the canteen. In the past HMP Low Moss had a training kitchen. It was converted to accommodate a bakery project that has since stopped. Funding is required to convert it back and staff, prisoners, and HMIPS would like to see this happen to allow the prison to provide life skills to prisoners.

In terms of the **PANEL** principles for this standard:

Participation: Prisoner Information Action Committees (PIACs) had restarted in the halls but there were no minutes or actions on display to inform prisoners of what was discussed and being taken forward.

Staff and prisoners were aware of how to raise maintenance issues and obtain replacement bedding or clothing.

Accountability: There were a number of checks and assurance within this standard that guaranteed that mattresses were replaced every three years to ensure they were fit for purpose. A process was in place to ensure duvets were laundered at least four times per year and a process in place to deal with lost bedding/clothing. However, some prisoners were unaware of this procedure.

There was a good maintenance and prevention programme in place through the Agility System to ensure issues were dealt with efficiently.

Non-Discrimination and Equality: Inspectors did not witness any direct discrimination during the inspection. However, SPS HQ should look for alternative solutions to accommodate the increased national prison population as the 'Project 100' cells are too small to comfortably accommodate two prisoners. HMP Low Moss also needs to review the food choices for prisoners following a vegan diet.

HMIPS Standard 2 Decency – Continued

Empowerment: Prisoners had access to the basic requirements for a decent life and understood the process for raising maintenance issues.

The canteen list needs to be updated to make clear what choices are suitable to those with dietary, cultural or religious needs.

Legality: Inspectors did not find anything during the inspection of this standard that compromised any domestic or international laws.

Emerging concerns

- The 'Project 100' cells were too small to comfortably accommodate two people.
- Lack of awareness of how the in-cell lockable safes work.
- The noise coming from the SRU that is affecting those located on Clyde Level 2.
- Lack of time in the regime to allow the industrial cleaners to ensure the prison meets hygiene standards.
- Lack of awareness of the process of how to replace damaged mattresses outwith the normal three-year replacement programme.
- HMP Low Moss should ensure that staff are aware that heavier clothing is available from the prison stores.
- Prisoners who follow a vegan diet only have one choice at meal times.

Encouraging observations

- The size of the accessible cells.
- A long term prisoner acting as mentor to new prisoners working in the industrial cleaners.



Children's play area outside visits hall

HMIPS 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.

Inspection Findings Overall Rating: Satisfactory

In this standard, six quality indicators were rated as satisfactory and one was rated generally acceptable, giving an overall rating of satisfactory. There were two examples of good practice and two recommendations for improvement.

The overall feeling from the inspection team was that HMP Low Moss was a safe place to live and work. The establishment had a number of processes in place to keep those in HMP Low Moss safe. There were examples where the completion of some TTM paperwork should be improved, which was recognised by the recent introduction of local training and a First Line Manager (FLM) checklist they could refer to.

It was observed throughout the inspection that staff were often congregating at the desk area and not in the halls, which minimised the opportunities to engage and identify those in crisis.

An area of good practice was the thematic area introduced to support the more vulnerable.

When an incident occurred, a designated FLM attended the area and took over the management of the incident which was deemed as good practice. Designated staff were also identified when attending a staff alarm.

Health and Safety (H&S) structures and processes were robust and adjusted where risks were identified. However, some of the agreed process such as fire notices on the cell doors needed addressed (see Non-Discrimination and Equality).

With regards to Health and Safety (H&S), structures and processes were in place and although the role was vacant, the position had been temporally covered by a very competent H&S representative from another establishment.

In terms of the **PANEL** principles for this standard:

Participation: Those on TTM reported that they felt supported and were given a voice. When a victim of bullying came forward they reported that the process to remove them to a safe place was appropriate. Conflict resolution was observed between two prisoners and staff looked to resolve issues where they could rather than automatically separate prisoners. It was found through interviewing prisoners and file reviews that generally prisoners did participate to ensure they were kept safe.

HMIPS Standard 3 Personal Safety – Continued

Accountability: There were a number of good assurance and auditing processes. The TTM audit for closed files was well established and all closed files were audited. A weekly assurance check was carried out at the weekend by the duty unit manager. However during sampling there was evidence that some files still required action so they could be closed by the time they reached the TTM co ordinator, and some files were stored before being completed after an extended time awaiting an action. The Interim Violence Reduction Strategy, tasking and reviewing of all incidents by the head of operations enabled the prison to keep those in their care safer.

Non-Discrimination and Equality: Although in practice translated documents were available, there were times when this was not evident, for example, important information for foreign nationals on what to do in the event of an evacuation were missing from cells. Although some information in reception was in other languages, the translation services were not widely used in comparison to the number of foreign nationals unable to understand English, and this must improve.

Empowerment: There was a lack of translational input for those where English was not their first language and therefore it was difficult to ensure prisoners' safety concerns were taken into account. There were good examples of staff supporting prisoners who were most vulnerable, particularly in the thematic area in Kelvin hall. Although it was reported that some staff were not confident in dealing with bullying issues and were over reliant on more experienced staff, there was good evidence that information was shared with prisoners when managed under TTM and anti-bullying.

Legality: All aspects of Prison Rules and polices appeared to have been complied with. H&S was robust ensuring Personal Emergency Evacuation Plans (PEEPs) and General Emergency Evacuation Plans (GEEPs) were completed. There was a robust set of Standard Operating Procedures (SOPs) to deal with all aspects of H&S including SOPs dealing with COVID-19. However some aspects of H&S required action.

Encouraging observations

- Management of Offenders at Risk due to any Substance (MORS) had reduced lately which may have been linked to the recent introduction of photocopying prisoners' incoming mail.
- The thematic area in Kelvin 2 Bravo section was acknowledged as an excellent environment to support vulnerable individuals.

Emerging concerns

- The use of the translation services did not reflect the numbers of prisoners who struggled or did not understand English.

HMIPS 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.

Inspection Findings Overall Rating: Satisfactory

General overview

In this standard, one quality indicator was rated as good, seven were rated as satisfactory and two were rated generally acceptable, giving an overall rating of satisfactory. There were six examples of good practice and three recommendations for improvement.

It was evident that most staff at HMP Low Moss understood the balance between security and respect for the dignity and rights of the people in their care.

The staff at HMP Low Moss were observed to manage security processes in an effective manner. Screening of prisoners was conducted before movements around the prison. Cell searching was effective while preserving the prisoner's dignity as far as possible, and records were maintained for comparison against searching standards. Staff were able to identify prisoners subject to Special Security Measures (SSM), describe the measures imposed and the rationale for these. External patrols exceeded the requirement for the current Heightened Response Level. Visitors to the establishment were greeted in a courteous manner and screened using appropriate equipment. Vehicles entering and leaving the establishment were thoroughly searched.

All cases where a prisoner had been removed from association were supported by appropriate documentation, reviewed regularly and approved in accordance with the Prison Rules.

The head of operations applied a Public Health approach (as developed by the Scottish Violence Reduction Unit) to the analysis of underlying causes of violent incidents. Any use of force by staff was reviewed for legitimacy and to identify any learning opportunities.

HMIPS Standard 4**Effective, Courteous and Humane Exercise of Authority – Continued**

In terms of the **PANEL** principles for this standard:

Participation: There was evidence that prisoners were offered the opportunity to represent themselves prior to decisions taken about their removal from association. Individuals who were involved in Disciplinary Hearings were encouraged to actively participate.

Accountability: The head of operations reviewed all incidents involving the use of force. There was oversight on behalf of Scottish Ministers when any prisoner was removed from association for more than 72 hours.

Non-Discrimination and Equality: Staff described assistance they might offer to someone who did not speak English, and positive interactions were observed with foreign nationals. However there should be more regime information available in translated formats.

Empowerment: Prisoners were invited to attend case conferences regarding their removal from association.

Legality: Incidences of use of force were monitored for legitimacy. Removal from association was carried out in accordance with the Prisons and Young Offenders Institutions (Scotland) Rules.

Encouraging observations

- Courteous and polite exercise of authority at the front of house reception while maintaining a robust security and screening process.
- Well-organised route movement of prisoners to and from activity areas.
- Person-centred approach at Disciplinary Hearings which explored the welfare needs of people accused of misconduct.

Areas for improvement

- The process for prisoners to access their property was complicated and slow.
- There should be information available at reception on the regime that is translated into common languages for people who do not understand English.
- There was no dedicated drug testing facility, which limited the ability of HMP Low Moss to analyse the prevalence of misused substances and to carry out drug testing on the grounds of suspicion.

HMIPS 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 which 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 which exercise statutory powers of complaints, investigation or supervision.

Inspection Findings

Overall Rating: General Acceptable

In this standard, two quality indicators were rated as satisfactory and six were rated generally acceptable, giving an overall rating of generally acceptable. There were three examples of good practice and twelve recommendations for improvement.

The establishment had well-embedded practices underpinning how the flow of information between family and prisoners should take place. Staff in key roles had good insight to the sensitivities of sharing information and the balance between the concerns of a family member and the right to confidentiality of the prisoner.

Treat as Official Correspondence (TOC) was handled well within the establishment and there were good SOP's for dealing with emergency situations or hospital detains.

There were a number of good examples of positive staff engagement including when escorting prisoners around the prison, during the route movements where appropriate direction was provided, without being overbearing. Where this was less evident was in the residential areas where staff appeared to have a tendency to gather at the desks, resulting in less meaningful dialogue. Respectful dialogue extended to radio traffic which also used first and surname, or "Mr" when referring to prisoners.

Throughout the establishment there were numerous meeting rooms and classrooms available for use to meet with prisoners in confidence.

Due to staff shortages and subsequent redeployment to critical posts, there were times when the industries or residential functions were affected. Without careful oversight, this can have a disproportionate effect on some prisoner cohorts. An example of this was during the inspection where the same population on Clyde hall was adversely affected twice rather than different areas being affected.

HMIPS Standard 5 Respect, Autonomy and Protection Against Mistreatment – Continued

In terms of the **PANEL** principles for this standard:

Participation: Evidence of PIACs taken place was provided, but there was a clear disparity in the quality between Clyde and Kelvin halls and the minutes were not displayed for either area.

Accountability: A recent legal change in the way mail is handled (now being photocopied) had led to fake legal mail had being identified as a possible method of introducing illicit items; in response HMP Low Moss had worked with local solicitors to develop a process of double enveloping. This allowed more comprehensive scrutiny of legal mail without compromising the confidential nature of the correspondence. Responses to any Treat as Official Correspondence (TOC) were handled efficiently, with the correspondence being assigned to the most appropriate person. Although there was secondary assurance with regards to complaint forms it appeared that these checks had only recently started.

Non-Discrimination and Equality: There were processes in place to allow foreign nationals to access additional telephone credit to support family contact. However in the month of January 2022 only 2 from 59 foreign nationals in custody utilised the opportunity. Translation services were only used on three occasions in recent months. This would suggest that although support is in place for foreign nationals, the facility was not being used. The SOP for staff shortages appeared to indicate that in the event of Clyde hall being short staffed, the bottom level was always the area to be impacted upon. As this area was populated by offence and non-offence protections, it may be considered discriminatory against those populations.

Empowerment: Outwith staff shortages the prison routine appeared orderly with prisoner activities happening on a consistent basis; however it was noted that the prison regime was poorly advertised, leaving prisoners unaware of the timetable.

Evidence indicated that there were no notable complaint trends in HMP Low Moss; however, Prisoner Complaint Forms (PCFs) were not readily available throughout Clyde hall and only partially available in Kelvin hall. Information regarding the complaints process and the Ombudsman were present on most notice boards, but were often covered over with pertinent information obscured.

The ICC process had recently been improved, a coordinator was now in place to ensure all paperwork was available, with the Chairs of the ICC taking particular care to ensure that the complainants felt at ease. This approach gave a sense of the complaints being important and being taken seriously. Independent Prison Monitor (IPM) posters were highly visible throughout the establishment; however, prisoners in Kelvin hall appeared not to be aware of the role. Staff were also unclear about the method for prisoners to contact the IPM. There was only one IPM currently operating in HMP Low Moss, which placed considerable pressure on that person to cover all aspects of the role single-handedly.

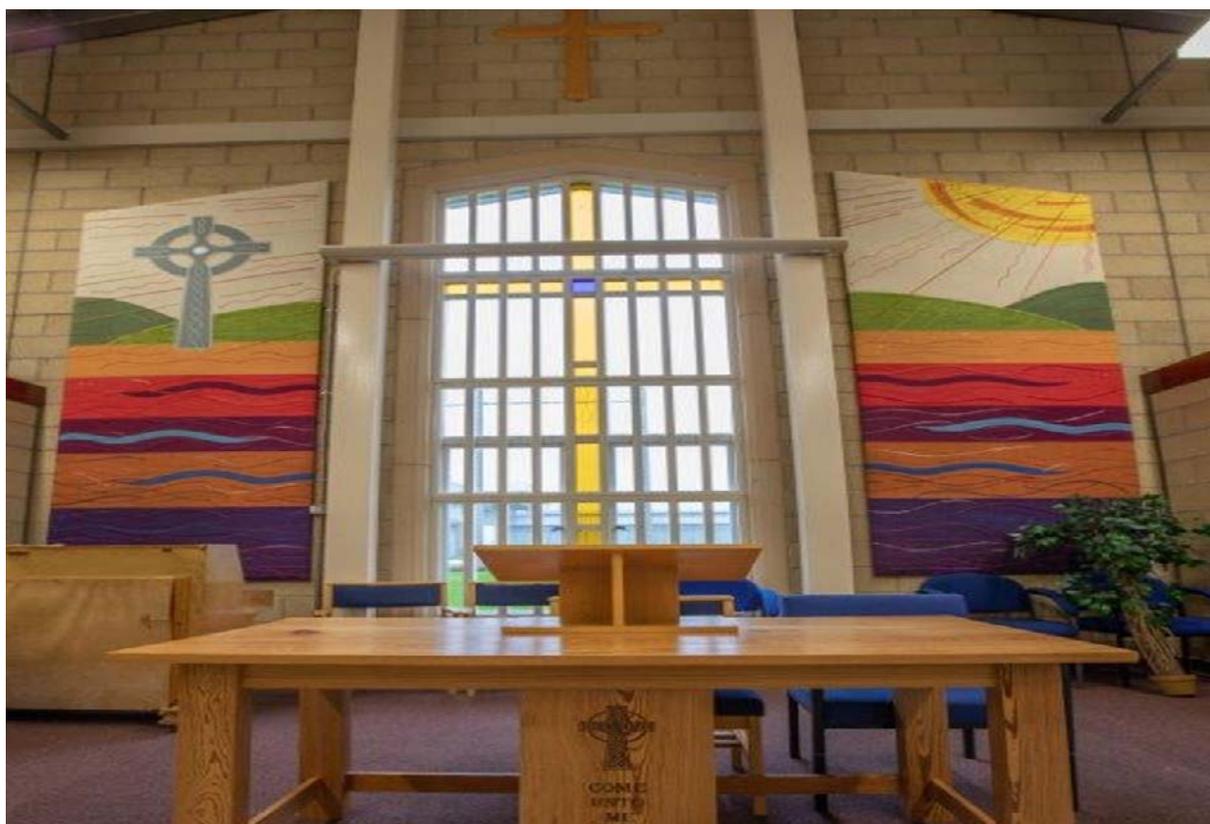
Legality: There were sufficient opportunities for prisoners to meet with their agents in well-lit and airy facilities. Virtual courts were running and had increased greatly. Due to this the prison had identified a staff member to coordinate this process who had gained a good understanding of court processes and had established a positive relationship with court officials. Copies of Prisoner Rules were observed in all residential areas, and also in the prisoner library, which were available on request.

Encouraging observations

- The understanding of the sensitivities around information sharing between prisoners and families by the Family Contact Officer (FCO), Electronic Control Room (ECR) and front-of-house staff.
- The process in place that deals with Treat as Official Correspondence (TOC).

Areas for improvement

- Documentation such as TTM case files should be retained out of sight of prisoners to protect the individuals' personal information.
- The staff shortage protocol should ensure that the same group of people are not always the ones who are adversely affected.
- Regular PIACs should be held in both residential areas, minutes taken and displayed on notice boards.



Chapel

HMIPS 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.

Inspection Findings

Overall Rating: Generally Acceptable

In this standard, one quality indicator was rated as good, five were rated satisfactory, and nine quality indicators were rated as generally acceptable, giving an overall rating of generally acceptable. There are thirteen recommendations for improvement.

The prison offered an appropriate range of employment opportunities to prisoners who engaged well in their work parties. Workshop facilities and equipment were of a high standard and work party productivity was high. Overall, there were sufficient employment opportunities for prisoners. However, vocational training opportunities for prisoners were limited to hairdressing.

Staff had good relationships with prisoners. They supported and encouraged prisoners to participate in the employment opportunities available in the prison. The prison reviewed and monitored regularly the work allocation schedule to balance the needs of both prisoners and the establishment. However, almost all work party tasks were repetitive and uncomplicated.

The Education Centre provided a welcoming, bright and comfortable environment for prisoners. Learning and teaching was of a high standard and was adapted to suit the range of abilities and interests of prisoners. However, the Education Centre frequently reduced the number of sessions and range of programmes offered to prisoners due to staff absence and staff shortages. Attendance at the Education Centre was low, with classes typically running with less than half of the prisoners scheduled to attend.

The prison offered equal access to sporting and fitness activities for all prisoner populations. Physical Training Instructors (PTIs) worked enthusiastically to schedule physical and health education sessions to maximise the opportunities for prisoners to engage in a varied programme activities.

HMIPS Standard 6 Purposeful Activity – Continued

The prison library facility was a welcoming space located within the Education Centre containing an appropriate range of books. However, the range of foreign language books did not represent the variety of nationalities within the prison population. Some prisoners were successful in achieving Koestler awards for their art and media studies projects. The Chaplaincy provided support for prisoners during their sentence through a range of services and activities such as bereavement counselling and meditation. However, the prison had suspended peer mentor arrangements and the listener service due to COVID-19 restrictions. There have been some initial discussions with a plan to reinstate the listener scheme in the near future.

Inspectors were provided with reasonably good evidence of enhanced ICM being integrated into day-to-day operations in Clyde hall levels 2 & 3, through a motivated and competent ICM Team. However, it appeared that the prison was overly reliant on tactical options to drive ICM forward. More intent on satisfying the requirements of process, procedure and timelines, rather than building the infrastructure around the personal officer relationships with prisoners and driving the case management process up the way. Prison officer and prisoner feedback corroborated these findings.

Unfortunately, inspectors found very little evidence of standard ICM being integrated into day-to-day operations in HMP Low Moss. Prison Links Centre staff commenced the process by completing a core screen assessment and updating the Community Integration Plan (CIP). Thereafter the onus was on personal officers to familiarise themselves with the CIP and support their allocated prisoners through to release on Home Detention Curfew (HDC), progression to open conditions or liberation. There was very little evidence to suggest that this was happening.

The prisoners visiting facilities and the visitors waiting area provided a warm, welcoming and relaxed backdrop to a positive experience for the majority of prisoners and visitors. Disappointingly for inspectors, many families commented on how difficult it was to get access to any form of information about prison visits, the wider prison regime and the range of support services and programmes that were available in the prison.

Inspectors were encouraged to find that the local Family Strategy Group had been reinstated. One of the key objectives of this group was to provide a holistic overview of all children and family-related services that were available in HMP Low Moss. This would then provide the framework through which they could identify gaps in service delivery and identify areas for improvement.

Inspectors felt that the Early Years Scotland (EYS) collaboration was an extremely positive and beneficial arrangement. It provided the prison with an exceptionally flexible and valuable resource to work closely with prisoners and their loved ones.

The current Family Contact Officer (FCO) arrangements were completely inadequate for Scotland's third largest prison. In essence there were two part-time prison officers who cover the one and only designated post.

Inspectors felt that the Chaplaincy Team were actively engaged and integrated into day-to-day operations within Low Moss.

HMIPS Standard 6 Purposeful Activity – Continued

In terms of the **PANEL** principles for this standard:

Participation: Education Centre staff consulted prisoners about the educational opportunities offered and some prisoners had made suggestions about the subjects and activities available. When looking at initiatives to improve health and well-being PTIs requested feedback from prisoners on the range of health and fitness opportunities available and used their views to refine the programme of activities.

Prisoners were consulted about the library service and book stock, taking into account their views when ordering new materials.

LTPs and those STPs who were subject to statutory supervision arrangements on release, were participating in Enhanced Integrated Case Management (ICM) processes and procedures, but with little input from their personal officers.

STPs who were not subject to statutory supervision arrangements on their release, had very limited participation and interaction within Standard ICM. In essence, it came down to the staff to complete the core screen assessment and manage any resulting referrals through the internal and external partner agencies.

Prisoners were still able to participate in open visits during our inspection. However there was reduced capacity to maintain compliance with the requirements of the Scottish Governments public health policy.

Prisoners were also actively participating in virtual visits as an additional mechanism for maintaining close links with family and friends.

Accountability: The prison reviewed and monitored regularly the work allocation schedule to balance the needs of both prisoners and the establishment. PTIs reviewed the timetable of activities regularly to make best use of the facilities and mitigate the restrictions required due to COVID-19.

The prison used induction, notice boards, the newsletter and a prison magazine to raise awareness of the cultural, recreational and self-help activities available to prisoners.

Inspectors noted a fundamental disconnect between the role of the personal officer and the formal ICM arrangements under both the Enhanced and Standard schemes. Prison Officers Core Role Outputs did not adequately reflect their role as a personal officer and very few officers indeed indicated that they had received the type of training and learning opportunities required to enhance their knowledge, skills and behaviours in this key area.

However, the prison was proactive in assessing and reviewing prisoner's risks and needs for programmes and support services and in providing central oversight of ICM and Risk Management Team (RMT) processes and procedures.

HMIPS Standard 6 Purposeful Activity – Continued

Non-Discrimination and Equality: The prison offered equal access in a number of areas including sporting and fitness activities, employment and education. In the Education Centre, tutors were able to identify and support any prisoner requiring additional learning support, such as dyslexia. However, prisoners found the college screening process that assessed their level of literacy and numeracy overly complicated, which often discouraged further engagement in learning opportunities.

The library contained a number of foreign language books but these were only accessible from a locked cupboard controlled by the pass man. The library did not display foreign language signage to assist communication by foreign nationals. The range of foreign language books did not represent the variety of nationalities within the prison population.

Prisoners enjoyed the regular themed meal nights organised by the prison in celebrating different cultures throughout the calendar year.

Inspectors witnessed well-established relationships with internal and external partner agencies around pre-release planning and these were key in ensuring that ongoing support was available for individual needs on release.

Empowerment: Where PTIs had restricted access to certain activities due to poor behaviour, prisoners were given an opportunity to appeal the decisions.

In general terms prisoners were aware of their rights to engage in ICM arrangements. There was good evidence of individual prisoners being meaningfully involved in case management decisions through engagement with the ICM team, ICM case conferences and the RMT forum.

Legality: Prisoners had access to a range of legal texts and information to safeguard them from mistreatment, although this was not readily available in languages other than English.

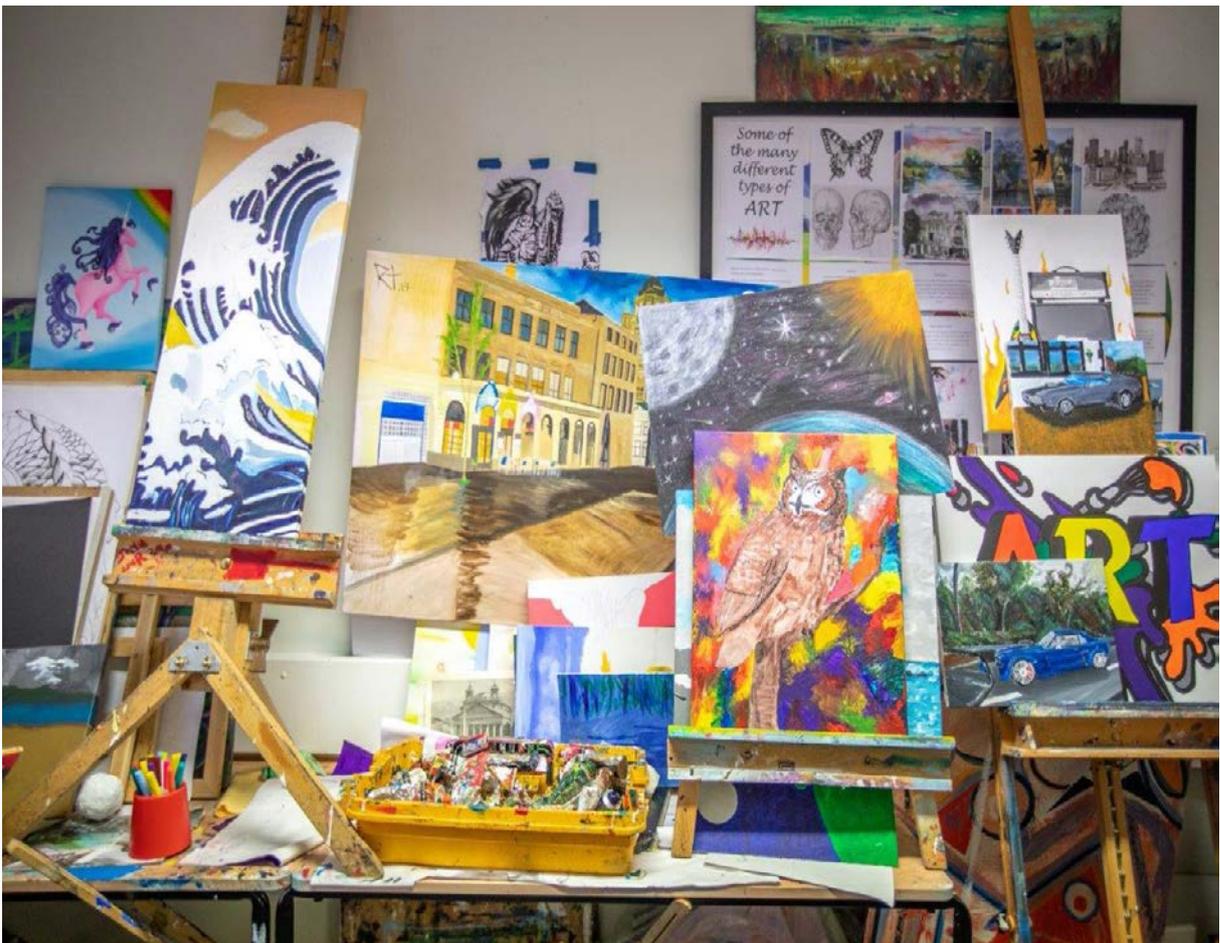
The Governor and senior management team were committed to, meeting their legal obligations in relation to the rules pertaining to this standard.

