



HMIPS

HM INSPECTORATE OF
PRISONS FOR SCOTLAND

INSPECTING AND MONITORING

HMP Inverness

Full Inspection

15–26 August 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 His 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.

His 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 [Standards for Inspecting and Monitoring Prisons in Scotland](#).

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 Governor or Director 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 alongside this report on our website.

Key Facts

Role

Inverness serves courts in the Highlands, Islands and Moray, a large and diverse catchment area embracing rural and urban communities.

The prison manages male remand adult prisoners, convicted adults serving up to four years, and various other individuals who are waiting to go to their prison of allocation or need to spend time with them as a management support.

Brief history

The present prison was opened in 1902, having relocated from nearby Inverness Castle to what was, at that time, the rural parish of Porterfield.

There were 25 male and 10 female offenders in accommodation comprising of 49 cells. Throughout its subsequent history the prison has had a mixed population of men and women, convicted and untried offenders.

Accommodation

The accommodation halls within the confines of the original wall have changed internally over the past 100 years, although their facades have remained the same. A number of extensions and extra buildings have been incrementally added to cope with rising and changing demands. Examples include the new Gate complex, the workshops and laundry. Other areas, such as facilities for healthcare and catering have been modernised.

Design capacity

It has a design capacity of 93 with 76 cells.

Date of last inspection:

13–24 November 2017

Healthcare provider:

NHS Highland

Learning provider:

Fife College

Overview by HMCIPS

HMP Inverness was a small Victorian prison designed to accommodate approximately 100 prisoners. Plans for a replacement prison, the new HMP Highland, are already well advanced; were this not to be the case, this report would more vociferously highlight concerns about the Victorian infrastructure of HMP Inverness. The current facility is ill-suited to the requirements of a modern prison system, not least with regard to the paucity of accessible cells. It is hoped that development of the new prison is not inhibited by the budgetary pressures facing the SPS, as any slippage with the construction of the replacement prison would be deeply troubling.

The saving grace for HMP Inverness was the compassion, skill and dedication shown by management and both SPS and NHS staff in trying to make the best of what they have for now. Notwithstanding our concerns about the infrastructure, this was in some respects an exceptional prison. Staff/prisoner relationships observed during the inspection were always friendly, respectful and supportive, in many instances outstandingly so. A strong management team and a strong staff group, with positive relationships between them and with their partner agencies, make for a good prison and HMP Inverness was blessed in that regard. That unity of purpose and effort undoubtedly contributed to the satisfactory performance recorded against six standards and the 23 examples of good practice identified during the inspection.

However, there are always areas where improvements can be made, and performance against three of the standards was judged generally acceptable with 67 recommendations made across all standards.

The elements where good practice and determined efforts to promote a transformational agenda really stood out included development of a new Recovery Wing, with a SMART recovery programme close to being embedded at the time of our inspection. This was an imaginative initiative which should provide significant benefits for those in need of that support. It was also encouraging to see action had been taken since our last visit to refurbish the holding cells and agree a protocol whereby anyone requiring to be held for longer than 72 hours would be transferred to a more appropriate Separation and Reintegration Unit setting.

We warmly welcomed the slick processes for managing the laundry and reducing the risk of clothes going missing, and we took heart from seeing a robust review process embedded for anyone on the SPS Suicide Strategy – Talk to Me – for long periods.

Another clear strength was the collaborative working between partners on community reintegration planning. In particular, use of the new “my compass” outcome tracking tool should provide valuable feedback for individuals as well as for the prison and community partners on the effectiveness of the support provided. The prison had developed positive strategic relationships with community justice partnerships, which were bearing fruit in working together and securing funding for shared agendas.

We fully understand that local management will be focussed on planning for the new prison, but we nevertheless highlight a number of areas where improvements are needed to the existing prison and some modest additional investment is required to existing facilities. The lack of privacy afforded to prisoners being searched in reception must be addressed, alongside the inadequate privacy offered to those showering through saloon doors that do not close fully; the right to privacy in such situations is a core human right that must not be violated. In a similar vein there were not enough places in the Links Centre where conversations between agency staff and prisoners about their release plans or other sensitive issues could take place with confidentiality fully protected. This was due in part to a lack of internal ceilings within partitioned rooms; we understand there are challenges in addressing the problem due to fire safety regulations, but the current situation is far from perfect. Some cells being used as doubles were too small for double occupancy and breached international standards on minimum space dimensions; alternative strategies for population management across the prison estate need to be adopted to mitigate the issue until the new prison opens.

Although we found the prison safe with relatively few incidents of violence occurring, and our prisoner survey suggested the vast majority of prisoners felt safe, the lack of cameras in residential areas was an impediment to maintaining safety and security. We would also like to see violent incidents reviewed more systematically; in too many cases no review had taken place.

The visits room was cold and uninviting. It is recognised that only limited investment on this is practical until more modern visit facilities arrive with the new prison, but some further efforts to make the visit room more attractive, particularly to children, would be appropriate. In some ways more concerning was the lack of availability of evening visits, which was a major barrier to family contact. We sympathise with the staffing shortages facing the Governor in Charge, which had forced the prison back to running a core day and restricted his ability to offer evening visits, but this needs rectifying at the earliest opportunity. It was also disturbing to hear those prisoners arriving at the prison between 5:30 pm and 6:30 pm were having to wait inside a prison van until the staff break had finished. Staff shortages and a return to the core day were impacting on the ability to run a full regime, but we would still like to see more pace in the return to pre-pandemic norms. For instance, prisoners should not have to choose between attending work parties, education or accessing fresh air.

The prison-based social work team was struggling with staffing shortages and changes in personnel; Highland Council and the SPS need to work together to ensure the team is better supported. The Learning Centre provided a bright and welcoming environment for prisoners to engage in learning, but uptake was low, with a limited range of subjects. Stronger efforts are needed to engage new learners.

The patients who spoke to inspectors were positive about access to healthcare staff and services, and we found a committed NHS healthcare team keen to provide a good service. However, the healthcare team are strongly encouraged to develop more robust systems and processes that can support accountability and assurance around managing patient care, including long-term conditions, pharmacy provision, links to drug and alcohol services and infection control. Likewise, a healthcare needs assessment from 2021 had not yet been implemented, and there were no structured

support mechanisms in place for staff supervision at the time of the inspection. With the assistance of the SPS, more appropriate settings are required for confidential health screening on admission.

The overriding impression, however, was of a motivated SPS management team and staff group working strongly together, and in tandem with NHS and other partners, with unity of purpose, good communication, and a compassionate approach to those in their care. This bodes well for the move to the new HMP Highland. To ensure a smooth transition occurs, however, we urge the SPS to recruit additional staff well ahead of the planned opening and provide opportunities for staff in HMP Inverness, who have only ever known an old Victorian prison, to gain experience of working in a modern prison on temporary detached duty to HMP Grampian. Not only would this provide excellent preparation for an efficient transition to HMP Highland, but it might also allow HMP Grampian to re-open Cruden Hall and assist with overall population management issues across the prison estate.

In conclusion, although we have made 64 recommendations in total, we encourage a particular focus on the following 11 key recommendations:

- **Recommendation 2:** HMP Inverness should look urgently at alternatives to saloon doors on the searching area to allow sufficient privacy to prisoners.
- **Recommendation 10:** SPS HQ should look for alternative solutions to accommodate the increased prison population, as the double cells were too small to comfortably accommodate two people.
- **Recommendation 11:** HMP Inverness should replace the saloon doors immediately to ensure that privacy is upheld.
- **Recommendation 18:** SPS should consider introducing cameras in residential areas at HMP Inverness.
- **Recommendation 21:** HMP Inverness should look at enclosing the rooms in the Link with ceilings to allow confidential conversations to take place.
- **Recommendation 26:** HMP Inverness should seek to provide a regime that does not require prisoners to have to choose between attending work parties and education or accessing fresh air.
- **Recommendation 28:** The Educational Team at HMP Inverness should follow up with those who don't attend education to encourage their participation and provide a more structured approach to explaining what is on offer and supporting prisoners on their learning journeys.
- **Recommendation 35:** HMP Inverness should review the visits timetable to accommodate evening sessions.
- **Recommendation 36:** HMP Inverness and Highland Council should continue to work together to ensure that the PBSW service is best supported to fulfil its role in providing timely professional assessments and reports to properly inform defensible decisions about prisoners.
- **Recommendation 41:** SPS HQ should support the transition to the new HMP Highland by facilitating early recruitment of staff and the opportunity to gain experience of a modern prison on detached duty to HMP Grampian.
- **Recommendation 62:** NHS Highland must develop an action plan to help manage and monitor the development and implementation of systems and processes that will support patient care.

Human Rights-Based Approach Overview

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

Amongst others, our standards are heavily influenced by CPT Standards; UN Standard Minimum Rules for the Treatment of Prisoners (Mandela Rules); European Prison Rules; UN Rules for the Protection of Juveniles Deprived of their Liberty (Havana Rules); Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power; various Council of Europe recommendations; UK Domestic Legislation including the Human Rights Act and Scotland Act; European Convention on Human Rights; UN Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders (Bangkok Rules); international jurisprudence and best practice; and UN Convention Against Torture.

The human rights-based inspection of HMP Inverness 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 Inverness.

HMIPS's 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.

Overview

HMP Inverness demonstrated a satisfactory level of respect for basic principles of human rights in their day-to-day outcomes. While the fabric of the building presents some serious challenges to the full enjoyment of rights for prisoners – inspectors are aware that this is acknowledged by the Scottish Prison Service with the commissioning of the replacement HMP Highland. If SPS were not planning to replace the site, the inspectorate would be raising quite profound concerns about the facilities and conditions of HMP Inverness. These concerns are mitigated by the commitment to replace the prison and their short-term nature.

We continue to highlight that outdated establishments are not fit for purpose for a modern, rehabilitative and rights-respecting penal system. The replacement of the prison will represent a positive step forward in establishing a rights-based prison system, for which the fabric of the estate plays a significant contribution.

The foundation to this prisons success is quite clearly strong relationships between staff and prisoners which are based on a culture of mutual respect, good humour and fairness. This was most pleasing for inspectors to observe.

HMIPS do not underestimate the strain COVID-19 placed on establishments. It was right and proper that protecting the health and safety of both prisoners and staff took priority over certain functions of prison management. We now expect prisons

to put in place mechanisms to restore regime, meaningful activity and engagement at pace. To the establishment's credit, it seemed various activities we would expect were beginning to be reinvigorated, but this was not happening at the sort of pace inspectors would like to see. Human rights standards are clear that prison should offer significant purposeful activity to engage and support individuals. This was not the case and the regime at HMP Inverness requires further thought and consultation with the prison population to best meet the needs of those held.

HMP Inverness could go further to embed a human rights-based culture within their processes and policies. That said, outcomes by the prison broadly met with acceptable human rights standards and supported by a strong senior management team that prioritised the respect and dignity of prisoners in the establishment.

PANEL Highlights

Each standard (with the exception of Standard 9) within this inspection is reported through the PANEL approach. We expect establishments to meet the following five principles.

- Participation - Prisoners should be meaningfully involved in decisions that affect their lives.
- Accountability – There should be monitoring of how prisoner's rights are being affected as well as remedies when things go wrong.
- Non-Discrimination - 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.
- Empowerment - Everyone should understand their rights, and be fully supported to take part in developing policy and practices which affect their lives.
- Legality - Approaches should be grounded in the legal rights that are set out in domestic and international laws.

This report overview will select some key areas to consider of concern and good practice but will not be exhaustive of each heading. The inspection standards cover these areas in greater detail.

Participation

While HMP Inverness had some elements of a good participation model, this was neither sufficiently established, robust or confident.

Prisoner Information and Action Committees (PIACs) can be a good opportunity to meaningfully involve prisoners in decisions that affect the prison: while it does not involve cumbersome work, a good PIAC model can greatly influence the participatory success of an establishment and help make prisoners feel heard and engaged. Although these had been utilised by the establishment, prisoners reported in our pre-inspection survey that only 19% felt they were consulted, and changes sometimes occurred. We would encourage HMP Inverness to do more to demonstrate to the prison population where prisoner's voice has made meaningful differences. We would also encourage HMP Inverness to try new methods to help readjust the power imbalance at PIACs, for example, by allowing a prisoner to chair proceedings.

Prisoners should also be represented on committees that affect them, especially the Equality and Diversity (E&D) committee. There had been no outreach to prisoners to have a prisoner representative on the E&D Committee. This is a key part of ensuring minority groups within an establishment are represented. Although inspectors were told this was in process.

Staff and prisoners told inspectors that a number of areas of consultation occurred informally through dialogue with prisoners. This runs the risk of participation only being afforded to those who are most vocal, or who have established relationships with staff. This method of consultation has the potential of straying into unconscious bias, and at the most concerning – discriminatory practice. While informal consultation should not be discouraged, it should always be followed up by a period of formal consultation and engagement. The principle of participation must give special attention to issues of accessibility, and HMIPS would expect any barriers to participation to be actively identified and prisoners assisted to overcome them in order to meaningfully participate.

The strong relationships between staff and prisoners allowed for an individual and person-centric approach within the prison. But an effective participatory model should not have to rely on good relationships – it should be an established piece of prison infrastructure that continues even if relationships break down. To that end inspectors would hope to see a model of participation develop within the prison that is evidenced, places prisoners at the centre of decision making, and sees engagement with all prisoners. To achieve this, HMP Inverness has some distance to travel – but it has a relatively sound base from which to build.

Finally, the inspectorate would be pleased to see prisoners meaningfully involved in the design of and transfer to HMP Highland.

Accountability

There was a framework of administrative accountability in the prison. However, effective accountability based on human rights standards was 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.

In a similar vein to the findings above, inspectors had concerns about reliance on informal resolution of complaints with no clear records or process in place. Prisoner complaint forms (PCF1, PCF2) or EDF forms were not readily available in all halls and on all floors of a wing.

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 must be recorded.

Inspectors struggled to assess systemic issues or complaint trends as there were very few recorded complaints at HMP Inverness. Again, this seems to be because the prison operates on an informal resolution model. This is fine – but the prison should establish a model whereby complaints are recorded and categorised. This will allow for a true reflection of issues to be identified and analysed by prison management, improving outcomes for prisoners and staff. The inspectorate recognise it is a difficult line to walk between overly formalising a system that works well and having appropriate mechanisms for audit and review. In our judgement the prison should look at this process again.

The E&D Team, led by a strong member of the senior management team, was in its infancy following COVID-19 placing the committee on hold. The prison had developed champions along the protected characteristics and inspectors were impressed by the motivation and competency of many of this team. While we would have liked to see a greater focus on analysis and active efforts for non-discrimination, inspectors were satisfied that this would come once the group were more established. The committee should look to involve the prisoner population amongst their number.

In line with previous inspection findings at other establishments relating to EDF complaints, HMIPS found the process to be entirely lacking. An EDF acts as an addendum to a PCF complaint where the complainer believed the issue to concern an E&D matter. Where such a form was attached, the complaint was sent to the E&D manager to investigate and reported back separately. These complaints should be reviewed by the E&D Committee to identify systemic issues that may be going wrong and address them prison-wide. While not unique to HMP Inverness, the process of dealing with an EDF complaint did not differ in any clear way, in either process or outcome, from a standard PCF complaint – rendering it without value. HMIPS would strongly encourage SPS HQ to re-examine processes and procedures in place around E&D complaints.

Legality

A human rights-based approach requires the recognition of rights as legally enforceable entitlements and is linked to national and international human rights law. 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 is 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. This is the sort of human rights infrastructure which could always be developed further. That said, inspectors found a model based on good foundations. With not much work, and with the opening of the new HMP Highland, HMP Inverness will resolve the concerns highlighted.

Summary of Inspection Findings

**Standard 1 Lawful and Transparent Custody**

Satisfactory

**Standard 2 Decency**

Satisfactory

**Standard 3 Personal Safety**

Satisfactory

**Standard 4 Effective, Courteous and Humane Exercise of Authority**

Satisfactory

**Standard 5 Respect, Autonomy and Protection against Mistreatment**

Satisfactory

**Standard 6 Purposeful Activity**

Generally Acceptable Performance

**Standard 7 Transitions from Custody to Life in the Community**

Generally Acceptable Performance

**Standard 8 Organisational Effectiveness**

Satisfactory

**Standard 9 Health and Wellbeing**

Generally Acceptable Performance

Standards, Commentary and Quality Indicators

Standard 1 – Lawful and Transparent Custody

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

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

Inspection Findings

Overall Rating: Satisfactory

In this standard, eight quality indicators were rated as satisfactory performance and one was rated as generally acceptable, giving an overall rating of satisfactory. There were seven recommendations for improvement.

There were Standard Operating Procedures (SOPs) in place to assist staff with the admission and liberation processes and inspectors observed staff to be knowledgeable and adhere to them.

Reception staff were respectful and courteous and their good relationship with GEOAmev assisted the prisoner admission experience and helped get prisoners to their allocated cell quickly. The reception area was compact with one of the rooms assigned only to the NHS. This reduced the space available to undertake private interviews with prisoners either taking place at the staff desk or the larger holding area and meant the small holding cells were used more regularly to keep prisoners separate whilst waiting to be processed. It also meant prisoners and staff of both genders were sharing a toilet. HMIPS accept that prisoners were only held in the small cells for short periods of time, but this should be kept to a minimum as it is not a humane environment to hold people.

The search area had saloon doors that did not shut properly, and inspectors were able to see through the gap. An alternative should be sought to allow privacy to prisoners removing their clothing to shower and be searched.

Inspectors were informed that the reception was closed to new admissions between 5:30pm and 6:30pm each day to allow staff to have a break. This had resulted in prisoners and GEOAmev staff sitting in a van outside the prison waiting for it to reopen. Given the area covered by the prison and the potential distances between courts and the prison, this could happen on a regular basis. HMIPS are aware of the staffing issues at HMP Inverness but are concerned that this is resulting in prisoners being kept on the van for an additional hour unnecessarily. HMP Inverness need to look at ways to avoid this happening in the future.

HMIPS Standard 1 Lawful and Transparent Custody – Continued

Prisoners were given lots of helpful information about the prison rules and routine, including information on how to make a complaint and keep contact with family and friends. To enhance the information provided on prisoner participation, HMP Inverness should include information about PIACS and Independent Prison Monitors (IPMs). Induction was being offered to all prisoners and taking place on time, but HMP Inverness need to review the process to allow sufficient time for the people organising and delivering it to include relevant staff.

