



# **HM INSPECTORATE OF PRISONS**

## **HMP INVERNESS**

**INSPECTION: 6-7 SEPTEMBER 2005**

**LAST INSPECTION 16-20 AUGUST 2004**



**SCOTTISH EXECUTIVE**

# **HM INSPECTORATE OF PRISONS**

## **HMP INVERNESS**

**INSPECTION: 6-7 SEPTEMBER 2005**

**LAST INSPECTION 16-20 AUGUST 2004**



**SCOTTISH EXECUTIVE**

**CONTENTS**

**PAGE(S)**

<b>1.</b>	<b>INTRODUCTION</b>	<b>1</b>
<b>2.</b>	<b>PREAMBLE</b>	<b>2</b>
<b>3.</b>	<b>PROGRESS ON RECOMMENDATIONS AND POINTS OF NOTE</b>	<b>3-9</b>

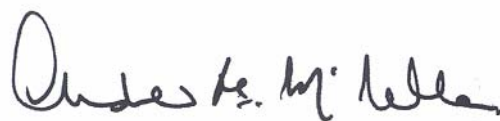
## 1. INTRODUCTION

1.1 The visit to HMP Inverness was made as part of a programme to visit every prison each year in which a full inspection is not being made. In the course of such visits the purpose is to follow up points of note from previous inspections, to examine any significant changes, and to explore issues arising from the establishment's own assessment of itself. It should not be seen as an attempt to inspect the whole life of the establishment.

1.2 The Inspection Team comprised:

Andrew McLellan  
David Abernethy

HMCIP  
HMIP



ANDREW R C McLELLAN  
HM CHIEF INSPECTOR OF PRISONS

September 2005

## **2. PREAMBLE**

2.1 Inverness prison has been overcrowded for years. Last year's report pointed out that the prison was contracted for 48% overcrowding. It is good that this contract number has been reduced from 160 to 150. But 150 prisoners is still a very large number in a prison designed to hold 108. The average number of prisoners held in the month prior to the inspection was 143.

2.2 The reduction in the contract number is one of several developments which have taken place after the report of 2004. Matters raised which have been acted on include toilet provision (albeit unscreened) in the separate cells, an astro-turf sports pitch, modest developments in the regime for vulnerable prisoners, improvements in the area of addictions and the introduction of some Sentence Management for long-term prisoners. There are also plans to improve the reception area. This is an impressive list.

2.3 Inverness has a small unit for women. During the inspection these prisoners repeatedly expressed anxiety that the Unit might be about to close. Many examples were provided of the difficulties in maintaining family contact if there were to be no unit for women at Inverness.

2.4 The prison felt safe and there had been no escapes in the past twelve months.

2.5 Real strengths were identified in the full inspection report of 2004. These strengths remain.

### **3. PROGRESS ON RECOMMENDATIONS AND POINTS OF NOTE**

Two recommendations and a number of Points of Note were made in the Full Inspection of 16 – 20 August 2004. Progress made on these is as follows:

#### *Recommendations*

Implemented:	1
Not implemented:	1

#### *Points of Note*

Implemented:	13
Not fully implemented:	6
Not implemented:	10

### **RECOMMENDATIONS**

#### *For SPS/HQ*

#### **11.1 SPS should urgently reconsider the non-provision of Sentence Management to long-term prisoners being held in Inverness (paragraph 5.13).**

Implemented. There are now fewer long-term prisoners in Inverness than a year ago. Two Officers have been trained to deliver Sentence Management for long-term prisoners and act as Personal Officers to these prisoners. When a prisoner is identified as having a particular need that cannot be delivered in Inverness, a temporary transfer to an appropriate prison is arranged.

#### *For Establishment*

#### **11.2 The Reception area should be replaced (paragraph 5.6).**

Not implemented. There are plans for a partial upgrade later in 2005. However, many of the issues highlighted in last year's report will not be addressed by the upgrade proposed.

## 12. POINTS OF NOTE

### *For SPS/HQ*

**12.1 SPS should consider introducing a system whereby national and local breast and cervical screening services can be notified of female prisoners' needs in relation to these services (paragraph 6.17).**

Not implemented. It has not been possible to make the necessary arrangements given the short period of time that most women are held in the prison.

### *For Establishment*

**12.2 Management should improve recreation facilities in 'A' Hall and consider allowing all prisoners out of their cells in the evenings (paragraph 2.6).**

Not fully implemented. Recreation facilities are the same as before but all prisoners are now allowed out in the evenings.

**12.3 Vulnerable prisoners in 'B' Hall should be managed in a way which does not draw attention to their status (paragraph 2.11).**

Not fully implemented. The prison does not consider this possible given the status of these prisoners. They continue to be located on the ground floor of 'B' Hall. The prison has improved vulnerable prisoners' access to work and the gym.

**12.4 A telephone should be fitted in 'C' Wing (paragraph 2.13).**

Not implemented. Prisoners continue to have to ask to be allowed into the recreation area to use the telephone.

**12.5 The audible alarm linked to the cell buzzer system in 'E' Wing should be muted (paragraph 2.21).**

Not implemented.

**12.5 Beds and toilet cubicles should be fitted in the cells in the separate cells area (paragraph 2.23).**

Not fully implemented. Both separate cells now have a toilet, albeit unscreened. Prisoners continue to sleep on a mattress on a concrete plinth rather than in a proper bed.