Encouraging observations

- Sufficient employment opportunities for all prisoners.
- Bright, comfortable well-equipped Education Centre.
- Well-equipped gym.
- The chaplains were extremely supportive of each other and talked frequently about unity and togetherness in their quest to provide support, guidance and pastoral care to all.
- The enhanced process works efficiently and effectively due to a well-established ICM Team that had the requisite levels of knowledge, skills and experience for this type of role.
- Enhanced case conferences were extremely well managed in terms of establishment oversight, scheduling, information sharing and key stakeholder attendance.
- RMT multi-disciplinary working relationships between Prison-Based Social Work (PBSW), Psychology, ICM Team and NHS was positive.

Areas for improvement

- Scope to increase opportunities to acquire vocational training qualifications.
- Reinstatement of the training kitchen.
- Reduce the number of times education classes have to be cancelled.
- Improve the library offering for foreign nationals.
- Inspectors found very little information in the visitors waiting area or the visits room about visits, prison regimes and key services and programmes on offer to prisoners, as well as family and friends.
- Personal officers have had very limited access to ICM learning and development opportunities and consequently were lacking some of the knowledge, skills and behaviours required to carry out this role effectively.
- The personal officer role within both standard and enhanced ICM appeared to be underused and undervalued in supporting these business critical processes.
- Personal officers were very rarely involved in ICM case conferences and their attendance at RMT meetings was very limited.
- Personal officers were not developing the type of working relationships required to support people through their case management (admission to release).



Prisoner artwork

HMIPS 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.

Inspection Findings Overall Rating: Generally Acceptable

In this standard all five quality indicators were rated as generally acceptable. There were five recommendations for improvement.

Agencies reported positively on their relationships with prison staff, particularly during the challenges of COVID-19. Reduced access to the prison and prisoners was difficult at times but agencies felt really well supported in enabling them to deliver their services. An important point to note was the stability within prison and community-based social work teams, giving a continuity of service and collaborative working approach between well-informed and experienced staff.

There was evidence of good planning for some prisoners due for release, supported by community-based multi-agency meetings, assessing the support prisoners required; however, this was not a consistent approach across all authorities.

The enhanced ICM process for LTPs was well established and well co-ordinated with ICM officers being clear of their roles and responsibilities. The role of personal officers in promoting the participation of prisoners in case management at times other than formal case conference meetings was underdeveloped. For STPs their experience of participation in case management was limited and should be improved.

The PBSW service made effective contributions to case management. They fulfilled their responsibilities in the preparation of assessments, reports, the formulation of plans and attendance at meetings.

There were provision and availability challenges in relation to access to national programmes. The impact of COVID-19 had a serious effect on delivery of group work but this was in some ways addressed by the reintroduction of the Self Change and Discovery programmes. One-to-one interventions specific to the forensic psychology needs of individual prisoners were also made available.

HMIPS Standard 7 Transitions from Custody to Life in the Community – Continued

In terms of the **PANEL** principles for this standard:

Participation: Integrated Case Management (ICM) and Links Centre staff actively encouraged and supported prisoner participation. As a result, LTPs were routinely involved in case conferences and their arrangements for support with transition. However this was not as well evidenced in the short term population.

All prisoners were provided with pre-release opportunities to discuss their individual needs and inform their reintegration arrangements and were encouraged to attend.

Prisoners reported that they had attended onsite programmes delivery and of one-to-one work but had expressed their frustrations at the inconsistency of access to programmes due to being subject to the SPS national waiting list for specialist programmes, which had resulted in significant delays in access which were seen by prisoners as having a negative impact on their progression.

Accountability: Links Centre staff had a comprehensive overview of prisoners due for release which highlighted that the prison was responsive to needs and concerns of prisoners prior to release.

The delivery of programmes and other offence-focused interventions was directed and monitored by senior staff in collaboration with prison psychology services. These interventions were risk- and needs-based and the individual prisoner's progress on them was evaluated and recorded.

Prison-based services were working collaboratively to provide robust case management in line with statutory requirements including enhanced ICM, Risk Management Team and Parole Board requirements.

Individuals' progress on specialist interventions and programmes was reported through the ICM process providing valuable insight to prisoner development and preparation for release. These reports were also available to community-based statutory services to inform planning of interventions on release.

Non-Discrimination and Equality: The community reintegration work of the prison strived to be person-centred and ensure services in the community were geared up to support all the individual's needs.

Empowerment: Prisoners were informed about their right to request voluntary throughcare from their local authority justice social work service if they were not subject to statutory supervision on release.

Legal: HMP Low Moss complied with the appropriate legal standards in their discharge of Standard 7.

HMIPS Standard 7 Transitions from Custody to Life in the Community – Continued

Emerging concerns

- The role of personal officers was underutilised in supporting release planning. They were not routinely enabled to make the most of their potential to contribute to case management and successful transition from custody to the community.
- Case management for most short term prisoners was limited.
- Significant changes in community-based support services had resulted in a range of new providers and personnel. SPS staff were less familiar with the profile of some key community supports.

Encouraging observations

- The enhanced ICM process was well established and benefited from the commitment of experienced staff.
- Relationships between prison staff and external agencies were positive with external agencies consistently reporting that their work was valued.
- There was a positive focus on making connections with services available to prisoners in the community to support reintegration and encourage desistance.
- The reintroduction of a broader range of group work interventions included the Short Term Intervention Programme, recognising the risks and needs of short term prisoners.
- Recovery from the pandemic included the gradual reintroduction of a wider range of services from the community.



Visits hall

HMIPS 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.

Inspection Findings Overall Rating: Satisfactory

In this standard four quality indicators were rated satisfactory and four as generally acceptable. It was decided to award an overall satisfactory. There were four recommendations for improvement and four examples of good practice.

The prison was marshalling the resources available to it in an effective way, but inspectors were concerned that the prison appeared under resourced for the challenges facing it. In particular, the prison had fewer operational staff than several prisons which are broadly similar in size to HMP Low Moss, and was having to manage a more complex prison population than when the prison first opened. Moreover, the prison had been asked to take on an additional 100 prisoners without any additional staff, relying instead on ex gratia payments to staff for covering additional shifts. While staff had risen to the challenge, fatigue was starting to affect willingness to sign up for additional hours; relying on goodwill and ex gratia payments does not provide a sustainable long-term solution. Inspectors urge the SPS to undertake a capacity modelling exercise and recruit more staff.

The prison was well managed with a good handle by the GIC and senior management team on action to address previous scrutiny body reports. Processes for dealing with absence management were robust, but supportive, and action taken when required in relation to poor performance or disciplinary issues. The GIC made effective use of GIC awards and nominations for Chief Executive awards to recognise and value the contribution made by staff. However, much more needs to be done to encourage completion of annual staff performance appraisals and to ensure that core competency training requirements are met.

Relationships between the GIC and local trade unions were very constructive, as were relationships at the senior management team level between the SPS and the NHS healthcare teams. However, more work is needed to embed that culture and mutual recognition of respective challenges at the front line operational level.

It was encouraging to see progress with the Equality and Diversity (E&D) agenda being reinvigorated in recent months, but more work is urgently needed to improve information and support for foreign nationals.

HMIPS Standard 8 Organisational Effectiveness – Continued

In terms of the **PANEL** principles for this standard:

Participation: The prison consulted prisoners on issues through PIACs and they were represented on some committees, such as the E&D committee. The prison ran a focus group with Vietnamese prisoners during the inspection to understand where further information and support was required.

Accountability: There were mechanisms in place to review progress against business plans and how performance could be improved.

Non-Discrimination and Equality: A local E&D strategy had been developed and an action plan was being developed. The prison recognised the need to do more for foreign nationals and had a good understanding of vulnerable or potentially marginalised groups.

Empowerment: Prisoners were represented on some committees, but more could be done to put prisoners at the centre of policy and local decision making.

Legality: There was appropriate recognition of the importance of safeguarding human rights, notably around securing access to fresh air exercise for all groups.

Encouraging observations

- Strong management grip and robust processes around managing staff absences, supported and underpinned by good relationships between the GIC and local trade unions.
- Positive relationships at senior management level between the SPS and NHS around such things as the Wellbeing and Health Improvement Strategy.
- Development of a local E&D strategy and awareness of need to do more for foreign nationals.
- Strong efforts to ensure good performance is recognised, while disciplinary action taken when necessary.

Areas for improvement

- SPS HQ to undertake capacity modelling review and take action to address the resourcing challenges facing the prison.
- The translation of key documents for foreign nationals.
- Training needs to be prioritised and ramped up to bring core competencies back into alignment.
- Embedding a culture of positive working and mutual recognition of respective challenges between the SPS and NHS teams at the front line operational level.
- Greater encouragement to ensure Personal Performance Management System appraisals are completed.

HMIPS 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.

How we carried out the inspection

Inspectors asked Glasgow City Health and Social Care Partnership's (GCHSCP) staff at HMP Low Moss to complete a revised self-evaluation tool regarding healthcare provision during the COVID-19 pandemic. Health Improvement Scotland (HIS) held two teleconferences in advance of the inspection with the healthcare staff to discuss the ongoing workforce plans and the completed self-evaluation to help inform the key lines of enquiry for the inspection. Two inspectors also participated in HMIPS's focus groups as part of the wider development work and some of the findings from these helped inform the key lines of enquiry.

During the inspection, four inspectors spoke with members of healthcare staff working within the prison; looked at the care environment within the health centre, the provision in residential areas to administer medications, the area used for admissions and visited the prison halls and SRU. Inspectors spoke with some prisoners with the assistance of SPS staff.

Inspection Findings

Overall Rating: Generally Acceptable

In this standard, seven quality indicators were rated as satisfactory, eight were rated as generally acceptable and one was graded as poor, giving an overall rating of generally acceptable. There were fourteen examples of good practice and seventeen recommendations for improvement.

One indicator has been graded as poor. This was reflective of the detrimental impact on patients receiving care. Patients were escorted to appointments out with HMP Low Moss by GEOAmeY. Inspectors reviewed the data demonstrating the significant amount of missed appointments. With a lack of escort provision, patients were unable to continue to access any planned external appointments, for example, hospital appointments. Inspectors were told this was happening at short notice and at multiple times on some occasions. This was having a negative impact on patients receiving care and was a significant risk. This is a national issue and has been escalated to the Scottish Prison Service and GEOAmeY by HMCIPS.

The indicator graded as poor was reflective of ongoing national issues explained in greater detail within the narrative of the report. This grade is not a reflection of the considerable efforts made by staff within HMP Low Moss or the Health and Social Care Partnership to support the healthcare needs of patients in HMP Low Moss.

The impact of the pandemic has been experienced by the Healthcare Team at HMP Low Moss, equivalent to the pressures experienced across the wider NHS system.

HMIPS Standard 9 Health and Wellbeing – Continued

HMP Low Moss had faced significant and sustained pressures during the pandemic. Healthcare staff had adapted to changes in SPS regimes and had prioritised patient care and clinical need with restrictions imposed by lockdown and the effects of COVID-19. Recruitment and retention of staff had been an ongoing issue; this is the case across prisoner healthcare in Scotland.

Staffing levels have been at minimum level for a significant period of time, making it difficult to deliver core services. This had significantly affected access to some healthcare delivery services during this time. Staff prioritised patients with the most clinical needs, as well as focusing on providing vaccination clinics. During our inspection, inspectors saw that to support the fragile staffing team, a new management structure was in place utilising senior staff from other prisons. The operational services manager was in place as the overall health centre manager to support staff, all of which was having a positive effect. There was a clear emphasis on strong and supportive leadership within the team and this was demonstrated by the positive attitudes of the staff inspectors spoke to. Inspectors recognised the significant amount of work being undertaken to review the workforce, support staff and improve service delivery.

HIS Inspectors will return to HMP Low Moss to review the progress of the work described and the areas of concern identified within the recommendations.

As highlighted in previous reports there continued to be issues nationally with late arrivals into prisons. At the time of our inspection healthcare staff were staying later than their shift to accommodate this.

Staffing issues are recognised as a national issue, and inspectors share concerns raised from senior management about the capacity of the healthcare staff group to sustain working additional hours.

Primary care

There were good systems and processes in place to support early identification of long term health condition needs. Patients with long-term health conditions were identified by nursing staff at the admission process. An admission tool was in place and information from this was collated in the electronic Vision system. Care plans were available and were reviewed during the inspection. There was a self referral system in place in the residential halls and referrals were collected daily.

HMIPS Standard 9 Health and Wellbeing – Continued

Mental health

There were processes in place at admission for identifying patients requiring access to mental health services. A referral system was open to all staff and self-referrals. Referrals were triaged daily and followed up as either an emergency, urgent or routine. Data collection identifying indicators for treatment times had been improved. The introduction of a weekly allocation meeting promoted a team approach to identifying the most effective use of resources within the team. There was evidence of liaison with Community Mental Health Teams pre-liberation and attendance at prisons suicide prevention strategy TTM case conferences (shared with Primary Care) and Rule 41 reviews. Psychiatry clinics took place regularly and urgent requests for consultations were responded to.

Inspectors identified areas of concern which are reflected in the recommendations. However, the partnership had taken proactive steps to support the Mental Health Team to make service improvements to address these recommendations. Inspectors from HIS will follow up progress on their return to HMP Low Moss.

Delays in accessing mental health in-patient beds were escalated within the NHS Board, and patients that were subject to delay were monitored and reviewed by psychiatry and mental health staff as part of their plan of care. Inspectors were concerned at the detrimental impact this was having on people receiving care.

Substance misuse

Individuals requiring support with drug and alcohol dependence were identified during their initial health assessment on admission to the prison. For those admitted from the community, appropriate treatment was provided until the community prescription was confirmed. There was a process in place for patients who had been transferred from another prison who were receiving opiate substitution therapy (OST). There was evidence of patient choice being considered for prescriptions in line with the medication-assisted treatment (MAT) standards. Psychological support was available to patients from the harm reduction team.

Health Improvement have successfully launched the programme which allows peer mentors to supply everybody leaving prison a supply of Nasal Nyxoid.

At the time of the inspection, we were told that all new referrals were seen within 72 hours for an initial assessment. Despite challenges with staff vacancies and staff absences, the team had prioritised patient assessments to maintain patient safety. Whilst inspectors saw that a new person-centred care plan had been introduced the Addictions Team were in the process of embedding these.

Long-term conditions, palliative and end-of-life care

All patients assessed on admission who had an identified life-limiting illness were added to the palliative care register and Anticipatory Care Plans (ACPs) were put in place. The electronically available ACPs were reviewed on an ongoing basis and were owned by the patient. Inspectors saw evidence of these for some patients with long-term conditions during the inspection. Although there were no patients in HMP Low Moss receiving end-of-life care at the time of the inspection, inspectors saw good systems and processes in place to support patients who would require this in the future.

HMIPS Standard 9 Health and Wellbeing – Continued

Infection, prevention and control

All areas where healthcare was delivered were in a good state of repair and were clean and ready for use. During the inspection, inspectors found the clinical equipment was clean and ready for use and completed cleaning schedules were available for review. Inspectors saw evidence of a rolling programme of audits in place. Staff were knowledgeable regarding standard infection control precautions and had adequate supplies of PPE. The current cleaning resource provided was sufficient and cleanliness was of a good standard.

Emerging concerns

- National co-ordination and discussion with partner agencies (such as Police Scotland, Scottish Courts, GEOAmev and SPS) is required to ensure that people arrive at the prison during the prison's core opening times.
- GEOAmev and SPS HQ must without delay provide a solution to escort patients when this is required.
- GCHSCP must review psychological therapy access for remand prisoners.
- GCHSCP should undertake accurate tracking and a review of the waiting times for access to mental health services.
- GCHSCP must ensure all patients on the mental health caseload have a risk assessment in place using a standardised tool.
- GCHSCP must review the system for initial identification and monitoring of patients on high-dose antipsychotic medication.
- Mental Health Team must define the scope of the mental health service for both patients and the wider prison.
- HMP Low Moss must provide operational healthcare staff with a clear referral process when accessing the occupational therapy service for patients.
- HMP Low Moss must ensure the SOP in place is implemented without delay to support patients who require aids or adaptations to their cells.
- GCHSCP Low Moss should recommence staff training and supervision when there are safer staffing levels.
- GCHSCP should ensure all patients have a care plan in place.
- SPS must seek solutions to assist staff to administer medication at a suitable and therapeutic time.
- SPS must seek to provide solutions for secure lockable storage for patients who have in-possession medication to reduce the risk of potential misuse by other prisoners.
- SPS must provide robust and timely communication to healthcare staff on patients being liberated in order to provide appropriate prescriptions.
- A robust communication system between the Mental Health Nursing Team and Primary Care Team should be improved implemented to support informed attendance at TTM case conferences.
- SPS and healthcare staff must continue to work together to improve communication and promote positive working relationships in order to support the people in their care.
- GCHSCP should reintroduce clinical supervision as a priority within the Mental Health Team and Addiction Team to support staff with the sustained pressures from both COVID-19 and staffing issues.

HMIPS Standard 9 Health and Wellbeing – Continued

Encouraging observations

- The audit of record keeping and patient care plans had shown sustained improvements.
- Peer mentors were able to gain an educational qualification from the Peer Mentorship Programme which is transferable to higher education on liberation.
- Review of mental health assessments and introduction of person-centred care plans were available for patients to agree the plan of care and have a copy of this if they wished.
- Ailsa care support service was available 24 hours and based in the prison.
- Harm reduction psychological interventions were provided and there were plans to introduce naloxone training and peer support.
- HMP Low Moss had an alcohol addiction nurse in post.
- Clinical pharmacist runs regular clinics and works closely with the GP.
- Patients were encouraged to be autonomous with their medication and there was a drive towards in-possession medication.
- Individuals on injectable medications were encouraged and supported to self administer their medications.
- There was evidence of good processes in place and healthcare staff had access to nationally agreed palliative care tools.
- Anti-bacterial hand sanitisers were available and a system in place to decontaminate the boxes used for personal belongings at security for visitors to HMP Low Moss.
- A 'safe to start' approach had been implemented which was RAG-rated every morning, and solutions were sought across the three prisons within the partnership to maintain adequate staffing numbers, to allow safe healthcare delivery to continue.
- Inspectors observed evidence of an 'on call' senior management rota in the out-of-hours period; staff spoke highly of the support this offers them.
- A health needs analysis exercise was completed for mental health, addictions and primary care, looking at the demography of the care needs of patients and included a survey to inform future planning and development.

ANNEX A

SUMMARY OF RECOMMENDATIONS

Recommendation 1: SPS HQ and GEOAmev should review and where possible reduce the number of preventable late admissions.

Recommendation 2: HMP Low Moss unit managers should ensure that all staff know the process for PSS1 completion.

Recommendation 3: Now that the VT painters had reopened, inspectors would like to see priority given to painting the residential areas.

Recommendation 4: SPS HQ should look for alternative solutions to accommodate the increased prison population as the 'Project 100' cells are too small to comfortably accommodate two people.

Recommendation 5: HMP Low Moss should ensure that prisoners and staff are aware of how the in-cell lockable safes work.

Recommendation 6: HMP Low Moss should look at what can be done to address the noise issue for those located on Clyde Level 2.

Recommendation 7: HMP Low Moss should look at what can be done to allow the industrial cleaners more time to ensure the prison meets hygiene standards.

Recommendation 8: HMP Low Moss should ensure that prisoners are aware of the process for ordering new mattresses.

Recommendation 9: HMP Low Moss should ensure that staff are aware of the process for ordering clothing from the prison stores and that sweatshirts are available.

Recommendation 10: HMP Low Moss should review the food being provided to prisoners who follow a vegan diet to offer them more than once choice at meal times.

Recommendation 11: HMP Low Moss should update the canteen list to make clear what products are available to those with dietary, cultural or religious needs.

Recommendation 12: SPS HQ should provide funding to HMP Low Moss to enable them to get a training kitchen back up and running.

Recommendation 13: HMP Low Moss should ensure that where a person is unable to understand English the translation line or translated documents are utilised.

Recommendation 14: HMP Low Moss should ensure that all staff have the knowledge and confidence to utilise any anti bullying process.

Recommendation 15: HMP Low Moss need to explore the capacity within the staffing compliment to dedicate attention to reception requests and property processing to alleviate the back log.

Recommendation 16: HMP Low Moss should ensure that all Escort Approval Certificates and the associated risk assessments have oversight in the form of a regular local audit by a senior manager.

Recommendation 17: HMP Low Moss should introduce a dedicated and staffed drug testing facility that would support a wider range of drug testing and enable analysis of substance prevalence.

Recommendation 18: HMP Low Moss should ensure that all staff wear their name badges throughout the establishment.

Recommendation 19: HMP Low Moss should ensure that TTM and other documents containing sensitive information should be retained out of sight of prisoners.

Recommendation 20: HMP Low Moss should review its staffing shortage regime restrictions to ensure that it is not always the same group of people who are adversely affected.

Recommendation 21: HMP Low Moss should ensure that regular PIACs are held in both residential areas, with minutes taken and displayed on notice boards.

Recommendation 22: HMP Low Moss should ensure that notice boards in the residential areas are regularly reviewed and maintained with up-to-date, pertinent information.

Recommendation 23: The establishment should highlight the availability of translation services available to support the understanding of foreign nationals in custody.

Recommendation 24: HMP Low Moss should raise awareness of the availability of financial support to allow foreign nationals to maintain family contact.

Recommendation 25: HMP Low Moss should consider a more sustainable staffing model for virtual courts area.

Recommendation 26: HMP Low Moss should ensure that PCF1, PCF2 and PAF forms are made readily available in each residential area, without the need for prisoners to approach staff to access them.

Recommendation 27: HMP Low Moss should ensure that information about the complaints process and ombudsman that appear on notice boards is not been obscured by other notices.

Recommendation 28: HMIPS and HMP Low Moss should work together to improve working relationships and raise awareness of the role of the Independent Prison Monitors and how prisoners can contact them by telephone to arrange a contact.

Recommendation 29: HMIPS should recruit more IPMs for HMP Low Moss as quickly as possible.

Recommendation 30: HMP Low Moss should consider how to increase opportunities for vocational training qualifications.

Recommendation 31: HMP Low Moss should explore the scope to reinstate the training kitchen and widen access to life skills training.

Recommendation 32: SPS and Fife College should work together to reduce the number of times when education classes have to be cancelled and improve attendance at education classes.

Recommendation 33: HMP Low Moss should improve access to foreign language books and ensure the library supports the needs of the full range of nationalities within the prison.

Recommendation 34: The senior management team should review the arrangements that are in place for facilitating untried prisoners access to exercise in the fresh air.

Recommendation 35: All convicted prisoners, without exception, should have access to exercise in the fresh air, in addition to any and all access to other forms of purposeful activity.

Recommendation 36: The senior management team should accelerate their plans to open up the visits room and accommodate the maximum amount of tables.

Recommendation 37: The senior management team should look to improve the arrangements that are in place for managing the virtual visit services.

Recommendation 38: The local Family Strategy Group should work in partnership with EYS in commissioning a review of the range of information that should be available to prisoner's families and friends on arrival. The objective should be to develop a detailed Family Induction pack that ensures that prisoner's families and friends feel welcomed, informed and supported when they visit HMP Low Moss.

Recommendation 39: The senior management team should make every effort to reinstate the tea bar and review the scope and scale of the children's play area within the open visits area.

Recommendation 40: The senior management team should review the decision taken to halt all access to the outdoor visits space, with a view to recommencing a limited programme of access through approved EYS visits.

Recommendation 41: The senior management team should endeavour to get the STIP fully operational at the earliest available opportunity by way of providing STPs with the support they require to tackle criminogenic needs.

Recommendation 42: The senior management team should look at ways of reinvigorating the personal officer scheme and aligning the role with ICM and RMT arrangements.

Recommendation 43: HMP Low Moss should plan a stakeholder event to bring together agencies involved in community reintegration and ensure there is up-to-date information about all services made available to staff, prisoners, and partner agencies.