Core screen paperwork was not always completed within 72 hours and time should be built into the day to allow this to happen.

Staff could not recall receiving a prisoner who did not speak English, but there was a folder with instructions on how to use translation services if required.

All staff had received the training required to carry out their role and the SPS Prison Records Systems – version 2 (PR2) was updated appropriately.

HMP Inverness may wish to consider introducing a peer mentor to the admissions process to further enhance the experience of prisoners.

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

Participation: Prisoners were invited to engage in the admissions process via the Reception Risk Assessment (RRA) form and First Night in Custody Checklist, which were completed in a private setting. Translation services were available and guidance for staff on how to use them. Information about PIACs and the IPM service should be added to the Prisoner Information Guide and PIACs should be added to the national induction PowerPoint, to inform prisoners how to participate in decisions about their daily lives. The Core Screen process should be improved to allow it to be completed within 72 hours of arrival.

Accountability: There were efficient processes in place for admission to HMP Inverness and liberation from it. During the reception process, and on arrival at their allocated hall, prisoners were provided with information about their entitlements. The liberation process took account of onward travel arrangements and appointments in the community. Prisoners were encouraged to attend induction if they refused.

HMIPS Standard 1 Lawful and Transparent Custody – Continued

Non-discrimination and equality: Prisoners were classified and allocated to an area in the prison in advance of them arriving, so they were quickly placed in the area that best suited their needs. Prisoners who required additional assistance with the admissions process were identified on arrival at reception. Translation services were available and guidance for staff on how to use them. Prisoners were offered guidance and support in advance of their liberation date. Prisoners arriving during the evening staff break were being held in a van outside the prison waiting for it to reopen. A process needs to be put in place to avoid this happening.

Empowerment: Prisoners were provided with a Prisoner Information Guide in reception to provide them with the basics of the prison. There was sufficient information provided in these to enable the prisoner to know their rights in advance of being offered induction, but as stated previously further information should be added. The RRA and the First Night In Custody Checklist enabled staff to identify prisoners with additional needs.

Legality: Staff followed the lawful procedures and completed them in a professional manner. HMIPS have concerns about the small holding cells and are pleased that they are only used for short periods. The doors on the searching area need replaced to offer privacy to those being searched.

Encouraging observations:

- Prisoners were treated with courtesy and respect throughout the admissions and liberations process.

Emerging concerns:

- The use of the small holding cells in reception that are not a humane environment in which to hold people.
- The doors on the searching area did not allow sufficient privacy to prisoners removing their clothing to shower and be searched.
- Prisoners being held on the van outside the prison when arriving during the staff break (5:30 to 6:30).
- The Prisoner Information Guide did not include information about PIACs and IPMs, and the national induction PowerPoint did not contain information about PIACs.
- There was insufficient time in the day for core screen paperwork to be completed within the 72-hour timescale.
- There was insufficient time in the day for the people organising and delivering induction, and this could become a bigger issue once the drug recovery area is up and running.

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: Satisfactory

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

The prison had only one designated accessible cell and two holding cells. The accessible cell was spacious and contained the necessary equipment for an occupant with mobility issues to utilise. However, it was concerning that there was only one accessible cell available for the entire prison, which could prove to be challenging should more than one prisoner require to be placed there.

The communal areas of the halls were tidy, well maintained and in a good state of repair, all were freshly painted and clean. However, a number of cells were found to be in a poor state of repair both cosmetically and structurally. Most were urgently requiring to be painted. Dampness was visible creeping through the stone walls causing the surface to crumble and rust visible on the frames of the windows.

A number of cells were double occupancy with fitted bunk beds, the sizes of these cells varied but it remains the view of HMIPS that the space available in these cells was not adequate for two people to live comfortably side by side.

HMP Inverness was running on a “Care and Maintenance” programme at the time of the inspection. This meant that only jobs necessary for the prison to operate effectively were being carried out and no major or scheduled works were planned before the anticipated closure of the prison around 2024.

The laundry was found to be extremely effective and well managed with each prisoner allocated an ID number on arrival that stays with them throughout their stay.

All prisoners shared showers and these shared facilities were found to be in good condition and clean throughout the prison. It was noted that on A Hall there were only two showers for over 20 prisoners and as such it could become challenging at times. Whilst shared showering facilities are not desirable it is understood by HMIPS that this is something that HMP Inverness was not in a position to address at the time of the inspection.

Prison-issued clothing was found to be in good condition and there were sufficient stocks held in all sizes. Outdoor jackets provided for use outdoors were of high visibility and of good quality; prisoners reported they were fit for purpose.

HMIPS Standard 2 Decency – Continued

The meals at HMP Inverness were rotated every three weeks. The menus appeared to be well balanced and met nutritional requirements but did not clearly display nutritional information or allergens. Cultural and religious diets and those with health concerns were well catered for. The HMP Inverness kitchen held the “Healthy Living Award” meaning that all menus were approved by Public Health Scotland. In addition, it was good to see that the prison was about to be presented with the “Eat Safe” award that is awarded by Food Standards Scotland for exceptional food hygiene standards that go beyond the legal requirement.

There was only one point of service in the prison for meals and the advantage of this was that the food served was fresh and hot and did not require to be stored for any great length of time before serving.

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

Participation: Recent PIAC meetings identified requests for changes to be made to the lunch menu; these were implemented by the prison and well received by prisoners.

Staff and prisoners were aware of how to raise issues and they were generally dealt with promptly, replacement clothing, bedding, towels and toiletries were readily available on request and in good supply.

Accountability: The laundry provided an excellent service for prisoners to have their personal underwear washed every weekday and their prison clothing and bedding washed weekly. Staff in the laundry monitored prisoners clothing, towels and bedding and replaced any that were found to be worn or damaged even when the prisoner had not requested it.

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

Non-discrimination and equality: Inspectors did not witness any direct discrimination in respect of this standard during the inspection.

Empowerment: Prisoners had access to the basic requirements for a decent life and understood the process for raising maintenance issues, obtaining essential hygiene items and clothing.

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

HMIPS Standard 2 Decency – Continued

Encouraging observations:

- The laundry service was extremely efficient.
- The “Eat Safe” award that was awarded by Food Standards Scotland, which demonstrated that exceptional food hygiene standards were present in the kitchen of HMP Inverness.

Emerging concerns:

- Cells required urgently painting.
- The lack of accessible cells.
- Alternative solutions are required to accommodate the increased prison population, as the cells are too small to comfortably accommodate two people.
- The menu offered to prisoners should display nutritional values and allergen information.
- The saloon-style doors fitted to the showers do not offer sufficient privacy for the user, as they do not close properly.

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, one quality indicator was rated as good, three were rated as satisfactory and three rated as generally acceptable, giving an overall rating of satisfactory. Three recommendations for improvement have been made.

There was good evidence of strong, compassionate efforts to identify and assist those at risk of suicide or self-harm, and those on Talk to Me (TTM) felt appropriately supported. Similarly, individuals who might be most at risk of harm from others said they felt safe and offence protection prisoners noted that staff did intervene when they were subjected to verbal abuse. Although it was encouraging and commendable that both prisoners and staff felt safe in HMP Inverness, more could have been done to formally review the incidents of violence that did occur. Similarly, although it was extremely positive to hear prisoners indicate that bullying wasn't an issue in the prison, and that any incidents were dealt with quickly and informally, there was scope to improve documentation of how such incidents were managed to better evidence consistency of approach.

The Health and Safety Co-ordinator took their responsibilities seriously, with a scheduled programme of audits, but returns from some areas were low. More could be done by senior management to support compliance with both health and safety audits and accident investigations.

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

Participation: All prisoners spoken to about the TTM process stated that they felt included in the process and were given a voice that had influence in their management plans. Vulnerable prisoners also reported good relationships with staff and their personal officers, which had a positive impact on their management and feeling of safety. Prisoners and staff reported excellent relationships, and this was evidenced through observations during the inspection, with issues being discussed and resolved promptly at the lowest possible level. This was evidenced in the creative management of prisoners to ensure safety and regime whilst maintaining their location in Inverness, close to family and friends.

HMIPS Standard 3 Personal Safety – Continued

Accountability: The TTM audit for both live and closed files was embedded with SPS and NHS staff, with evidence of audit and assurance daily and weekly. The content was found to be of good quality and thorough. Archives were comprehensive and well structured, with a number of dip tests for TTM and RRA being undertaken.

Instances of violence had not had the same level of follow-up and compliance, with a return level of approximately 20% for Violent Incident Reviews. The Health and Safety Coordinator had a well-structured yearly plan for inspection, but returns were low. Staffing shortages had limited the coordinators facility time to audit and follow up this work.

Emergency contingencies and SOPs were found to be of good quality and there was a good staff awareness of these. Audit and assurance was planned and structured, both in terms of maintenance of equipment, training, and compliance.

Non-discrimination and equality: Whilst there was a low percentage of foreign nationals in HMP Inverness, there were a number of measures in place to assist their stay including language translation services and key documents in a number of languages. Evidence of provision for alternative religious services and specific diets was available but not required at time of inspection.

Prisoners assessed as vulnerable and with protected characteristics stated that they felt safe in HMP Inverness, and this was mirrored across the wider prisoner group.

Empowerment: Vulnerable prisoners and those requiring additional assistance were cared for in a compassionate manner with individualised management plans. This was evidenced through discussions with staff and prisoners, who reported excellent relationships and a feeling of inclusion and being listened to.

Legality: Compliance to Prison Rules and policies appeared very structured, with evidence of compliance. Staff were clear of their roles and responsibilities and policies to support them. Prisoner and staff relationships were good, and many issues were explained as being dealt with informally and at the lowest possible level. This led to difficulty in obtaining written actions and outcomes, but both prisoners and staff were clear that this did happen. However, this had impacted on the use of the Think Twice Strategy. The TTM process appeared particularly robust with excellent levels of prisoner and multi-agency participation.

Emerging concerns:

- The level of returns in Health and Safety (H&S) inspections.

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

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

The overriding impression was that the prison functions with the flexibility of the staff and teamwork between the SMT and staff, and partners such as the NHS. There were some good processes in place but also some surprising findings, such as upgrading of the cameras not including the residential areas. It was pleasing to note the responses to HMIPS concerns around the fabric of the holding cells and the suitability of using it as a Separation and Reintegration Unit.

Although space was at a premium, the prison had a good facility to undertake drug testing. It had made progress in increasing the numbers of staff trained to test prisoners by utilising an external company, as the SPS College do not provide this type of training.

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

Participation: Those spoken to regarding being on Special Security Measures (SSM) reported that they were involved in their case and were listened to. There were issues identified where prisoners did not have a copy of their paperwork for reference which limiting their understanding.

Accountability: There were assurance processes in place, e.g. for property and cash checks, Use of Force (UOF) checks, searching and discipline hearings paperwork, which ensured prisoners were protected and compliance met.

Non-discrimination and equality: Throughout the inspection of this standard, inspectors found no discrimination against any prisoner or prisoner group. For example, prisoners were treated equally during discipline hearings.

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

Empowerment: During discipline hearings and discussions with prisoners around their restrictions under SSM, they reported that they had understood their rights. Adjudicators during discipline hearings ensured that the person's rights were upheld.

Legality: There was no evidence that HMP Inverness did not uphold the legal rights for those they looked after. Rules governing the discipline hearings, for example, were available for reference and those charged and found guilty had access to an appeals process. In line with rule 95, there was evidence of those being restricted having the opportunity to submit their self-representations.

Encouraging observations:

- The removal of the outer doors and the recent refurbishment of the holding cells.
- HMP Inverness now have an agreement in place, supported by SPS HQ, that if a person is to be held for more than 72 hours they are transferred to a suitable SRU setting.
- A grab bag (snacks and refreshments) was available for staff attending emergency escorts.

Emerging concerns:

- Prisoners did not have a copy of their SSM paperwork for reference.
- The additional costs for families in having to post goods and property rather than being able to hand them in.
- The lack of cameras in residential areas, impeding security and safety.

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: Satisfactory

All eight quality indicators were rated as satisfactory, with three examples of good practice identified and seven recommendations for improvement.

There was strong evidence both from the views of prisoners in the pre-inspection survey and interactions observed during the inspection that relationships between staff and prisoners were friendly but respectful, with staff and prisoners using first names and where appropriate humour to convey information. Similarly, prisoners were kept fully informed about key matters and were treated humanely and with understanding. There was a stable regime in place, if more restricted than usual due to staff shortages. More could be done to ensure all notices for prisoners about prison life are easier to read. The staff did their best to overcome barriers to confidentiality brought about by a lack of meeting rooms in residential areas and not all interview rooms in the Links Centre having a ceiling to secure confidential discussions. Conversely confidentiality for prisoners using the phone boxes in the residential areas was better than in other prisons and there was a clear focus on trying to resolve complaints quickly at the front line to avoid the need for escalation.

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

Participation: There was evidence of PIACS taking place and the minutes were displayed on most noticeboards, with the exception of B Hall.

Accountability: HMP Inverness had a culture of managing complaints at the lowest level, seeking to remedy issues before they escalated. The PCF process was correctly adhered to. The complaints that became formal were correctly logged and managed. The size of the population meant there were close and familiar relationships between staff and prisoners. Procedures were in place and staff were knowledgeable about them.

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

Non-discrimination and equality: There were a low number of foreign nationals residing in HMP Inverness. Those interviewed felt safe and supported. Translation services were readily accessible when required.

Empowerment: The establishment was running a curtailed regime due to staffing shortages, which meant there was no activity in the evening. Prisoners were given access to available purposeful activity during the course of the day, this included essential services and education. Visits were only available during the day.

Legality: The Prison Rules were readily available in all residential areas and the library on request and there were no issues of legality in relation to this standard.

The Links Centre was used for Virtual Courts and other third sector meetings with prisoners. Agents' visits appointments were readily available and managed appropriately.

Encouraging observations:

- Staff working across more than one area of the prison meant they were engaging with the majority of the prisoner group on a regular basis.
- Staff giving prisoners access to the hall phone out of the allocated time in the regime.
- Dealing with complaints at the lowest level.
- IPMs regularly visit areas and are perceived as visible and helpful.

Emerging concerns:

- Not all staff wore their name badges.
- SOP regarding escort/hospital detain needs updated to include guidance for contacting family members if prisoner's condition and consent warrants it.
- Some of the interview rooms in the Link Centre had no ceilings, which prevented confidential conversations.
- Notices were not always easy to read for those with learning difficulties.
- Noticeboards were often cluttered. Only up to date information should be displayed.
- Complaint forms were not available on all levels within the halls.

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 Performance

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

There was an appropriate range of employment and training opportunities for all prisoners, with the work allocation board often meeting daily to review where there were work opportunities. All prisoners were made aware of the available work parties at induction and all eligible prisoners were encouraged to attend work. There were positive examples of staff and external partners working well together. For those not work ready there was good support in place.

The Learning Centre provided a welcoming, bright and comfortable environment for prisoners to engage in learning. Although it appeared to be equitable to all, uptake was low with a limited range of subjects. Although prisoners were offered education induction, for those that did not accept the offer there was no follow-up communication from education staff. The view of the majority of prisoners was that they were unclear as to the offer of education and those that were felt it did not meet their needs.

The prison offered a sufficient range of physical and health opportunities, available to all prisoners, although those in recovery tended not to make use of the facilities on offer. There were workout programmes available which extended to use in a cell.

All prisoners had access to the library that had a good range of books, including a few in large print. Prisoners were able to request and reserve books and the views of prisoners were sought about the range on offer. Through the engagement of the Life Skills Officer, a range of programmes such as 'Better Dads' had been organised to meet the needs of individuals, helping to prepare them for release.

HMIPS Standard 6 Purposeful Activity – Continued

All prisoners had access to a reasonable range of cultural, recreational and self-help activities. There were Roman Catholic and Church of Scotland services and few special events, such as harvest and remembrance organised during the year. The COVID-19 pandemic had an impact on the variety and frequency of some cultural events but there were plans in place to reintroduce some of the previous programmes such as Fit for Life.

All basic entitlements were found to be met during the period of the inspection. The prison continued to function on a core day which allowed access to fresh air, the phone and showers for all prisoners.

Prisoners were aware of their entitlements to visits including virtual visits. However, the core day did effect family contact for those working or children of school age due to no evening visits.

The Family Visits Centre next to the prison was viewed as a valuable resource for maintaining family contact, however, it was generally underutilised. The role of the Family Contact Officer (FCO) worked well in facilitating communication between prisoners and families.

The physical nature of the visits room was not conducive to a friendly and welcoming environment. It was clear throughout the inspection that there was a culture of attempting to maintain good family and social relationships for all prisoners at HMP Inverness, with staff being viewed as professional and friendly.

Inspectors found there to be excellent scope and provision to address addictive behaviour, triggers and relapse prevention within the establishment. Staff in the Links Centre demonstrated high levels of motivation and excellent inter agency working with partners to maintain provision.

Inspectors also found evidence of systems in place to ensure a timely and accurate assessment of needs was in place for all prisoners. Prisoners and prisoner's families were regularly given the opportunity to contribute to these processes. However, the role of the ICM coordinator was critical in the smooth running of these systems and inspectors noted that there had been lengthy absence preceding and during the inspection, though an acting up process had been implemented.

HMIPS Standard 6 Purposeful Activity – Continued

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

Participation: The process for prisoners applying for work placements operated well and took account of prisoners' preferences, but there were no opportunities to influence the shape of future provision. Prisoners got the chance to request specific books and influence the choice available in the library. There was also an appropriate range of opportunities to maintain physical health, which were popular with prisoners. However, the prison could do more to maximise participation in education by reaching out further to those who declined to attend. Inspectors were provided with information relating to prisoners' participation on Integrated Case Management (ICM) processes and procedures, however, personal officers were not always available or present on these forums. The ICMs processes presented for inspectors followed the multi-agency approach and prisoners were afforded the opportunity to respond to all contributions. Inspectors also found that prisoners at HMP Inverness had full opportunities to attend visits, virtual visits and faith-based services.