**12.6 The practice of allowing only closed visits for prisoners being held in the separate cells should be reviewed (paragraph 2.23).**

Implemented. Each prisoner's visit status is managed on a case by case basis.

**12.7 More meaningful work should be found for female prisoners (paragraph 2.24).**

Not fully implemented. Local charitable organisations provide limited opportunities for work which offers some personal satisfaction to prisoners; but there is not enough work, and not enough work which is interesting to do.

**12.8 An addiction co-ordinator should be appointed as quickly as possible (paragraph 4.2).**

Implemented. An addictions co-ordinator has been in post since December 2004.

**12.9 All prisoners should receive the full addiction treatment and care that they need (paragraph 4.4).**

Implemented. Changes to regime timings, and more cohesive team working have resolved this problem. The prison is making the best of limited physical resources.

**12.10 Prisoners should receive addiction counselling if required (paragraph 4.5).**

Implemented. Better organisation and team working, as well as a change to the contractual arrangements for addiction services means that more counselling now takes place.



**12.11 Addiction team members should meet regularly to discuss policy and complex cases (paragraph 4.6).**

Implemented. Multi-disciplinary team meetings take place every Wednesday and Friday. They are chaired by the Deputy Governor and include the Addictions Co-ordinator, Social Workers, Health Centre staff, the Liaison Nurse and Phoenix House. It is hoped that residential staff will attend in the future.

**12.12 The MDT Unit is coping, but only just, and sufficient time should be allocated to carrying out suspicion and risk assessment tests (paragraph 4.7).**

Implemented. MDT was suspended across the SPS for much of 2005, following Guidance from SPS Headquarters. Fifty six tests were carried out in Inverness when MDT was still in place.

**12.13 Provision should be made for disinfecting prison issue shoes (paragraph 5.3).**

Implemented.

**12.14 Better arrangements should be found for changing clothes and showering in Reception (paragraph 5.4).**

Not implemented.

**12.15 The prison should consider introducing a Links Centre (paragraphs 5.9 and 5.15).**

Implemented. The 'B' Hall recreation room doubles as a Links Centre from Monday to Thursday during the day. The activities in the Links Centre are organised by the Addictions Co-ordinator and a Residential Officer. Things are well organised and this has improved multi-disciplinary working in the prison.

**12.16 A clear management structure for managing throughcare should be developed (paragraph 5.15).**

Implemented. A new structure reflecting the changes to the system nationally has been published.

**12.17 More psychological support and intervention including clinical input is required (paragraphs 6.9 and 6.11).**

Implemented. Inverness now receives a clinical service one day every fortnight. The prison is also in the process of recruiting another Addictions Nurse with mental health training.

**12.18 Systems for identifying, assessing and addressing prisoners needs in relation to learning and/or physical disabilities should be more clearly defined (paragraph 6.12).**

Not implemented. All prisoners are assessed by a nurse on admission. The prison has in the past identified prisoners with physical disabilities, those with learning difficulties are only identified when the prisoner volunteers the information.

**12.19 The dental autoclave equipment is outdated and inefficient (paragraph 6.13).**

Not implemented. The prison is awaiting a response to an application for resources to replace the dental autoclave equipment.

**12.20 Dedicated sluice facilities should be installed in the Health Centre (paragraph 6.14).**

Not implemented. The prison is waiting for the new drug testing arrangements to be announced before deciding how best to use the facilities in the health centre.

**12.21 The annual budget to update library resources is insufficient to maintain an attractive resource (paragraph 7.9).**

Not fully implemented. A small sum of money has been spent; there are plans to double the library budget. Equally significantly, the library has been moved to better accommodation.

**12.22 The Listeners should be represented at part of the meetings of the Suicide Risk Management Group (paragraph 8.6).**

Not implemented. Prisoners have not attended any SRMG meetings.

**12.23 The perception of the Listeners that the Samaritans had concerns about confidentiality should be addressed (paragraph 8.12).**

Implemented. A meeting was arranged and the issues concerning the Samaritans and the Listeners were resolved.

**12.24 Facilities for physical education are unsuitable for the number and type of prisoners held (paragraphs 8.16 and 8.19).**

Not implemented. No change to the gym.

**12.25 The outdoor area used for PE is unsuitable (paragraph 8.17).**

Implemented. A new astro-turf sports pitch has been built adjacent to the gym. Prisoners can now safely participate in outdoor activities all year round.

**12.26 Consideration should be given to locating the Social Workers' office in the prison (paragraph 8.21).**

Not fully implemented. Although the Social Work office remains outside the secure perimeter, interview arrangements work better because they are now co-ordinated through the officer in the Links Centre.

**12.27 The Race Relations Monitoring Group should meet on a regular basis (paragraph 8.31).**

Implemented. While the RRMG still meets irregularly, this reflects the very low number of ethnic minority prisoners in the prison. Other arrangements are in place: notices are posted around the prison, appropriate policy documents and contact information are available in a

central office; and officers are trained. There have been very few complaints and all have been dealt with appropriately.

**12.28 The Guild of Launderers qualification should be offered to prisoners working in the laundry (paragraph 9.23).**

Not implemented.