Recommendation 44: HMP Low Moss should plan to improve routine contributions of personal officers to ICM, enhancing their role in preparing prisoners for release.

Recommendation 45: SPS HQ should ensure there is sufficient capacity and availability of programmes to address the significant delays.

Recommendation 46: HMP Low Moss should ensure that personal officers are supported to develop their capacity to meaningfully contribute to case management processes.

Recommendation 47: HMP Low Moss should ensure recently introduced community-based services are supported to establish their profile and accessibility in the Links Centre.

Recommendation 48: SPS HQ should take the lead in translating key documents into the most commonly used foreign languages so they can be downloaded and used by all prison establishments.

Recommendation 49: SPS HQ should undertake a capacity modelling review and take action to address the resourcing challenges facing the prison.

Recommendation 50: HMP Low Moss should increase the training variables and greater priority should be given to bringing core competencies up to date.

Recommendation 51: Greater priority should be given to the completion of PPMS appraisals for the year 2021-22.

Recommendation 52: National co-ordination and discussion with partner agencies (such as Police Scotland, Scottish Courts, GEOAmev and SPS) is required to ensure that people arrive at the prison during the prison's core opening times.

Recommendation 53: GEOAmev and the SPS must without delay provide a solution to escort patients to hospital when this is required.

Recommendation 54: GCHSCP must review psychological therapy access for remand prisoners.

Recommendation 55: GCHSCP should undertake accurate tracking and a review of the waiting times for access to mental health services.

Recommendation 56: GCHSCP must ensure all patients on the mental health caseload have a risk assessment in place using a standardised tool.

Recommendation 57: GCHSCP must review the system for initial identification and monitoring of patients on high dose antipsychotic medication.

Recommendation 58: The Mental Health Team must define the scope of the mental health service for both patients and the wider prison.

Recommendation 59: HMP Low Moss must provide operational healthcare staff with a clear referral process when accessing the occupational therapy service for patients.

Recommendation 60: HMP Low Moss must ensure the SOP in place is implemented without delay to support patients who require aids or adaptations to their cells.

Recommendation 61: GCHSCP should recommence staff training and supervision when there are safer staffing levels.

Recommendation 62: GCHSCP should ensure all patients have a care plan in place.

Recommendation 63: SPS must seek solutions to assist staff to administer medication at a suitable and therapeutic time.

Recommendation 64: SPS must seek to provide solutions for secure lockable storage for patients who have in-possession medication to reduce the risk of potential misuse by other prisoners.

Recommendation 65: SPS must provide robust and timely communication to healthcare staff on patients being liberated in order to provide appropriate prescriptions.

Recommendation 66: A robust communication system between the Mental Health Nursing Team and Primary Care Team should be implemented to support informed attendance at TTM case conferences.

Recommendation 67: SPS and healthcare staff must continue to work together to improve communication and promote positive working relationships in order to support the people in their care.

Recommendation 68: GCHSCP should reintroduce clinical supervision as a priority within the Mental Health Team and Addiction Team to support staff with the sustained pressures from both COVID-19 and staffing issues.

ANNEX B

SUMMARY OF GOOD PRACTICE

Good Practice 1: An LTP acted as mentor to new prisoners working in the industrial cleaners.

Good Practice 2: The thematic area in Kelvin hall (Bravo 2) that supports the most vulnerable and complex prisoners within HMP Low Moss.

Good Practice 3: A recent introduction of a tracker for those on protection to ensure compliance with ABS.

Good Practice 4: In all cases where a prisoner was subject to MORS, Rule 95(1) was also applied as legal authority for restricting association.

Good Practice 5: The duty manager from the previous day did not adjudicate Disciplinary Hearings as it was likely that they would have been exposed to the circumstances of alleged misconduct.

Good Practice 6: A record of all prisoners detained in the SRU as a punishment was supplied to healthcare providers in order to assess their fitness for removal from association.

Good Practice 7: The head of operations, in partnership with the PLR, had established a twice-weekly review of CCTV recordings of movements relating to a prisoner who was considered to be a high risk of escape. This was to identify and correct any weaknesses in his management.

Good Practice 8: Escorting Staff were provided with a compendium of information which included the Site-Specific Risk Assessment, Route Planner, Use of Handcuffs Guidance Document and notices regarding the use of handcuffs and the management of individuals displaying symptoms of excited delirium syndrome.

Good Practice 9: There was a SharePoint document which could be viewed and updated by both residential and staff in order to confirm departure and attendance of people who had appointments. This was an aid to confirming the location of relevant prisoners.

Good Practice 10: The Governor's PA actions a request for a mandate to share information, immediately on receipt of any formal communication from family. This allows the assigned unit manager to respond appropriately to the request for information, according to the instruction of the prisoner.

Good Practice 11: The process for assuring the legitimacy of legal mail had closed down an identified route of entry for illicit substances while maintaining the integrity of the confidential mail process.

Good Practice 12: The recently improved process for ICC hearings and responses was deemed to be supportive and provided an appropriate sense of importance and consideration of the complaint raised.

Good Practice 13: The prison had developed its own local E&D strategy.

Good Practice 14: The SPS and NHS were working well together on the implementation of a Wellbeing Development and Health Improvement Strategy for the prison.

Good Practice 15: The absence management system was robust, and the guidance and support provided for line management was good.

Good Practice 16: Good performance and long service was recognised effectively.

Good Practice 17: The audit of record keeping and patient care plans has shown sustained improvements.

Good Practice 18: Peer mentors were able to gain an educational qualification from the Peer Mentorship Programme which was transferable to higher education on liberation.

Good Practice 19: Reviews of mental health assessments and introduction of person-centred care plans were available for patients to agree the plan of care and have a copy of this if they wished.

Good Practice 20: Ailsa care support service was available 24 hours and based in the prison.

Good Practice 21: Harm reduction psychological interventions are provided and there are plans to introduce naloxone training and peer support.

Good Practice 22: HMP Low Moss had an alcohol addiction nurse in post.

Good Practice 23: Clinical pharmacist runs regular clinics and works closely with the GP.

Good Practice 24: Patients were encouraged to be autonomous with their medication and there was a drive towards in possession medication.

Good Practice 25: Individuals on injectable medications were encouraged and supported to self-administer their medications.

Good Practice 26: There was evidence of good processes in place and healthcare staff had access to nationally agreed palliative care tools.

Good Practice 27: Anti-bacterial hand sanitisers were available and a system in place to decontaminate the boxes used for personal belongings at security for visitors to HMP Low Moss.

Good Practice 28: A 'safe to start' approach had been implemented which was RAG rated every morning and solutions were sought across the three prisons within the partnership to maintain adequate staffing numbers to allow safe healthcare delivery to continue.

Good Practice 29: Inspectors observed evidence of an 'on call' senior management rota in the out-of-hours period, staff spoke highly of the support this offers them.

Good Practice 30: A health needs analysis exercise was completed for mental health, addictions and primary care, looking at the demography of the care needs of patients and included a survey to inform future planning and development.

ANNEX C

SUMMARY OF RATINGS

Standard/QI	Standard rating/QI rating
Standard 1 – Lawful and Transparent Custody	Satisfactory
QI 1.1	Satisfactory
QI 1.2	Satisfactory
QI 1.3	Satisfactory
QI 1.4	Generally acceptable
QI 1.5	Satisfactory
QI 1.6	Satisfactory
QI 1.7	Satisfactory
QI 1.8	Satisfactory
QI 1.9	Satisfactory
Standard 2 – Decency	Generally acceptable
QI 2.1	Generally acceptable
QI 2.2	Generally acceptable
QI 2.3	Generally acceptable
QI 2.4	Satisfactory
QI 2.5	Generally acceptable
QI 2.6	Generally acceptable
Standard 3 – Personal Safety	Satisfactory
QI 3.1	Generally acceptable
QI 3.2	Satisfactory
QI 3.3	Satisfactory
QI 3.4	Satisfactory
QI 3.5	Satisfactory
QI 3.6	Satisfactory
QI 3.7	Satisfactory
Standard 4 – Effective, Courteous and Humane Exercise of Authority	Satisfactory
QI 4.1	Satisfactory
QI 4.2	Satisfactory
QI 4.3	Good
QI 4.4	Satisfactory
QI 4.5	Satisfactory
QI 4.6	Generally acceptable
QI 4.7	Satisfactory
QI 4.8	Generally acceptable
QI 4.9	Satisfactory
QI 4.10	Satisfactory

Standard 5 – Respect, Autonomy and Protection Against Mistreatment	Generally acceptable
QI 5.1	Satisfactory
QI 5.2	Generally acceptable
QI 5.3	Generally acceptable
QI 5.4	Generally acceptable
QI 5.5	Generally acceptable
QI 5.6	Satisfactory
QI 5.7	Generally acceptable
QI 5.8	Generally acceptable
Standard 6 – Purposeful Activity	Generally acceptable
QI 6.1	Generally acceptable
QI 6.2	Generally acceptable
QI 6.3	Generally acceptable
QI 6.4	Satisfactory
QI 6.5	Satisfactory
QI 6.6	Generally acceptable
QI 6.7	Generally acceptable
QI 6.8	Satisfactory
QI 6.9	Generally acceptable
QI 6.10	Generally acceptable
QI 6.11	Satisfactory
QI 6.12	Satisfactory
QI 6.13	Generally Acceptable
QI 6.14	Generally acceptable
QI 6.15	Good
Standard 7 – Transitions from Custody into the Community	Generally acceptable
QI 7.1	Generally acceptable
QI 7.2	Generally acceptable
QI 7.3	Generally acceptable
QI 7.4	Generally acceptable
QI 7.5	Generally acceptable
Standard 8 – Organisational Effectiveness	Satisfactory
QI 8.1	Generally acceptable
QI 8.2	Satisfactory
QI 8.3	Satisfactory
QI 8.4	Generally acceptable
QI 8.5	Generally acceptable
QI 8.6	Generally acceptable
QI 8.7	Satisfactory
QI 8.8	Satisfactory

Standard 9 – Health and Wellbeing	Generally acceptable
QI 9.1	Generally acceptable
QI 9.2	Poor performance
QI 9.3	Satisfactory performance
QI 9.4	Satisfactory performance
QI 9.5	Generally acceptable
QI 9.6	Generally acceptable
QI 9.7	Satisfactory performance
QI 9.8	Generally acceptable
QI 9.9	Generally acceptable
QI 9.10	Not applicable
QI 9.11	Satisfactory performance
QI 9.12	Generally acceptable
QI 9.13	Satisfactory
QI 9.14	Generally acceptable
QI 9.15	Satisfactory
QI 9.16	Generally acceptable
QI 9.17	Satisfactory

ANNEX D

HMP KILMARNOCK PRISON POPULATION PROFILE

Status	Number of prisoners	%
Untried Male Adults	254	30.67%
Untried Female Adults	0	-
Untried Male Young Offenders	0	-
Untried Female Young Offenders	0	-
Sentenced Male Adults	533	64.37%
Sentenced Female Adults	0	-
Sentenced Male Young Offenders	0	-
Sentence Female Young Offenders	0	-
Recalled Life Prisoners	14	1.69%
Convicted Prisoners Awaiting Sentencing	38	4.59%
Prisoners Awaiting Deportation	3	0.36%
Under 16s	0	-
Civil Prisoners	0	-
Home Detention Curfew (HDC)	3	0.36%

Sentence	Number of prisoners	%
Untried/Remand	292	35.26%
0 – 1 month	0	-
1 – 2 months	0	-
2 – 3 months	6	0.72%
3 – 4 months	5	0.60%
4 – 5 months	15	1.81%
5 – 6 months	4	0.48%
6 months to less than 12 months	53	6.40%
12 months to less than 2 years	89	10.74%
2 years to less than 4 years	122	14.73%
4 years to less than 10 years	141	17.02%
10 years and over (not life)	17	2.05%
Life	66	7.9%
Life Recall	14	1.69%
Order for Lifelong Restriction (OLR)	13	1.57%

Age	Number of prisoners	%
Minimum age:	21	N/A
Under 21 years	0	-
21 years to 29 years	218	26.32%
30 years to 39 years	341	41.18%
40 years to 49 years	156	18.84%
50 years to 59 years	80	9.66%
60 years to 69 years	20	2.41%
Over 70 years	13	1.57%
Maximum age:	86	10.38%
Total Number of prisoners	828	

ANNEX E

INSPECTION TEAM

Stephen Sandham, HMIPS

Calum McCarthy, HMIPS

Tom McMurchie, HMIPS

Kerry Love, HMIPS

Paul Batten, Sodexo

Paul Malone, SPS

Rozanne McCurrach, SPS

Ian Beach, Education Scotland

Margaret Rose Livingston, Education Scotland

Joe Mulholland, Education Scotland

Neil Gentleman, Care Inspectorate

Mike Hendry, Care Inspectorate

Helen Samborek, HIS

Lindsay Macphee, HIS

Jamie Thomson, HIS

Sophie Moss, HIS

ANNEX F

ACRONYMS USED IN THIS REPORT

ABS	Anti-Bullying Strategy
ACP	Anticipatory Care Plan
ANP	Advanced Nurse Practitioner
BBV	Blood Borne Virus
BICS	British Institute of Cleaning Science
CIP	Community Integration Plan
C&R	Control and Restraint
CCTV	Closed Circuit Television
COVID-19	Coronavirus Disease 2019
CRAFT	Clinical Risk Assessment Framework for Teams
DAISy	Drug & Alcohol Information System
DBS	Dry Blood Spot
DNACPR	Do not attempt cardiopulmonary resuscitation
ECR	Electronic Control Room
E&D	Equality and Diversity
FCO	Family Contact Officer
FLM	First Line Manager
GEEP	General Emergency Evacuation Plan
GCHSCP	Glasgow City Health and Social Care Partnership
GIC	Governor in Charge
HDC	Home Detention Curfew
H&S	Health and Safety
HIS	Healthcare Improvement Scotland
HMCIPS	Her Majesty's Chief Inspector of Prisons for Scotland
HMIPS	Her Majesty's Inspectorate of Prisons for Scotland
HMP	Her Majesty's Prison
HQ	Headquarters
HRA	Health Risk Assessment
ICC	Internal Complaints Committee
ICM	Integrated Case Management
ICP	Immediate Care Plan
IMU	Intelligence Management Unit
IPM	Independent Prison Monitor
LTP	Long Term Prisoner
OBP	Offender Behaviour Programme
MAPPA	Multi-Agency Public Protection Arrangements
MAT	Medication-Assisted Treatment

MBS	Must Be Separates
MDT	Multi-Disciplinary Team
MORS	Management of an Offender at Risk from Any Substance
NMC	Nursing Midwifery Council
NPM	National Preventive Mechanism
OLR	Order for Lifelong Restriction
OPCAT	UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
OST	Opiate Substitution Therapy
PAA	Purposeful Activity Allocation
PANEL	Participation, Accountability, Non Discrimination and Equality, Empowerment, Legality
PAF	
PCF	Prisoner Complaint Form
PEEPS	Personal Emergency Evacuation Plans
PER	Personal Escort Record
PIAC	Prisoner Information Action Committee
PIDS	Perimeter Intruder Detection System
PLR	Prison Liaison Representative
POA	Prison Officers Association
PPC	Prisoner Property Card
PPE	Personal Protective Equipment
PPMS	Personal Performance Management System
PR2	SPS Prison Records System (version 2)
PTI	Personal Training Instructor
RAG	Red, Amber, Green
RMA	Risk Management Authority
RMP	Risk Management Plan
RRA	Reception Risk Assessment
SCQF	Scottish Credit and Qualifications Framework
SICP	Standard infection control precaution
SOP	Standard Operating Procedure
SPS	Scottish Prison Service
SRU	Separation and Reintegration Unit
SSM	Special Security Measure
STIP	Short Term Intervention Programme
STP	Short Term Prisoner
TOC	Treat as Official Correspondence
TTM	Talk To Me
WTMD	Walk-Through Metal Detector

EVIDENCE REPORT

STANDARD 1 - LAWFUL AND TRANSPARENT CUSTODY

Quality Indicators

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

Rating: Satisfactory

All prisoners arriving at HMP Low Moss were processed through reception by a dedicated team of staff trained to the appropriate standard. On arrival, prison staff received a handover of each prisoner from the escorting GEOAmev staff, which included relevant paperwork in relation to any risks and concerns. The reception process involved prison staff advising each prisoner of the reasons for them being admitted to prison, including being read the relevant committal warrant and the appropriate information was subsequently recorded on PR2.

Inspectors were present when several prisoners were being admitted at various times and dates and were impressed by staff's interaction and the information they were providing. Staff were compassionate, took time with each prisoner, encouraged questions, and ensured that there were no issues and concerns. The staff were fully aware of language line and when and how to use it and the need to commit such information onto PR2. However, the use of the language line did not reflect the number of prisoners who did not understand English. Reception staff were supported by the healthcare team who were an integral part of the admission process, and inspectors were impressed with how they too engaged with the prisoners and the information being provided.

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: Satisfactory

During the admission process inspectors observed that all prisoners were provided with appropriate information on the prison regime and entitlements. Inspectors saw evidence of the canteen form and the telephone number request form being fully explained to prisoners, with staff inviting questions and feedback. Staff ensured every prisoner was provided with the statutory thirty pence telephone money and were permitted to use the phone in reception if required.

Inspectors followed the prisoner journey to Kelvin 1, the first night in custody (FNIC) section, where the relevant information booklet was explained to them and the first night checklist was completed. The latter documents were comprehensive and ensured the prisoners were made aware of various processes and procedures, including mealtimes, reporting sick, discipline matters, completion of nominated visitors lists and prisoner admissions kits to name but a few.

Prisoners were fully engaged in the process and again staff were open to questions and feedback.

Delays with GEOAmeY transfers arriving late evening could affect the prison regime and sometimes prevented the relevant information being delivered to prisoners on the date of admission. In these cases prisoners received the information the following day.

Recommendation 1: SPS HQ and GEOAmeY should review and where possible reduce the number of preventable late admissions.

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

Rating: Satisfactory

Reception staff had the necessary knowledge, skills, and experience to ensure that prisoners were detained safely and legally. Inspectors observed staff making good use of PR2 and ensured that all the relevant information was accurately recorded, including warrant identification indicators. Staff appreciated the requirement to record the warrant information accurately to prevent prisoners being located in the wrong area.

Inspectors noted that the reception staff treated all prisoners as individuals according to their needs and requirements and read out all the warrants so that they knew why they were in prison. Inspectors reviewed the paperwork for several historical admissions including transfer paperwork from GEOAmeY and found that this and any subsequent PR2 entries were accurately recorded for each prisoner.

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

Rating: Generally acceptable

Prison staff obtained personal information from prisoners in a private room away from the main reception area, and they took time to discuss and explain the mandatory questions and sections on PR2. Inspectors noted prison staff encouraged the prisoner to participate and ask questions and ensured the information was accurately recorded, which included information on nationality, gender, physical and mental health and next-of-kin information. Prison staff also took a photograph of all new admissions.

The healthcare admissions nurses process and procedures took place in a private room away from the main reception area. The Healthcare Team had direct access to both the NHS and prison computers to ensure they had all the relevant and accurate information. Not only did they support the RRA process they were also pivotal and crucial in assessing the physical and mental health of every prisoner entering the prison.

Healthcare staff stated that delays with GEOAmeY transfers arriving late evening could prevent them from carrying out their full physical and mental health

assessments on the day of the admissions. This was a cause for concern - see Standard 9 for more information and Recommendation 1 under QI 1.2.

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: Satisfactory

HMP Low Moss operated a stringent policy of fully assessing risk in relation to the placement of prisoner's dependent on several factors including offence, sentence date, sentence length as well as personal characteristics and risk to themselves or others. The reception staff worked closely with the FNIC section on Kelvin 1 to ensure all risks were mitigated, including the use of the SRU for those who required to be removed from general circulation. Inspectors observed that officers made good use of PR2 to mitigate any threat, risk, and harm. There were some staff in both reception and Kelvin Hall who were unsure where the Prisoner Supervision System 1 (PSS1) was being completed. Inspectors confirmed with unit managers that the PSS1 were completed by Kelvin staff to ensure a first formal assessment in custody. Inspectors noted that staff had good relationships with the Intelligence Management Unit (IMU) and this assisted with risk mitigation. Staff were observed interacting with prisoners in a positive and meaningful manner, welcoming feedback and listening to their views and opinions. Staff were alive to the needs and requirements for all prisoners to be treated as individuals.

Recommendation 2: HMP Low Moss unit managers should ensure that all staff know the process for PSS1 completion.

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

Rating: Satisfactory

Reception staff were responsible for accurately recording the personal information of every prisoner as well as certain information from their warrants to ensure that the risk was accurately recorded. All this information was recorded onto PR2 which supported the completion of an individual CSRA. Inspectors observed several assessments and reviewed a quantity of historical records and found that they were concise and contained all the relevant information.

Inspectors were pleased to see staff considering the preferences of individual prisoners, and observed two relatives permitted to share a cell following the completion of the process. Another example was where staff considered other factors such as ethnicity and involving two foreign nationals who had been placed together, again following the appropriate CSRA.

First Line Managers (FLMs) and unit managers played an active part in the completion and review of the CSRA process to ensure all threats and risks management were accounted for.

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

Rating: Satisfactory

Although some staff working in reception had not completed the Warrants Calculation Course, only those staff that had done so carried out the admission checks. All prisoners observed were advised of their critical sentence dates such as their earliest date of liberation.

Whilst following the admission process, inspectors confirmed that all of the relevant paperwork, including warrants, were submitted to the court desk located in the administration area of the prison. There were two staff working in this area who had been on the Warrants Calculation Course and were responsible for ensuring all the information was accurate. Inspectors observed them routinely cross-checking each other's work ensuring accuracy and secondary assurance. Once they had completed their calculations, they provided written confirmation to every prisoner of their critical dates which was amended where appropriate following any further court proceedings. The court desk had a robust filing system, ensuring records were retained and filed in line with the retention policy. They also had a good working relationship with relevant courts and the Crown Office and Procurator Fiscal Service to ensure a clear and accurate process.

Inspectors reviewed a recent liberation in error and associated paperwork and were satisfied that it had been appropriately investigated by the head of operations with clear learning outcomes which had been implemented.

Court desk staff stated that their workload had increased due to significant use of virtual courts, and that this should be monitored to ensure it does not impact on their current commitments.

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: Satisfactory

Prisoner induction took place in the Links Centre. Inspectors reviewed several documents relative to this process, including a 66 slide PowerPoint presentation and prisoner induction booklet. Both were found to be relevant and informative, and included information on the Prison Rules and the prison complaint process. Staff explained that they held separate induction sessions for protection and mainstream prisoners and that it was delivered within seven days of their arrival.

Inspectors observed the induction process for mainstream prisoners and were impressed by the delivery. The staff involved were fully aware of the subject matter and its importance and ensured that prisoners were fully informed of all information pertaining to them and allowed a full and frank discussion that would alleviate any concerns and issues.

Staff were aware of the importance placed on prisoners understanding the induction process and provided the inspectors with a copy of the prisoner induction booklet in several languages including Polish, Russian, Arabic, Lithuanian, Punjabi and Romanian. They stated that the PowerPoint delivered was only in English, but felt that this was adequate by using the relevant induction booklet and language line where appropriate. Due to the number of Vietnamese prisoners there is a need for the induction booklet to be translated into their language (see Standard 8).

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

Rating: Satisfactory

All prisoners with six weeks or less from the date of their release engaged in a pre-release programme, which commenced with a presentation and discussion with staff from the Links Centre. Inspectors reviewed several documents relative to this process, including the pre-release information booklet as well as information on housing options, the Scottish Welfare Fund, Jobcentre Plus, citizen card, bank enrolment and New Routes mentoring. All were found to be factual, relevant and informative. Staff explained that they held separate pre-release programmes for protection and mainstream prisoners and tailored these around individual needs and requirements. Inspectors observed the pre-release process and discussion for protection prisoners and were impressed by the delivery, which was on a one-to-one basis away from any distractions.

Staff undertaking this role were fully conversant with the subject matter and its importance and continually made sure that the prisoner was fully informed and understood everything. Inspectors were encouraged by prisoners being comfortable asking questions. Staff explained what would happen on the day of release including the travel warrant process and public transport options and what money they would receive. Staff also provided information about the availability of vouchers for local foodbanks which were accepted by some. Inspectors observed the liberation process of several prisoners who were released at the appropriate time and received all of their property including money, travel warrants and appropriate clothing for climate.

STANDARD 2 - DECENCY

Quality Indicators

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

Rating: Generally acceptable

The HM Low Moss estate was 10 years old at the time of the inspection and the prison buildings were all fit-for-purpose. However, most of the establishment was in need of a refresh. No painting had been carried out during the pandemic and many of the cells seen by inspectors had graffiti on the walls. The Vocational Training (VT) painters returned to work on the day inspectors arrived and by the end of the inspection redecoration of the main walkway in the prison was well underway and the Separation and Reintegration Unit (SRU) was almost complete. Inspectors would like priority to be given to painting the residential areas. There was a good maintenance and prevention programme in place. Any issues raised were logged on the Agility System and dealt with efficiently. Prisoners and staff spoken to were clear on how to report maintenance issues and were very complimentary about the effectiveness of the estates team. Any work overdue was out with the control of the prison, for example materials not being available. There was a historic issue with the heating system in the residential areas due to a design fault but this had been escalated to SPS HQ.