Accountability: The education team should adopt a more structured approach to engaging learners and supporting them on their learning journey as many prisoners did not feel it met their needs. The prison used induction, noticeboards and informal communication in the halls to raise awareness of various therapeutic interventions within the establishment. Although there had been some changes and inconsistencies in the role of the ICM co-ordinator due to staff absence, inspectors found the ICM team was proactive in assessing and reviewing prisoner's risks and needs for programmes and support services.

Non-discrimination and equality: More could be done to provide physical health opportunities for those with disabilities or additional needs. Inspectors found that prisoners were afforded equal access to visits to maintain family bonds and to daily access to time in the fresh air and showers. 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: Prisoners were aware of their rights to engage in ICM arrangements and encouraged to contribute. There was good evidence of individual prisoners being meaningfully involved in case management decisions through engagement with the ICM team and ICM case conferences.

Legality: Prisoners had access to information regarding their rights to visits, basic entitlements and religious observations. Where any of these rights had been temporarily removed, inspectors found the decisions to be justified and proportionate.

HMIPS Standard 6 Purposeful Activity – Continued

Encouraging observations:

- The foundations were in place to deliver a wide range of SMART recovery programmes in HMP Inverness. Officers and management provided the Inspection team with a strong evidence base for the implementation of smart recovery and inspectors noted it is close to being a fully embedded practice within the establishment.

Emerging concerns:

- Prisoners shouldn't have to choose between work, education and accessing fresh air.
- More could be done to engage learners and promote access to qualifications and awards, and engage prisoners in the design of cultural and recreational activities.
- The visits area was not a welcoming environment, especially for children.
- There were no evening visits, so families with children in school or those that worked had very little opportunity other than at weekends to visit.

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 Performance

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

In HMP Inverness, prisoners had opportunities to discuss what they would need from others to support their transition to the community. The ICM system was well embedded and individual prisoners were actively engaging in case conferences. Where relevant, prisoners were also participating in the Risk Management Team (RMT) process, through assessment, report writing and RMT meetings. New developments in assessment and planning processes were providing further opportunities for individuals to participate.

The establishment was not delivering accredited programmes but was offering relevant structured group work programmes. Although the prison was not systematically reviewing these interventions, these were valued by those taking part and included interventions focussed on relationships, employability, and parenting. The establishment was committed to the delivery of a “recovery-based” programme, which included 1:1 and group interventions. This approach was consistent with community-based services and offered continuous support for individual prisoners.

The prison was making every effort to identify any vulnerabilities for individual prisoners through their new planning process. This was helping them to assess needs at induction and develop an “action plan” to meet these needs. Systems were in place so that any agencies visiting the establishment who had concerns about individual prisoners they had seen were able to pass these on immediately to key staff.

Prisoners were mostly aware of the services available to them to discuss the supports they may need on transition from custody to life in the community. While there were some concerns about the absence of some supports, link centre staff were working hard to ensure that those due for release were approached individually and encouraged to engage with relevant services. The services visiting the prison were satisfied that there were no barriers to engaging with prisoners. Prisoners were also aware of the agencies coming into the prison and the availability of specific groups.

HMIPS Standard 7

Transitions from Custody to Life in the Community – Continued

Relationships between prison-based staff and the prisoners was respectful. Collaborative work across agencies was evidenced in the development of the recovery wing and the CIP project. New developments in assessment and planning were further ensuring that prisoners were given an opportunity to be actively involved in planning for their release.

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

Participation: Prisoners were fully involved in identifying the type of support they needed on release, with participation in ICM and RMT assessment processes actively encouraged. Relationships between staff and prisoners were positive and respectful, encouraging open dialogue.

Accountability: There was strong collaborative working across agencies to support prisoners, with the prison fully committed to supporting a recovery-based programme through 1:1 and group-based activity. The induction process and collaborative culture supported the sharing of information to ensure action to address prisoner needs on release could start early. The prison-based social work (PBSW), however, struggled to provide the input required into risk-based assessment processes due to staffing shortages and changes of personnel and must be supported to fulfil their role effectively. More could be done to systematically assess the value of the interventions carried out across the prison. However, the “my compass” tracking tool has the potential to provide valuable feedback on the effectiveness of interventions for particular individuals and what additional support may be required in future.

Non-discrimination and equality: The focus on trying to identify vulnerabilities at the earliest opportunity and the development of the recovery wing supported the aspiration to tackle any issue which might otherwise lead to discrimination.

Empowerment: Prisoners generally understood the range of services that were available to them in the prison and in the community on release.

Legality: Approaches were grounded in the legal rights that are set out in domestic and international laws.

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

Encouraging observations:

- Collaboration across agencies to roll out the Community Integration Plan project and the use of the “my compass” tool for assessing and making plans to meet the needs of all prisoners.
- Working alongside community-based services to provide continuous recovery opportunities for individual prisoners making the transition from custody.
- Tracking the progress of individuals making the transition back to the community will provide valuable feedback on the effectiveness of the assessment and planning processes developed at HMP Inverness.

Emerging concerns:

- Staffing shortages and changes of personnel in the PBSW Team affecting the risk-based assessment processes.
- The lack of identification and promotion of opportunities in the community for prisoners to continue to engage in group work and other interventions relevant to their needs.
- The prison was not systematically reviewing the interventions and approaches used within the establishment to be better informed about the impact of these approaches.

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 three quality indicators were rated as good performance, three were rated as satisfactory performance, and two were rated as generally acceptable performance, giving an overall rating of satisfactory. There were three examples of good practice and four recommendations for improvement.

The prison had effective systems in place for monitoring and managing performance against key performance indicators, and tracking progress with implementing action in response to reports from internal audits and external scrutiny. What stood out however was the very positive and productive approach to working creatively with external partners towards shared objectives, and the active culture of support for training and professional development for staff with the development of a local "graduate" development scheme.

Inspectors shared the Governor's concern, however, about the impact of staffing shortages on his ability to provide the sort of regime and opportunities for prisoners that he would like, and his deep concern to be properly resourced to prepare effectively for the opening of HMP Highland. In particular, HMIPS support the value of recruiting more staff to gain experience of a modern prison on detached duty at HMP Grampian, as preparation for the opening of the new modern facility at HMP Highland.

While welcoming the production of an E&D guidance manual for staff, the prison needs to strengthen the work of the E&D Committee through ensuring prisoner representation on the Committee to provide appropriate challenge. There was evidence of embedded efforts being made to recognise long service and good performance, but there was also a poor record on completion of annual appraisals by line managers and some staff felt communication within the prison could be improved. Reinstatement of informal face-to-face monthly meetings between the Governor and staff should help to address that.

HMIPS Standard 8 Organisational Effectiveness – Continued

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

Participation: It was encouraging to see PIACs running effectively, but it would be good to see prisoner representation on the E&D Committee and other working groups to ensure prisoners have the opportunity to challenge and influence developments. Our pre-inspection survey suggested 19% of prisoners felt they were consulted, and changes did sometimes happen, but 39% of prisoners said they were not asked about things such as food, the canteen or healthcare. It would be good to see prisoner consultation strengthened and prisoners, as well as staff, having some opportunity to influence the final shape of services in the new HMP Highland.

Accountability: There were appropriate mechanisms to improve performance in the prison and evidence of communication plans and frameworks, but further consolidation around communication with staff was possible.

Non-discrimination and equality: It was encouraging to hear that a weekly review took place to identify any prisoners with protected characteristics who might need additional support. Competency levels around training on E&D were above target levels and guidance manuals on E&D for residential staff had been developed, but the E&D Committee was at a relatively early stage of being re-established.

Empowerment: Staff relationships with prisoners were friendly, respectful, and supportive, which helped create a culture where it was easier for prisoners to ask for help and claim their entitlements. Moreover, 80% of prisoners described their personal officer as either very helpful or quite helpful, indicating an ability to raise issues and secure assistance with claiming their entitlements when necessary.

Legality: All staff were focussed on conforming with Prison Rules, while recognising the need to comply with wider human rights obligations.

Emerging concerns:

- No prisoner representation on the E&D Committee.
- The criticism from some staff around communication in the prison.
- The late completion and backlog in staff appraisals.

Encouraging observations:

- The commitment to partnership working and willingness to explore opportunities to work creatively with external partners on shared agendas was commendable.
- The active culture of support for professional development in the prison, led by the Governor, was also commendable.
- It was pleasing to see a weekly review of the prison population to identify anyone with protected characteristics who might need additional support.

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.

Inspection Findings

Overall Rating: Generally Acceptable Performance

This section sets out the findings from Healthcare Improvement Scotland's (HIS's) visit to HMP Inverness on 22–24 August 2022. The report focusses on the health and wellbeing aspects of people in prison which are set out in Standard 9 of the 'Standards for Inspecting and Monitoring Prisons in Scotland'.

How we carried out the inspection

We asked NHS Highland staff at HMP Inverness to complete a revised self-evaluation tool regarding healthcare provision. HIS held a teleconference in advance of the inspection with the healthcare staff to discuss the completed self-evaluation to help inform the key lines of enquiry for the inspection.

During the inspection, three HIS inspectors and one clinical partner spoke with members of staff from both healthcare and SPS, reviewed the care environment within the Health Centre, the process used in the Health Centre to administer medications, and the area used for admissions, and visited the prison halls. Clinical partners are individuals who join the inspection team to provide specialist healthcare opinion based on their area of expertise. Working under the direction of the lead inspector, the clinical partner is expected to ensure that their opinion of the healthcare being delivered during the inspection is informed by current practice, professional knowledge and experience. Inspectors also reviewed the provision of accessible cells that are designed to help meet the needs of patients and the SRU. Inspectors spoke to a small number of patients during the inspection regarding their experience of healthcare.

Overview

In this standard, one quality indicator was as satisfactory, 11 were rated as generally acceptable and 4 were rated as poor, giving an overall rating of generally acceptable. However, this does not fully reflect the considerable efforts made by staff within HMP Inverness or NHS Highland to support the healthcare needs of patients in HMP Inverness. There were 11 examples of good practice and 21 recommendations for improvement.

HMIPS Standard 9 Health and Wellbeing – Continued

Patients were able to access healthcare services using a self-referral system. Healthcare staff triaged all referrals daily, and there were no delays to patients being able to access healthcare at the time of the inspection. The patients who spoke to inspectors were positive about access to healthcare staff and services. However, inspectors were not assured that there were robust systems and processes in place to ensure that patients' healthcare needs were consistently identified and managed. Likewise, there were no formal measures in place to support staff, no structured 1:1 support or clinical supervision in place at the time of the inspection.

Inspectors were provided with the health and healthcare needs assessment that was undertaken jointly with the SPS in June 2021. This had several recommendations but none of them had yet been actioned. While inspectors were mindful of the ongoing impact of COVID-19 and the priority in service delivery, they discussed their concerns with the clinical manager and Head of Service during the inspection. An action plan was requested outlining how they would address the areas raised. This requires to be prioritised and time-led. Inspectors will review the progress of the action plan and will return to HMP Inverness to seek assurance of its implementation.

Primary care

A local practice GP provided medical cover in the prison from Monday to Saturday (9am to 6pm). The GP attended the prison for two hours each day and on Saturdays; only patient admissions from the previous day were reviewed. During these hours, the GP could be contacted for support and advice; outwith these times medical advice was accessed through NHS 24.

Self-referral forms were available in the residential areas, for patients to request to be seen by a range of healthcare professionals. At the time of the inspection, the referral forms were only available in written English.

Inspectors saw nurses following up on actions from GP clinics to ensure that patients healthcare needs were met. Inspectors were told that patients who were to be liberated were signposted to GPs in the community, so that they could register with them to ensure their healthcare continued.

There was no clinical pharmacy service available for patients within HMP Inverness. Patients were signposted to the GP or healthcare staff to discuss medication.

All patients admitted were seen by the GP the following day and medication prescribed during that consultation.

HMIPS Standard 9 Health and Wellbeing – Continued

Mental Health

Patients could self-refer to the Mental Health Team and be referred by SPS staff through the SPS electronic system, PR2. Inspectors were told that all referrals were triaged within 24 hours and usually seen within 10 days by a mental health nurse (RMN). Similarly, there was no waiting list for the psychiatry clinic; patients would be reviewed in the weekly psychiatry clinic prioritised by urgency and patients' needs.

A validated assessment tool was used to assess people referred to the Mental Health Team. Individualised care plans were seen which reflected patients' goals. Patients had regular reviews where they were able to discuss and review their care.

Whilst inspectors saw evidence of risks being assessed and recorded within the care plans and some case note entries, there was no process in place for standardised risk assessments to be completed routinely and reviewed regularly.

There was no psychology provision for patients at HMP Inverness due to the vacant cognitive behavioural therapist (CBT) post. The Mental Health Team and Drug and Alcohol Recovery Service (DARS) Team have been trained to provide low-level psychological interventions in the form of core behavioural and CBT skills for relapse prevention and recovery management. The clinical lead for the team was a consultant psychiatrist, who provided a weekly clinic. The psychiatrist was available for urgent assessments outside the set clinic times and on an ad hoc basis if the team required advice about patients.

Informal arrangements were in place and staff knew how to access specialists but there was no formal process to access specialists in intellectual disabilities, autistic spectrum disorder, neuropsychiatric disorders and cognitive impairment.

Staff demonstrated knowledge on ensuring that any patient requiring inpatient mental health care was assessed and transferred to hospital under the Mental Health Care and Treatment (Scotland) Act 2003. However, there was no formal process in place.

Substance misuse

All new admissions with drug and/or alcohol dependence were identified during their initial health screening. For those who had an existing prescription for Opiate Substitution Therapy (OST), a process was in place for them to continue on OST medication during their stay in prison.

HMIPS Standard 9 Health and Wellbeing – Continued

There was no process in place outlining the provision of drug and alcohol services, including referral and discharge pathways, clinical interventions, scheduled MDT time and assessment time targets, within HMP Inverness.

HMP Inverness was in the process of establishing a recovery wing for 12 patients, who were at a stage in their addiction recovery to benefit from a protected therapeutic environment, with a focus on engaging in self-help and recovery programmes and developing life skills. This was good practice.

Staff had a good awareness and understanding of the implementation of the Medical Assisted Treatment (MAT) standards.

Long-term conditions, palliative and end of life care

Inspectors were told that admission screening identified patients with long-term health conditions. However, no long-term condition clinics or annual reviews were taking place at the time of inspection. It was not clear how long-term conditions were robustly managed and monitored.

The health and healthcare needs assessment in June 2021 made recommendations relating to long-term health conditions. However, inspectors did not see evidence of how NHS Highland was planning to address these recommendations.

HMP Inverness had no standardised tools in place for healthcare staff managing patients with palliative care needs. It was acknowledged that HMP Inverness was looking to develop the service which included educating staff on the required pathways for receiving patients with enhanced care needs.

Infection, prevention and control

Due to the age and design of the building, plans were in place for a new build of the NHS Highland prison. There was evidence of multidisciplinary team working in the plans for this project with representation from IT Estates, Healthcare, SPS and Infection Prevention and Control (IPC).

Since the COVID-19 liaison visit in May 2021, improvements to the Health Centre included access to an additional clinical room for nursing staff. This was a positive move forward to support clinical care delivery. However, the clinical room healthcare staff used in the reception area was unfit for purpose and required immediate action. It was small, with limited visibility from SPS staff: this is a concern. Staff reported to inspectors that they felt unsafe in this confined space and there was no access to a hand hygiene sink in this area. Inspectors raised this through HMIPS during the inspection and discussed this with the Governor. This room must have access to hand hygiene facilities and provide a safe environment for staff.

HMIPS Standard 9 Health and Wellbeing – Continued

The rooms and equipment were clean and in a good state of repair. No formal structured audits were in place within the Health Centre. This is a concern and had been prioritised by the clinical manager as an area of development. Staff were knowledgeable regarding standard infection control precautions and had adequate supplies of PPE.

Encouraging observations:

- HMP Inverness was in the process of establishing a recovery wing for 12 patients who were at a stage in their addiction recovery to benefit from a protected therapeutic environment with a focus on engaging in self-help and recovery programmes and developing life skills.
- The DARS team are working with the MAT Implementation Support Team (MIST) to identify how aligned to the standards the prison was and the next steps for implementing the standards. The team had a motivated approach and evidence was seen of the MAT implementation group meetings in NHS Highland.
- Oral Health Educators were available in Link Centre every week. This could be accessed directly by patients, by the dentist and the dentist could refer patients to this service.
- A process was in place for the Deputy Governor to review any cases of patients being managed on TTM for extensive periods of time.
- Daily meetings were held jointly with SPS and healthcare staff to discuss new admissions to HMP Inverness and any concerns or follow up for patients during out-of-hours.
- Since the last inspection, a further clinical room had been made available which was a positive move forwards to support clinical care delivery.
- Plans were in place for a new build of the NHS Highland prison. The plans included multidisciplinary team working for this project with representation from IT Estates, Healthcare, SPS and IPC.
- BICS training was provided to prisoners with employment opportunities on liberation.
- There was evidence of emails showing engagement between senior management, with plans for a monthly meeting chaired by the project manager within NHS Highland. Representatives included IT, Estates, IPC, SPS and Health. The first meeting was scheduled for September 2022; this joint working approach to service development is good practice.

HMIPS Standard 9 Health and Wellbeing – Continued

Emerging concerns:

- NHS Highland and SPS must work collaboratively to provide a suitable room for healthcare staff to conduct admission-screening assessments. This room must have access to hand hygiene facilities and provide a safe environment.
- NHS Highland must ensure that admission screening is completed in full for every new admission and transfer including individuals who may be known to the healthcare staff from previous contact.
- NHS Highland must ensure that healthcare referral forms are available in different languages and formats to ensure that there is equity of access to healthcare for all patients.
- NHS Highland must introduce a system to accurately monitor waiting times and missed appointments, including the reason for them being missed. This should also include secondary care appointments.
- NHS Highland must provide consistent provision to address the sexual health needs of the population as a priority.
- NHS Highland must action the recommendation made in the 2021 Health and Healthcare needs assessment regarding access to condoms and lubricants.
- NHS Highland must ensure a standardised risk assessment is completed and updated regularly for all patients on the mental health caseload.
- NHS Highland must develop a process on how patients requiring inpatient health care is assessed and transferred to hospital under the mental health care and treatment (Scotland) Act 2003.
- NHS Highland must develop a process outlining discharge pathways and provision from the mental health team including discharge summary to community services.
- NHS Highland must develop robust systems and processes so that patients with long-term conditions are identified and their care is managed and monitored.
- NHS Highland must develop a process to outline the drug and alcohol service provision including referral and discharge pathways.
- NHS Highland must explore the role of pharmacy staff within HMP Inverness in line with Pharmacy 2030: a professional vision, to ensure the safety and effectiveness of medicines and to offer an accessible clinical pharmacy service.
- NHS Highland must establish formal links with palliative care services and a recognised agreed protocol is developed for staff to follow in the event of patients requiring to access care.
- NHS Highland must identify staff training needs around recognised national tools and staff are supported to attend.
- NHS Highland must develop a process to ensure that learning from feedback and complaints is regularly shared with the Health Centre Team.

HMIPS Standard 9 Health and Wellbeing – Continued

- NHS Highland must implement a structured approach to infection control audits in order to provide continued assurance with a clear governance structure in place to act on any non-compliance.
- NHS Highland must evidence the prioritisation of key areas identified in an improvement action plan. The action plan must identify responsible persons and be time-led. This should include evidence of:
 - development of SOPs.
 - evidence the health and healthcare prison group is reconvened to ensure that the recommendations from the Health and Healthcare needs assessment are taken forward.
 - meetings between all grades of staff should be formalised and a record of the meeting taken.
 - support staff in HMP Inverness to formalise the approach taken to support with 1:1 meetings.
- NHS Highland and SPS must work together to provide a suitable room to support the development of structured line management in the healthcare team.
- NHS Highland must develop a suite of SOPs to support accountability, governance and best practice.
- NHS Highland must develop an action plan to help manage and monitor the development and implementation of systems and processes that will support patient care.
- NHS Highland must review the process in place to collect patients' feedback as well as complaints.

Annex A

Summary of Recommendations

Recommendation 1: HMP Inverness and NHS Highland should consider if it is possible to share the designated nurse's room to provide more space to hold and interview prisoners in a more humane environment when a nurse is not present.

Recommendation 2: HMP Inverness should urgently look at alternatives to saloon doors on the searching area to allow sufficient privacy to prisoners.

Recommendation 3: HMP Inverness should find a way to avoid new admissions arriving from court during the staff break (5:30pm and 6:30pm) sitting on a van outside the prison.

Recommendation 4: HMP Inverness should update the Prisoner Information Guide to include information about PIACs and IPMs.

Recommendation 5: HMP Inverness should provide sufficient for core screen paperwork to be completed within the 72-hour timescale.

Recommendation 6: HMP Inverness should review the induction process to allow sufficient time for the people organising and delivering it.

Recommendation 7: SPS HQ should update the national induction PowerPoint to include information about PIACs.

Recommendation 8: HMP Inverness should give priority to painting cells that urgently require to be done.

Recommendation 9: SPS HQ should ensure that there is more than one accessible cell in HMP Inverness.

Recommendation 10: SPS HQ should look for alternative solutions to accommodate the increased prison population, as the double cells were too small to comfortably accommodate two people.

Recommendation 11: HMP Inverness should replace the saloon doors immediately to ensure that privacy is upheld.

Recommendation 12: HMP Inverness should ensure that the menus display the nutritional values and allergen information.

Recommendation 13: HMP Inverness should ensure post violence incident reviews regularly take place to assist with understanding the root cause of any violence.

Recommendation 14: HMP Inverness should evidence the management of bullying even at its lowest level in case it escalates.

Recommendation 15: HMP Inverness SMT should reinforce the importance of complying with H&S audits and accident investigations.

Recommendation 16: HMP Inverness should ensure that prisoners are given copies of their SSM documentation, and that where there is a change of circumstance the documentation is updated.

Recommendation 17: The SPS should return to allowing goods and property to be handed in to a prison, in light of the increased living costs facing families.

Recommendation 18: SPS HQ should consider introducing cameras in residential areas at HMP Inverness.

Recommendation 19: HMP Inverness should update the SOP regarding escort/hospital detain to include guidance for contacting family members if prisoner's condition and consent warrants it.

Recommendation 20: HMP Inverness should ensure that staff wear name badges at all times.

Recommendation 21: HMP Inverness should look at enclosing the rooms in the Link with ceilings to allow confidential conversations to take place.

Recommendation 22: HMP Inverness should ensure all notices are easy to read for those with low literacy levels.

Recommendation 23: HMP Inverness to ensure PIAC meetings are shared with all prisoners.

Recommendation 24: HMP Inverness to ensure noticeboards are clutter-free with only up-to-date information displayed.

Recommendation 25: HMP Inverness should ensure that complaints forms are available on all levels within the halls.

Recommendation 26: HMP Inverness should seek to provide a regime that does not require prisoners to have to choose between attending work parties and education or accessing fresh air.

Recommendation 27: HMP Inverness should consult with prisoners about the type of work opportunities that might be possible in the new HMP Highland.

Recommendation 28: The Educational team should follow up with those who don't attend education to encourage their participation and provide a more structured approach to explaining what is on offer and supporting prisoners on their learning journeys.

Recommendation 29: The Educational team should explore the scope to deliver certificated awards in partnership with other work parties.

Recommendation 30: HMP Inverness should consider what more could be done to provide opportunities for those with disabilities and additional needs to participate in physical education activities.

Recommendation 31: HMP Inverness should develop better links between the Learning Centre and both the Life Skills and PT teams could be formalised to promote access to qualifications and awards.

Recommendation 32: HMP Inverness should make a range of e-books and DVDs available to encourage the participation of those prisoners with literacy issues.

Recommendation 33: The prison should consult prisoners more actively on the design of recreational and cultural activities.

Recommendation 34: HMP Inverness should ensure that the visits room is more welcoming, especially for children.

Recommendation 35: HMP Inverness should review visits timetable to accommodate evening sessions.

Recommendation 36: The SPS and Highland Council should continue to work together to ensure that the PBSW service is best supported to fulfil its role in providing timely professional assessments and reports to properly inform defensible decisions about prisoners.

Recommendation 37: HMP Inverness should review the interventions and approaches used within the establishment to be better informed about the impact of these approaches.

Recommendation 38: HMP Inverness should identify and promote opportunities in the community for individual prisoners to continue to engage in group work and other interventions relevant to their needs.

Recommendation 39: HMP Inverness should ensure prisoner representation on the E&D Committee, if possible securing more than one prisoner representative to help address the inherent power imbalances.

Recommendation 40: The Governor should reinstate the staff engagement sessions that stopped during COVID-19 and promote regular communication to staff.

Recommendation 41: SPS HQ should support the transition to the new HMP Highland by facilitating early recruitment of staff and the opportunity to gain experience of a modern prison on detached duty to HMP Grampian.

Recommendation 42: HMP Inverness management team should ensure staff appraisals are completed timely and address the backlog for 2021-22.

Recommendation 43: NHS Highland and SPS must work collaboratively to provide a suitable room for healthcare staff to conduct admission-screening assessments. This room must have access to hand hygiene facilities and provide a safe environment.

Recommendation 44: NHS Highland must ensure that admission screening is completed in full for every new admission and transfer including individuals who may be known to the healthcare staff from previous contact.

Recommendation 45: NHS Highland must ensure that healthcare referral forms are available in different languages and formats to ensure that there is equity of access to healthcare for all patients.

Recommendation 46: NHS Highland must introduce a system to accurately monitor waiting times and missed appointments, including the reason for them being missed. This should also include secondary care appointments.

Recommendation 47: NHS Highland must provide consistent provision to address the sexual health needs of the population as a priority.

Recommendation 48: NHS Highland must action the recommendation made in the 2021 Health and Healthcare needs assessment regarding access to condoms and lubricants.

Recommendation 49: NHS Highland must ensure a standardised risk assessment is completed and updated regularly for all patients on the mental health caseload.

Recommendation 50: NHS Highland must develop a process on how patients requiring inpatient health care is assessed and transferred to hospital under the mental health care and treatment (Scotland) Act 2003.

Recommendation 51: NHS Highland must develop a process outlining discharge pathways and provision from the mental health team including discharge summary to community services.

Recommendation 52: NHS Highland must develop robust systems and processes so that patients with long-term conditions are identified and their care is managed and monitored.

Recommendation 53: NHS Highland must develop a process to outline the drug and alcohol service provision including referral and discharge pathways.

Recommendation 54: NHS Highland must explore the role of pharmacy staff within HMP Inverness in line with Pharmacy 2030; a professional vision, to ensure the safety and effectiveness of medicines and also to offer an accessible clinical pharmacy service.

Recommendation 55: NHS Highland must establish formal links with palliative care services and a recognised agreed protocol is developed for staff to follow in the event of patients requiring to access care.

Recommendation 56: NHS Highland must identify staff training needs around recognised national tools and staff are supported to attend.

Recommendation 57: NHS Highland must develop a process to ensure that learning from feedback and complaints is regularly shared with the Health Centre Team.

Recommendation 58: NHS Highland must implement a structured approach to infection control audits in order to provide continued assurance with a clear governance structure in place to act on any non-compliance.

Recommendation 59: NHS Highland must evidence the prioritisation of key areas identified in an improvement action plan. The action plan must identify responsible persons and be time-led. This should include evidence of:

- development of SOPs.
- evidence the health and healthcare prison group is reconvened to ensure that the recommendations from the Health and Healthcare needs assessment are taken forward.
- meetings between all grades of staff should be formalised and a record of the meeting taken.
- support staff in HMP Inverness to formalise the approach taken to support with 1:1 meetings.

Recommendation 60: NHS Highland and SPS must work together to provide a suitable room to support the development of structured line management in the healthcare team.

Recommendation 61: NHS Highland must develop a suite of SOPs to support accountability, governance and best practice.

Recommendation 62: NHS Highland must develop an action plan to help manage and monitor the development and implementation of systems and processes that will support patient care.

Recommendation 63: NHS Highland must review the process in place to collect patient's feedback as well as complaints.

Annex B

Summary of Good Practice

Good Practice 1: The laundry service was extremely efficient. It also had a simple process built in to replace both clothing and bedding if required as it passed through the laundry.

Good Practice 2: The “Eat Safe” award that is awarded by Food Standards Scotland demonstrates that exceptional food hygiene standards were present in the kitchen of HMP Inverness

Good Practice 3: A staff “grab bag” contained refreshments that were taken with the staff in case the escort was prolonged.

Good Practice 4: Staff’s flexible approach to working in different areas of the prison meant they were engaging with the majority of the prisoner group on a regular basis.

Good Practice 5: The use of phone boxes offering enhanced confidentiality.

Good Practice 6: A clear and comprehensive SOP around complaints handling with a detailed guidance diagram.

Good Practice 7: The roll-out of the CIP project and the use of the “my compass” tool for assessing and making plans to meet the needs of all prisoners.

Good Practice 8: Working alongside community-based services to provide continuous recovery opportunities for individual prisoners making the transition from custody.

Good Practice 9: Tracking the progress of individuals making the transition back to the community will provide valuable feedback on the effectiveness of the assessment and planning processes developed at HMP Inverness.

Good Practice 10: The weekly review of the prison population to identify anyone with protected characteristics who might need additional support.

Good Practice 11: The active culture of support for professional development in the prison, led by the Governor, was commendable.

Good Practice 12: The commitment to partnership working and willingness to explore opportunities to work creatively with external partners on shared agendas was commendable.

Good Practice 13: HMP Inverness was in the process of establishing a recovery wing for 12 patients who were at a stage in their addiction recovery to benefit from a protected therapeutic environment, with a focus on engaging in self-help and recovery programmes and developing life skills.

Good Practice 14: The DARS team are working with the MIST to identify how aligned to the standards the prison was and the next steps for implementing the standards. The team had a motivated approach and evidence was seen of the MAT implementation group meetings in NHS Highland.

Good Practice 15: Nursing staff stated that they would seek support and advice from the GP practice and Associate Director of Pharmacy if there were any medicine related issues, which were out with their competence.

Good Practice 16: Patients who are in possession of medication were given secure storage and nursing staff explained it was their responsibility in keeping these secure. All paperwork was currently being reviewed to be made available in other languages to support the diversity of the population.

Good Practice 17: Oral health educators were available in the Link Centre every week. This could be accessed directly by patients, by the dentist and the dentist could refer patients to this service.

Good Practice 18: A process was in place for the Deputy Governor to review any cases of patients being managed on TTM for extensive periods of time.

Good Practice 19: Since the last inspection, a further clinical room had been made available which was a positive move forwards to support clinical care delivery.

Good Practice 20: Plans were in place for a new build of the NHS Highland prison. The plans included multidisciplinary team working for this project with representation from IT Estates, Healthcare, SPS and Infection Prevention and Control.

Good Practice 21: BICS training was provided to prisoners with employment opportunities on liberation.

Good Practice 22: Daily meetings were held jointly with SPS and healthcare staff to discuss new admissions to HMP Inverness and any concerns or follow up for patients during out-of-hours.

Good Practice 23: There was evidence of emails showing engagement between senior management, with plans for a monthly meeting chaired by the project manager within NHS Highland. Representatives included IT, Estates, Infection Control, SPS and Health. The first meeting was scheduled for September; this joint working approach to service development is good practice.

Annex C

Summary of Ratings

Standard/QI	Standard rating/QI rating
Standard 1 – Lawful and Transparent Custody	Satisfactory
QI 1.1	Generally Acceptable
QI 1.2	Satisfactory
QI 1.3	Satisfactory
QI 1.4	Satisfactory
QI 1.5	Satisfactory
QI 1.6	Satisfactory
QI 1.7	Satisfactory
QI 1.8	Satisfactory
QI 1.9	Satisfactory
Standard 2 – Decency	Satisfactory
QI 2.1	Generally Acceptable
QI 2.2	Satisfactory
QI 2.3	Good
QI 2.4	Generally Acceptable
QI 2.5	Satisfactory
QI 2.6	Satisfactory
Standard 3 – Personal Safety	Satisfactory
QI 3.1	Good
QI 3.2	Satisfactory
QI 3.3	Satisfactory
QI 3.4	Generally Acceptable
QI 3.5	Generally Acceptable
QI 3.6	Satisfactory
QI 3.7	Generally Acceptable

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	Generally Acceptable
QI 4.5	Satisfactory
QI 4.6	Satisfactory
QI 4.7	Good
QI 4.8	Satisfactory
QI 4.9	Satisfactory
QI 4.10	Satisfactory
Standard 5 – Respect, Autonomy and Protection Against Mistreatment	Satisfactory
QI 5.1	Satisfactory
QI 5.2	Satisfactory
QI 5.3	Satisfactory
QI 5.4	Satisfactory
QI 5.5	Satisfactory
QI 5.6	Satisfactory
QI 5.7	Satisfactory
QI 5.8	Satisfactory
Standard 6 – Purposeful Activity	Generally Acceptable
QI 6.1	Generally Acceptable
QI 6.2	Satisfactory
QI 6.3	Poor
QI 6.4	Generally Acceptable
QI 6.5	Generally Acceptable
QI 6.6	Generally Acceptable
QI 6.7	Satisfactory
QI 6.8	Satisfactory
QI 6.9	Generally Acceptable
QI 6.10	Generally Acceptable
QI 6.11	Generally Acceptable
QI 6.12	Satisfactory
QI 6.13	Good
QI 6.14	Generally Acceptable
QI 6.15	Satisfactory

Standard 7 – Transitions from Custody into the Community	Generally Acceptable
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QI 7.1	Satisfactory
QI 7.2	Generally Acceptable
QI 7.3	Generally Acceptable
QI 7.4	Satisfactory
QI 7.5	Generally Acceptable

Standard 8 – Organisational Effectiveness	Satisfactory
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QI 8.1	Generally Acceptable
QI 8.2	Satisfactory
QI 8.3	Satisfactory
QI 8.4	Good
QI 8.5	Good
QI 8.6	Generally Acceptable
QI 8.7	Good
QI 8.8	Satisfactory

Standard 9 – Health and Wellbeing	Generally Acceptable
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QI 9.1	Generally Acceptable
QI 9.2	Generally Acceptable
QI 9.3	Generally Acceptable
QI 9.4	Generally Acceptable
QI 9.5	Generally Acceptable
QI 9.6	Poor
QI 9.7	Generally Acceptable
QI 9.8	Poor
QI 9.9	Generally Acceptable
QI 9.10	N/A
QI 9.11	Poor
QI 9.12	Generally Acceptable
QI 9.13	Generally Acceptable
QI 9.14	Satisfactory
QI 9.15	Generally Acceptable
QI 9.16	Poor
QI 9.17	Generally Acceptable

Annex D

Prison Population Profile on 03 August 2022

Status – Business Objects Report	Number of prisoners	%
Untried Male Adults	44	43.5%
Untried Female Adults	0	0
Untried Male Young Offenders	0	0
Untried Female Young Offenders	0	0
Sentenced Male Adults	53	52.4%
Sentenced Female Adults	0	0
Sentence Male Young Offenders	0	0
Sentenced Female Young Offenders	0	0
Recalled Life Prisoners	0	0
Convicted Prisoners Awaiting Sentence	4	3.9%
Prisoners Awaiting Deportation	0	0
Under-16s	0	0
Civil Prisoners	0	0
Home Detention Curfew (HDC)	0	0

Sentence – Business Objects Report	Number of prisoners	%
Untried/ Remand	49	48.5
0-3 Months	2	3.8%
3-4 Months	3	3.8%
4-5 Months	0	1.9%
5-6 Months	8	6.6%
6-12 Months	9	6.6%
12 Months – 2 Years	13	12.3%
2 – 4 Years	6	5.7%
4 – 10 Years	9	4.7%
10 Years and over (not Life)	0	1%
Life	3	1.9%
Order of Lifelong Restriction (OLR)	0	0%

Age group – PR2 Report (live from 4 Aug 22)	Number of prisoners	%
Minimum Age:	-	-
Under 21	0	0%
21 – 29 Years	37	37%
30 – 39 Years	40	40%
40 – 49 Years	15	15%
50 – 59 Years	8	8%
60 – 69 Years	0	%
70 Years plus	0	0%
Maximum age:	-	-