The operational capacity for HMP Low Moss was 784. However, this was raised to 884 as part of 'Project 100' which resulted in bunk beds being placed into single cells to help deal with the increased national prison population. It is HMIPS view that the space available was not adequate for two people to live comfortably side-by-side. At the time of the inspection, there were no plans to end 'Project 100'.

All rooms had in-cell sanitation and the intercom call points were in working order. Inspectors looked at all six accessible cells in the estate. They were a good size with large wet rooms and they contained all of the necessary equipment for those living in them. However two of the cells observed (Clyde Level 1 cell C1 and Level 2 C1) were dirty and in need of a deep clean, and the sink was blocked in the one on Level 2. This was addressed during the inspection and a process was put in place to ensure they were kept clean moving forward. The safer cells were quite spacious and Clyde Level 1 C29 had just been painted. Others contained graffiti and should be prioritised for painting.

Some prisoners complained that the in-cell lockable safes were not working. This appeared to be down to a breakdown in communication as estates staff reported that it had only become an issue since new locks were fitted, and that sometimes all that was required was a code to reset it.

Prisoners on Clyde Level 2, who were located above the SRU, complained to inspectors that their sleep was being affected by ongoing noise coming from the SRU throughout the day and night. Inspectors were on the hall and heard the

repeated banging and agreed it would be difficult to live with this noise on a daily basis.

Recommendation 3: Now that the VT painters had reopened, inspectors would like to see priority given to painting the residential areas.

Recommendation 4: SPS HQ should look for alternative solutions to accommodate the increased prison population as the 'Project 100' cells are too small to comfortably accommodate two people.

Recommendation 5: HMP Low Moss should ensure that prisoners and staff are aware of how the in-cell lockable safes work.

Recommendation 6: HMP Low Moss should look at what can be done to address the noise issue for those located on Clyde Level 2.

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: Generally acceptable

HMP Low Moss appeared to have good levels of cleanliness throughout the establishment and cleaning schedules were in place. The industrial cleaners were responsible for cleaning most areas of the prison and the hall pass men cleaned the residential areas. There were eight prisoners on the cleaning work party and four were trained in dealing with biohazards. A list was retained on SharePoint should a biohazard incident occur at the weekend.

However, inspectors were told that the current regime meant that there were not enough hours (4.5 hours) to clean all the areas required with the number of prisoners currently working in the industrial cleaning party. Sanitation from COVID-19 was being prioritised and the officers running the work party were helping to clean the prison, keeping a daily record on what had been cleaned.

All relevant training was up-to-date and being delivered every two weeks. The industrial cleaning officers trained pass men as well as those in the work party. Those spoken to confirmed that they had received relevant training. Inspectors were pleased to hear that a long-term prisoner (LTP) acted as a mentor to new prisoners joining the industrial cleaners and completed an induction package with them, which was signed off by an officer.

Prisoners were encouraged to keep their cells tidy and those that were unable to were assisted by hall pass men. There were sufficient cleaning materials held on the halls, which were ordered from the industrial cleaners and delivered to the hall.

Recommendation 7: HMP Low Moss should look at what can be done to allow the industrial cleaners more time to ensure the prison meets hygiene standards.

Good Practice 1: An LTP acted as mentor to new prisoners working in the industrial cleaners.

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: Generally acceptable

Of the cells inspected, prisoners' beds, mattresses and bedding were in good condition. Some prisoners reported that the mattresses were too thin and that they were placing towels underneath them to make them more comfortable. Prisoners had the ability to request a replacement mattress (and pillows) at any time and sufficient stocks were held in the prison stores. Inspectors were informed that a three-year mattress replacement programme was underway.

The prison laundry worked very well with robust processes in place. There was a maximum of 20 prisoners in the work party. When fully staffed there was some down time which prisoners used to do their own washing. They also had access to the gym each day and the numbers released depended on how busy the laundry was. Personal Protective Equipment (PPE) was worn as appropriate.

There was a process in place to launder work wear and personal clothing and bedding, which was recorded. There was a duvet cleaning schedule in place where each hall could have them laundered four times per year. The laundry also accepted them on an ad hoc basis.

There was a process in place to deal with lost bedding/clothing.

Induction training was provided by the officers working in the laundry and a workshop training record was kept.

The laundry was not responsible for replacing items that had fallen into disrepair. The kits rooms on each hall held stock and if they were short the prison stores had some stock and could order it in quickly.

Recommendation 8: HMP Low Moss should ensure that prisoners are aware of the process for ordering new mattresses.

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

Prisoners were given free access to an appropriate range of toiletries on the halls and further stocks could be ordered from the prison stores. There was also a range of toiletries to suit all budgets that could be ordered from the canteen.

Inspectors were told that PIACs were taking place but did not see any minutes or actions from the meetings displayed on the halls.

HMP Low Moss had in-cell showers and toilets therefore prisoners were free to use them whenever they pleased. The washing facilities in the accessible rooms were very good with lots of space.

There was a sufficient stock of towels that were laundered regularly.

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: Generally acceptable

All prison issued clothing was held in kit rooms on each hall. There were sufficient stocks of all clothing in all sizes in some halls, with staff on other halls reporting shortages of certain items and that they were difficult to get hold of. Inspectors visited the prison stores and although they did not hold much prisoner clothing in stock, there were contracts in place to order in a full range of prison clothing and receive it quickly. Therefore there appeared to be a breakdown in communication on the halls about how to go about ordering what was required.

The coats provided to prisoners to go outdoors for exercise were windbreaker style and not warm enough for cold weather. For this reason prisoners tended not to wear them and layered up with other clothing instead. Prisoners would like to be provided with fleeces. Prison stores informed inspectors that sweatshirts were available to order that were heavier than the jumpers provided, but prisoners and staff were not aware of their availability.

Prisoners were permitted to wear their own clothing in residential areas to allow them to maintain a sense of personal identity.

See QI 2.3 for information about the laundry. It was well-run with robust processes in place to allow clothing to be laundered on a regular basis. There was also a process in place to deal with complaints about lost clothing.

Recommendation 9: HMP Low Moss should ensure that staff are aware that heavier clothing is available from the prison stores.

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: Generally acceptable

At the time of the inspection, the kitchen work party was mainly staffed by foreign national and remand prisoners. Inspectors were told that it could be difficult to find convicted prisoners willing to work in the kitchen as the work sheds paid better. At full capacity there were 30 in the kitchen work party but that had not been possible

during the pandemic, and at one point there were only 10. All workers had received the necessary training.

Inspectors observed meals being served throughout the inspection and they looked presentable. Mixed reports were received from prisoners about the quality of food provided but this had not resulted in many complaints, with only three in the last three months. One concern for inspectors was that dinner was served around 16:00 each day and those who could not afford to buy food from the canteen would need to wait until breakfast at 07:30, which was a long time to go without any food.

The prisoners serving the food wore appropriate PPE. It was nice to see prisoners sitting out at the hall tables eating together.

Food supply issues were ongoing due to Brexit and the pandemic and the kitchen were often let down at the last minute. There was a lack of storage space available therefore only core foods were stored and the menu was subject to last minute changes, which was witnessed during the inspection. The kitchen do try to source products elsewhere but it is generally more expensive.

When the food trolleys arrived on the hall the food was temperature checked by the hall staff and the trolley was plugged in to keep food warm. Trolleys that hold both hot and cold food were used in Clyde and the kitchen staff would like to see these used throughout the prison, although more expensive did provide better quality food.

The menus appeared to be well-balanced and meet nutritional requirements. The prison had the Healthy Living Award and all menus were approved by them. The menus were on a three week cycle, with three choices per meal on the standard and halal menu and two choices at weekends and two choices at all times for kosher meals. There was only one choice for prisoners following a vegan diet, therefore if it was something they did not like there was no other option available. This was a concern for those that did not have money to purchase food from the canteen. Members of the kitchen staff met with prisoners on a one-to-one basis who had been placed on a special diet.

Inspectors noted that there were no emblems on the canteen list to highlight vegetarian/vegan options, which made it difficult for prisoners to know what they could order.

The prison held regular food theme nights that proved popular with prisoners. There was a cultural food night during the inspection to celebrate Chinese New Year.

The kitchen manager attended hall PIACs, which had recently restarted.

In the past HMP Low Moss had a training kitchen. It had been converted to accommodate a bakery project that has since stopped. Funding is required to convert it back and staff, prisoners and HMIPS would like to see this happen to allow the prison to provide life skills to prisoners.

Recommendation 10: HMP Low Moss should review the food being provided to prisoners who follow a vegan diet to offer them more than once choice at meal times.

Recommendation 11: HMP Low Moss should update the canteen list to make clear what products are available to those with dietary, cultural or religious needs.

Recommendation 12: SPS HQ should provide funding to HMP Low Moss to enable them to get a training kitchen back up and running.

STANDARD 3 - PERSONAL SAFETY

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: Generally acceptable

On the day this quality indicator was inspected there were seven prisoners on TTM, with one on constant observation. When questioned, staff were knowledgeable about the prisoners under their care which was reiterated by good narratives in the care plans inspectors looked at.

A review of five of the live case files were undertaken. All prisoners had been placed on TTM via an immediate care plan (ICP), which is started if a case conference cannot take place, generally due to the unavailability of the staff required to participate. It was noted that in two cases the ICP had been agreed by a FLM, a nurse and an officer and therefore a case conference could have taken place. In a number of the files, personal details of the prisoner and staff signatures were missing. Another example of poor practice was where a FLMs signature was present but not the staff signature. Also, in one case the healthcare risk assessment (HRA) took place five days after the prisoner had been placed on TTM and after the second case conference.

There was an assurance process built into the TTM process. At the weekend a unit manager carried out a 25% audit of live cases, and this should have highlighted and rectified the issues reported. However, following feedback to the TTM co-ordinator a number of actions were taken to rectify these issues immediately. A daily assurance by the FLM would eradicate any mistakes before the case file is reviewed by the unit manager.

In sampling the audit process of closed case files, inspectors found evidence that where issues were identified an action was sent to the appropriate person by e-mail, who arranged to address any mistakes and the file was closed. As a secondary assurance all closed files were then audited by the TTM co-ordinator. It was noted, however, that after a period of time any files still incomplete were eventually filed away. Files should only be closed when completed.

Due to trends highlighted in the audit process, 17 FLMs had recently attended training on their roles and responsibilities within TTM, with further training planned to include the rest of the FLM group. A TTM FLM checklist had been introduced as a reference to help improve compliance.

Those on TTM interviewed by inspectors reported that they had been treated fairly and compassionately, and felt part of the case conference through having a say on their management. When questioned about family involvement all prisoners reported that they had not wished family members to attend.

Safer cells were clean and well-maintained and there appeared to be good access to appropriate safer clothing.

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: Satisfactory

With reception being the first point of contact for all admissions, it is important that staff take the opportunity to identify any circumstances that may heighten the risk of self-harm or abuse by others. It is imperative to the safety of all individuals that staff capture as much information as they can in a safe and trusting way.

It was observed that reception interviews were carried out in an office which offered privacy, in a confidential and supportive manner. Staff members were respectful and compassionate when engaging with individuals while they established as much information as possible by utilising the SPS prison records system (PR2), to check previous history of self-harm and update information such as the person's next-of-kin. Staff also referred to information available to them from external agencies such as the Personal Escort Record (PER) form and trial reports. Staff also completed part one of the Reception Risk Assessment (RRA) and then passed this form to the healthcare professional to complete.

Posters indicating a person's nationality were on view to assist staff to identify which country an admission came from. There was a language service available for translation but this had not been widely used in comparison to the numbers of foreign nationals admitted to HMP Low Moss who may have had difficulty understanding English. HMP Low Moss should ensure all admissions are able to communicate clearly any issues they may have.

To take care of those with vulnerabilities, it is vital that staff engage at an early stage. Although it can be difficult to identify those in crisis due to the way the person presents themselves, it is imperative that staff make themselves available to those they care for. On many occasions during the two weeks at HMP Low Moss inspectors reported that staff were seen in close proximity to the desk rather than being present on the halls, which makes identifying those at risk more difficult. For example, in Kelvin Hall where a section has been identified as a "Thematic" area, primarily developed for people keen to engage in sentence management and regime. These people agree to behave positively while in prison and may find it difficult to manage in mainstream due to age, health or other barriers. The hall promotes good behaviour with a behaviour compact for an "Exit Policy" in place. This area is regarded as good practice in supporting those with additional needs.

Recommendation 13: HMP Low Moss should ensure that where a person is unable to understand English the translation line or translated documents are utilised.

Good Practice 2: The thematic area in Kelvin Hall (Bravo 2) that supports the most vulnerable and complex prisoners within HMP Low Moss.

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: Satisfactory

HMP Low Moss undertook a proactive role in analysing, understanding and acting upon situations that may lead to subversive behaviour.

An Interim Violence Reduction Strategy was in place and a meeting, chaired by the Head of Operations, was held every two months. This group was developed to reduce incidents of subservice behaviour and violent acts, whilst supporting those with mental health and well-being issues within the prison.

On a daily basis, information on threats to the prison or prisoners flows into the IMU where it is analysed. Any concerns for people's safety or the good running of the prison is actioned to the responsible manager and fed back to the head of operations. If appropriate a tasking is assigned and tracked, with any outstanding actions followed to completion by the IMU. The outcome of the taskings were discussed with the head of operations regularly.

Although there was no longer a police liaison officer on site, HMP Low Moss reported that they have a good working relationship with Police Scotland. This allowed a good flow of information that was important in understanding the threat of individuals or serious organised crime groups.

'Must be kept separates' (MBS) and enemies were confirmed by the IMU, mostly generated through an intelligence or incident report. The PR2 system was designed to minimise contact between those marked as MBS or enemies so that they do not meet. One example of this was that if identified as MBS or enemies, prisoners could not book the same visit slot or be placed in the same work place/education session.

Incoming mail had widely been recognised as a method of introducing illicit substances into the prison. With a recent change in the way the SPS deal with incoming mail, where it is now photocopied and a copy handed to the prisoner, this had resulted in a significant reduction in incoming mail. This has also coincided with a reduction in the numbers of those on MORS, which had been a real benefit to the operational function of the prison and made the prison a safer place to live and work in.

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

The overall view from those working and living in HMP Low Moss was that it felt safe. HMP Low Moss took the subject of bullying and intimidation seriously through the management of those most vulnerable.

Although 150 staff had attended Think Twice training (pre-2019) this strategy was not embedded within HMP Low Moss, with the previous anti-bullying strategy (ABS) being utilised in most cases.

It was found that not all staff were knowledgeable in how to manage bullying, intimidation or harassment through the strategy and relied on more experienced staff to deal with the formal process. Staff were more comfortable when they had to deal with low level or single instances of bullying, where it was reported that staff would challenge prisoners on actions and its impact and encourage them to change their behaviours. Mediation was witnessed during the inspection where issues were resolved, but more serious incidents were normally dealt with through the disciplinary procedure. It was clear that more work was required for all staff to be confident in using the policy rather than relying on certain staff members.

Those found to have bullied others were kept away from the victim by being marked MBS. This ensured that neither person would meet in any part of the prison. MBS can be removed on request from both parties and the IMU confirm that the marking has been removed.

Recommendation 14: HMP Low Moss should ensure that all staff have the knowledge and confidence to utilise any anti-bullying process.

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

Rating: Satisfactory

HMP Low Moss had a protection area within the prison to protect those that had been victims of bullying, intimidation or threat. Those wishing protection completed a form and signed a compact that clearly outlined acceptable behaviour whilst on protection. Any breaches of the compact were assessed by the FLM and staff member, and where appropriate the person was removed from the protection area.

For those managed under ABS, there was a comprehensive filing system with information on each prisoner on protection. Narratives were observed on PR2 in the Community Integration Plan (CIP) that also informed the reader of the prisoner's issues.

A spread sheet had recently been developed to track those on ABS to minimise the risk of missing review dates, and therefore missing opportunities to reintegrate those on protection back into main stream, which was good practice.

When asked, prisoners reported that they had been supported well by staff and were able to explain the process, the behaviour expected of them and the consequences if broken. Prisoners confirmed that the process was person-centred and that staff had reviewed their cases, looking to remove them from the protection area when it was appropriate.

Good Practice 3: A recent introduction of a tracker for those on protection to ensure compliance with ABS.

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

The head of operations had overall responsibility for the management and testing of a suite of SOPs aimed at ensuring the prison operated in a safe and secure manner. These could be found in the recognised areas by those requiring it. All SOPs were also on SharePoint, accessible where appropriate.

The command room was regularly tested to ensure operational readiness.

An FLM known as a tactical manager took daily responsibility for ensuring the prison took a proportionate response to any emergency. There were set protocols for staff responding to an incident, identified by their role on shift. The tactical manager was deployed to manage the incident including arranging removals under control and restraint.

Pre COVID-19 there was an annual table top exercise run to cover a number of scenarios. When restrictions are lifted these will restart.

All incidents are reviewed by the head of operations. Both good practice and areas of improvement were fed back to the staff involved as a way of improving practices.

Radios and alarms were regularly tested as per recognised protocols, with staff being assigned their own alarm. Alarms were tested during patrol periods or night-shift to avoid any unnecessary disruption. All reports were sent for the attention of the head of operations.

There was a call-out list for those with specialised roles in incident command which had been recently tested with 100% response.

Although COVID-19 had brought some challenges to staff competencies through lack of face-to-face training, HMP Low Moss was in a good position with regards to training for those responding to an incident or where there was more specialised input.

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

Rating: Satisfactory

There was a robust H&S structure in place at HMP Low Moss. The H&S manager evidenced a number of actions taken to rectify issues around H&S to minimise future risks.

There was a large suite of SOPs and Risk Assessments, both generic and COVID-19 related, on SharePoint. Changes to guidelines, which had been challenging over the last two years regarding COVID-19, were ready and circulated quickly by e-mail to the areas affected.

Courses such as basic H&S and fire training session had been delivered to staff by the H&S manager. Although training had been reduced during COVID-19, it was now back to full delivery and currently 70% of staff had met the core competency.

Recently 15 fire marshals had been trained to support evacuation and planned fire drills. Most drills were practiced using a table top exercise due to COVID-19 restrictions, however there were plans in place to carry out live drills when the prison was fully functional.

Any accidents at work or near misses were recorded on SharePoint and were checked regularly. Any investigations to be undertaken were circulated by the H&S manager who ensured the process was completed to an acceptable standard.

H&S meetings were held regularly which were complemented by a fortnight H&S check by the GIC and the H&S manager, accompanied by the Prison Liaison Representative (PLR). Any issues were noted, e-mails sent for action and any actions were closed off after consultation with the GIC.

Foreign nationals that could not read English were identified at admission and fire evacuation instructions were placed in the person's cell in their native language. However on sampling a selection of cell doors not all had the language of the occupant, and in some cases no fire safety notice was displayed. As this was part of the cell certification these had clearly been missed and some work was needed to ensure important information like fire evacuation is understood.

PEEPS registers were up-to-date and could be sourced via the H&S folder in SharePoint, with a hard copy held in the residential area. Each prisoner who had a PEEPs was walked through their plan. There was also a GEEP for staff with additional needs to evacuate a building during an emergency.

STANDARD 4 - EFFECTIVE, COURTEOUS AND HUMANE EXERCISE OF AUTHORITY

Quality Indicators

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

Rating: Satisfactory

A sample of incidents when force had been used were supported by the correctly completed documentation, which was reviewed by the head of operations, and indicated that video recording had taken place when the use of force was planned.

Violent Incident Reviews were not routinely completed by unit managers, however the head of operations carried out a weekly review of violent incidents with unit managers and applied a public health approach to an analysis of the underlying causes of violence. The head of operations also conducted learning reviews with staff involved in the use of force, where he observed that there were potential improvements to managing similar situations.

There was evidence of two violence reduction meetings taking place in the second half of 2021. The head of operations had developed an Interim Violence Reduction Strategy in response to his own analysis of violent incidents during COVID-19.

The IMU staff reported that physical restraints such as body-belt or limb restraints had never been used at HMP Low Moss.

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: Satisfactory

All persons subject to removal from association had correctly approved Rule 95 or Rule 41 authority in place.

When Rule 95 was extended there was a robust rationale for the need to separate the individual from the normal regime, and there was evidence that the prisoner had the opportunity to provide representations and attend the case conferences.

There were management plans in place for people who had been in the SRU for more than one month. There were regular narratives for each prisoner, which tended to be weekly rather than daily, unless there had been a significant development.

Each of the residential locations had a recording system in place to demonstrate that prisoners removed from association were offered access to the phone and to outdoor exercise.

The SRU FLMs expressed difficulty in reaching agreement with other establishments to accept transfers of prisoners who required to relocate as part of their management plan.

Good Practice 4: In all cases where a prisoner was subject to MORS, Rule 95(1) was also applied as legal authority for restricting association.

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

Rating: Good

Samples of misconduct report paperwork were observed to be completed correctly and provided to the prisoners sufficiently in advance of the Disciplinary Hearing.

The observed Disciplinary Hearings were conducted in line with the SPS policy and guidance. The proceedings were person-centred and each individual's understanding of the process, the charge presented against them and whether they required assistance, were confirmed by the adjudicator. There was a telephone translation service available for people who did not understand English.

Prisoners had the opportunity to provide their perspectives on the charges made against them and anything that they believed mitigated their actions.

Enquiries were also made of their welfare and referrals made to service providers where necessary.

The outcomes of the Disciplinary Hearings and appeal process were explained and the prisoner's understanding was checked. A record of all prisoners detained in the SRU as a punishment was maintained and supplied to healthcare providers in order to assess their fitness for removal from association.

The Prison Rules and Disciplinary Hearing Guidance were available in the orderly room.

A change of process was made so that the duty manager from the previous day did not adjudicate Disciplinary Hearings. This was in order to maintain the De-Novo Principle as it was likely that the duty manager would have been exposed to the circumstances of alleged misconduct.

Good Practice 5: The duty manager from the previous day did not adjudicate Disciplinary Hearings as it was likely that they would have been exposed to the circumstances of alleged misconduct.

Good Practice 6: A record of all prisoners detained in the SRU as a punishment was supplied to healthcare providers in order to assess their fitness for removal from association.

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

Rating: Satisfactory

Each area where SSM were in place had a file containing hard copies of the documentation which were also uploaded to PR2. It clearly described the additional measures applied to the prisoner's management, as well as the background and rationale for imposing SSM. The documents were signed by a senior manager and reviewed within the appropriate timescales.

In all cases, staff were able to describe the SSM that had been applied and the reasons behind the decision to impose them.

A sample of prisoners on SSM were interviewed and understood the measures that were in place.

Good Practice 7: The head of operations, in partnership with the PLR, had established a twice weekly review of CCTV recordings of movements relating to a prisoner who was considered to be a high risk of escape. This was to identify and correct any weaknesses in his management.

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

Rating: Satisfactory

The body searching of prisoners after attending a visit was observed. The FLM advised that 10% or a minimum of two prisoners were searched after each visit session, and this was evidenced by search records. Searching might also be carried out as a result of suspicious activity in the visit room. The prisoners were not fully undressed at any time and were searched in cubicles out of sight of other prisoners and staff not involved in the searching process. The staff engaged in conversation with the prisoners throughout the searching process and the atmosphere was relaxed.

Cell searching was observed in the residential area. Staff advised the cell occupants of the reason for the search and asked whether they had any items which were not permitted or items which may present a risk to safety. Staff were aware that the prisoners must not be fully undressed at any time and conducted body searching out of sight of persons not involved in the searching process. The cells were searched methodically and property returned as closely as possible to its original position.

Good inter-personal skills were observed being used to encourage the co-operation of a reluctant prisoner. In most cases the staff engaged in conversation with the prisoners during cell searches. Contraband was recovered from one cell and the prisoner was advised that he would be placed on a disciplinary charge.

Property cards were not routinely referenced during cell searching but staff advised that they would do so in cases of intelligence-led searches or if a prisoner was subject to SSM.

The head of operations advised that his team work closely with Police Scotland to share intelligence and target significant threats to security. During the inspection, the National Tactical Search Unit were on-site to conduct an intelligence-led operation which recovered significant articles of contraband.

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: Generally acceptable

There was a clearly defined process for prisoners to receive property. The pro formas and request forms informed prisoners and staff of the items which were permitted and in what quantities. There was an 'articles in use list' which advised which items were permitted to be kept in a prisoner's cell.

There was a backlog of property received into the prison for issue to prisoners. Residential staff reported that this caused tension between themselves and prisoners, who were frustrated by delays in receiving their property. As well as friction between residential and reception staff as they attempted to resolve enquiries and complaints. Both staff and prisoners reported that it was often several weeks between receipt of property by the prison and it being issued to the prisoner. This was supported by documentation, although there was counterevidence that in some cases property was issued within a week.

There was a secure store for valuable property which was accessed via a class 1 door with electronic lock. Only reception officers and managers had access. The store for general property was sufficiently large and had spare capacity.

There was a comprehensive process for recording property and a filing system for maintaining records. A random selection of property cards were fully complete with descriptions of property, disposals and signatures of staff and prisoners.

At the time of inspection, HMP Low Moss was introducing an amendment to the property request procedure to better control the volume of packages received. However, the effectiveness of this new process will not be evident for a number of weeks. It may be of benefit to consider a method of streamlining the process further.