Annex E

Inspection Team

Wendy Sinclair-Gieben, HMIPS

Kerry Love, HMIPS, Standard 1

Graeme Neill, HMIPS, Standard 2

John Morrison, Sodexo, Standard 3

Calum McCarthy, HMIPS, Standard 4

Rab Hayes, SPS, Standard 5

Margaret Rose Livingstone, Education Scotland

Simon Ross, Education Scotland, Standard 6

Sheila Brown, Education Scotland, Standard 6

Chris Collins, HMIPS, Standard 6

Neil Gentleman, Care Inspectorate, Standard 7

Stephen Sandham, HMIPS, Standard 8

Lindsay Macphee, HIS, Standard 9

Jamie Thomson, HIS, Standard 9

Sophie Moss, HIS, Standard 9

Sam Gluckstein, HMIPS, Human Rights Overview

Annex F

Acronyms used in this Report

BBV	Blood-Borne Virus
BICS	British Institute of Cleaning Science
CBT	Cognitive Behavioural Therapy
CIP	Community Integration Plan
C&R	Control and Restraint
COVID-19	Corona Virus Disease 2019
CPT	European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
CSRA	Cell-Sharing Risk Assessment
DARS	Drug and Alcohol Recovery Service
DATIX	NHS electronic incident reporting system
ECR	Electronic Control Room
ECHR	European Convention of Human Rights
E&D	Equality and Diversity
FCO	Family Contact Officer
FLM	First Line Manager
GIC	Governor in Charge
H&S	Health and Safety
HIS	Healthcare Improvement Scotland
HMCIPS	His Majesty's Chief Inspector of Prisons for Scotland
HMIPS	His Majesty's Inspectorate of Prisons for Scotland
HMP	His Majesty's Prison
HQ	Headquarters
ICC	Internal Complaints Committee
ICM	Integrated Case Management
ICP	Industrial Cleaning Party
IMU	Intelligence Management Unit
IPC	Infection Prevention Control
IPM	Independent Prison Monitor
MAPPA	Multi-Agency Public Protection Arrangements
MDT	Mandatory Drug Testing
MIST	MAT Implementation Support Team

MORS	Management of an Offender at Risk from Any Substance
NIPCM	National Infection Prevention and Control Manual
NMC	Nursing Midwifery Council
NPM	National Preventive Mechanism
OPCAT	UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
OLR	Order of Lifelong Restriction
OSP	Outside Patrol Officer
OST	Opiate Substitution Therapy
PANEL	Participation, Accountability, Non-Discrimination and Equality, Empowerment, Legality
PBSW	Prison-Based Social Work
PCF	Prisoner Complaint Form
PER	Prisoner Escort Record
PIAC	Prisoner Information Action Committee
POs	Personal Officers
PPE	Personal Protective Equipment
PPT	Personal Protection Training
PR2	SPS Prison Records System (version 2)
PRL	Prison Resource Library
PTI	Personal Training Instructor
RAG	Red, Amber, Green
RGNs	Registered General Nurses
RMN	Registered Mental Health Nurse
RMT	Risk Management Team
RRA	Reception Risk Assessment
SICP	Standard infection control precaution
SMT	Senior Management Team
SOP	Standard Operating Procedure
SPS	Scottish Prison Service
SPSO	Scottish Public Service Ombudsman
SRU	Separation and Reintegration Unit
SSM	Special Security Measure
TTM	Talk to Me
UOF	Use of Force
VIR	Violent Incident Review

EVIDENCE REPORT

Quality Indicators

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

Rating: Generally Acceptable Performance

Unfortunately, inspectors were only able to observe one admission during the inspection. There was a SOP available to assist reception staff with the admissions process, and they were able to talk knowledgeably about the processes and followed the guidance set out in the SOP during the admission that was observed.

Reception staff had good relationships with GEOAmev, who contacted them prior to leaving court with an estimated time of arrival and a breakdown of prisoners on board. On arrival, initial checks were completed then the prisoner was spoken to in a private area to assess their ability to understand and allow them to engage in the admissions process via the (RRA form. All prisoners covered by the RRA were seen by a nurse in the reception area. A random sample of RRAs were checked, all had been completed correctly and there was an assurance process in place.

The reception area was fairly small, and space was an issue on busy days. There was a staff desk, searching area, storage facility, a designated nurse's room, one reasonably sized holding area and three small holding cells that were too small to comfortably hold one person for any length of time. There was no dedicated interview room. Since the last inspection, one additional room had been allocated to the nurse and SPS staff were not permitted access to it. This reduced the space available to undertake private interviews with prisoners either taking place at the staff desk or the larger holding area and resulted in the small holding cells being used more regularly to keep prisoners separate whilst waiting to be processed. Inspectors were told that prisoners were only held in the small cells for short periods of time, and HMIPS would like to reinforce this, as it is not a humane environment in which to hold people. Having a designated nurse's room also meant there was only one toilet available for staff and prisoners of both genders to share, as they could not access the toilet within the nurse's room, which was locked when not in use. HMP Inverness and NHS Highland should consider if it is possible to share the designated nurse's room to provide more space to hold and interview prisoners in a more humane environment when the nurse is not present.

The search area had saloon doors that did not shut properly, and inspectors were able to see through the gap. HMP Inverness should look at alternatives to allow privacy to prisoners removing their clothing to shower and be searched.

Staff estimated that prisoners were processed within 30 to 90 minutes, depending on how busy the reception was and the amount of property they had. Those arriving between 5 pm and 9 pm were processed as normal as a nurse was on duty until 9 pm. Those that arrived after 9 pm were marked as arrived on PR2 and sent straight to the hall, where they were placed on TTM 15-minute observations until they could see a nurse the following day. However, inspectors were informed that the reception was closed to new admissions between 5:30pm and 6:30pm each day to allow staff to have a break. This had resulted in prisoners and GEOAmev staff sitting in a van

outside the prison waiting for it to reopen. Given the area covered by the prison and the potential distances between courts and the prison, this could happen on a fairly regular basis. HMIPS are aware of the staffing issues at HMP Inverness but are concerned that this is resulting in prisoners being kept on a van for an additional hour unnecessarily. HMP Inverness need to look at ways to avoid this happening in the future.

Reception staff could not recall receiving a prisoner who did not speak English, but there was a folder with instructions on how to use translation services if required. There were also a language identification chart and cards to allow prisoners to point to their preferred language.

Prisoners arriving over mealtime were provided with food from the hall kitchen.

The staff in reception were friendly, polite, and professional when interacting with prisoners. All had received the training required to carry out their role and PR2 was updated appropriately. The HMIPS pre-inspection survey found that only 62% of prisoners were treated well in reception. This did not reflect what inspectors observed or prisoners spoken to that had recently come through the admissions process, who were positive about their experience and the staff working in reception.

HMP Inverness may wish to consider introducing a peer mentor to the reception process to further enhance the experience of prisoners.

Recommendation 1: HMP Inverness and NHS Highland should consider if it is possible to share the designated nurse's room to provide more space to hold and interview prisoners in a more humane environment when a nurse is not present.

Recommendation 2: HMP Inverness should urgently look at alternatives to saloon doors on the searching area to allow sufficient privacy to prisoners.

Recommendation 3: HMP Inverness should find a way to avoid new admissions arriving from court during the staff break (5:30pm and 6:30pm) sitting on a van outside the prison.

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 Performance

Prisoners were given a Prisoner Information Guide in reception that provided lots of helpful information about the prison rules and routine and included information on how to make a complaint and keep contact with family and friends. To enhance the information provided on prisoner participation, HMP Inverness should update the guide to include information about PIAC and IPMs. The guide could be translated into other languages if required.

A new TV, with the prison information channel on a loop, had recently been installed inside a reinforced case in the reception holding area, following the last TV being

damaged. There was also lots of helpful information displayed on the walls in reception.

On arrival at their hall of allocation, prisoners were taken through a first night checklist to ensure they had all the information and support they required for their first night in custody. The following morning, they were provided with more information about how the prison ran and were asked to sign a compact on expected standards and behaviours.

Prisoners spoken to were content that they had been provided with lots of helpful information during the admissions process to give them an understanding of how the prison worked. As suggested in QI 1.1, involving peer mentors may enhance this process further.

Core screen paperwork was sampled and had been completed accurately; however, it was not always completed within the 72-hour timescale. An officer in C Wing had responsibility for completing them as a secondary duty, and whilst he aimed to complete them within timescale, there was little time available in his daily regime to do so and they were often completed up to a week after admission. HMP Inverness should allow sufficient time in the day for this process to be completed within the 72-hour timescale.

Recommendation 4: HMP Inverness should update the Prisoner Information Guide to include information about PIACs and IPMs.

Recommendation 5: HMP Inverness should provide sufficient for core screen paperwork to be completed within the 72-hour timescale.

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

Rating: Satisfactory Performance

The admissions process SOP referred to in QI 1.1 covered the identification and registration of prisoners, and reception staff were observed to complete this process as instructed. This included checking the Prisoner Escort Record (PER) and querying any issues/concerns with the escorting staff, completing the seven-point warrant check, and confirming the prisoner's identity using the warrant for reference.

The PER should identify any special needs, including risk factors and the RRA provided a further opportunity for this.

Prisoners returning to the prison following a custodial sentence or a parole hearing were subject to the RRA process and were seen by a nurse.

PR2 was updated as appropriate, and the warrant was passed to the Criminal Desk Administrator. See QI 1.7 for more about this process.

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

Rating: Satisfactory Performance

All admissions were informed of their classification under the Prisoner Supervision System. Inspectors sampled the paperwork and were content with what they found.

Inspectors were satisfied that prisoners were assessed for any risks or needs in a private setting, albeit only the nurse had access to a designated interview room. Prisoners were able to participate in the process via the RRA. All information relating to classification was collected and recorded on PR2.

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

Reception staff had good relationships with GEOAmev, who contacted them prior to leaving court with a breakdown of prisoners on board. This allowed the prison to start making plans for their arrival. Reception staff notified the desk officer in B hall who was arriving, and they made the decision about where they would be located. Reception staff communicated this to the prisoner during the admissions process and prisoners had the opportunity to communicate any needs or concerns during the RRA process.

Because of the size of HMP Inverness, the allocation of prisoners was fairly straightforward; all those on remand went to B Hall and convicted prisoners went to A Hall. Offence protection, whether remand or convicted, were located on the bottom level of B Hall.

There was only one accessible cell in HMP Inverness, therefore if a prisoner arrived with accessibility needs and someone was already in the cell, a decision would be taken as to who had the greater need and the other person would be transferred out if necessary. See recommendation in QI 2.1.

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

Rating: Satisfactory Performance

There was an SOP available to guide staff through the cell sharing risk assessment (CSRA) process, and staff followed the correct steps when talking inspectors through how they did it.

During the admissions process, reception staff transferred any risks and conditions from the warrant onto PR2. The hall staff then completed the CSRA process on PR2. Staff reported that they tried to match people by age and if possible offered

those returning to the establishment the opportunity to share with the person they were with last time.

Inspectors looked at a random sample of CSRAs on PR2. One showed that two convicted prisoners were sharing a cell and one had a sexual offence charge pending. Although the prisoners were content to share, inspectors felt this was a risk best avoided. Where a decision has been made regarding a possible risk, it should always be noted in the CSRA. All others checked met the required standard. There was a suitable assurance process in place, where the Business Improvement Team did a 10% check the following day and the residential first line manager (FLM) completed a weekly check of at least five cells.

Prisoners spoken to that had been admitted within the last four weeks were happy with who they were sharing a cell with.

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

Rating: Satisfactory Performance

There was an SOP available to guide staff through the process of checking warrants and calculating release dates, and it matched the process described by staff.

Release dates were calculated by reception staff, recorded on PR2, and communicated to prisoners during the admissions process. If there was any doubt that dates were correct, reception staff waited for the Criminal Desk Administrator to calculate the dates before informing the prisoner, but this always took place within 24 hours.

The morning following admission, warrants were passed to the Criminal Desk Administrator who checked all paperwork and rechecked the release dates before confirming the dates on PR2. If the date required to be changed, a colleague did a secondary check. The Criminal Desk Administrator also rechecked dates for those who transferred in from another establishment to ensure the dates were correct for those in their care.

HMP Inverness had a sufficient number of staff competent in warrant identification and calculation, and there were plans in place to train more.

Prisoners spoken to that had been admitted over the last four weeks confirmed they had been told their release dates on arrival.

All warrants were stored in a lockable cabinet in the admin area, archived, and destroyed appropriately.

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 Performance

In the HMIPS pre-inspection survey, prisoners reported that only 56% had received an induction. This may have been down to prisoners deciding not to attend rather than not being offered it, as inspectors found that HMP Inverness had a process in place for delivering induction and that it was offered to every prisoner. However, it was not a well-established process.

Historically, induction was delivered in groups in the Links Centre and staff from many areas of the prison, including education, Personal Training Instructors (PTIs) and Family Contact Officers (FCOs) attended. Both staff and prisoners reported that it was well co-ordinated and a good location. The staff in E Wing were now delivering it, either in groups in the recreation room or on a one-to-one basis. Inspectors heard that it required time to co-ordinate bringing all parties together and that E wing staff did not have sufficient time to do this, so only education were attending. There was a further concern that once the drug recovery area was up and running there would be even less time for E Wing staff to undertake induction.

The national induction PowerPoint was being used for groups of prisoners and, if on a one-to-one basis, the E Wing staff were tailoring it and/or using the Prisoner Information Guide. The PowerPoint was comprehensive and covered everything you would expect to see with the exception of PIACs, which should be added so that prisoners are aware of how to influence decisions that affect their lives.

There was a tracker in place, created by the Links Centre who added new admissions and then E Wing staff recorded the type of induction delivered and when. Induction was offered to all prisoners within seven days of arriving and prisoners spoken to during the inspection confirmed this. Prisoners were encouraged to attend and if they refused the E Wing staff would go and speak to them, but no analysis was done of reasons for refusal.

If a prisoner did not understand English, staff would use the translation services and they knew how to access it.

Recommendation 6: HMP Inverness should review the induction process to allow sufficient time for the people organising and delivering it.

Recommendation 7: SPS HQ should update the national induction PowerPoint to include information about PIACs.

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

Rating: Satisfactory Performance

Staff working on the Criminal Desk and within Reception were able to clearly explain the liberation process, and there was an SOP available to guide them through it.

The day before a liberation, the Criminal Desk Administrator ran the liberation scroll for the following day. They prepared and collated all paperwork and rechecked the release date, and the Cashier ensured that all documentation and monies were in place including prisoner's personal cash, discharge grants and travel warrants if required. A member of the Senior Management Team (SMT) signed off the liberation following sight of the scroll and the warrant. Everything was then passed and signed for in reception and stored in the safe overnight for the liberation the next day.

Inspectors observed someone being liberated, and the process was very quick and smooth, and the prisoner was treated with courtesy and respect at all times. All necessary appointments had been made for him and he had an address to go to. Reception followed the process detailed in the SOP and escorted the prisoner to the Gate where they were identified and checked against the liberation scroll. The Gate officer then updated PR2 that they had been liberated and they were escorted out through the front of house reception.

There was a process in place to provide prisoners being liberated with clothes and holdalls to carry their belongings if required.

The Criminal Desk Administrator was responsible for notifying liberations to relevant external agencies.

PR2 was updated as required.

Quality Indicators

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

Rating: Generally acceptable Performance

HMP Inverness was opened in 1902, the accommodation halls had changed little since construction, but a number of extensions and extra buildings had been built to cope with changing demands over the last 120 years. It had a design capacity of 93 with 76 cells. There were five main residential areas; A Hall held convicted prisoners on 2 levels, B Hall held remand prisoners on 3 levels, C Wing held convicted prisoners on one level, E Wing was a drug recovery area on one level, F Hall held convicted prisoners on one level.

The prison had only one designated accessible cell, which was managed by A Hall staff, and there were two holding cells managed by B Hall staff. These cells were not occupied at the time of the inspection.

One holding cell had been painted and refreshed whilst the other was badly in need of similar treatment. The accessible cell was spacious, with plenty of room for washing and toileting and contained the necessary equipment for an occupant with mobility issues to utilise. It was concerning that there was only one accessible cell available for the entire prison, which could prove challenging should more than one prisoner require to be placed there.

The communal areas of the halls were tidy, well maintained and in a good state of repair, all were freshly painted and clean. There was no organised painting party operating in the prison at the time of inspection, it was however the intention of staff to arrange for C and F wings to have their communal areas painted during September 2022 by prisoners residing in those areas.

All cells contained a toilet and a washbasin, they were found to be adequately furnished with sufficient natural and artificial light, the heating system, personal lockers and intercom systems were all found to be in good working order.

A number of cells were found to be in a poor state of repair both cosmetically and structurally. Most were urgently requiring to be painted, some had graffiti damage and some still had nicotine stains present on the ceilings some four years after the smoking ban. Dampness was visibly creeping through the stone walls causing the surface to crumble, and rust on the frames of the windows combined to emit a general unpleasant odour. Many prisoners spoken to during the inspection stated they would be happy to paint their own cells if given the necessary paint and equipment. This would undoubtedly have a positive effect on the living conditions of the occupants by refreshing the appearance of their cell, but it is acknowledged that for supervision reasons this could be difficult for the prison to achieve.

A number of cells were double occupancy with fitted bunk beds. The sizes of these cells varied but it remains the view of HMIPS that the space available in these cells was not adequate for two people to live comfortably side by side.

HMP Inverness was running on a “Care and Maintenance” programme at the time of the inspection. This meant that only jobs necessary for the prison to operate effectively were being carried out and no major or scheduled works were planned before the anticipated closure of the prison around 2024.

Staff and prisoners reported that they knew how to raise concerns, and the maintenance staff dealt with any faults reported quickly. Requests were logged by operational staff via the “Agility” maintenance system that then graded the requests dependent on urgency. The maintenance programme was viewed and at the time of inspection, it was found that year to date there had been 1212 job requests and only six were still outstanding. Of those six, inspectors found one to be five months old but that all were delayed for good reason such as awaiting parts or specialist external involvement.

Recommendation 8: HMP Inverness should give priority to painting cells that urgently require to be done.

Recommendation 9: SPS HQ should ensure that there is more than one accessible cell in HMP Inverness.

Recommendation 10: SPS HQ should look for alternative solutions to accommodate the increased prison population, as the double cells were too small to comfortably accommodate two people.

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

Rating: Satisfactory Performance

The communal areas of HMP Inverness were clean and well maintained, the age of the building had tell-tale signs of wear and tear, but this was to be expected and did not impede the running of the prison. The Industrial Cleaning Party (ICP) were at full strength with six members and had responsibility for cleaning large surface areas and deep cleaning other well used areas of the prison such as the kitchen, Links Centre and recycling areas.

There were 13 pass men who had responsibility for cleaning each of the five residential areas, and there was sufficient cleaning equipment and materials throughout the prison for all to operate effectively. There were two trained biohazard pass men who knew the procedure for dealing with such incidents, and a dedicated biohazard trolley well stocked with equipment for use by them. Prisoners were encouraged to keep their cells tidy and those that were unable were assisted by hall pass men.

Training records for all nineteen of the prisoners with cleaning responsibilities were provided to inspectors and found to be accurate and in order. Staff worked hard to ensure that relevant training records were kept by the prison, including biohazard and British Institute of Cleaning Science (BICS) qualifications. It should be noted

that year to date, 13 prisoners at HMP Inverness had achieved their BICS qualification with others pending.

Prisoners spoken to by inspectors confirmed that they had received their training and were confident and knowledgeable when carrying out their work.

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: Good Performance

The vast majority of beds in HMP Inverness were older bunk beds of heavy steel construction and in need of a coat of paint. Mattresses were adequate with most prisoners having more than one to aid comfort. There was a good supply held by the prison and the process for replacements was effective and understood by all.

No prisoners were found to have their own personal bedding. All towels and bedding, including duvets and pillows, were found to be in good order and in plentiful supply. The prison laundry had a very effective process in place that would automatically replace any towels or bedding that was found to be worn or damaged when they passed through the laundry.

The prison laundry was found to be extremely effective and well managed with each prisoner allocated an ID number on arrival that stayed with them throughout their stay. A prisoner's laundry bag was clearly marked with their ID number, and they had a designated storage box within the laundry, so loss of clothing was a very rare occurrence.

Laundry services operated weekdays with uplifts in the residential areas arranged by pass men in the mornings and returned by late afternoon. Bedding, work wear and personal items could be cleaned weekly with personal pants and socks daily.

At the time of the inspection, the laundry was operating at full strength with three prisoners who were found to have accurate training records and confidence in carrying out their role within the laundry.

Good Practice 1: The laundry service was extremely efficient. It also had a simple process built in to replace both clothing and bedding if required as it passed through the laundry.

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: Generally acceptable Performance

Prisoners had access to essential toiletries held within each of the residential areas. Inspectors found adequate toiletries to be in stock and in addition, the prison canteen offered a good range of toiletries to suit all budgets.

All prisoners shared showers and these shared facilities were found to be in good condition and clean throughout the prison. It was noted that on A Hall there were only two showers for over 20 prisoners and as such it could become challenging at times. Showers were fitted with plastic saloon style doors that rarely closed properly and therefore did not provide an adequate level of privacy for the user. Whilst shared showering facilities are not desirable it is understood by HMIPS that this is something that HMP Inverness were not in a position to address at the time of the inspection.

Towels were laundered regularly, and plenty were found to be in stock.

Recommendation 11: HMP Inverness should replace the saloon doors immediately to ensure that privacy is upheld.

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

Rating: Satisfactory Performance

Prison issued clothing was found to be in good condition and inspectors noted during the inspection that a very small number of prisoners wore their own personal clothing. There were sufficient stocks of clothing held in all sizes and the prison laundry kept a number of recycled items for issuing to prisoners who required them on release. Prisoners reported that they knew the process in respect of requesting clothing and would receive it when required with little or no delay.

Outdoor jackets provided for use outdoors were of high visibility and of good quality; prisoners reported they were fit for purpose. There were adequate jackets in stock and available if required.

See QI 2.3 for information about the laundry.

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

Rating: Satisfactory Performance

The majority of respondents (53% of the population) to the HMIPS pre-inspection survey rated the quality of the food positively, with 55% saying the quality was quite good, and 11% saying it was very good. Just over a quarter of respondents said the food quality was quite bad, and 7% said it was very bad. The generally positive perceptions of prisoners were reflected in the observations of the inspectors during the inspection.

The meals at HMP Inverness were rotated every three weeks with a summer set menu in place at the time of the inspection that was due to change to winter in September. The menus appeared to be well-balanced and met nutritional requirements but did not clearly display nutritional information or allergens. HMP Inverness used Saffron catering management software to ensure they were delivering nutritious, allergen aware food to the prisoners.

At the time of the inspection, the prison was not providing food for cultural events, it had done this prior to the pandemic and kitchen staff reported that they intended to return to this towards the end of 2022. A recent PIAC meeting had identified that prisoners wanted porridge to be served at lunchtime on certain days instead of soup. This was accommodated by the kitchen and had proved popular; a good example of prisoner engagement and the opinions of prisoners being considered.

Weekday breakfasts consisted of the provision of cereal and milk to be consumed in cell with lunches from 1130 until 1215 and dinner from 1630 until 1715. Weekend brunch was at 1200 and dinner at 1630 until 1715. Prisoners were provided with a pack of biscuits every Friday and Saturday due to the longer period of time between mealtimes.

At the time of the inspection there was only one prisoner requiring a cultural or religious diet, and a separate menu was created for them that met their dietary needs. Evidence was found of other prisoners having had health concerns that required a more substantial adjustment. After consultation with health colleagues, kitchen staff created a bespoke menu for them, which retained variety and met their nutritional needs.

Overall cleanliness of the kitchen and storage areas were good. Microwave ovens located in the residential areas for use by prisoners were clean, fully operational and fit for purpose. It was good to see a separate freezer for the storage of Halal meats and products.

The HMP Inverness kitchen held the “Healthy Living Award” meaning that all menus were approved by Public Health Scotland. In addition, it was noted that the prison was about to be presented with the “Eat Safe” award that is awarded by Food Standards Scotland for exceptional food hygiene standards that go beyond the legal requirement.

There was only one point of service in the prison for meals, this was a small pantry that formed part of the kitchen and opened up into B Hall. There was a door into the serving area and another out; this allowed a flow of prisoners through the area to get their food. Prisoners were brought to the serving area in residential order by staff and it was seen by the inspectors to be a very efficient way of operating, from the first to last prisoner, service took just over 20 minutes.

Another advantage of this single point of service forming part of the kitchen was that the food served was fresh and hot and did not require to be stored for any great length of time before serving. A good example was the provision of chips in real time as and when required rather than being stored in food trolleys and presented soggy and inedible.

At the time of inspection there were two work parties, mainstream and protection both consisting of six prisoners. The training records of all twelve were examined and found to be up to date and stored correctly. These records showed that all prisoners working in the kitchen had received basic induction training covering basic hygiene and kitchen orientation, and some others had specialist training in the use of specific items such as hotplates, slicing machines and microwaves. All were seen to be wearing PPE during the preparation and serving of meals.

Good Practice 2: The “Eat Safe” award that is awarded by Food Standards Scotland demonstrates that exceptional food hygiene standards were present in the kitchen of HMP Inverness

Recommendation 12: HMP Inverness should ensure that the menus display the nutritional values and allergen information.

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: Good Performance

RRAs were sampled and had been completed to a satisfactory level for both reception movements and local appointments. In addition to this, a live RRA which resulted in a TTM initiation was observed during a reception movement. It was undertaken well and communication between all parties involved in the prisoner's care was clear and concise.

There was a good level of knowledge and understanding of the TTM strategy demonstrated by both SPS and NHS staff. A briefing system was now embedded with regards to observations and care plans taking place during staff handovers which were also attended by the NHS. In addition to this, the brief and key dates such as case conferences were held on SharePoint and accessible to all staff.

Inspection of live TTM files demonstrated comprehensive detail in case conference rationale, which was often supported by supplementary paperwork. In addition, responsible staff were clearly identified, and narratives were satisfactory, with daily FLM assurance completed, along with weekly SMT assurance of TTM and RRAs.

A multi-disciplinary approach was demonstrated via live and historic TTM case files and observed during a case conference. A number of prisoners were spoken to regarding their experience on TTM, and spoke of feeling "supported" and "listened too" having an input into their individualised care plans. Families were considered and invited to attend; however, uptake was low, with the majority of prisoners interviewed stating they did not want family involvement.

A local initiative and SOP had been initiated in August 2022 *"to assume a shared responsibility for the care of those 'At Risk' of suicide; to work together to provide a person-centred care pathway based on an individual's needs, strengths and assets and promote a supportive environment where people in our custody can ask for help."*

Individuals on TTM were identified at key points during their TTM journey and referred to the local Mental Health Meeting. In addition, case file reviews were undertaken by the Deputy Governor every 10th case conference.

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 Performance

Individuals who may be at heightened risk of harm in HMP Inverness stated that they felt safe. Offence protection prisoners highlighted instances of verbal abuse from windows during exercise periods, however reported that staff acted to stop this.

Whilst the regime for offence protections was limited, this was not dissimilar for mainstream convicted and remand prisoners. HMP Inverness was not a prison of allocation for convicted offence protection prisoners, and there was a transfer protocol in place which moved prisoners following conviction.

Whilst there were a lower proportion of foreign nationals in HMP Inverness in comparison to the wider SPS estate, measures were in place to assist individuals. Discussions with staff highlighted an understanding of including language and religious supports. However, during discussions with staff it was noted that Google Translate was the default language support and this was supported by an SOP. The preferred HMIPS and SPS position was the utilisation of Global Language Services via conference call or face to face.

A gender fluid prisoner was interviewed and spoke of their positive experience in Inverness and the support and respect given by staff. This prisoner stated that their needs were catered for and that he felt safe within the establishment.

The establishment had appointed an E&D Coordinator, with the most recent E&D meeting taking place in May 2022. Inspectors noted that there was no prisoner representation. See Standard 8 for a recommendation in relation to this.

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 Performance

During discussions with prisoners and staff, both reported a feeling of safety in HMP Inverness. This was attributed to positive prisoner/staff relationships and the sharing of information which allowed informed decisions to be made with regards to prisoner management and preventative actions.

Observations over the inspection period were of a staff group who led by example and were positive role models, with prisoners clear on the regime and standards of behaviours expected.

The Intelligence Management Unit (IMU) developed intelligence through the 24-hour overview, linking into further tasking and intelligence products. This was supported by the Tactical Tasking and Coordination Group who met monthly with violence a constant on the agenda.

Given the size and limited options for displacement within the establishment, staff had been very resourceful in facilitating prisoners with enemy markers remaining in HMP Inverness, nearer their families whilst ensuring that risks were reduced, and an equitable regime was offered.

Since the introduction of photocopying prisoners mail there had been a marked decrease of prisoners assessed as being under the influence of an unknown substance, with no instances of Management of an Offender at Risk from Any

Substance (MORs) in July 2022. This was a positive trend given the issues highlighted in the 2017 inspection.

Further work was required to investigate the root cause of violence, with a low return of post violence incident reviews, with only five returns from 25 instances of violence in 2022.

Recommendation 13: HMP Inverness should ensure post violence incident reviews regularly take place to assist with understanding the root cause of any violence.

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: Generally Acceptable Performance

A cross section of staff questioned were aware of the SPS Think Twice Policy with regards to bullying. However, all stated that bullying was generally dealt with informally and managed well.

A cross section of prisoners were spoken to about bullying and stated that they were advised by staff on admission/induction of the zero tolerance of bullying and the policy to support it. All stated that bullying was not an issue in HMP Inverness and that when issues started to emerge staff dealt with them promptly. Staff reported that due to the geographical location of Inverness, prisoners were aware that bullying would not be tolerated and would result in action which may result in transfer. It was assessed by staff that this had a positive impact on bullying behaviour.

There were 14 intelligence entries in relation to bullying in 2022, with one use of the Think Twice Policy during this period. This was the only time since the introduction of the policy. Whilst the feedback from prisoners and staff highlighted bullying being managed at the lowest possible level, there was a lack of documentation to evidence this. As a result, it was difficult to evidence a single or consistent approach to bullying.

Recommendation 14: HMP Inverness should evidence the management of bullying even at its lowest level in case it escalates.

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

Rating: Generally Acceptable Performance

Both staff and prisoners were aware of the Think Twice Policy, with staff being able to evidence a good understanding. However, their view was that this would only be used as a last resort, with bullying being dealt with robustly at an early stage, negating the need to use the Think Twice Policy.

This translated into the use of the Think Twice Policy being used once since its introduction. However, 14 intelligence entries at the time of inspection in 2022 suggested that bullying was still an issue, but there was little written evidence of support and assistance.

However, as stated in QI 3.4, the cross section of prisoners spoken to with regards to bullying stated that they were advised of the zero tolerance of bullying and the policy to support. This was in line with the wider feedback from prisoners of feeling safe in HMP Inverness and further corroborated with observations during inspection.

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

Rating: Satisfactory Performance

There was an agreed immediate response to incidents, and staff questioned were clear in understanding and roles. This was supplemented by an extensive range of SOPs and contingency plans. SOPs were available to all operational staff via SharePoint. A review process was in place and evidence of this was noted. All staff had access to a personal alarm. Alarms were tested on an ongoing daily schedule, ensuring all alarms and areas were regularly tested. There was an adequate allocation of radios for users, and systems and handsets were tested in a scheduled manner. There were arrangements in place for the repair of any item that became faulty.

The comprehensive catalogue of SOPs and contingency plans for emergency risk management were observed to be up to date and of good quality. Staff training was also focussed in this area with a clear training plan in place. Whilst there had been some difficulties during COVID-19 in maintaining competencies, there was a clear recovery plan.

The establishment continued to participate in annual incident management training, where key role holders were given the opportunity to role-play in a number of theoretical and practical exercises

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

Rating: Generally Acceptable Performance

There was a clear line of Health and Safety(H&S) responsibility within the establishment. This was supported with a comprehensive SharePoint site with risk assessments and SOPs.

Staff were clear on their individual responsibilities around H&S and actions to be taken to highlight instances such as near misses and incidents.

The H&S Coordinator was scheduled for one-day facility time per week; however, this had been negatively affected due to staffing shortages. The local H&S Coordinator had a clear plan of scheduled inspections, which had been communicated to the relevant areas, however when audits took place returns from several areas were low.

There was a similar issue with the completion of accident investigations. Whilst it was clear that SMT supported areas such as H&S, Fire Safety and Food Hygiene etc., further work was required to embed this, in particular with the FLM group. This was recognised by the Health and Safety Coordinator and some recovery is required in this area.

There was a clear focus on cleanliness within the establishment, with prisoners being clear of their roles and trained to the required standards. When viewing the training and competency of prisoners working in the Laundry and Kitchen, their training records were readily accessible, with a clear overview of job role, responsibility, and training.

H&S meetings had been undertaken with the most recent in July 2022.

Designated first aiders and fire response procedures were clear and up to date, and training figures were within satisfactory levels with a clear plan for moving forward.

Recommendation 15: HMP Inverness SMT should reinforce the importance of complying with H&S audits and accident investigations.

Quality Indicators

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

Rating: Satisfactory Performance

Force or physical restraint, known as Use of Force (UOF) must be undertaken in accordance with Rule 91 of the Prisons and Young Offenders Institutions (Scotland) Rules 2011.

Since January 2022, there were 21 incidents where UOF was used. UOF forms were randomly sampled, and all indicated that force was minimal and lawful. The report writing was generally of a good standard, highlighting any issues staff experienced, such as having to change roles. Where prisoners claimed they were injured, the healthcare professional noted their findings after the removal and any medical treatment advised. On completion by the removal team the UOF form was sent to the IMU for analysis, with any trends identified presented at the Tactical Tasking and Coordination Group. Thereafter the UOF forms were passed to the Head of Operations for sign off and secondary assurance. It was observed while sampling UOF forms that the Head of Operations had identified circumstances where recording should have taken place, being a planned removal and this was fed back to appropriate FLM. All other planned removals had been recorded as required. Apart from one, all the forms checked had been signed off by the Head of Operations to ensure compliance and then passed to the Business Improvement Manager to store. It was noted that the camera required to record any planned removals was easily accessible to FLMs.

Under SPS Prison Resource library (PRL) 2.3.4.2: Control & Restraint, only prison staff assessed as competent to do so took part in (C&R removals. A concern for HMIPS on recent inspections has been the level of staff out of competency due to COVID-19 restrictions on face-to-face training. On checking against staff records, a number of staff were out with their annual refresher date. HMP Inverness had taken great strides to ensure staff were again in competency, and at the time of the inspection over 70% of staff were now competent with continuous C&R refresher courses planned. Despite some staff still needing refresher training there was no reason to believe that the UOF was not safe.

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 Performance

There was no Separation and Reintegration Unit (SRU) at HMP Inverness, but there were two holding cells. It was pleasing to note that the outer doors of the cells highlighted in our COVID-19 Liaison visit in May 2021, had been removed and only a

single cell door was now in place. It was also pleasing to note that part of the area had been recently painted.

HMIPS had also previously highlighted concerns regarding the use of these cells when prisoners were kept under rule 95(11) and rule 95(12) conditions, which was not appropriate. HMIPS were informed that although the cells were used for short periods of time (max 72 hours), HMP Inverness have now got an agreement in place, supported by SPS HQ, that if a person is to be held for more than 72 hours they are transferred to a suitable SRU setting. The caveat was that depending on arranging transport, the person might stay slightly longer than three days and therefore a rule 95(11) would be sought. Where a person needed to return for a short period of support i.e. Multi-Agency Public Protection Arrangements (MAPPA), they may stay for a couple of weeks under rule 95(11) conditions with a return date to an SRU and reintegration plan in place.

Inspectors spoke to prisoners who had previously spent periods of time under rule 95(11) and 95(12) conditions in the holding cells. They confirmed that they had been offered daily access to fresh air, the phone, a shower and a choice of meal while kept in the area, as well as access to visits. However, it was highlighted that often they felt very isolated as they knew staff weren't in the area at all times, and often waited longer than they would have to do in a hall, for their call bell to be answered. This was due to staff attending the holding cells as a secondary role. A number of rules were sampled, and all were found to be lawful.

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

Rating: Good Performance

Disciplinary hearings were heard in the residential FLM office, and although not a large room, it offered a reasonable amount of space to carry out the process.