There were SOPs for the processing and management of prisoners personal cash (PPC). Prisoners interviewed were satisfied that cash was processed efficiently. Receipts were provided for cash received and staff checked PPC balances on request.

Recommendation 15: HMP Low Moss need to explore the capacity within the staffing compliment to dedicate attention to reception requests and property processing to alleviate the back log.

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

A sample of Escort Approval Certificates demonstrated that the risks associated with escorting each individual out-with the establishment were considered, as well as any specific care needs. Although there were decisions made with regard to the need for cuffing, the rationale was sometimes unclear.

There was a list of prisoners who were considered to present a high risk in the event that they were escorted out-with the establishment. Each of these individuals had an associated protocol which contained a background to any risks they presented to others or themselves. There were also instructions for their management out-with the prison and contact details of all agencies who were to be informed of the escort.

There was a record maintained by the FLM of escorts dispatched and the handcuffs which were used, as well as a shared handover document.

The only restraints available for use were approved Chubb Escort Handcuffs and Chubb Ratchet Escort Chain.

There were Site Specific Risk Assessments in place for frequently used hospitals. These included general advice, contact phone numbers, floor plans and information about the location. The Risk Assessments could benefit from a review.

Recommendation 16: HMP Low Moss should ensure that all Escort Approval Certificates and the associated risk assessments have oversight in the form of a regular local audit by a senior manager.

Good Practice 8: Escorting Staff were provided with a compendium of information which included the Site-Specific Risk Assessment, Route Planner, Use of Handcuffs Guidance Document and notices regarding the use of handcuffs and the management of individuals displaying symptoms of excited delirium syndrome.

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

Rating: Generally acceptable

There was an SOP describing Mandatory Drug Testing (MDT) arrangements. The GIC authorisation of sample taking for drug testing purposes was displayed in the drug testing facility. HMP Low Moss did not undertake alcohol testing. The number of tests carried out, their purpose and the results were recorded on a spreadsheet for analysis and comparison. The process was overseen by an FLM.

HMP Low Moss did not have a dedicated Drug Testing Unit. All drug testing was conducted by trained residential officers in facilities located within the residential

areas. Since COVID-19 restrictions on drug testing were lifted, HMP Low Moss had struggled to re-establish the process and conducted only risk assessment drug testing for those seeking progression or to meet Order for Lifelong Restriction (OLR) Management Plan requirements. As a result, there was no information for analysis of drug prevalence. HMP Low Moss would benefit from a dedicated Drug Testing Unit as the residential regime and staff responsibilities interfered with the timescales permitted for providing a sample.

Recommendation 17: SPS HQ should consider introducing a dedicated and staffed drug testing facility that would support a wider range of drug testing and enable analysis of substance prevalence.

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

There was an SOP which fully described the operational route movement. Regime timelines for Kelvin and Clyde Halls indicated timings for daily activities such as the route, outside exercise, recreation and visits.

Residential staff were observed screening prisoners as they left the accommodation area in a controlled manner. Checks were then performed to confirm locations of all prisoners and to count those remaining in the residential halls.

There were walk through metal detectors (WTMD) in most activity areas which were used effectively when prisoners return to the residential areas. Good control of movement through the WTMD was observed in the industries corridor, and any activations were investigated using rub down searching. Any prisoners moving from an area which did not have a WTMD were screened using facilities located in the main walkway. Property carried by prisoners to and from activity areas was kept to a minimum and screened using an x-ray machine.

There are four FLMS monitoring the route at various locations, one of whom had overall responsibility for co-ordinating movement. When all movements had concluded, the route manager confirmed that the number of prisoners leaving the residential area matched the number of prisoners received by the activity areas. He was able to describe the process for investigating discrepancies.

Good Practice 9: There was a SharePoint document which could be viewed and updated by both residential and staff in order to confirm departure and attendance of people who had appointments. This was an aid to confirming the location of relevant prisoners.

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

Staff at the front of house reception were observed receiving packages from a delivery service. A record of incoming packages and tracked mail was maintained, before items were screened using x-ray equipment. Any suspicious packages were marked with a sticker for identification by reception officers, so that extra scrutiny could be applied.

Official visitors to the prison were required to provide photographic identification and state the purpose of their visit before being screened on entry. Permitted items of property along with footwear and outer jackets were screened by x-ray machine before the individual passed through a WTMD. Activations were further investigated by staff using a hand-held metal detector. Staff were similarly screened, although the removal of footwear was not always requested. Front of house staff were observed to be polite and courteous.

Prisoner's visitors were screened as above on entry to the establishment. Before entry to the visit room every visitor over the age of 16 years was given a rub-down searched by an officer of the same gender in a designated area. Staff were observed to be courteous and engaged in polite conversation throughout the screening process.

Planned deliveries by vehicle were communicated to the Electronic Control Room (ECR) and FLM with expected time of arrival. Unexpected deliveries were not accepted. Vehicles were searched on entry to and exit from the establishment. Electronic devices and other unnecessary property were removed from the occupants and stored securely. A check for unauthorised passengers was made. Low level lighting and high level mirrors in the vehicle lock support the ECR Officer who was observed to thoroughly search in and around vehicles utilising mobile mirrors.

The Perimeter Intruder Detection System (PIDS) was fully tested daily during night duty. The lighting was also checked for faults. The security and integration FLM advised that the inner and external perimeter were patrolled at least three times daily, and that the area between the fence and the wall was patrolled at least once per day. Records were maintained of patrols and tests throughout the day, although some were incomplete. There was no formal plan for searching the prison grounds, although it was reported that regimes officers and outside patrol officers periodically searched the grounds in their area of responsibility.

The FLM and outside patrol officer were able to describe the risks to perimeter security and the actions taken to mitigate these. Such as checking that bins and skips were padlocked and surveying the grounds for items thrown over the perimeter. There was CCTV monitoring of the perimeter.

STANDARD 5 - RESPECT, AUTONOMY AND PROTECTION AGAINST MISTREATMENT

Quality Indicators

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

Rating: Satisfactory

There were a number of key processes and roles involved with the passing of critical information between prisoners and their families in HMP Low Moss.

The FCO provided a link between prisoners and their families. When asked about information sharing, the FCO was able to articulate the necessity for caution when dealing with members of the public in person and by phone. The FCO was able to describe the sensitivity of the role in relation to information sharing and very much saw herself as the “go-between” between the person and their families without passing on what could be considered to be personal or sensitive information.

The Governor’s personal assistant (PA) was the first point of contact for any Treat as Official Correspondence (TOC) coming into the establishment, requiring a formal written response. The Governor’s PA, on receipt of such a communication, immediately sends a mandate form to the person identified in the communication, seeking consent to share sensitive information. On receipt of the returned mandate, the correspondence was assigned to the most appropriate unit manager for response.

The ECR was the first point of contact for most enquiries by telephone. This included notification to the prison about the death of a relative. Staff in this area clearly described the process adopted to confirm the information provided to assure its accuracy before passing on upsetting information, with forms readily to hand. Both the ECR and the front of house staff indicated that often family members wished to pass on this information in person, and this would be respected with the residential team being made aware that the person had received upsetting news. On occasions when this is not possible, the residential FLM would deliver the news as sensitively as possible, or if a more established relationship existed between the person and another staff member staff, they may designate that staff member to break the news.

All people on admission to custody are asked to identify a next-of-kin in the event of an emergency. This was noted on PR2.

The reception FLMs could describe accurately the process and their role detailed within the corresponding SOP – “Hospital Detain”, to inform a person’s next-of-kin in the event of serious illness, serious injury or in the event of hospital admission.

Within the residential areas there were a number of interview rooms and offices suitable for confidential discussion and staff advised that they were used regularly,

both by residential staff to conduct meetings relating to personal officer and case management work and also by partner agencies.

There was a process in place for prisoners to request “Emergency Top Up” for the telephone system in the event of an emergency. This was dependent on the person having access to funds. Staff also described a PIN number that was available for authorised use in the event of an emergency, but reported that since the introduction of SPS mobile phones this had not been requested.

When prisoners were invited to attend their Integrated Case Management (ICM) case conference, the ICM administrator included a mandate form for the person to indicate if they would like a family member to attend. Although there had not been many people in the last year taking up the opportunity (26 family attendees from 390 Case Conferences held – 6.6%), this was not deemed to be the fault of the process which was inclusive to all. Should a person wish the attendance of a family members, the ICM co-ordinator sends out an invite by post and also provides an information sheets which provides some basic information about the prison, ICM and the case conference process. Since COVID-19 restrictions had been in place, the family attendance at case conferences had been by telephone only.

The establishment took information security seriously, as evidenced by the seniority of the personnel assigned. The Information Executive is the Deputy Governor and the Information Officer is the Business Improvement Manager.

Good Practice 10: The Governor’s PA actions a request for a mandate to share information, immediately on receipt of any formal communication from family. This allows the assigned unit manager to respond appropriately to the request for information, according to the instruction of the prisoner.

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: Generally acceptable

Focus groups with staff and prisoners in advance of the inspection appeared to have differing viewpoints on the quality of the relationships between them. Staff reported that relationships were “good”, on first name terms and good rapport. In contrast, prisoners reported “poor” relationships with staff. During the inspection, staff reported that positive relationships with LTPs in Clyde Hall had developed over time. However this was not the view of all prisoners spoken to, with some reporting that relationships were not as good as being reported and were worse in Clyde than in Kelvin hall.

Throughout the inspection, interaction between staff and prisoners was observed. In the residential areas, encounters between staff and prisoners appeared to be positive and mutually respectful.

An example of such was when staff opened a cell to meet with a prisoner, the staff member immediately realised the person was engaged in prayer and respectfully and discreetly withdrew.

In both main residential areas, there appeared to be a tendency for staff to congregate around the desk, and were seldom noted to be in the halls unless to allow prisoners out of cell to attend appointments or activity. See Standard 3 for more information on this.

Staff in the main residential areas often did not wear names badges. This appeared to be particular to the residential areas as names badges were more visible elsewhere in the establishment. The wearing of name badges does encourage positive relationships and therefore name badges should be worn in all areas at all times.

Positive relationships were evidenced in transactions such as route movement, where appropriate humour, first name terms and relaxed rapport were observed.

When staff were routinely escorting prisoner around the establishment, this appeared relaxed with conversation taking place between the staff member and the person being escorted.

Staff routines refer to prisoner by first and surname, Mr Surname, or by first name only. This included radio traffic which was appropriate and respectful.

Recommendation 18: HMP Low Moss should ensure that all staff wear their name badges throughout the establishment.

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

Rating: Generally acceptable

Each level in the residential areas had a number of appropriate rooms for conducting confidential conversations, and staff reported that they were frequently used by both residential staff and partner agencies.

They had a number of light and airy interview rooms, which were booked out to partner agencies to interview clients. There were office spaces and meeting rooms available for use throughout the establishment.

The agents visit staff were fully aware of the need for privacy and confidentiality between agents and their clients, and the meeting rooms were suitable to allow in sight but out of hearing observation.

Each cell occupant could communicate directly with the desk person, patrol officer and night shift officer by use of an intercom system. Each cell has two intercom call points, one of which to be used in the case on emergency. If an emergency button is pressed, the system cannot be reset from the desk and the cell must be attended by the staff member to assure the welfare of the occupant.

On more than one occasion, TTM documents were observed to be left open on staff desks. Should any prisoner have approached the desk to speak with staff, it would have been possible for them to observe confidential and personal information in the document.

HMP Low Moss had a number of double cells, some of which were intended for use by two people, others which were originally single cells, converted into double cells. In each case, the cells contained two small safes to allow the occupants to safely store medication, confidential papers and items of value. Unfortunately, in every cell checked, the occupants indicated that the safes were either broken or inaccessible to them. See Standard 2 for more information about this.

The establishment had recognised that prisoners were abusing the legal mail process to introduce illicit substances into the prison. As a result of this, a process has been introduced encouraging solicitors to send all legal correspondence double enveloped, with a covering letter to the Governor. This allowed a more robust check to assure that the legal mail was genuine, without breaching the confidential nature of the communication. As a result of this process, HMP Low Moss had identified and intercepted a considerable amount of paper impregnated with illicit substances, concealed in fake legal mail.

Good Practice 11: The process for assuring the legitimacy of legal mail had closed down an identified route of entry for illicit substances while maintaining the integrity of the confidential mail process.

Recommendation 19: HMP Low Moss should ensure that TTM and other documents containing sensitive information should be retained out of sight of prisoners.

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

Rating: Generally acceptable

Due to staffing shortages, the regime in HMP Low Moss had been subject to change at short notice.

This was observed during the inspection, when work sheds were closed at short notice to provide staff to cover the residential function which was critically short. As a result, prisoners who expected to attend work were not required.

It appeared that this happened fairly regularly, and prisoners did not seem to be surprised by this event. Similarly, due to staffing shortages the residential regime was also subject to change. Twice during week two of the inspection, the regime in Clyde hall was adapted due to staffing shortages. In both instances, the offence and non-offence protection populations had their recreation period altered to the afternoon instead of evening. When asked about the repeat restriction on the same sections, the FLM indicated that this was the direction of the Staff Shortage Protocol.

The SOP for staff shortages appeared to indicate that in the event of Clyde hall being short staffed, the bottom level was always the area to be impacted upon. As this area was populated by offence and non-offence protections, it may be considered discriminatory against those populations.

Evidence was provided to show that significant regime changes, for example returning to evening recreation, was communicated to prisoners via PIACs and a Notice to Prisoners.

When the regime required to be adapted at short notice, or a work shed was cancelled it was observed that staff communicated personally with the prisoners concerned and advised them of the change.

In general, the regime was found to be orderly, with the route being called at the same time daily and other activities involving prisoners such as Orderly Room, ICCs and church services happening at a designated time on a daily or weekly basis.

Recommendation 20: HMP Low Moss should review its staffing shortage regime restrictions to ensure that it is not always the same group of people who are adversely affected.

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

Evidence was provided to show that PIACs took place in both residential areas.

For Clyde hall, it was clear to see that PIAC meetings were taking place regularly at approximately six week intervals. The PIAC meetings were chaired by the residential unit manager and attended by an FLM. There was some evidence of continuity of prisoner's attendees, providing a good sense of a progressive model, with feedback being given on previous action points. A consultative approach appeared to have been taken, with problems identified and potential solutions explored.

There did not appear to be a set agenda, rather topics of concern raised and explored and pertinent information passed on. It was pleasing to note that Equality and Diversity was highlighted for discussion in every meeting.

On each minute canteen items were discussed. However it may benefit the forum to include subject experts attending to directly engage with the prisoners on topics of interest or concern.

A Food Focus Group was held in August, with the catering manager in attendance for Clyde 1 prisoners only.

For Kelvin, evidence of PIACs was less apparent, with the only recent meeting noted to have taken place in October 2021 and was chaired by an officer. The minute produced was basic with no evidence of consultation, actions or moving issues forward.

The notice boards in both residential areas were found to be in poor order. There was no evidence of the PIAC minutes in either case and no consistency of approach as to what was on display.

Throughout Kelvin and Clyde hall, the notice boards contained out of date information, conflicting information and advertised initiatives no longer available.

Examples of this included reference to “Kelvin Community Forum” with a notice dated 2017, notices of early COVID-19 Restrictions and notice about canteen arrangements over the festive period.

In some sections PT timetables were in evidence, however in others previous versions were displayed. In some areas, more recent opportunities were advertised, but had been stuck to the exterior of the perspex covering, obscuring pertinent information on other notices.

Recommendation 21: HMP Low Moss should ensure that regular PIACs are held in both residential areas, with minutes taken and displayed on notice boards.

Recommendation 22: HMP Low Moss should ensure that notice boards in the residential areas are regularly reviewed and maintained with up to date, pertinent information.

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: Satisfactory

The establishment had four agents’ visits meeting rooms, which were light, airy and fit-for-purpose, with windowed doors allowing sight but out of hearing supervision.

A number of room previously used for agent’s visits had now been converted to a virtual court and virtual agents visit rooms. Virtual court business had increased greatly requiring a dedicated staffing resource. Recognising the importance of this role, the establishment had assigned a regular team using ex gratia to backfill their posts. Welcome though that was, it is important that resourcing for this initiative is sustained and not dependent on ex-gratia covered back fill. The virtual agent’s visits provided an excellent opportunity for professional bodies to engage with clients from a distance, and of particular use for prisoners who were at distance from their home, including foreign nationals.

The establishment recognised the reduction of capacity for “in person” meetings and responded by extending the opening hours for the area to include an additional early evening session.

The FLM advised that the agents visit area could also accommodate “exceptional” visits by solicitors, out with normal hours if necessary.

Copies of Prisoner Rules were observed in all residential areas and also in the prisoner library, which were available on request.

When foreign nationals were admitted to custody the general office contacted the appropriate Embassy or Consulate to advise the relevant parties that one of their citizens had been detained in custody.

There was a user friendly process for foreign nationals to access additional phone credit to support a ten-minute phone call to their home country every month. There was a form on SharePoint which assisted staff by automatically calculating the financial equivalent of the call for each country. This form was then printed off by the residential officer and submitted to the office to be processed. However, despite this being available, it was disappointing to note that although HMP Low Moss had a high amount of foreign nationals in custody (59 at the time of inspection), only two prisoners accessed this facility in January.

On a similar note, although there was provision for utilising translator services, this service has only been used three times in the year to date, once for induction of a number of Vietnamese admissions and twice for social work. While the establishment fulfils its responsibility to have avenues for translation services and maintaining family contact, this does not appear to be benefitting foreign nationals in custody.

Recommendation 23: The establishment should highlight the availability of translation services available to support the understanding of foreign nationals in custody.

Recommendation 24: HMP Low Moss should raise awareness of the availability of financial support to allow foreign nationals to maintain family contact.

Recommendation 25: HMP Low Moss should consider a more sustainable staffing model for virtual courts area.

5.7 The prison complaints system works well.

Rating: Generally Acceptable

The prisoner focus groups undertaken in advance of the inspection highlighted a number of concerns within the population about the complaints process. These included complaints not being acknowledged, not dealt with in reasonable timescales and not being dealt with properly.

General feedback from prisoners spoken to indicated that they lacked confidence in the process, felt there was little point in complaining and that staff responded negatively to complaints being received.

PR2 interrogation indicated that there were no notable trends in relation to complaints in HMP Low Moss.

When reviewing the process, the inspection team found that throughout Clyde Hall, neither PCF1, PCF2 or PAF1 forms were freely available for prisoner to access. The identified drawers within each section were checked and found to be empty.

In Kelvin, the holders for forms were in the core area. A small amount of PCF1 forms were available in the holder for all areas. However, PCF2 and PAF forms were not found to present.

Information regarding the complaints process and the Ombudsman were visible on most prisoner notice boards. Unfortunately some had been covered over with other notices, obscuring the pertinent information.

In addition, the IPMs reported that the highest number of complaints they received were about the complaints process.

FLMs in both residential areas evidenced good awareness of the process and were able to describe their role. A sample of completed PCF1s were reviewed and the FLM responses were found to be adequate. PR2 had been updated correctly and evidenced accurately the progress made on each complaint.

Evidence of secondary assurance was provided for both areas, with more than a 10% sample having been checked for quality control. However, Kelvin hall was only able to provide evidence of assurance for the month before the inspection, indicating that these checks had only recently started.

The ICC process had recently been revamped with a new SOP produced to provide direction to staff. Co-ordination for the revised process was provided by the administrator who collated the cases to be heard. The Co-ordinator provided the paperwork to the duty manager scheduled to cover the weekend. This senior manager chairs the ICC on Monday afternoon, providing adequate time to effectively research the cases in advance. A classroom is booked out for the purpose every Monday afternoon, providing a conducive environment to hear the cases presented. There was a rota of attendance for other committee members, currently utilising FLMs and office managers to provide a diverse representation.

The ICC process was observed in action and was found to be considerate and respectful of the needs of the complainant. The Chair took time to introduce all panel members and to allow the person to outline the complaint in their own words. When the Chair did not have an establishment relationship with the complainant, she confirmed that the person was comfortable to be addressed by their first name, creating a relaxed atmosphere for the hearing.

All panel members contributed and the chair ensured that their views on the subject matter were taken into account. All cases were found to have been appropriate to have been raised to ICC, and would not have been within the gift of the responding FLM to resolve.

The administrator took a minute of the meeting and produced a summary of the discussion and any recommendations for further actions resulting from the ICC.

The Chair of the ICC was provided with the resulting document for approval, before being submitted to the GIC for sign off and formal response to the complainant.

This improved process provided a supportive environment out with the residential area to hear complaints. This lends a professionalism to the process, allowing advance notification of the hearing to the complainant and delivered in a therapeutic area, fit-for-the purpose. The co-ordinator role provides consistency of approach, consistency in content and quality of responses and early identification of trends.

The ICC responses provided to the complainant provides the address of the Ombudsman and a direction to contact them should they not be satisfied with the response received.

Recommendation 26: HMP Low Moss should ensure that PCF1, PCF2 and PAF forms are made readily available in each residential area, without the need for prisoners to approach staff to access them.

Recommendation 27: HMP Low Moss should ensure that information about the complaints process and ombudsman that appear on notice boards is not been obscured by other notices.

Good Practice 12: The recently improved process for ICC hearings and responses was deemed to be supportive and provided an appropriate sense of importance and consideration of the complaint raised.

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

Rating: Generally acceptable

IPM posters were highly visible throughout the establishment in all areas where prisoners access. Unfortunately, these posters were some distance away from the PIN phones and would require prisoners to take note of the number.

These posters advertised the free phone number for the IPMs accessible from both the prison issue mobile phones and the PIN phone system.

When interviewed, prisoners in Clyde readily identified the role of the IPM and knew how to make contact. In Kelvin, the prisoner group was less clear and only acknowledged the IPM role when directed to the posters. In the same way, staff in Clyde were aware that the process for contacting the IPMs had changed and was now by telephone.

Kelvin staff were not aware that this was the case and continued to reference referral forms and a post box, which had been purposefully removed some time ago. Of concern, while the inspection team were there, a disused box for another purpose was rebranded as the IPM box in Kelvin, with a view to resolving the problem of the missing post box. This clearly evidenced that staff were unclear about the route for referral and would guide prisoners incorrectly, potentially leading to requested contact with the IPMs not taking place.

When staff in Kelvin were asked about the role of the IPMs, the initial response given was "the enemy". Kelvin staff advised that they seldom see the IPMs and that they spend their time in Clyde. This does not appear to be factually accurate as the IPM provided evidence that requests were of similar numbers from each of the main residential areas.

On discussion with one of the IPMs, he advised that he had been the only practicing IPM for some considerable time. He advised that post COVID-19, when the IPMs returned to establishments, he was the only one who elected to return to attendance duties. As a result, while the IPMs had achieved its targets in terms of visits and contacts, these had all been carried out due to the endeavour of the same person. This over-reliance on one IPM leaves vulnerabilities which need addressed as quickly as possible in the next IPM recruitment round.

The IPM reported challenging relationships with SPS staff at all levels including middle management. He reported hostility and reluctance to engage with him when seeking clarity or when raising concerns on behalf of prisoners. The IPM reported that his relationship with the GIC was positive, with an open door policy now in place.

Recommendation 28: HMIPS and HMP Low Moss should work together to improve working relationships and raise awareness of the role of the Independent Prison Monitors and how prisoners can contact them by telephone to arrange a contact.

Recommendation 29: HMIPS should recruit more IPMs for HMP Low Moss as quickly as possible.

STANDARD 6 - PURPOSEFUL ACTIVITY

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: Generally acceptable

The prison offered an appropriate range of employment opportunities to prisoners. These included work parties for laundry, catering, gardens, timber machine, timber assembly, industrial cleaners, prison painting and waste management. The prison also provided employment for pass men in the residential halls, visit centre, library, gymnasium and Links Centre.

Prisoners engaged well in their work parties, which provided good quality employment opportunities to support a commercial timber contract and essential prison services. Workshop facilities and equipment were of a high standard and work party productivity was high. All prisoners in work parties participated in a comprehensive and tailored induction session before participating in any work activities.

Overall, there were sufficient employment opportunities for prisoners and all eligible prisoners were encouraged to attend a work party. Prisoners were consulted on their work party preference at induction, and when applying for employment during their sentence. Prison managers reviewed regularly the schedule of employment opportunities to improve equality of access to work parties for all prison populations.

The range of vocational training opportunities offered to prisoners was limited to National Progression Awards at intermediate level 1 and 2, Waste Management Training & Advisory Board level 2 and British Institute of Cleaning Science (BICS). The prison offered a few employability certificates, such as elementary food hygiene and manual handling.

In the past year, primarily due to COVID-19 restrictions, there had been no qualifications achieved by prisoners apart from a few BICS certificates. At the time of the inspection, vocational training opportunities for prisoners were limited to hairdressing. However, the prison opened the hairdressing salon only occasionally, as the member of staff was required deployed to carry out other critical roles. Training for prisoners in the painting and plumbing workshops had not been available for an extended period, due to very long-term staff absences.

Recommendation 30: HMP Loss Moss should consider how to increase opportunities for vocational training qualifications

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

The prison communicated the system for paid work to prisoners during their induction process. Almost all prisoners understood the rationale of selection for paid work, and this process was thorough and fair. Staff had good relationships with prisoners. They supported and encouraged prisoners to participate in the employment opportunities available in the prison.

All eligible prisoners could apply for employment, or request a change to their work party, through the Purposeful Activity Allocation Board (PAAB). This process applied to all prison populations that were eligible for work. The PAAB allocated employment and vocational training opportunities to prisoners, after consideration of their personal preferences and individual needs.

The prison reviewed and monitored regularly the work allocation schedule to balance the needs of both prisoners and the establishment. For example, the prison offered employment opportunities for a few untried prisoners in the catering work party, as they were skilled chefs.

The prison offered employment opportunities to prisoners that reflected the working environments of the employment market. A few prisoners were successful in gaining employment after liberation in the cleaning and catering sectors.

However, almost all work party tasks were repetitive and uncomplicated with little opportunity to progress to more advanced work. The prison had closed the training kitchen after the loss of a commercial contract, which prevented prisoners from achieving essential life skills. Due to COVID-19 restrictions, the prison had suspended other opportunities for training, certification and attendance at employability programmes that would support prisoners to prepare for liberation.

Recommendation 31: HMP Low Moss should explore the scope to reinstate the training kitchen and widen access to life skills training

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

The Education Centre provided a welcoming, bright and comfortable environment for prisoners to engage in learning. The centre was fit-for-purpose and well-equipped with a range of learning resources. Prisoners valued their relationships with centre staff, which were positive and supportive. Learning and teaching was of a high standard and was adapted to suit the range of abilities and interests of prisoners. Staff used self-directed study and tailored learning approaches effectively to support prisoners, who were motivated and engaged in their learning.

Prisoners participated in a wide range of learning activities from Scottish Credit and Qualifications Framework (SCQF) levels 2 to 5 across twelve subjects, including Communications, Numeracy and ICT. Prisoners also had the opportunity to request study beyond SCQF level 5. However, the Education Centre frequently reduced the number of sessions and range of programmes offered to prisoners due to staff absence and staff shortages.

Attendance at the Education Centre was low, with classes typically running with less than half of the prisoners scheduled to attend. Education staff were unable to analyse attendance patterns, as the prison did not provide them with a specific reason for non-attendance. All absent prisoners were marked “unable to establish” on the attendance recording sheets.

The prison highlighted the opportunities offered in the Education Centre to prisoners during the induction process. The Education Centre also promoted education opportunities through a digital newsletter on the prison TV channel, and with leaflets and posters, which were observed in the residential areas. Education Centre staff consulted prisoners about the educational opportunities offered and some prisoners had made suggestions about the subjects and activities available.

The Education Centre provided an induction session for all prisoners who attended education classes. This provided an opportunity for tutors to identify and support any prisoner requiring additional learning support, such as dyslexia. However, prisoners found the college screening process that assessed their level of literacy and numeracy overly complicated, which often discouraged further engagement in learning opportunities.

Prison managers had recently updated the regime schedule to allow protection prisoners to engage with educational activities. However, this reduced the number of opportunities to attend classes across all prison populations. For example, timetable clashes with dispensation of medication in the residential halls and work party commitments prevented some prisoners from attending education.

Recommendation 32: SPS and Fife College should work together to reduce the number of times when education classes have to be cancelled and improve attendance at education classes.

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: Satisfactory

The prison offered equal access to sporting and fitness activities for all prisoner populations. PTIs worked enthusiastically to schedule physical and health education sessions that maximised the opportunities for all prisoners to engage in a varied programme activities. The timetable offered to prisoners extended from early morning to late evening during the week and a full day each Saturday and Sunday.

PTIs proactively encouraged participation in sporting and fitness activities by escorting prisoners from their work parties and residential wings to each timetabled session. This arrangement worked well. Prisoners valued and appreciated the effort made by PTIs to help them engage with physical activities and prisoners had good relationships with staff. All prisoners completed an induction prior to accessing the facilities and equipment.

Prisoners made good use of the well-equipped gymnasium, the sports hall and all-weather outdoor area. They engaged well with activities such as circuit training, spin classes, racquets and football. PTIs were proactive in developing initiatives to educate prisoners in health and well-being to suit the ability, fitness levels and age of prisoners. Prisoners took part in yoga classes, pathway sessions for more vulnerable prisoners and tailored activities for the older prison population. The prison also offered nutrition and healthy living sessions to prisoners in collaboration with the NHS, which included a referral system. Some prisoners made good use of the small satellite gyms available in each residential hall.

PTIs reviewed the timetable of activities regularly to make best use of the facilities and mitigate the restrictions required due to COVID-19. They requested feedback from prisoners on the range of health and fitness opportunities available and used their views to refine the programme of activities. Prisoners could appeal any decisions that restricted their access to timetabled activities.

However, due to COVID-19 restrictions, no prisoners had gained certification or awards for health and fitness activities in the past year and the prison had suspended links with external agencies.

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: Satisfactory

The prison library facility was a welcoming space located within the Education Centre. Prisoners were able to attend the library from their work party and two evenings per week. Education staff offered a drop-off service to the residential halls for prisoners who were unable to attend the library. If access to the library by a prisoner was restricted by the prison, there were clear processes in place to appeal this decision.

The library was well-stocked with an appropriate range of books, both fiction and non-fiction, with some material available in large print and as an audio book. An extensive stock of DVDs was available for prisoners along with a selection of newspapers and magazines. Prisoners had access to a range of legal texts and information to safeguard them from mistreatment, although this was not readily available in languages other than English.

The library contained a number of foreign language books. However, prisoners could only obtain these from a locked cupboard by request to the pass man. The library did not display foreign language signage to assist communication by foreign

nationals. The range of foreign language books did not represent the variety of nationalities within the prison population.

Prison staff consulted prisoners about the library service and book stock, taking into account their views when ordering new materials. The prison had terminated its library contract with the local authority due to declining demand from prisoners. However, the prison had made loan arrangements with other prison libraries and prisoners could request books that were not available in the catalogue, which the prison then purchased.

The prison had suspended activities in the library such as book clubs and visiting authors due to COVID-19 restrictions.

Recommendation 33: HMP Low Moss should improve access to foreign language books and ensure the library supports the needs of the full range of nationalities within the prison

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: Generally acceptable

Prior to COVID-19 restrictions, all prisoners had access to an appropriate range of cultural, recreational and self-help activities appropriate to their individual circumstances. However, at the time of the inspection, most of these activities were not available to prisoners.

Prisoners enjoyed the regular themed meal nights organised by the prison for celebrations throughout the calendar year. Education Centre staff encouraged prisoners in art and media studies classes to submit their projects for the Koestler Awards, with 15 prisoners gaining recognition in the past year. Some prisoners participated in relaxation, mental health and wellbeing sessions.

The prison used induction, notice boards, the newsletter and a prison magazine to raise awareness of the cultural, recreational and self-help activities available to prisoners. However, some barriers to participation existed, such as timetable clashes with opioid replacement therapy appointments and the gym timetable.

The prison had suspended peer mentor arrangements and the listener service due to COVID-19 restrictions. The prison had met with the Samaritans and an action plan was in place to re-introduce listeners to HMP Low Moss. However, the prison had developed a COVID-19 recovery plan to minimise the impact of barriers to prisoner participation in cultural, recreational and self-help activities. This included plans for a prison radio station to improve communication with prisoners and encourage their engagement in these activities.

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

The management plans that outlined the arrangements for prisoner's access to fresh air on a daily basis were extremely dynamic in nature, given the direct impact of COVID-19 and its potential negative impact on the population. As a consequence, it was a somewhat confusing picture early on in the visit, before the inspection team were confident that every effort was being made to comply fully with prison rules.

Prisoners confirmed that a number of changes had been made to exercise times in recent weeks/months, but very few made any complaints regarding their access to time in the fresh air. Hall managers and prison officers were aware of exercise times and although they voiced concerns around some of the challenges in making it happen, they all stipulated that they recognised the importance of this activity, particularly during an active pandemic.

Inspectors were able to ascertain that Kelvin Hall had seven exercise periods over the course of any given weekday to accommodate STPs, offence protection, non-offence protection prisoners and untried prisoners. Exercise sessions were facilitated between 08:00 and 15:15.

Clyde Hall had six exercise periods over the course of any given weekday to accommodate LTPs, offence protection and non-offence protection prisoners. Exercise sessions were facilitated between 09:00 and 15:30.

Showerproof jackets were supplied for inclement weather in both Clyde and Kelvin Halls.

Inspectors picked up on three particular areas of concern around access to exercise:

1. Untried prisoners had to 'request' their exercise at unlock if they wanted to go out to the exercise yard at 08:00.
2. Although an hour was allocated to each exercise session, by the time prisoners returned from their session, the next group lost 10 minutes of their allocated time through travel.
3. A number of prisoners on Clyde 3 stated that if they choose to go to work or to education, it meant that they could not get access to exercise in the fresh air.

HMIPS asked the senior management team to consider these issues and look for a way to remedy the position.

One final area of concern centred on the fact that the senior management team had not reviewed their residential risk assessment for those prisoners who were being held in isolation (Rule 40 and Rule 41).

The advice from Public Health Scotland was that due to the decline in prisoner positive cases, the information provided regarding the vaccination programme, the availability of lateral flow devices and the loosening of physical distancing rules, meant that the prison should have been providing 'daily' exercise to those prisoners who were held in isolation.

With immediate effect, the Governor implemented new guidance that saw those in isolation who were (1) close contacts, being exercised together; (2) symptomatic, being exercised together; and (3) positive cases, being exercised together.

Recommendation 34: The senior management team should review the arrangements that are in place for facilitating untried prisoners access to exercise in the fresh air.

Recommendation 35: All convicted prisoners, without exception, should have access to exercise in the fresh air, in addition to any and all access to other forms of purposeful activity.

6.8 Prisoners are assisted in their religious observances.

Rating: Satisfactory

The physical structure and location of the multi-faith centre was good and it provided a very warm, modern and welcoming environment where prisoners could come together as a group or seek individual solace with the Chaplaincy Team.

The team consisted of a Roman Catholic, Reformed (Baptist, Assemblies of God, Church of Scotland) and Muslim representatives who were responsible for the provision of chaplaincy services. This involved conducting worship and providing pastoral care within the establishment, including individual and group work concerning prayer, the study of holy books, and discussions of matters spiritual and ethical. On a weekly basis the Chaplaincy Team facilitated a Church of Scotland Service, Reformed Tradition Service, Muslim Prayers and a Roman Catholic Mass. They also facilitated separate services for non-offence and offence protection prisoners.

On admission to the prison an individual's religion or belief was recorded on PR2 should they wish to declare it at that time. During the local Induction programme, the staff take the opportunity to make prisoners aware of the availability of chaplaincy services. Utilising a diary system, the Chaplaincy Team were very proactive in visiting every residential landing every day of the week by way of providing support to all prisoners regardless of their faith or beliefs. The Chaplains' also provided generic pastoral care in the SRU on one-or-two occasions each week.

The chaplains were extremely supportive of each other and talked openly about being a fully integrated team that worked in tandem with each other at all times in their quest to provide support, guidance and pastoral care. It was evident to the inspection team that all prisoners had the opportunity to pray, to read religious texts and to meet other requirements of their religion such as diet and the use of appropriate clothing. Through the generosity of community based organisations, the

chaplains were also able to respond to many requests from prisoners for Bibles, Qur'ans, reading material, prayer mats, rosary beads and religious DVDs.

The Chaplains responded timeously to a number of chaplaincy referrals coming to them from various groups out-with the residential areas including NHS primary care, mental health and substance misuse teams, alongside prisoner programmes, ICM, psychology and prison based social work. Invariably, the referrals were from prisoners seeking spiritual and pastoral care, emotional support, bereavement care, or where a prisoner requested contact from their own church or faith community.

Given the levels of restrictions that had been in place for the last two years, the Chaplaincy Team conceded that they had not been able to facilitate as many 'group' related activities as they would have wanted. However, to their credit, they had been able to facilitate the Prison Fellowship and the Recovery Café on a weekly basis. They had also been able to maintain the Sycamore Tree group, a volunteer-led awareness programme that teaches the principles of restorative justice.

During the pandemic restrictions, the Chaplains were developing and producing their own weekly DVD to post on the prisoner's DVD channel twice a week. The DVDs were 'service' based with a Reformed Service being aired every Sunday morning and a virtual Roman Catholic Mass being aired on a Friday afternoon. By virtue of the fact that these services were being watched by a far greater number of prisoners who previously came or have currently returned to live worship, these DVD services have continued.

In general terms, prison staff were aware of prisoners who observed different religions and the range of services provided by the chaplains.

The chaplains were also available to any member of staff who wished to discuss matters of a spiritual, pastoral, religious or belief nature.

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: Generally acceptable

Notwithstanding the impact of COVID-19 and the need to maintain physical distancing rules in the visits room, the prison was able to provide a good level of access to visits, to allow prisoners to interact and engage with family and friends.

A reduced programme of activity was in place, with 15 visits being available from a maximum of 30. The visit sessions were for a 45 minute duration. The booking system for accessing visits was completed through the e-mail a prisoner platform. This appeared to be an extremely cumbersome process that often left prisoners and families not receiving 'confirmation' that visits had been booked.

There were six virtual visit tables arranged around one corner of the visit room. The virtual visits were 30 minutes in duration. The technology was, in the main, to a reasonable standard, however it received very mixed reviews from prisoners and staff. The inspection team were informed that the prison was reviewing the current situation with a view to improving this experience for prisoners.

There were eight secure cubicles available for those prisoners who were deemed to require closed visits with family and friends. The prison policy however, was to avoid the use of closed visits wherever and whenever possible. Inspectors were informed that these visits were only used in exceptional circumstances (two people at the time of the inspection).

The prison only had two part-time prison officers undertaking the role of FCO, which inspectors felt was wholly unacceptable for such a large prison. Prisoners friends and families indicated that the FCOs were not very visible during the visits sessions and many reported that it was difficult to arrange to speak to them given their current workload.

During the local induction programme, prisoners received a fairly detailed package of information about visit times, visit allowances and visit rules. Visit times were varied throughout the week to allow for family and friends, including children, to visit out with normal working and school hours. In general terms, inspectors felt that the information provided was sufficient to encourage prisoners to grasp the opportunity to initiate early engagement with their family and friends.

The prison did not have a visits policy in place, however the inspection team were informed that a local family strategy group provided oversight of all children and family related arrangements. Inspectors were informed that the meetings recommenced in September 2020 and take place on a quarterly basis. Inspectors were provided with the minutes from the last two meetings which clearly showed that the head of operations undertook the role of chair and that he had good representation from management, FCOs, chaplaincy, education and PBSW, as well as external commitments from Early Years Scotland (EYS) and Families Outside. There appeared to be a clear remit for the group and a clear structure for identifying local issues and making improvements to service delivery.

EYS had three full-time employees working from an office at the front of house who made themselves available in the main waiting room for prisoner's families and friends. They sought to improve the visitors experience by providing independent and impartial advice, information and support. EYS indicated that there was a distinct lack of information being made available to visitors so they were actively seeking to remedy that position in the near future. EYS, working in partnership with HMP Low Moss, was delivering blocks of 10-weekly sessions for prisoners and their families with young children (up to 5 years old). The Fathers Programme was facilitated by a qualified EYS practitioner two days per week. This session provided fathers with the opportunity to learn about children's learning and development, the importance of play and strengthening family relationships.

The Learning Together Through Play session was again facilitated by a qualified EYS practitioner one day per week. This session provided the whole family with the

opportunity to learn about having family fun time, building family bonds through play, improving confidence through play and ultimately creating positive memories.

Recommendation 36: The senior management team should accelerate their plans to open up the visits room and accommodate the maximum amount of tables.

Recommendation 37: The senior management team should look to improve the arrangements that are in place for managing the virtual visit services.

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

HMP Low Moss did not have a designated Visitors Centre, however EYS were evidently seeking to continuously improve the way in which they interact and engage with prisoner's friends and families in offering them valuable services, support and guidance.

The visits waiting area is not on the same scale as comparable establishments. Nevertheless, it was a very modern, clean and welcoming environment.

Inspectors observed the visitor's admission processes in full and noted that prison staff showed courtesy and consideration for all visitors and demonstrated thorough knowledge of the systems involved. However, it was evident to inspectors that managers and staff were less knowledgeable about the range of information and guidance that should have been available to support and inform families.

Inspectors found very little information at all about visits, prison regimes and key services on offer to prisoners. Visitors firmly stated how difficult it had been to get any information from the prison, through the prison telephone lines and indeed the HMP Low Moss website.

Inspectors walked through the admission process with some families and spoke to them about their previous experiences. Overall inspectors were presented with a very mixed picture.

On the days that inspectors were visible during visits periods they found staff to be well organised and were giving due consideration to families at each stage of the process. Families, in the main, felt like they were treated with respect and did not feel stigmatised in any dealings they had with prison staff. However, some people indicated that previous experiences had not been so positive in that they felt that prison staff weren't really interested in dealing with any requests or queries that they had, preferring to divert any issues to EYS or the FCOs.

The physical environment of the visits room was in excellent condition and presented a very modern, spacious and clean environment for family contact to take place.

In terms of facilities inside the visits room, there was a small tea bar that was currently out of commission due to COVID-19 restrictions and a small children's play area that, by all accounts, had been downsized in the recent past, in terms of its footprint and indeed the level of activities and services that were available to children.

In terms of facilities adjacent to the visits room, there was a large outdoor space that had tables, chairs and children's outdoor play toys. Inspectors were informed that this area was previously open to prisoners and families who were undertaking the Fathers Programme and the Learning Together Through Play sessions, but access had ceased at some point in the past. Inspectors felt strongly that these facilities could and should be utilised to support and enhance the visits experience for designated prisoner groups and their families.

Visitors expressed very positive views about their experience within the visits room. They felt that it was a clean, tidy and warm facility and that staff were friendly, relaxed and unobtrusive in maintaining supervision of the visits rules and general security arrangements. Staff appeared to be considerate of family members needs and treated all family members with respect and dignity during their visit. Visitors and prisoners commented on the safe atmosphere in the visits area, and inspectors observed a relaxed feel with friendly interaction between staff, prisoners and visitors.

Recommendation 38: The local Family Strategy Group should work in partnership with EYS in commissioning a review of the range of information that should be available to prisoner's families and friends on arrival. The objective should be to develop a detailed Family Induction pack that ensures that prisoner's families and friends feel welcomed, informed and supported when they visit HMP Low Moss.

Recommendation 39: The senior management team should make every effort to reinstate the tea bar and review the scope and scale of the children's play area within the open visits area.

Recommendation 40: The senior management team should review the decision taken to halt all access to the outdoor visits space, with a view to recommencing a limited programme of access through approved EYS visits.

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

As reported earlier, six virtual visits were available to prisoners within the main visit room. Inspectors were able to view, first hand, the facilities in use. Prisoners and their families commented on the reasonable level of the picture and sound quality. They were also able to comment on some of the key benefits associated with virtual interactions, not least a reduction in travel time and expenses and a perceived increase in the level of privacy during these type of visits, given the use of headphones. The virtual visits were also providing a key conduit for prisoners to

maintain family contact with people who were unable to travel to the prison, living a sizable distance away and indeed, in some cases, living abroad.

There were eight closed visit booths that could be utilised for visits where restrictions had been imposed on prisoners or their families. The visits manager and staff informed inspectors that they managed these visits with the same level of professionalism and courtesy as they do in the open visits area. The inspection team were unable to view the facility in use.

Inspectors also felt that this was a first class facility that could be considered for other types of services such as enhancing the virtual visits experience for prisoners and their families.

Inspectors reported that prison managers and staff in the visits and residential areas all appeared to be knowledgeable about inter-prison visits, accumulated visits and assisted prison visiting schemes. They also confirmed that they had recently supported the notion of double visits where there was an appropriate set of circumstances presented.

The Email-a-Prisoner Scheme continued to provide another positive conduit for prisoners to maintain close family links.

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

The visits manager and the visits staff confirmed that visits were not withdrawn punitively as a result of poor behaviour or indeed as a punishment. Prisoners who were placed on closed visit restrictions were done so in accordance with the prison rules. There was evidence to suggest that the processes and procedures associated with managing closed visits arrangements were applied consistently. It was also clear that prison managers and staff were knowledgeable of the procedures involved and the relevant paperwork required to manage these arrangements.

Prisoners on closed visits were reviewed monthly by committee, with relevant representatives in attendance including the visits manager. Prisoners were able to put forward their representations during the process. Prisoners were informed of any decisions taken by the committee by letter. Members of the public who were placed on restrictions were also considered during the same meeting and informed of any outcomes by letter.

All staff were acutely aware of the negative impact that closed visits had on prisoner's friends and families.

The inspection team felt that the link with the children and families' strategy group to oversee and govern these arrangements was of real benefit in aligning strategy and operational practice.

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: Generally Acceptable

The prison provided an appropriate range of therapeutic treatment and cognitive development opportunities, and a good range of social and relational programmes. Prisoners had a good level of understanding on how they could access programmes and support services and indeed how places were prioritised.

The prison had 13 staff working between the , admission/induction, pre-release arrangements and the delivery of Offending Behaviour Programmes (OBP). The prison was required to deliver four recognised programmes:

1. **The Self-Change programme.** The prison had a national requirement to run two strands of this programme simultaneously, however only one strand had been running throughout the COVID-19 restrictions.
2. **Discovery.** The prison had not been delivering this programme throughout the COVID-19 restrictions. However, the preparations had been completed to commence the programme the week after the inspection team had concluded their work.
3. **Constructs.** The prison had not been delivering this programme during the COVID-19 restrictions. Constructs and Discovery alternate with each other over the course of the year.
4. **Short Term Intervention Programme (STIP).** The prison had not been delivering this programme during the COVID-19 restrictions.

In a similar vein to other prisons, prisoners were subject to the national waiting lists that were in place for specialist OBP that were delivered here and in other establishments. This could, inevitably, result in longer delays to access these programmes and consequently had a negative impact on progression arrangements.

The prison operated a personal officer scheme for LPTs in Clyde Levels 2 & 3. Prison officers were able to confirm that they knew who their allocated prisoners were and, in the main, prisoners were able to tell inspectors who their personal officer was.

The personal officer scheme, in principle, was designed to promote rehabilitation through constructive relationships that guide, encourage and motivate all prisoners to make the most effective use of their time in custody. The aim is to ensure that prisoners feel safe, settled and supported, have their individual needs met and be supported in their progression. During 1:1 conversations and focus groups with staff and prisoners, inspectors found that the personal officer scheme was not fulfilling these aims.

Recommendation 41: The senior management team should endeavour to get the STIP fully operational at the earliest available opportunity by way of providing STPs with the support they require to tackle criminogenic needs.

Recommendation 42: The senior management team should look at ways of reinvigorating the personal officer scheme and aligning the role with ICM and RMT arrangements.

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 a well-established system for identifying the needs of LTPs and taking account of their critical dates for parole and progression.

The head of offender outcomes provided central oversight of the ICM Team, and administrative support, along with structured interactions and engagement with the Psychology Department and PBSW Team. All of these functions were in close proximity to each other which engendered positive and highly productive relationships to the benefit of the prison as a whole and indeed the prisoners themselves.

Inspectors witnessed highly efficient and effective processes and procedures for managing the generic needs assessment, through the core screen and induction arrangements, through to the six-month ICM case conference and on to the full case management plan. Fundamentally, ICM staff undertook all of the preparatory work as well as co-ordinating and scheduling all ICM and RMT activity.

The ICM staff also provided the main conduit for linking the ICM progression case management cases with the RMT.

Although the prison demonstrated good strategic and tactical insight into ICM and RMT arrangements, there appeared to be a complete disconnect from the day-to-day operations of the personal officers, particularly those working with STPs. There was very little evidence to suggest that these activities were dovetailed into the fabric of ICM. Staff did not have real clarity on what policies underpinned ICM or how their work supported the development of case management plans. Prisoners gave clear indication that they felt that it was the ICM staff who were managing plans for parole and progression. The whole situation was made worse by virtue of the fact that personal officers do not attend ICM case conferences or RMT meetings.

Prisoners stated that they were roughly aware of their own critical dates and of their associated responsibilities for engaging in their own case management. Although the ICM Team appeared, on the face of it, to be under resourced due to staff absence, there was some evidence to suggest that prisoners were being encouraged by ICM staff to participate fully in case management discussions.

Inspectors observed a range of ICM related activity where the risks and needs of prisoners were assessed with care.

The prison has recently re-introduced a casework manager into both Kelvin and Clyde Halls. These day-shift managers will assume direct responsibility for providing central oversight of all ICM, RMT, Parole and Progression activity (LTP & STP) within their respective halls. Inspectors viewed this as an extremely positive step forward and we look forward to revisiting the prison in the future to assess the extent to which the aspirations have turned into an operational reality.

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 (OLR) and Multi-Agency Public Protection Arrangements (MAPPA).

Rating: Good

Inspectors were able to witness a good level of joint working between different agencies during ICM activity and RMT preparations.

In particular, the relationship between the ICM Team, PBSW and Psychology was good. Risk management assessments were carefully considered at an early stage of sentence plans and underpinned intervention and support services thereafter. Information sharing was good among these teams with shared access to key case management documents, supplemented by regular and focused meetings between key departments.

For MAPPA cases; there was sufficient evidence to suggest that the appropriate agencies were working together in the assessment and management of risk. There were clear lines of communication, co-ordination and collaboration that are commensurate to the risk and complexities associated with each case. Information sharing arrangements were managed in a responsible way that helps to inform risk management planning.