Discipline paperwork was scrutinised, and all were completed to a good standard. Timelines were adhered to and where possible staff attended to give their evidence in person. The whole process was well organised and fluid.

Inspector observed a number of discipline hearings, which followed a person-centred approach. In each hearing, the adjudicator ensured that the person understood the charge and their rights and gave them time to enter their own mitigation. Where punishments were the outcome, the adjudicator ensured they understood the outcome and their right to appeal. Where there were a number of charges, the adjudicator was clear on how the process would work and checked the prisoners understanding. Most outcomes of the hearings were supportive rather than punitive with the decisions based on evidence, the prisoners' statements and past behaviours.

Orderly room guidance was at hand if a prisoner wished to seek information on the process along with appeal forms in case a prisoner wished to challenge the outcome.

If a prisoner brought before the adjudicator could not speak English there was access to a translation line.

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

Rating: Generally Acceptable Performance

During the inspection, there were two prisoners on SSM.

Staff were reminded of who was on SSM at the morning briefing and had access to the paperwork in the area the prisoner resided.

Inspectors scrutinised both sets of paperwork and spoke to both prisoners. Both sets of documents were of a reasonable standard, with review dates, but neither prisoner had a copy of their paperwork. Both prisoners confirmed they understood why they were on SSM and had been involved in discussion around why they were on SSM and their restrictions. However not having the paperwork for reference resulted in one prisoner being unaware of some of his restrictions around closed visits. One set of paperwork required updating as the prisoner had moved locations to a smaller unit.

During the inspection, one prisoner was removed from SSM following their review.

Recommendation 16: HMP Inverness should ensure that prisoners are given copies of their SSM documentation, and that where there is a change of circumstance the documentation is updated.

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

Rating: Satisfactory Performance

HMP Inverness have good processes in place to meet their compliance responsibilities with regards to searching of cells and other areas every quarter, as well as staff searching. The nightshift FLM was responsible for ensuring searches were identified and completed. Searches were circulated to the appropriate FLM for completion and returned, and they were logged on a database in SharePoint. Scrutiny of this system found that not every area appeared to have completed their quarterly searches; however, there was paper evidence and PR2 checks highlighting that the database was not up to date. There was a process in place to escalate where there was non-compliance, and the Head of Operations checked compliance on a regular basis, along with PRL assurance.

HMP Inverness had a number of SOPs to assist staff in carrying out their duties with regards to searching, and they could be found on SharePoint. This was particularly useful to new staff to the prison.

Inspectors observed a number of searches, including cells and those being admitted to the prison in reception. On each occasion, the search was carried out with dignity

and respect to the individual, and although the prison rules were not highlighted the reason and process was explained. During cell searches staff carried out searches thoroughly, but with minimal disruption to the occupier's belongings and bedding. Where prisoners were strip-searched, they were never naked, and it was carried out by a member of staff of the same gender.

When prisoners were escorted to work, they were given a 'rub down search' and walked through a metal detector. A Body Orifice Security System (BOSS) chair was utilised in reception to check for the secretion of metal objects internally.

During the inspection, inspectors took up the opportunity to follow the process of searching from the initial risk being identified, the searching of the individuals and their cell, the recovery of an illicit item and their discipline hearing. All stages were thorough, lawful and well executed.

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

Rating: Satisfactory Performance

Inspectors looked at the process of recording and storage of prisoners' valuables, their cash and the access they had to both cash and personal property.

On admission, all cash and valuables were recorded on a record card agreed by the prisoner and stored in a lock fast cabinet until it was collected the next day by a member of the office staff. Items were checked against the record card, signed for and then stored in a safe in the main office. Any cash was then updated onto the prisoner's prison bank account known as prisoners' personal cash. Prisoners can check their finances by asking a member off staff to check on PR2.

If a prisoner requests to hand out their valuables, the office staff ensure that the items are handed to the appropriate staff member for release. Any items handed or sent out of the prison were recorded and signed for by the prisoner.

There was a good assurance process observed during the inspection, where valuables were checked against the record card. These assurance checks were then uploaded onto the SharePoint site.

During the inspection, it was still prohibited for prisoners' property to be handed into the prison and therefore all items had to be sent in. This caused families and prisoners challenges with regards to the cost of delivery and returning unwanted items. As the cost-of-living crisis deepens and COVID-19 restrictions are lifted, the SPS should return to allowing goods to be handed in and out to reduce the pressure on people's finances.

As recently reported in other inspections, money transfers can now be sent in via an account at SPS HQ. This is a huge benefit, especially for who do not live close to a prison. This was particularly helpful for the family and friends of those imprisoned in HMP Inverness due to the large catchment area, where some prisoners come from

the far north or the Islands. The facility for transferring cash was excellent. The prison received amounts paid into SPS HQ for any prisoner at the prison. These amounts required to be in the prisoner's account by 11.00 am and confirmed to SPS HQ by e-mail to ensure compliance.

Prisoners were allowed to wear their own clothes while in their own residential areas but had to wear prison clothes when leaving the hall. The items in use list was reasonable and there was a good process for swapping articles, either by posting out or handing out to a visitor, generally after a visit.

All items not in use were stored in reception. There was ample room for storing suits, jackets etc. and a storeroom was used as an over spill. Each cell had a box or two if a double cell, to hold prisoners' belongings, which was volumetrically controlled. If the box was full then the prisoners was requested to hand out any excess belonging at his earliest opportunity. Weekly property checks were undertaken as part of the duty manager's weekend assurance process.

Recommendation 17: The SPS should return to allowing goods and property to be handed in to a prison, in light of the increased living costs facing families

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: Good Performance

The most common reason for risk assessment of a prisoner leaving the prison under escort was to attend Accident and Emergency (A&E). The prison is faced with a choice, do they wait for an ambulance, which can be lengthy or take the prisoner to the hospital utilising prison transport. On the advice of the Healthcare Team, a decision is made when a prisoner can safely be taken to A&E by prison staff. Of the 24 emergency hospital escorts undertaken this year, 21 have been facilitated by the prison. Although the hospital was only a 10-minute drive from the prison, using prisoner transport requires extra staff as a driver is required, and only on the flexibility of the staff can this happen as frequently as it does. Due to the number of escorts, risk assessment of the escort by an FLM was used regularly and to a good standard. There was a good process in place to ensure the escort went ahead safely with the use of an escort approval certificate, which is completed prior to any escort leaving the prison. This assists in determining any risks during the escort, the rationale for hand cuffing individuals and in what circumstance the hand cuffing instructions change, i.e. a closet chain (hand cuffs with an extended chain) to be used to protect the individual's medical confidentiality or when the person requires to use the toilet. On assessing these forms, it was noted that staff took a mobile phone to enable them to communicate with the prison.

Only staff out of probation would be responsible for the escort, although probationary staff would attend as the second escorting officer. Where a high-risk escort was to attend hospital, an FLM may attend for extra support. Before the escort left, staff were fully briefed by an FLM, and cuffs were checked. Instructions were given on

when to contact the prison i.e. if an incident happened or where the Hand Cuff Risk Assessment needed to be changed for treatment.

Good practice 3: A staff 'grab bag' contained refreshments that were taken with the staff in case the escort was prolonged.

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

Rating: Satisfactory Performance

HMP Inverness had a designated area used for mandatory drug testing (MDT). It was well kitted out and ready for when there was a requirement to test someone for drugs. Most testing was the result of intel suspicion tests, but they also carried out testing for progression and also annual prevalence testing.

Currently there was no designated MDT Team, but there was a core of three staff who were confident and competent in carrying out testing. This could cause challenges as the staff had other duties to fulfil but they managed to test 51 prisoners this year.

Testing was carried out either by using training variable, which at the moment was used to refresh staff in C&R, or taking staff off their posts in the prison. The concern for HMIPS was that as staff were taken away from their job role to carry out testing, which could be for as long as five hours, (the maximum time allowed for a test to be carried out.) This puts a strain on other staff having to cover the MDT officers' job in the prison and could impact on delivering certain aspects of the regime. The only way this system could work was through the flexibility of the staff group, which was witnessed continually during the inspection.

Recognising the challenges of minimal staff available, HMP Inverness had arranged for six more staff to be trained. Although it had taken over a year to arrange training, as the SPS College no longer offered this, the prison arranged training with an external provider who carried out the tests on behalf of the SPS. This will enable the prison to offer more opportunities to carry out MDT in a more planned way. The training took place during the second week of the inspection.

Although inspectors were unable to talk directly to those staff carrying out the testing, the manager in charge was very knowledgeable of the process and assured the inspector that his staff were as knowledgeable if not more so than he.

HMP Inverness do not test prisoners for alcohol.

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

Rating: Satisfactory Performance

HMP Inverness had recently introduced internal cameras to the prison. The cameras covered all the corridors and a number of other areas, but surprisingly not the residential areas. This was a challenge to those monitoring the movements of prisoners, especially those requiring to move separately from other prisoners or where a C&R removal was taking place. The movement from residential areas to the holding cells for example was reliant on radio communication until they got to the corridors, which was not ideal. Cameras in residential areas offer protection both to prisoners and staff and can assist in the prosecution of a crime. It can also be a deterrent or a comfort, as prisoners know that they are being monitored.

The cameras were monitored from the Electronic Control Room (ECR), which was situated in the main gate. In most prisons the ECR and the main gate are separate with designated staff to observe cameras at all times, leaving the gate staff to concentrate on their duties such as opening and shutting electronic doors etc. This set up could be challenging as it was a singleton post and therefore monitoring of the cameras constantly was not always possible.

There were cameras to track the movement of prisoners in the exercise yards but again the cameras were not monitored constantly.

Although HMIPS appreciate that the prison will move to a modern setting in the next two years, the investment in cameras in the residential areas would be extremely beneficial.

Recommendation 18: SPS HQ should consider introducing cameras in residential areas at HMP Inverness

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

Rating: Satisfactory Performance

Inspectors accompanied the outside patrol officer (OSP) in carrying out an external perimeter check, which included the overspill car park for prison staff and an internal perimeter check. These checks were carried out at least twice a day, morning and afternoon.

As part of the perimeter checks, the OSP officer recorded his movements through an electronic pegger. This was then handed back to an FLM who downloaded the information, and it was used as an assurance process. The peggers were also used when carrying out nightshift patrols, both in the prison and inner perimeter patrols. An inspector accompanied the nightshift patrol who carried out the secure locking of the prison at the start of their shift.

Inspectors observed a vehicle entry and exit. For assurance purposes and record keeping, the gate officer kept detail records of all movements in and out in logbooks.

The entry for vehicles was through manually operated gates and the vehicle was checked thoroughly. Although the vehicle was not out of sight of the officer, checks were still carried out on exit. However, the driver was not asked for photographic identification (ID). When inspectors asked if the officer was happy with his checks he recognised that ID should have been sought even though the driver had been at the prison within the last two hours. Further observations of vehicles were carried out during the inspection, which reassured the inspector that ID checks were normally asked for.

The process was similar for vehicles carrying prisoners to and from court. All persons were identified before the vehicle was allowed to leave or enter.

Quality Indicators

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

Rating: Satisfactory Performance

Any critical information that came into the establishment from a family member was passed to the residential area and conveyed to the prisoner by an officer. Staff were also able to advise that, where necessary, any information could be passed to a family member, either by allowing a telephone call or by an officer contacting family members.

The staff in the ECR were very aware of the process for sharing critical information. The relevant forms were easily accessible containing guidance on how to process them. When the relevant residential areas were contacted, the prisoners in question were informed in a compassionate and confidential manner. If possible, the prisoners were afforded access to the phone, and in certain circumstances, additional funds were added to the PIN phone.

The FCO was a positive link between prisoners and their families. They were new to the role but very knowledgeable about the relevant processes and how to apply them, often in an innovative way and in partnership with the Family Centre.

There was a process in place where prisoners were admitted to hospital and their family needed to be informed. All FLMS and staff interviewed were able to explain the procedures. The SOP on escort/hospital detain required to be updated to include guidance on contacting family members if the prisoner's condition and consent warrants it.

Recommendation 19: HMP Inverness should update the SOP regarding escort/hospital detain to include guidance for contacting family members if prisoner's condition and consent warrants it.

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

Rating: Satisfactory Performance

According to the pre-inspection survey, the majority of prisoners felt that relationships with staff were positive, and they felt safe in the prison.

Throughout the inspection, inspectors observed an environment of respect. Prisoners spoke of the positive experiences they had with the majority of staff. Prisoners acknowledged that when staff promised to help they did, and that this was common practice. Due to the makeup of the establishment, there was a community environment where the majority of people knew each other and staff, management and prisoners were on first name terms. Inspectors witnessed first-hand a member of staff appropriately challenging a prisoner regarding their behaviour when they

were approaching the external fence during exercise. It was done respectfully, professionally and appropriately, and the prisoner complied with no issue.

Each area visited had a relaxed but controlled atmosphere. Prisoners being escorted around the establishment were conversing with staff in a friendly manner and this was reciprocated.

Staff regularly worked in different areas, leading to them getting to know the prisoners and vice versa. Despite most prisoners knowing staff by name, it's important that staff wear their name badges so they can be identified by all prisoners.

Good practice 4: Staffs' flexible approach to working in different areas of the prison meant they were engaging with the majority of the prisoner group on a regular basis.

Recommendation 20: HMP Inverness should ensure that staff wear name badges at all times.

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

Rating: Satisfactory Performance

There were no interview rooms in the residential areas. Staff managed this by having private conversations either in the prisoner's cell or in the hall away from other prisoners.

Inspectors spoke with a broad spectrum of staff, all of whom knew the correct process for managing sensitive data and how to report any potential breaches. Prisoners using the PIN phones do so in enclosed phone boxes affording privacy for their calls. All of those on TTM had their paperwork stored in a confidential manner and no other prisoners were able to gain sight of it.

Inspectors witnessed the mail in one of the halls being processed, and it was in line with the SOP, which was readily available. Staff spoken to were able to explain the mail issuing process in detail.

The Links Centre had interview rooms, some with no ceilings, which led to some conversations being audible. The Link Centre staff were aware of this allocated rooms with ceilings if the meeting required full confidentiality. The staff working in the area were aware of the need to be sensitive to confidentiality around the rooms with no ceilings.

Good practice 5: The use of phone boxes offering enhanced confidentiality.

Recommendation 21: HMP Inverness should look at enclosing the rooms in the Link with ceilings to allow confidential conversations to take place.

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

Rating: Satisfactory Performance

In order to address staffing shortages, the establishment runs a dayshift regime with no evening activity. Essential services and education were the predominant purposeful activity available. The regime was displayed on the noticeboards and included the timetables for PT and Education. The noticeboards did not appear to take into account those with literacy issues. Notices were also posted to prisoners in their cells and explained the reasoning behind any restrictions in place. The regime ran in an orderly and timeous manner and staff and prisoners were aware of the relevant timings.

Recommendation 22: HMP Inverness should ensure all notices are easy to read for those with low literacy levels.

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: Satisfactory Performance

There was evidence of PIACs taking place, this included the minutes being recorded and shared, although they were not posted in B Hall. Prisoners were aware of PIACs and how to contribute to them. Staff reported that sometimes the timings of the PIACs clashed with afternoon activities.

The canteen was the most prominent subject for PIACs. Changes to the canteen had been made following input from PIACs, but this was only annotated in the minutes. Due to the size of the establishment, PIACs were run for all areas in one meeting allowing for cross-hall input. There was a comprehensive Prisoner Information Guide that was issued on admission/induction, which explained all processes and procedures relevant to prisoners. This included contacts for support services.

Some of the notice boards were cluttered. Information was there but obscured by other notices.

Recommendation 23: HMP Inverness to ensure PIAC meetings are shared with all prisoners.

Recommendation 24: HMP Inverness to ensure noticeboards are clutter free with only up to date information displayed.

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 Performance

The Link Centre had rooms allocated for virtual courts/meetings and in person meetings with external partners/agents if required.

There had been no recent requests from prisoners to contact national or international representatives, but FLMS and staff were able to fully explain how this would be actioned and supported. FLMS and staff were able to evidence how they would support a foreign national should it be required, including access to phone credit and translator services. As the population numbers were low in HMP Inverness, there were very few encounters with foreign nationals, but managers and staff were fully versed and knew how to access support when required.

The Prison Rules were readily available and there was access to phones on a regular basis. Inspectors observed on a number of occasions prisoners requesting to use the phone out of the allocated regime and staff accommodated them if possible.

5.7 The prison complaints system works well.

Rating: Satisfactory Performance

There was a culture of dealing with potential complaints at the lowest level and this was accepted across the population. While it is productive to manage complaints at the lowest level, it is also important to record this in case the complaint is not satisfied and therefore escalated. Complaint forms were accessible and available. On B Hall, the forms were kept on the lower level, which meant those on the upper levels, did not have regular access.

When a formal complaint was made, the ones sampled were managed appropriately, with acceptable responses and clear communication with the prisoner. Copies of the complaints and responses were kept in the prisoner's file. There was a clear SOP with a diagram fully explaining the process. There was an appropriate ICC process in place.

Good practice 6: A clear and comprehensive SOP around complaints handling with a detailed guidance diagram.

Recommendation 25: HMP Inverness should ensure that complaints forms are available on all levels within the halls.

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

Rating: Satisfactory Performance

There were prominent posters advertising the IPM service in all areas where prisoners had access. There had been an increase in IPM requests via the phone service. Due to the size of the establishment, IPMs were very visible and therefore prisoners could easily approach them.

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 Performance

There was an appropriate range of employment and training opportunities for all prisoners. These included work parties for gardens, laundry, catering, industrial cleaners, recycling and charity (wheelchair refurbishment). They had recently introduced a work party for painting and decorating in one hall, in response to suggestions that were made by prisoners. The prison also provided employment for pass men in the residential halls, and across the estate. Protection prisoners were eligible to apply for enhanced work parties, for example, in the kitchen. Prisoners engaged well in their work parties including the enhanced work parties that supported the laundry and kitchens.

All prisoners were made aware of the available work parties at induction and all eligible prisoners were encouraged to attend a work party. All eligible prisoners completed an application for work parties as part of their induction. These applications were reviewed against job opportunities on a regular basis by the Work Party Allocation Board. Staff discussed employment opportunities on a one-to-one basis if necessary with the prisoners.

There were good examples of prisoners receiving individual support and mentoring to enable them to participate in wider work parties.