Risk assessments were conducted in an evidence-based, structured manner, incorporating the appropriate tools and a good level of professional decision making.

For OLR prisoners; within six months of being sentenced, an ICM case conference was held. The OLR Case Manager was always present, along with the ICM Coordinator, PBSW and CBSW. The Risk Management Plan (RMP) was formulated following the ICM Case Conference and responsibility for the plans implementation falls to the OLR Case Manager. The RMP set out the assessment of risk, the measures to be taken for the minimisation of risk and how such measures are to be co-ordinated within custody. The Plan included an assessment and analysis of factors that may increase or prevent reoffending and gave recommendations for action going forward.

Once the plan had been created, the Case Manager sent it to all members of the RMT and provided them with a minimum of five working days in which to read the plan. The RMT convened to consider and ratify the plan. Once ratified, the plan was

sent to the Risk Management Authority (RMA) for approval. Thereafter, Prison Officers monitored and observed OLR prisoners and gathered a collection of observable data and information. Behavioural monitoring sheets were completed within prescribed timelines to help inform regular reviews by psychology and annual reviews by the RMT.

Annual Implementation Reports were submitted to the RMA if and when there were any significant developments in the OLRs case such as moving between prisons, transferring to less secure conditions or a significant change in behaviour.

STANDARD 7 - TRANSITIONS FROM CUSTODY TO LIFE IN THE COMMUNITY

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: Generally acceptable

Agencies reported positively on their relationships with prison staff. While access to the prison, and therefore prisoners, was inevitably affected by COVID-19, outside of these restrictions agencies were supported and enabled to deliver their service.

A range of approaches across agencies were supporting engagement with prisoners. These included one to one and group sessions from those agencies attending the prison and the provision of direct telephone support from those in the community. Support agencies within the Links Centre actively pursued opportunities to connect with prisoners prior to release. This helped to sustain engagement upon release. There was consistent recognition that the work of these organisations was valued by prisoners and prison staff. Inspectors heard examples where personnel providing support during transition were seeing individuals successfully settle in the community.

Prior to the pandemic there were changes to some of the community-based agencies supporting reintegration including changes to their personnel. This resulted in prison staff, agency staff and prisoners being less familiar with the respective roles and contact arrangements for those services that were available. The agency staff inspectors spoke with were keen to learn more about other services. However, during the restrictions imposed by the pandemic it had not been possible to arrange stakeholder engagement events.

Stability within prison and community-based social work teams supported continuity of service and collaborative working between well informed and experienced staff. Positive relationships allowed for professional challenge where appropriate and contributed to rigorous and robust pre-release planning for prisoner's subject to statutory supervision on release.

Planning for some prisoners due for release was supported by community-based multi-agency meetings. This helped to ensure the right services were in place to engage individual prisoners prior to release. These meetings did not take place in all local authority areas.

Recommendation 43: HMP Low Moss should plan a stakeholder event to bring together agencies involved in community reintegration and ensure there is up-to-date information about all services made available to staff, prisoners, and partner agencies.

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

The enhanced ICM process for LTPs was well-established and co-ordinated. Agencies with statutory responsibilities for the supervision of prisoners on release contributed consistently to arrangements in line with legislation and guidance. Information required to inform pre-release planning was gathered and communicated mostly within expected timescales across agencies. Prisoners were enabled to attend and contribute to their case conferences where they chose to.

There was clarity of roles and responsibilities across ICM staff, prison-based social work and community-based social work and the attendance and contribution of these agencies to case management meetings was mostly consistent. Personal officers can play a key role in ensuring the individual prisoner engages with the ICM process and provide valuable information on progress, but their attendance at ICM meetings was inconsistent.

The prison-based social work service made effective contributions to case management. They fulfilled their responsibilities in the preparation of assessments, reports, the formulation of plans and attendance at meetings. Information prepared by the prison-based social work team was in accordance with expected standards and was informed by meaningful relationships with prisoners and cooperative interdisciplinary working.

Recommendation 44: HMP Low Moss should plan to improve routine contributions of personal officers to ICM, enhancing their role in preparing prisoners for release.

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

There was an overall commitment to onsite delivery of offending behaviour programmes tailored to assessed needs and risks. These were in the main developed and delivered collaboratively by prison-based psychology services and behaviour change officers. There was co-operative involvement with prison-based social work where relevant and where resources allowed. There were good examples of collaborative assessment, information gathering and planning for the Case Management Board and General Programme Assessments.

The impact of COVID-19 on the delivery of group work was addressed by the reintroduction of the Self Change and Discovery programmes. One-to-one interventions specific to the forensic psychology needs of individual prisoners were also made available.

Individual prisoners gave constructive accounts of their involvement in onsite programmes delivery and of one-to-one work. Prisoners did, however, express frustrations at the inconsistency of access to programmes due to being subject to the SPS national waiting list for specialist programmes. This resulted in significant delays in access and prisoners saw this as having a negative impact on progression.

Individuals' progress on specialist interventions and programmes was reported through the ICM process providing valuable insight to prisoner development and preparation for release. These reports were also available to community-based statutory services to inform planning of interventions on release.

Recommendation 45: SPS HQ should ensure there is sufficient capacity and availability of programmes to address the significant delays.

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: Generally acceptable

For LTPs and those subject to statutory supervision on release, the enhanced ICM system was well-established.

At the pre-release case conferences there were clear outlines of planning to assist the prisoner in their transition from custody to the community. Release plans usefully outlined the supports in place, the agencies involved and additional actions to further prepare for release. Where details such as an address were known, specific plans for the day of liberation were in place. There were often limitations to the availability of prison healthcare information to provide a full picture of integration needs and requirements.

Prisoners routinely took part in case conferences, their involvement was encouraged, and this supported their preparation for release. However, there was an over reliance on case conferences being the only forum for the prisoner to be involved in their plans.

Other opportunities for the prisoner's involvement in planning and for their preparation in advance of case conferences were not taken full advantage of. The potential role of the personal officer for ensuring the prisoner was actively taking part in planning was not being fully realised.

Links Centre staff were key to actively enabling prisoners to access reintegration support. Links Centre staff discussed reintegration needs individually with prisoners and referred them to appropriate community-based services. Where prisoners chose not to engage with or not to be referred to supports in the community, Links Centre staff confirmed that the prisoners were progressing their own plans.

The case management process for short-term prisoners was less well-established. There were limited opportunities for advance pre-release planning during sentence,

with a reliance on needs and support being identified by core screening on admission, self-referral or the pre-release meetings six weeks before release.

Recommendation 46: HMP Low Moss should ensure that personal officers are supported to develop their capacity to meaningfully contribute to case management processes.

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

Rating: Generally acceptable

Links Centre staff played a central role in ensuring that prisoners due for release were able to contact the agencies offering support and services in the community. These included statutory services such as local authority housing.

Although direct access to some of these services had been negatively impacted during the pandemic, there were encouraging indications of access improving. This included reintroducing their routine physical presence in the Links Centre thereby promoting prisoners' direct engagement with services to support release arrangements. Some of the more recently introduced community-based support services had not yet had the opportunity to establish their profile in the prison.

Homelessness interviews were undertaken pre-release (over the phone). This enabled local authorities to identify and allocate accommodation with prisoners being notified of an address or arrangements for access to accommodation prior to liberation.

The Job Centre Plus staff were delivering an effective and comprehensive service and had a prominent identity in the Links Centre. Well-planned arrangements were made with local Job Centre Plus advisors and work coaches for prisoners to start their Universal Credit applications as soon as possible in the local authorities to which they would be released, increasing the likelihood of a smooth transition.

Prisoners inspectors spoke with who had been referred to agencies via the Links Centre confirmed they had received follow up contacts giving them reassurance that constructive plans could be made to support their reintegration arrangements.

Recommendation 47: HMP Low Moss should ensure recently introduced community-based services are supported to establish their profile and accessibility in the Links Centre.

STANDARD 8 - ORGANISATIONAL EFFECTIVENESS

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

The prison had developed its own E&D strategy, which was encouraging. It had re-established E&D committee meetings from July 2021, after pausing them during the pandemic, with the intention of reinvigorating the agenda. The E&D manager was in the process of developing an E&D action plan, and it was encouraging that information for foreign nationals had already been identified as an early action point, with a list of key documents to be translated. It was clear to inspectors that this was indeed a priority. Prisoners from both residential halls had been invited to join the E&D meetings. It was encouraging to see the prison holding a focus group discussion with Vietnamese prisoners during the inspection to better understand where more support was required. Inspectors looked at a number of E&D complaints and concluded these had been investigated and responded to appropriately.

Good Practice 13: The prison had developed its own local E&D strategy.

Recommendation 48: SPS HQ should take the lead in translating key documents into the most commonly used foreign languages so they can be downloaded and used by all prison establishments.

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

The prison held regular business review meetings where compliance with internal and PRL audits was reviewed. An improvement tracker was used to comprehensively track action against previous inspection report findings. The GIC took ownership of the process of reviewing action against the various recommendations and agreeing when action could be closed. The GIC also met with the IPM team on a quarterly basis to discuss issues and potential action in response to IPM findings.

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

Business review meetings looked at progress against key performance indicators and the Business Delivery Plan, which was available to all staff. A short four page document on HMP Low Moss Core Principles for 2021-22 set out a helpful high level vision for the prison in plain English for communication to staff. A risk register had been developed which was also reviewed at the business review meetings. The business improvement manager provided an update for the senior management team and individual leads on different tasks and projects were reminded when updates were overdue. Roster meetings took place twice weekly to deal with any immediate resourcing issues, which were frequent due to the combined challenges of COVID-19 related isolation absences and constantly having to cover absences and posts through ex-gratia payments. Financial management matters were discussed twice weekly between the GIC and the financial manager.

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: Generally acceptable

Most staff indicated to inspectors that they were clear about the role they were expected to play and thought that good communication from management assisted with that. Some staff were often having to be redeployed to cover staff absences elsewhere; they fully understood the need to do so, but there was inevitably a degree of frustration when this happened repeatedly. The prison had a robust process for identifying the number of vacancies that would be arising in each section going forward and feeding that into decisions on the allocation of staff as well as succession planning around the number of new recruits, promotions, act ups, etc, required in the future. However, the overwhelming impression was of a prison inadequately resourced in terms of overall staffing complement to deal with the issues facing it, inevitably resulting in compromises having to be taken on a daily basis to keep the prison functioning.

Normal training schedules had been severely impacted by the pandemic, with no ability to run close contact control and restraint (C&R), personal protection training and several other types of training due to the COVID-19 two metre distancing requirements. Accordingly, a large number of core competencies had lapsed. The prison was starting to address the backlog in core competency focussed training through a Recovery Training Plan, but training variables were very tight (only eight residential staff able to be released for training sessions twice weekly) and COVID-19 spacing restrictions and staffing absences meant it was difficult to make adequate progress addressing the backlog. Despite the efforts made to implement the training plan, far too many core competencies were still out of compliance at the time of our visit. Safe Working, Emergency Response, TTM, and H&S for Managers

and Senior Managers were all hovering around the 50% compliance mark, while C&R refresher training was down at 36% compliance and only 57% compliance for C&R Supervising Officer. Around 50% had completed new interim C&R awareness training following revision to procedures by SPS HQ.

The newly appointed learning and development manager had aspirations to go beyond core competency training. He wanted to develop improved training, mentoring and support for FLMs and people acting up as well as developing better mental health support for staff. All of which HMIPS look forward to seeing come to fruition in due course. The management team already acted as positive role models for such endeavours by mentoring individuals themselves. This was important as some front line staff felt a lack of support from FLMs, and thought recently promoted FLMs needed more management training.

Recommendation 49: SPS HQ should undertake a capacity modelling review and take action to address the resourcing challenges facing the prison.

Recommendation 50: HMP Low Moss should increase the training variables and greater priority should be given to bringing core competencies up-to-date.

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

Inspectors found that staff understood the challenges faced by other functional groups and recognised the impact of COVID-19 and other staff shortages on colleagues. However, it sometimes created frustrations for them in having to cancel, rearrange or scale back their own activities. There were sometimes tensions, but staff assisted their colleagues when asked to do so.

The prison had established a number of cross functional groups, which also helped to promote cross functional understanding and recognition of respective roles, challenges and contributions. The GICs notes to staff also assisted with recognising and valuing the contributions made by different teams.

Relationships between the SPS and the NHS healthcare teams were strong at the senior management level, and it was encouraging to see the healthcare manager involved in the GICs introductory discussion with the inspection team. Healthcare and SPS staff were also working constructively together to implement a Wellbeing Development and Health Improvement Strategy across the prison, but focussed on prisoner health. However, relationships between the SPS and the NHS healthcare teams were more mixed at the front line level. The inspection team witnessed some positive interactions between healthcare and residential staff but also heard of frustrations on both sides. Healthcare staff indicated they sometimes felt insufficient effort was made by residential staff to find prisoners when healthcare staff came up to residential halls. While SPS staff sometimes got frustrated when medication took longer than usual or a delayed start to medication occurred, impacting on regime timetables. Further efforts should be made to consolidate a positive working

relationship between SPS and NHS Healthcare teams – see the recommendation under QI 9.14 in Standard Nine.

Good Practice 14: The SPS and NHS were working well together on the implementation of a Wellbeing Development and Health Improvement Strategy for the prison.

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: Generally acceptable

The GIC made effective use of GIC awards and nominations for Chief Executive awards to recognise and value the contribution made by staff. There had been a visible push over the last six to seven months to recognise the efforts of staff during the pandemic. It was clear too that the GIC and healthcare management team took steps to formally recognise the efforts made by SPS and NHS staff to preserve life and deal with the trauma of a death in custody. Long service was also recognised through medals, and all these events and milestones were highlighted and celebrated in HR newsletters and GIC notes to staff. The prison was considering the scope to make the celebration of these major long service milestones more visible in plaques, as occurs in some other prisons.

Although some staff criticised the way staff sickness absence processes were applied, inspectors felt the systems in place for managing staff absences were robust. HR had developed a number of very clear helpful advice notes to assist line managers dealing with staff sickness and had held sessions with managers to support the introduction of the new process in April 2021. There were good systems for tracking absences and identifying trigger points for intervention, and the focus was always on supportive engagement with those absent and additional review points. HMP Low Moss had a higher than average sickness record in August 2021 compared to other establishments, and HR reported that line managers found the paperwork associated with the new system hard. However, sickness levels had never been above 55 during the course of the pandemic and had come down from approximately 50 in early January 2022 to 30 at the time of our visit in February 2022.

A streamlined approach to completion of the Personal Performance Management System (PPMS) annual appraisals had been approved by SPS HQ to reduce the burden on staff while they coped with the additional challenges posed by the pandemic. However, completion rates were still very poor for the appraisal year 2020-21 with only 78 completed out of a complement of 320 (i.e. only 25% completion rate). However, there was evidence that disciplinary and poor performance issues were being appropriately addressed.

Good Practice 15: the absence management system was robust, and the guidance and support provided for line management was good.

Good Practice 16: Good performance and long service was recognised effectively.

Recommendation 51: Greater priority should be given to the completion of PPMS appraisals for the year 2021-22.

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

The GIC attended community justice partnership meetings and there was effective communication between HMP Low Moss and partner agencies operating in the prison such as Job Centre Plus, Housing (Falkirk, Glasgow and Renfrewshire), Citizens Advice Scotland and others, although the value in conducting a face-to-face stakeholder event with community reintegration partners to build or renew relationships was highlighted under standard seven.

The prison was in the process of drawing up a Memorandum of Understanding with MacMillan and the Marie Curie around support for prisoners with cancer while they were in prison and on release into the community.

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

All media issues were dealt with by SPS HQ, with the prison providing advice and information to the team at HQ as required. There were no issues attracting local or national media attention or projects under way with the local community at the time of our visit.

STANDARD 9 - HEALTH AND WELLBEING

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: Generally acceptable

Robust systems and processes were in place to screen the healthcare needs of new admissions to HMP Low Moss. Inspectors had the opportunity to observe this process running efficiently in practice, in a suitable room that maintained patient confidentiality. The room also allowed for effective cleaning and distancing in line with infection prevention control measures. The Healthcare Team allocated a staff member to assist in the admission screening process each day. During the inspection process, inspectors observed that transfers and new arrivals were seen by a registered nurse. An admission process was in place with a structured set of questions asked during the healthcare screening. These records were audited monthly by the health improvement lead. On reviewing the audit results, inspectors found evidence of significant improvements in record keeping, **this was good practice**. Following the initial admission process, patients were reviewed within 24 hours by a GP.

Patients were assessed on admission to identify if they were at risk of self-harm or suicide by completing the second part of the RRA and placed on TTM where appropriate.

The assessing nurse completed the relevant referrals to the appropriate healthcare service, such as addictions or mental health support. Patients were also made aware of the self-referral process to healthcare services during their assessment and written information about this process was visible in halls.

All new admissions were asked to consent to COVID-19 testing and if agreeable, testing was carried out on day one and six from their arrival into prison.

Late arrivals into prisons was a national issue and continued to cause considerable pressure on the nursing team. This has recently been raised through agreed governance structures. In response to this and to support staff, inspectors saw evidence of an SOP in place to condense the initial admission assessment. This was to reduce staff time to complete the assessment in recognition that they were working beyond their shift times, whilst continuing to assess risk. This had been ratified through the National Prisoner Care Network and was being piloted in HMP Low Moss.

Inspectors asked staff for the number of prisoners who may not have accessed healthcare on arrival and were awaiting a response. Due to the challenges with late arrivals, they were told in the absence of healthcare staff, there was an agreed process for SPS staff to contact the on call forensic medical officer. This issue has been escalated through the GCHSCP Chief Officer to the Chief Executive at GEOAmey, the National Prisoner Healthcare Network and HMIPS.

Whilst a number of staff were voluntarily staying beyond shift times to accommodate health screening for all new admissions it was acknowledged that this was not sustainable.

Recommendation 52: National co-ordination and discussion with partner agencies (such as Police Scotland, Scottish Courts, GEOAmey and SPS) is required to ensure that people arrive at the prison during the prison's core opening times.

Good Practice 17: The audit of record keeping and patient care plans has shown sustained improvements.

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

Rating: Poor performance

Patient information was recorded on the national electronic system (Vision). Care records that were reviewed by inspectors were generally well completed and had the individual's relevant personal and medical information.

Following the admission assessment of the individual's immediate healthcare needs, patients were reviewed by a GP the following day. The GP told inspectors that this review was to identify any acute illness or long-term medical conditions. This ensured that a detox regime was in place if required and that other required medications were prescribed.

Patients could self-refer to healthcare using forms that were available in the halls. Inspectors saw the secure boxes where individuals could deposit the self-referral forms for collection by a member of the Healthcare Team. Inspectors were told that envelopes were available for the individual to use to maintain their confidentiality.

However, on one residential area these were stored at the prison officer's desk and therefore had to be requested. Inspectors saw the self-referral forms had pictures to help individuals with communication difficulties complete them but did not find any self-referral forms available in different languages. Self-referral forms were collected and triaged by a member of the Nursing Team daily. The forms were then allocated to the relevant member of the Healthcare Team. Inspectors saw that there were several GP and treatment room appointments available from Monday to Friday and were told that the waiting time to see a GP was less than a week. Individuals wishing to see a nurse would wait no more than 48 hours.

Attend Anywhere (a secure NHS video call service for patients) was in place within HMP Low Moss, and patients were being facilitated to attend appointments through this process. Not all secondary care services used this and patients were required to attend some external appointments. There was a continued issue with transport provided by GEOAmey. Inspectors saw evidence of data collated to demonstrate that between 70 to 80 patients had missed secondary care appointments in a three-month period due to lack of transport provision. They also saw evidence of the

escalation in process for this which has been raised in previous reports. This was a continued and significant risk to prisoners' health and wellbeing. Staff were responsible for sharing information for appointments that were missed in line with Duty of Candour. Inspectors saw evidence of the communication to patients regarding missed appointments. Solutions must be sought without delay. Inspectors saw that this information was recorded and were told that reports for all missed healthcare appointments were generated and discussed at meetings with the SPS and the GCHSCP.

Emergency protocols were in place for code red and code blue calls. Due to the vicinity of the health centre, emergency bags and defibrillators were kept in residential halls. SPS staff respond and bring the equipment to the place of the emergency to meet healthcare staff. These bags were well stocked with medicines in date and systems were in place to check these bags daily. Inspectors saw the electronic records demonstrating this in practice. Inspectors also saw defibrillators in place belonging to SPS and were told these are checked and maintained by SPS Health and Safety.

Recommendation 53: GEOAmev and the SPS must without delay provide a solution to escort patients to hospital when this is required.

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

Rating: Satisfactory performance

National screening programmes had remained a priority within HMP Low Moss. All appointments were managed by the Healthcare Administration Team. Healthcare staff were prioritising their vaccination programme at the time of the inspection. This included COVID-19 vaccinations as well as seasonal flu vaccines. Nursing staff had been positively promoting the vaccine to patients.

A Blood Borne Virus (BBV) service was provided within HMP Low Moss. Inspectors were told that patients who were admitted were reviewed within the following week by the BBV team. Staff reported that venous samples for BBV were being taken in response to significant pressures in the wider NHS system to process Dry Blood Spot (DBS) testing. Where there were delays in processing samples, it caused delays in treatment. Patients had the option to be tested and could receive sexual health advice and support if required. Inspectors observed positive messaging and posters within the residential halls on how to access condoms.

During the inspection we saw that the Health Improvement Team was in the process of introducing a Peer Mentor Programme within HMP Low Moss. This had been rolled out within the other NHS GGC prisons with success. The Peer Mentor Programme had been prioritised to focus on the delivery of training to prisoners regarding the use of nasal naloxone. Wider health messages were to be delivered by the mentors in relation to tobacco and nicotine management information. COVID-19 delayed the start of the programme and reduced the number of individuals that could be trained, however mentors had now been identified to start peer support mentor training.

It was also hoped that peer mentors would be used in the prisoner induction programme. Trained peer mentors can gain a qualification from Kelvin College which on liberation can be used towards seeking places in higher education. **This is good practice.**

Good Practice 18: Peer mentors were able to gain an educational qualification from the Peer Mentorship Programme which was transferable to higher education on liberation.

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

Rating: Satisfactory performance

Healthcare staff described an understanding of health inequalities and were knowledgeable about the potential barriers to accessing care. Staff demonstrated a respectful and professional approach to all patients whilst maintaining confidentiality. Staff were supportive and gave explanations of care to be given whilst gaining consent. For example at medication rounds, staff took opportunities to support patients raising other healthcare concerns. Inspectors saw evidence that staff were expected to complete learn-Pro modules on equality and human rights. The staff inspectors spoke to were aware of the Equality Act 2010 and were able to signpost to where the up-to-date policies could be found on the staff intranet.

Barriers to accessing healthcare were identified at admission and staff facilitated any requirement to use interpreter services.

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

Inspectors identified areas of concern which are reflected in the recommendations. However the partnership had taken proactive steps to support the mental health team to make service improvements to address these recommendations. Inspectors from HIS will follow up progress.

The number of mental health nursing staff was reduced through vacancies and sickness absence at the time of the inspection.

A Band 6 mental health nurse had been redeployed to the prison to support the Mental Health Team while recruitment was continuing. Additionally, a programme of practice development work was ongoing, designed to engage the team and standardise practice to ensure the provision of person centred, safe and effective mental health nursing care. These measures were enabling the delivery of core mental health services for the population within HMP Low Moss.

A duty mental health nurse undertook daily screening of new mental health referrals, identifying if there was indication of risk which would require an urgent response. A weekly meeting involving the mental health nursing team and lead clinical psychologist is in place to review referrals and allocation and allow for case discussion including for patients currently on TTM. Following the allocation meeting, there was a standard letter sent to patients indicating the outcome, the person responsible for seeing them and an indication of length of time to wait.

There was no psychiatrist attendance at the allocations meeting or any regular multidisciplinary team (MDT) meetings. Follow up actions undertaken by mental health nursing staff, included making appointments for a psychiatry clinic or discussion. Visiting psychiatrists provided the prison with three sessions each week, with an additional response for any emergency or urgent care. Inspectors heard there was no waiting list, and scheduling for routine and urgent psychiatry appointments was demonstrated as working effectively.

Access to clinical psychology was available to patients who required these services. However, inspectors heard there were barriers to delivering the services as the psychologist was unable to access the halls or rooms for the patients who were isolating as a result of COVID-19. When an appointment could not take place, an explanation was given at the time to the patient and was followed up by a letter. At the time of the inspection, the longest waiting times were for low intensity interventions (14 patients were over the 18 week target and 42 were on the current waiting list), the longest wait was 27 weeks.

Prior to the pandemic remand prisoners could access a Healthy Minds Group but this had not yet resumed. This meant that those prisoners on remand had no access to psychology services although guided self-help material resources were available. However, given the increase in the length of time prisoners were on remand (for some prisoners this could be over two years), there needs to be a review of psychological therapies that this group of prisoners can access. Access to psychological therapies for remand prisoners should be reviewed.

Information on waiting times for mental health nurse appointments was found to be incomplete. Senior management recognised this was an area for improvement. Performance reporting had been introduced which allowed case load reviews to be undertaken and highlighted any patients waiting to be seen for assessments. Information on waiting times from assessment to first appointment was lacking.

Nursing staff told inspectors that they were clearly sighted on the changes that were being introduced and viewed the developments as positive and supportive. An example was the introduction of a mental health assessment clinic. The senior nurse or practice development nurse supported the mental health nurse staff in the implementation of person-centred care plans. Patients were involved in completing and agreeing their care plan. A copy of the care plan was provided to them if they wished. **This is good practice.**

On reviewing clinical records, inspectors saw while risks were identified within patient care record entries, the team were not using a recognised mental health risk assessment to record and review risk. **This is a concern.** The need to have in

place a standardised risk assessment for patients referred to the Mental Health Team had been identified by the Team. In order to identify and reduce risk, all patients on the mental health caseload should have a risk assessment in place using a standardised tool. Planning was underway to introduce the Clinical Risk Assessment Framework for Teams (CRAFT) assessment and this should be progressed as a matter of priority.

Inspectors also saw through a review of clinical records that when people were admitted to the prison there was not a robust system for the initial identification and monitoring of patients on high dose antipsychotic.

There were examples of people being referred to the Mental Health Team that would be best signposted to more appropriate services such as Chaplaincy or the GP for medication reviews. As this was happening regularly, the Team were aiming to clearly define the scope of their service for both their patients and the wider prison. Inspectors recommend that this is prioritised as it will support the best use of limited resource within the team.

Where admission to a psychiatric unit was indicated, arrangements were made to transfer prisoners. This could be to a low secure environment (intensive psychiatric care unit), medium or high secure environment, determined by the level of illness and offence. Inspectors were told that there had been significant delays in accessing secure beds, with eight patients waiting to be transferred to a psychiatric unit. The longest wait identified was from August 2021, for an appropriate bed to become available. These patients were being reviewed regularly by psychiatry and mental health staff whilst awaiting transfer. This was recognised as a part of a national shortage of mental health beds in medium, low secure environments and intensive psychiatric care unit settings. It was a concern and frustration for the staff responsible that patients were unable to access care in the appropriate setting.

Robust governance systems involving the GCHSCP, NHS Board and Prisons Care Network were in place to capture data on waiting times for mental health in-patient services, and identify suitable placements.

Recommendation 54: GCHSCP Low Moss must review psychological therapy access for remand prisoners.

Recommendation 55: GCHSCP should undertake accurate tracking and a review of the waiting times for access to mental health services.

Recommendation 56: GCHSCP must ensure all patients on the mental health caseload have a risk assessment in place using a standardised tool.

Recommendation 57: GCHSCP must review the system for initial identification and monitoring of patients on high dose antipsychotic medication.

Recommendation 58: The Mental Health Team must define the scope of the mental health service for both patients and the wider prison.

Good Practice 19: Reviews of mental health assessments and introduction of person centred care plans were available for patients to agree the plan of care and have a copy of this if they wished.

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: Generally acceptable

At the time of the inspection, long-term condition clinics were not being delivered in HMP Low Moss. The oversight and management of vulnerable patients and those with long-term conditions was done through care planning and anticipatory care planning. Inspectors saw that the Healthcare Team had recently changed to using a more person-centred care plan and were told that there was still further development work required. Vulnerable patients and those with long-term conditions also had informal oversight by the Healthcare Team during medicine rounds and appointments at the health centre.

Patients with long-term health conditions were identified by nursing staff during the admission process. Information was available regarding long-term health conditions on the electronic Vision clinical system. The standard of record keeping was found to be good. However, the system itself was not easy to navigate and healthcare staff would benefit from consistent use of read codes identifying particular health conditions, in order to extrapolate data easily for those patients with long-term health conditions.

Nursing staff ran a daily clinic for patients requiring review or treatments such as blood tests and wound dressings. Staff described some challenges with patients being brought to the health centre for treatment. For example, residential areas may have been locked down due to a positive COVID-19 test result, a patient refusing to attend or lack of SPS staff to escort the patient to the clinic. Missed appointments were collated by the Administration Team and feedback provided to SPS staff.

Inspectors saw those patients with long-term health conditions had care plans in place which were reviewed monthly. They also saw that patients with long-term health conditions had ACPs in place. One patient had a do not attempt cardiopulmonary resuscitation (DNACPR) document in place which was completed in full. Staff had oversight of patients in a variety of different ways including during medications rounds, oversight at the triage process and if they refer to healthcare directly. Staff described how SPS staff alert them if there are any concerns around the patient's health or wellbeing. The clinical pharmacist was an independent prescriber and had clinics to review both diabetic patients and those on anti-coagulants, and this was working well. The GP said that both disciplines communicate well to support patients.

A recent training needs analysis had given staff the opportunity to look at their personal development. Professional Nurse Leads had been employed to focus on supporting service development of staff recruitment and retention. Staff were looking at how to create development opportunities with a specific focus on long-term health

conditions management. The staff that inspectors spoke to were positive about this role and were being supported to undertake both online training as well as shadow opportunities. Competency frameworks were also being reviewed. Although this work is in its infancy, it is encouraging and its aim is to have long-term health conditions clinics available, led by the nursing team. Inspectors will continue engagement with HMP Low Moss to review the progress of this work.

Patients who required support with their activities of daily living were supported by Ailsa Care, a care service provided by SPS. This service was available 24 hours within the prisons and staff and patients spoke positively about this. Inspectors saw evidence of care plans in place and good communication with healthcare staff. **This is good practice.**

Inspectors saw systems and processes in place for staff to refer patients to podiatry, tissue viability and physiotherapy. However, they were made aware that the occupational therapist was no longer in place and as there was no replacement, so there was no recognised referral process in place. **This is a concern.** This must be addressed as a priority. Following our inspection, inspectors were shown evidence of an SOP to be implemented in order to ensure clarity of process for ordering equipment.

Recommendation 59: HMP Low Moss must provide operational healthcare staff with a clear referral process when accessing the occupational therapy service for patients.

Recommendation 60: HMP Low Moss must ensure the SOP in place is implemented without delay to support patients who require aids or adaptations to their cells.

Good Practice 20: Ailsa care support service was available 24 hours and based in the prison.

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: Satisfactory performance

Patients requiring support with drug and alcohol dependence were identified during their initial health assessment on admission to the prison. For the patients admitted from the community, appropriate treatment was provided until the community prescription was confirmed. A process was in place for patients who had been transferred from another prison and who were receiving OST. There was evidence of patient choice being considered for prescriptions in line with the MAT standards. The Addictions Team was working with the Health Improvement Team to deliver nasal naloxone training, with an identified staff member working on training delivery and developing a peer support programme.

The Addictions Team had an interim team lead in place. A weekly team meeting took place to discuss complex patients and review all new referrals.

The Addictions Team undertake daily OST administration, assessments for all new referrals, clinics to review patients on the caseloads and pre-liberation clinics. The team refer patients to the Harm Reduction Team made up of health improvement practitioners, who will carry out psychological harm reduction interventions over four sessions on a one-to-one basis. **This is good practice.**

There was evidence of continuity of care through patient care records on the clinical systems, national Drug & Alcohol Information System (DAISy) as well as Vision.

At the time of the inspection, inspectors were told that all new referrals were seen within 72 hours for an initial assessment. Despite challenges with staff vacancies and absences, the team prioritised the patient assessments and follow up appointments on the team's caseload. Staff acknowledged that due to the staffing challenges, there had been less opportunity to engage in training opportunities and regular supervision.

Since May 2021, there had been an alcohol liaison nurse in post. The majority of referrals were made from the admissions nurse allowing early contact. **This is good practice.** There was a screening process of patient notes prior to clinic to allow prioritisation of appointments based on clinical need. The alcohol liaison nurse will make referrals to the Harm Reduction Team for psychological interventions.

Substance misuse staff met with patients prior to liberation where they were offered nasal naloxone kits. Appointments were arranged with Community Addictions Teams on liberation.

The team had recently introduced a new personalised care plan which was beneficial in identifying what was important to patients. Due to its recent roll out, not all patients had a care plan in place at the time of inspection.

Recommendation 61: GCHSCP should recommence staff training and supervision when there are safer staffing levels.

Recommendation 62: GCHSCP should ensure all patients have a care plan in place.

Good Practice 21: Harm reduction psychological interventions are provided and there are plans to introduce naloxone training & peer support.

Good Practice 22: HMP Low Moss had an alcohol addiction nurse in post.

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

Rating: Generally acceptable

The medicine supply service was contracted to Lloyds Pharmacy through a national contract. There was one clinical pharmacist covering the three prison sites in NHS

GGC, with professional and strategic oversight from the Lead Pharmacist for Forensic Health Services and Controlled Drug Governance. Pharmaceutical advice was provided to healthcare staff and patients as required. The clinical pharmacist was a qualified independent prescriber and had supported the Healthcare Team with prescribing where needed, for new admissions and with updating medications on kardexes. Plans were underway to set up regular clinics to provide patients with another route of access to a prescriber who could review their medication and make changes as appropriate.

Pharmacy services were currently being reviewed to reduce pressure on the GP service. This complements those services already provided and includes:

- medicines reconciliation on admission
- regular scheduled medication review
- managing liberation prescription processes
- patient education sessions around medicines/ focus groups for patients, and
- staff training around medicines.

Inspectors saw that the clinical pharmacist was reviewing diabetic patients and those on anticoagulant therapy at regular clinics and worked closely with the GP. **This is good practice.**

An individual's current medication was identified by the nurse at admission using available information and the patient's ongoing treatment was assessed.

During the inspection, inspectors reviewed the timings of medication administration. Patients were encouraged to be autonomous with their medication and there was a drive towards in-possession medication. This was risk assessed on an individual basis and **is good practice**. Not all patients were suitable for this and therefore some had supervised administration. Inspectors saw that with the limitations in place due to the SPS regime, some patients were receiving their sedative medication early, between 15:00 to 17:00. This was not therapeutic and was a significant concern. SPS must seek solutions to assist staff to administer medication at a suitable and therapeutic time.

During previous inspections, HIS had reported that not all patients had access to lockable secure storage in their cells. This was a significant concern for those patients who had in possession medication as it could be stored safely. Healthcare Teams could not provide this assurance as facilities within cells were out with the remit of the NHS. The patient's responsibility for managing their medication was made clear in the NHS GGC PHC In Possession Medicines Policy and the Medication Contract. NHS staff will perform spot checks using the NHS GGC PHC In-Possession Spot Check Form to monitor compliance. However, SPS must seek to provide a solution for this promptly to reduce risk.

There were systems and processes in place to notify healthcare staff of the patients being liberated. Prescriptions were provided for prisoners with a 14 day supply of prescribed medication to take to a GP. Inspectors were told the system failed when healthcare staff were not made aware of planned liberations or when prisoners were liberated directly from court. This was out with the control of the NHS. SPS must

work with healthcare staff to provide an equitable and consistent approach to medication supplies to support patients on liberation.

Inspectors observed a medication round during the inspection and saw this was carried out safely and efficiently. Individual identification by means of personal ID numbers and date of birth was completed, patient confidentiality was maintained and good standard infections control precautions were seen. After administration, individuals' mouths were checked for concealment. Individuals on injectable medications were encouraged and supported to self-administer their medications. **This is good practice.** Paperwork recording drug administration was well completed. Inspectors saw good communication between healthcare staff and SPS officers to help co-ordinate and facilitate medication administration. Supportive interactions were also seen between health staff and individuals receiving medications.

Inspectors were told that any medication errors would be reported via the DATIX system and staff would inform their line manager and the patient in line with Duty of Candour.

Recommendation 63: SPS must seek solutions to assist staff to administer medication at a suitable and therapeutic time

Recommendation 64: SPS must seek to provide solutions for secure lockable storage for patients who have in-possession medication to reduce the risk of potential misuse by other prisoners.

Recommendation 65: SPS must provide robust and timely communication to healthcare staff on patients being liberated in order to provide appropriate prescriptions.

Good Practice 23: Clinical pharmacist runs regular clinics and works closely with the GP.

Good Practice 24: Patients were encouraged to be autonomous with their medication and there was a drive towards in- possession medication.

Good Practice 25: Individuals on injectable medications were encouraged and supported to self-administer their medications.

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

Rating: Generally acceptable

Dental treatments were carried out in a visibly clean and well-maintained environment. Dental instruments were stored securely before and after treatments. Used and contaminated instruments were taken off site for decontamination.

HMP Low Moss has a dental health mouth matters support worker who provided support and advice to patients on how to maintain and improve their oral health and also supported patients to register with a dentist on liberation.

At the time of the inspection, the dental service provided a weekly clinic. Patients could self-refer and dental staff told inspectors that they would also accept referrals from other healthcare staff, including the mouth matters support worker and from SPS officers. All referrals were initially triaged by primary care nurses and referred to the dental service. There were good processes in place to triage dental referrals to ensure those patients with immediate dental care needs were seen more quickly. For example, patients with facial swelling would be seen by a GP in the interim for pain relief or antibiotics if required. Inspectors were told all referrals were also assessed by a dental nurse. This process was introduced to triage referrals more rigorously and reduce wait times and this was working well. Inspectors were told by the Dental Team that patients were seen within 10 weeks of referral. This could be longer if emergencies were added to lists as priorities. However, inspectors were shown a spreadsheet by the Healthcare Administration Team that detailed dental waiting times of up to 184 days, which is above the national waiting time of 10 weeks. These waiting times were similar to the current community provision. Patients requiring Aerosol Generating Procedures would be taken out for an appointment within two weeks.

Inspectors were told that individuals unable to attend for appointments would have them rescheduled and that individuals who refused to attend were asked to complete a refusal form.

Inspectors were told that a weekly dental report was generated by the Healthcare Administration Team and sent to the dental service manager.

Staff told inspectors that emergency or urgent dental care was accessible to individuals on remand.

9.10 All pregnant women, and those caring for babies and young children, receive care and support equitable to that available in the community, and are supported with their wellbeing throughout their stay in prison, on transfer and on release.

Rating: Not applicable

There were no female prisoners in HMP Low Moss at the time of the inspection.

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

All patients assessed on admission who had an identified life limiting illness were added to the palliative care register and electronically available ACPs were in place. These were reviewed regularly and patients had their own copy. Inspectors saw

evidence of these for some patients during the inspection. At the time of the inspection, there were no patients receiving specialist palliative care within HMP Low Moss.

Healthcare staff told inspectors they were sharing practices embedded within other NHS Greater Glasgow and Clyde prisons and would mirror the process to support patients by regular MDT meetings. ACPs were in place with regular reviews. National policies and guidelines were available for all staff to access. Staff had access to nationally agreed palliative care tools. **This is good practice.** Strong links were in place with Macmillan Cancer Support. A palliative care link nurse had been identified within HMP Low Moss and attended regular Macmillan Palliative Care in Prisons Community of Practice Group meetings. Discussion on revising the guidelines to make them more suitable to the prison healthcare setting were ongoing. Further links had been identified within the NHS Greater Glasgow and Clyde Health Board and through the Palliative Care Network to enhance future service delivery.

Good Practice 26: There was evidence of good processes in place and healthcare staff had access to nationally agreed palliative care tools.

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: Generally acceptable

Anyone identified as being at immediate risk of self-harm or suicide, either on admission or while in prison was immediately placed on TTM.

Attendance at TTM case conferences was shared between primary care nursing staff and the Mental Health Nursing Team, who had undertaken TTM training. The process for planning and allocating who should attend between the Primary Care Team and Mental Health Team was not clearly demonstrated. There was no assurance provided that nursing staff had a system of communication between the two teams prior to attending the TTM case conference. In addition, the lack of a standardised mental health risk assessment as discussed in QI 9.5 was not supportive of clinical decision planning within the TTM process. Inspectors were assured that this would be reviewed by senior healthcare managers as a matter of priority and any immediate action would be taken. Mental health nursing staff prioritised attendance at TTM case conferences for patients during the weekly allocations and case review meeting. The current resources within the Mental Health Team did not support attendance at all TTM case conferences across 7 days. Clear system for sharing communication between the Mental Health Nursing Team and Primary Care Team should be implemented to support informed attendance at TTM case conferences.

Recommendation 66: A robust communication system between the Mental Health Nursing Team and Primary Care Team should be implemented to support informed attendance at TTM case conferences.

9.13 All feedback, comments and complaints are managed in line with the respective local NHS Board policy. All complaints are recorded and responded to in a timely manner.

Rating: Satisfactory

All complaints, comments and feedback were managed in line with the local NHS complaints policy.

Inspectors saw evidence of complaints being acknowledged and responded to within appropriate timeframes. There was a good governance structure in place for reporting and responding to complaints and feedback. There was an efficient multidisciplinary approach involving the administration team, senior nurses and senior management to address complaints. Inspectors saw evidence of weekly team meetings where learning from complaints was disseminated with the wider Healthcare Team. All records were stored on the DATIX system allowing senior level review and trends to be identified. Figures were produced on a quarterly basis by the complaints manager.

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

Rating: Generally acceptable

Healthcare staff indicated that any issues requiring to be raised as a priority were recorded in the 5/5 system (a SPS system). All registered staff were aware of their legal obligations for confidentiality and keeping accurate and prompt records, as part of maintaining their registration and commitment to the Nursing and Midwifery Council (NMC) code. As part of prison health care staff induction, staff were informed how to report any concerns. All incidents were recorded in the clinical systems Vision, DATIX and via the prison IMU.

During the inspection, inspectors were told there had been periods where reporting of staffing issues regarding negative behaviours and attitudes from SPS staff at HMP Low Moss was extensive. This was evidenced in the DATIX reporting systems. **This is a concern.**

Inspectors observed some mixed behaviours during the inspection. They saw some positive interactions between prison officers and healthcare staff, and prison officers and patients who required extra support. Senior healthcare management described a supportive response from the GIC. Recent organisational development sessions with healthcare staff had reported improvements in relationships between healthcare staff and prison officers. Ethical and safety issues were reviewed in the DATIX system to improve practice and encourage learning. Staff had full access and awareness of NHS equality, diversity and inclusion policies and guidance.

Recommendation 67: SPS and healthcare staff must continue to work together to improve communication and promote positive working relationships in order to support the people in their care.

9.15 The prison implements national standards and guidance, and local NHS Board policies for infection prevention and control.

Rating: Satisfactory

Inspectors observed good infection control precautions in place at HMP Low Moss. PPE was available with hand sanitiser and both clinical and domestic waste bins available for disposal. Visitors were sign posted to use masks on arrival and to dispose of when leaving. At security, visitors were prompted to sanitise the boxes used for personal belongings, **this is good practice.**

The healthcare centre within HMP Low Moss was of good standard and was visibly fresh and clean, the fabric was intact and could be effectively decontaminated. Inspectors saw areas in the halls where healthcare staff administered medicines and triaged, these were of a good standard and were clean and ready for use except for one room where a table was chipped and there were some wall markings. Inspectors were told the table was to be replaced.

Inspectors saw evidence of daily cleaning schedules with senior nurse oversight and sign off. HMP Low Moss were audited for compliance externally by NHS GGC facilities management and evidence of these audits were in place. Healthcare staff had standard infection audit programmes in place which included other aspects of healthcare delivery and compliance. These audits were shared with senior managers and results fed back to staff. Cleaning resource was provided by a private contractor supplied by SPS. The cleaning was of a good standard and staff reported no concerns with provision.

Equipment was clean and ready for use and staff were knowledgeable about standard infection control precautions (SICPs). Inspectors saw good hand hygiene practice from staff. The national infection control manual was available as an icon on computer desktops. Inspectors saw infection prevention control was part of staff mandatory training requirements.

Healthcare staff described the action they would take in the event of blood or body fluid spillage and the correct products were in place. Inspectors saw pass men cleaning in corridors and halls and this was of a high standard. Pass men had been trained in industrial cleaning and had access to products that met national guidance.

Ailsa Care support service was commissioned by the SPS to support patients with personal care needs. Inspectors were told that the carers were responsible for cleaning rooms of patients they were supporting. The standard of cleanliness in the accessible cells was variable and inspectors raised this during their inspection.

Good Practice 27: Anti-bacterial hand sanitisers were available and a system in place to decontaminate the boxes used for personal belongings at security for visitors to HMP Low Moss.

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

HMP Low Moss had faced significant and sustained pressures during the pandemic. Healthcare staff had adapted in many ways to changes in SPS regimes and had prioritised patient care and clinical need with the restrictions imposed by lockdown and the effects of COVID-19. Recruitment and retention of staff had been an ongoing issue. This was a national issue.

Due to the challenges with recruitment and retention, the partnership had implemented a new management structure within the prison, utilising senior staff from other prisons. This included the operational services manager being the overall health centre manager. This had had a positive effect on staff morale by providing strong and supportive leadership within the team. A daily safety huddle had been introduced with senior representatives of all GCHSCP's prisons every morning. A 'Safe to Start' approach had been implemented to consider Red, Amber and Green (RAG) status every morning and solutions were sought across the three prisons to maintain adequate staffing numbers to allow safe healthcare delivery to continue.

This is good practice. Inspectors observed that moving staff from other prisons had improved staffing numbers and helped with care delivery. However, without the additional resources currently available this would not be possible. It was clear that the GCHSCP recognised the challenges staff were operating under and longer-term solutions were being sought through workforce plans.

A workforce review was underway, led by the Programme Board (chaired by the GCHSCP Assistant Chief Officer). It will review the skill mix and look at new ways of staffing the service, including the introduction of Advance Nurse Practitioners (ANPs) and clinical nurse specialists. The review was focusing on a balance of registrant/non registrant staff, and enhanced pharmacy posts to provide alternative clinical resource to patients and reduce pressure on GP services.

There was an acknowledgment by the Programme Board that a bid for increased resource would be forthcoming. Inspectors acknowledge the importance of the workforce planning review and look forward to the feedback from the clinical governance report being submitted to the NHS Board.

Inspectors saw that regular training, education and clinical supervision had not been possible due to staffing challenges and that clinical care had been prioritised.

Inspectors saw a detailed nursing work plan had been developed, which included recommendations and agreed actions to be taken on training and education, staffing/workforce decision making, clinical quality improvement, and professional leadership. This work was in the development stages and required significant investment. Inspectors look forward to reviewing the progress of this work.

During the inspection, inspectors saw that healthcare staff were asked via a training needs analysis to identify areas where they could enhance their existing skills in

order to deliver long-term health condition management for patients. The planned investment in staff to enhance their roles as practitioners was being well received.

Professional lead nurses shared with inspector's board-wide Nursing Core Competency to ensure standardisation of core nursing principles across the nursing workforce. This was recently in place for newly qualified nurses with a view to rollout to all staff. Inspectors saw evidence of the re-introduction and updating of induction frameworks for all staff and evidence of statutory and mandatory training requirement in staff files.

Inspectors observed evidence of an 'on call' senior management rota in the out-of-hours period, **this is good practice**. Staff spoke highly of the support this offered them. Staff attended weekly MDT meetings and had access to senior staff who were present operationally and supporting clinical care delivery.

Recommendation 68: GCHSCP should reintroduce clinical supervision as a priority within the Mental Health Team and Addiction Team to support staff with the sustained pressures from both COVID-19 and staffing issues.

Good Practice 28: A 'safe to start' approach had been implemented which was RAG rated every morning and solutions were sought across the three prisons within the partnership to maintain adequate staffing numbers to allow safe healthcare delivery to continue.

Good Practice 29: Inspectors observed evidence of an 'on call' senior management rota in the out-of-hours period, staff spoke highly of the support this offers them.

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: Satisfactory

The Prison Healthcare Team was part of GCHSCP which fell within the remit of the Joint Integration Board. There was a clear leadership structure in place. Staff were made aware of any changes to management structure via briefing emails and staff meetings. The operational service manager was currently in place as overall health centre manager as described in QI 9.16. They had an overview of HMP Barlinnie, HMP Greenock and HMP Low Moss workforce and vacancies, to safely staff and cover short falls internally. Inspectors participated in the daily 'safe to start' meeting as described in QI 9.16. Out-of-hours support was available via an 'on call' management rota. Healthcare staff reported this was positive in providing additional support to operational staff in the out-of-hours period.

A health needs analysis exercise was completed for mental health, addictions and primary care. Looking at the demography of the care needs of patients and included a survey to inform future planning and development. **This is good practice**. This included patients' focus groups. There were plans in place to use patient feedback in the future to inform improvement planning.

Weekly multi-disciplinary meetings were in place for healthcare staff with clear line of reporting into senior management. Senior nurses were now attending the Senior Nurses Group which allowed the team leaders in NHS GGC's prisoner healthcare to meet with senior nurses from acute hospitals and community services.

Monthly meetings took place with prison staff, the GIC and Deputy Governor. These were represented by senior management from the partnership. These meetings provided a platform to raise any joint working concerns, including the number of missed healthcare appointments and the reasons for this. Healthcare staff indicated a more positive working relationship with SPS.

Prison healthcare uses the DATIX system to report any adverse events in NHS GGC, this initiates any other processes such as local investigations and incident reviews. Healthcare staff reported a supportive approach regarding the debriefing process from emergency responses code red and blues. These debriefs were attended by SPS staff and learning was shared.

Good Practice 30: A health needs analysis exercise was completed for mental health, addictions and primary care, looking at the demography of the care needs of patients and included a survey to inform future planning and development.



HM Inspectorate of Prisons for Scotland is a member of the UK's National Preventive Mechanism, a group of organisations which independently monitor all places of detention to meet the requirements of international human rights law.

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