Staff in life skills and education worked well together to deliver a useful employability course for prisoners who were reaching the end of their sentence. Prisoners commented that they thought this would be helpful in preparing them to access employment opportunities on release.

There were no routine opportunities for prisoners to make suggestions for future work parties.

The prison regime had changed as a result of dealing with staff shortages. This had resulted in the prison day being condensed into a shorter period of time and often prisoners had to choose between attending work parties, education or fresh air.

There had been no new registrations for vocational qualifications in the past year in all work parties, apart from Industrial Cleaning.

Recommendation 26: HMP Inverness should seek to provide a regime that does not require prisoners to have to choose between attending work parties and education or accessing fresh air

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: Satisfactory Performance

All prisoners were made aware of the system for paid work as part of their induction process. The Work Party Allocation Board met regularly, sometimes daily if required to review applications and allocate prisoners to work parties. Almost all prisoners understood the rationale of selection for paid work. Remand prisoners were employed as pass men in their halls. Protection prisoners were eligible to apply for enhanced work parties, for example, in the kitchen.

All eligible prisoners were able to apply for employment or request a change of employment by speaking to their personal officer or through the residential halls. All prisoners were happy with the system for applying for and changing their work placements.

There were good examples of prisoners who were 'not yet ready' to participate in wider work parties being identified and supported well. For example, the Officer in charge of the BICS party mentored and supported prisoners to work towards being able to participate more widely in other work parties across the prison estate.

Information regarding the availability of work parties was mainly by 'word of mouth' although this met the needs of the prisoners effectively.

When a prisoner's application for a work party was unsuccessful, the Personal Officer met with the prisoner to discuss the reasons. Eligible applicants were kept on a waiting list for future opportunities.

There were no opportunities for prisoners to be involved in the discussion around what work is available, or to discuss their skills and learning objectives.

Recommendation 27: HMP Inverness should consult with prisoners about the type of work opportunities that might be possible in the new HMP Highland

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: Poor Performance

The Learning 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 resources, including access to a small range of reference books. Prisoners and staff worked well together, and prisoners valued their positive relationships with staff.

One to one support from staff was of a high quality and purposeful. Staff adapted their learning and teaching approaches effectively to meet the needs of learners in

attendance, who were motivated and engaged in learning. A few prisoners were making good use of resources to support self-directed study.

Prisoners spoke highly of the learning and teaching provided by the Art tutor. There was good evidence of the high quality of work and feedback from prisoners on display within the art room.

Prisoners participated in a limited range of subjects and qualifications at Scottish Credit and Qualifications Framework levels 3-5 across subject areas, such as Communications, ICT and Numeracy.

The Learning Centre Manager liaised informally with other areas within the prison and took account of their timetables when scheduling classes in order to minimise timetable clashes. Prison staff encouraged prisoners to participate in education, and they received the appropriate wage from their work party whilst they attended the Learning Centre. Educational opportunities were provided for all categories of prisoners although the uptake was low. Provision was timetabled for prisoners on protection regimes although the uptake for protection prisoners was also low.

Education staff notified all prisoners that they had been scheduled for an induction session to education shortly after they arrived in the prison. If they did not attend at this time, they were able to apply to attend later although there was no follow up communication from education staff. This was a missed opportunity to welcome prisoners to education and to highlight what the Learning Centre had to offer.

Due to the short-term nature of the sentences within the prison, the majority of prisoners felt that the offer within education did not meet their needs. Prisoners were unclear of the offer within education as the timetable only referred to their hall and not what was being delivered and when. Education staff should adopt a more structured approach to meeting the needs of the learner journey of the prison population.

There was a lack of coordination between education and the wider work parties, for example, the prison officer in charge of BICS training was delivering Manual Handling independently of the Learning Centre. There were missed opportunities to deliver certificated awards in partnership with other work parties, for example food hygiene certificates.

Recommendation 28: The Educational team should follow up with those who don't attend education to encourage their participation and provide a more structured approach to explaining what is on offer and supporting prisoners on their learning journeys.

Recommendation 29: The Educational team should explore the scope to deliver certificated awards in partnership with other work parties.

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

Rating: Generally Acceptable Performance

The prison offered a sufficient range of physical and health opportunities, and these were available to all prisoners, although recovery prisoners tended not to make use of the facilities on offer. The gym had limited space and a timetable to ensure equal access to all halls was in place. A few running machines were available in the individual halls which prisoners could access out with their gym time. There was some variation in the programme available to prisoners, for example, carpet bowls and football competitions. However, this has been impacted by COVID-19 restrictions and were only now being fully planned. A 'recovery month' was being planned to encourage prisoners in the recovery wing to participate.

The Physical Training Instructors (PTIs) provided workout programmes to prisoners to enable them to work at their own pace. Some prisoners also made use of these programmes in their cells. Relationships between staff and prisoners were positive. Planning for the gym and physical education programmes were largely organised by staff. Prisoners were informally consulted about the programmes available. In future there was scope to ensure the views of prisoners were taken into account when reviewing and organising activities. Similarly, there was more to do to ensure barriers to participation were identified and acted on. For example, accommodating prisoners with additional needs or disabilities.

Some efforts had been made by staff to ensure that scheduling allowed prisoners to participate in physical activity and health education. In the past, a few individuals had successfully gained qualifications, although this was discontinued during the pandemic. Although there were links with the Learning Centre and the Life Skills Officer, these could be formalised to ensure that prisoners gain access to qualifications and awards that may benefit them when leaving prison.

Recommendation 30: HMP Inverness should consider what more could be done to provide opportunities for those with disabilities and additional needs to participate in physical education activities.

Recommendation 31: HMP Inverness should developed better links between the Learning Centre and both the Life Skills and PT teams could be formalised to promote access to qualifications and awards.

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

Rating: Generally Acceptable Performance

All prisoners had access to the library, which was open two days per week. Although small, the library had a good range of books including a few in large print. There were also a few books in Polish to provide materials for the small number of prisoners with Polish as their first language. Library staff employed by Highlife Highland engaged well with prisoners, encouraging them to access a range of reading materials. The librarian, although recently in post, had introduced a card lending system similar to that in all other libraries. This replaced the outdated arrangements in the old library and was intended to help prisoners become more familiar with the library system in their local community upon their release.

Prisoners were able to request and reserve books, enabling them to engage with a wider range of reading materials. The views of prisoners were taken into account through informal discussion about the range on offer. A range of leaflets and other information was available for prisoners to access in the library area. The introduction of graphic novels had increased the number of prisoners reading them. There were no group activities on offer in the library although plans were in place to develop this in future. Similarly, there were no e-books or DVDs available. The introduction of these could help prisoners with literacy issues access a wider range of materials.

A very strong partnership with the Life Skills Officer was encouraging prisoners to use the services available in the library. Through his engagement, a range of programmes such as 'Better Dads' had been organised to meet the needs of individuals, helping to prepare them for release.

Recommendation 32: HMP Inverness should make a range of e-books and DVDs available to encourage the participation of those prisoners with literacy issues.

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 performance

All prisoners had access to a reasonable range of cultural, recreational and self-help activities. Prisoners participated in varying numbers depending upon what the activity was and how appropriate it was to their individual circumstances. Participation in art competitions was helping to engage and motivate prisoners to participate and to extend their skills.

Some other flexible learning, such as health and safety, were predominantly self-directed using software packages. Some limited opportunities for peer learning were observed in the Gym and Learning Centre.

The Better Dads, Decider Skills, Employability and My Recovery classes and programmes had helped prisoners individually or in small groups to develop skills and abilities. Learning packs linked to special days in the calendar, such as Mandela Day and Windrush Day, had been used to encourage prisoners to engage in other purposeful activity.

Awareness of activities for all prisoners was mostly by word of mouth but also through induction processes, notice boards and prison magazine. Staff accepted that some barriers to participation existed, in particular the amount of time available across different and, at times, competing opportunities such as education, physical activity, work and access to the library.

Prisoners could choose to participate in a range of activities, but consultation on activity design and what was on offer was limited. Art in particular, offered prisoners an effective opportunity to tailor learning on a self-directed basis that was facilitated by tutors.

The recreation area was used as a faith space for Roman Catholic and Church of Scotland services on a Friday. Although there was no dedicated space available for quiet reflection, this was accommodated on request. A few special events, such as harvest and remembrance, were organised during the year.

The COVID-19 pandemic had had an impact on the variety and frequency of some cultural events and activities, which were stopped. Staff had started to think about reintroducing some of these and plans were in place to reintroduce previously tried programmes such as Fit for Life.

Recommendation 33: The prison should consult prisoners more actively on the design of recreational and cultural 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: Satisfactory Performance

Arrangements for prisoners to receive time in the open air were satisfactory during the period of the inspection. Several members of the inspection team reported observing prisoners from all halls receiving their allocated time outside on a daily basis. In the course of speaking with prisoners across the establishment, further assurances were given about access to fresh air.

There was no evidence of any barriers or discrimination in these entitlements. Inspectors spoke with foreign nationals and one prisoner held in isolation, who confirmed they were provided with these opportunities to spend the minimum time outside on a daily basis.

While the timing of fresh air periods for all prisoners was not always found to be consistent, residential officers demonstrated awareness and flexibility in ensuring these basic entitlements were met for all prisoners in their care.

6.8 Prisoners are assisted in their religious observances.

Rating: Satisfactory Performance

Religious observance preferences and requirements for prisoners in HMP Inverness were documented in the core screen, which was evidenced by Inspectors.

Inspectors met with the Church of Scotland chaplain who outlined the faith-based provisions available to all prisoners in the establishment. The Roman Catholic priest was on a pilgrimage during the time of the inspection; however, inspectors noted the range of services on offer and the up-to-date literature in the establishment, detailing the access to pastoral support on request. This literature included photographs of chaplains and timings of various services. Weekly faith observance was available to all prisoners. Various prisoners informed inspectors that they were aware of the support available to them.

There was one Muslim prisoner in the establishment at the time of inspection. He confirmed he was aware of the prisons commitment to access an Imam from the local community should he wish to speak with someone.

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 Performance

Inspectors found that communication with family and friends was widely encouraged and supported at HMP Inverness. Prisoners were aware of their entitlements to visits, virtual visits and telephones. Where family and friends were travelling from further afield, there was a system in place to allow for accumulated visits through the FCO, and inspectors observed this process in action.

Four visit sessions were observed during the inspection and prisoners received their full visit period time allocation. Inspectors also observed virtual visits taking place.

The removal of visit rights and/or telephones as punishment was minimal. Where this had occurred, inspectors found the decisions to be reasonably time bound and proportionate.

There was a Family Visitor Centre located in premises next door to HMP Inverness since September 2021 and managed by Action for Children. Inspectors visited the centre and found excellent provision for children and families to feel comfortable before and after visits, and a group of staff committed to helping maintain social and family bonds during periods of imprisonment. The centre allowed families to check in and have a cup of tea / snack as they prepared for a visit and had good provision for children's play and relaxation. Visitors could also use the centre after visits to process their time in the prison or alternatively to spend some informal time before traveling home.

The centre staff ran a range of activities for families and had recently taken 27 young people with experience of visiting prisons on an outing to Highland Zoo. The centre relied on word-of-mouth referrals and now attended prisoner inductions alongside the FCO to publicise their service for families.

Inspectors held the view that this resource was underutilised at the time of inspection.

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

Rating: Generally Acceptable Performance

Inspectors observed family and friends arriving at the establishment for visits. Admissions were processed in an orderly manner, in an atmosphere of friendly authority. Two officers were present in the waiting area prior to the visit sessions. The waiting area had a variety of posters and literature available to inform visitors about all aspects of the prison, and a TV screen on the wall with rolling information relating to weekend family sessions, information on families outside, prohibited items and searching procedures and the assisted prison visits scheme. Visitor survey sheets, visitor complaint forms and information relating to Citizens Advice were all prominently displayed for visitors during the period of the inspection. There was a range of reading and colouring books and materials for children to use in the waiting area.

Staff interacted well with visitors including during the searching process, which was carried out behind a screen in the waiting area. Male and female toilets were available adjacent to the waiting area and there was a baby changing facility. Inspectors also observed the process for prisoners to receive visits from legal agents in the area at the back of the visits room.

The relationship between the Family Visitor Centre and the FCO was extremely collaborative but as indicated above the centre could be utilised to a greater extent.

The visits room itself was cold and unwelcoming. There were five tables with chairs for visits and three desks along the wall with monitors for virtual visits. The desks for virtual visits replaced a small children's play area and there were now virtually no facilities for children to use, except for a small colouring table at the back of the room. Visitors and prisoners were afforded a good level of privacy for their visits, and staff were noted to be professional and vigilant throughout the sessions without ever appearing to be over intrusive. The atmosphere was relaxed and although there was no tea bar, there were subsidised vending machines in the visits room with hot and cold drinks and snacks available. Personal contact was permissible. Prisoners were aware of their entitlements to visits, virtual visits and telephones. Inspectors held the view that the lack of family friendly facilities was partially offset by the professional and friendly demeanour of staff in the visits room.

Recommendation 34: HMP Inverness should ensure that the visits room is more welcoming, especially for children.

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: Generally acceptable Performance

Inspectors noted the attention given to alternative visits arrangements through the FCO scheme. Inspectors spoke at length with the FCO and were provided with family contact referral forms, link centre referral forms and information gathered from prisoner's core screen to ascertain whether there may be additional requirements relating to visits and family contact.

It was also clear that lots of knowledge of prisoners and families were held and shared informally within the establishment, and the FCO maintained good links with staff in the halls to communicate changes in circumstances.

Inspectors found various initiatives had been undertaken by the prison in recent times to promote family connections and social relationships including Halloween, Christmas, Easter and Queens Jubilee parties and Storytime groups. The story time dad's initiative was especially commendable and allowed prisoners to record a copy of a book onto discs, which could then be sent to their children and/or family members.

The timing of visits sessions during the inspection appeared prohibitive for families. There were two sessions per day at 1.45pm to 2.30pm and 2.45pm to 3.30pm. While the timing of the inspection coincided with the school holidays and therefore was not impacting children's ability to visit the establishment, this would not be the case should the current visit timetable be maintained during term time.

Family day sessions took place on Saturdays and were limited to four families for pre-approved prisoners.

Recommendation 35: HMP Inverness should review visits timetable to accommodate evening sessions

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

Rating: Satisfactory Performance

As noted above, the removal of visit rights and/or telephones as punishment was minimal at HMP Inverness. Where this had occurred, inspectors found the decisions to be reasonably time bound and proportionate.

Inspectors were provided with a copy of the mobile phone compact which prisoners were required to sign in order to receive their mobile device for outgoing calls. This compact clearly stated the various reasons relating to misuse whereby the phone may be removed from prisoners.

Inspectors also spoke with visits staff and the FCO regarding management of the visits room and received a copy of the daily visits briefing sheet. This log detailed any matters which may be of concern during upcoming visits sessions.

As part of the visits room observations, inspectors spoke with visitors and family members in the waiting area on three separate occasions. All those visiting the establishment expressed the view that they were processed and treated fairly both at reception and once inside the visits room itself. While some visitors were more experienced and more comfortable with visiting a family member in prison, others were not and outlined their anxieties prior to the visit. Without exception, all visitors stated that their experience of visiting a family member or friend in HMP Inverness had been less stressful than they had thought it might be.

It was clear throughout the inspection that there was a culture of attempting to maintain good family and social relationships for all prisoner at HMP Inverness.

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: Good Performance

Inspectors found that the foundations were in place to deliver a wide range of SMART recovery programmes in HMP Inverness. Officers and management provided the inspection team with a strong evidence base for the implementation of smart recovery, and inspectors noted it was close to being a fully embedded practice within the establishment.

At the time of inspection, there were two fully functional smart programmes available to prisoners, My Recovery and My Relationships and another programme, My Emotions, currently in draft form and awaiting approval from SPS HQ. In particular, the My Recovery programme had drawn positive feedback from participants in areas relating to change, motivation, inhibitors, future planning, and coping strategies and relapse prevention. This group ran for two hours every Monday, for a total of thirty hours. Participants received a certificate upon completion.

Alongside the relationships and emotional management programmes, there exists the opportunity to deliver a comprehensive range of smart recovery work with prisoners in HMP Inverness.

In tandem with the recently established recovery wing (E Wing), where suitably assessed prisoners will be given more autonomy for their recovery alongside trained officers, there existed excellent scope and provision to address addictive behaviour, triggers and relapse prevention.

Assessment of needs and action planning in partnership with personal officers was a key feature of this model and prisoners were kept aware of allocation and prioritisation, along with all other aspects of their sentence planning and management.

Staff in the Links Centre demonstrated high levels of motivation and there were a range of additional services on offer relating to addictions and employability and provided by NHS / SPS staff and partners on a daily basis.

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 Performance

Inspectors found HMP Inverness aimed to utilise an individualised approach to ICM, mindful of critical dates, progression milestones and by balancing risks and strengths. A robust system of needs identification beginning with core screen was evidenced throughout the inspection process. Thereafter, ICM, Links Centre and other appropriate staff were involved in reviewing and updating this information. Inspectors formed the view that prisoners' sentences were generally managed appropriately to prepare them for returning to the community.

There was a strong collegiate culture of managing emerging prisoner risks informally between staff across all areas of the establishment which had many benefits.

Seven case conferences for convicted prisoners had taken place in the quarter preceding the inspection; all were held within timescale with full attendance from Criminal Justice Social Workers and good attendance from prisoners' family members. In all cases, family members were invited to attend.

Prisoner feedback on communication of information in relation to case management was found to be good, both in formal prisoner comments within the ICM setting and in discussions with inspectors.

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: Satisfactory Performance

There were no prisoners on OLR during the period of the inspection, though some individuals were subject to MAPPA arrangements. Inspectors found evidence of good and open communication with officers and staff tasked with managing these plans and good information sharing between agencies such as Police Scotland, Highland and Island Local Authority and Moray and Aberdeenshire.

Prisoners were found to be involved in their sentence management through ICM processes, with case conference agendas produced collaboratively between ICM Co-ordinator, prison based social work and prisoners themselves.

Inspectors viewed PR2 entries from officers updating critical information relating to risk which supported the sentence management process. All pre-release requirements and timescales appeared to be met for those who met the criteria

Quality Indicators

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

Rating: Satisfactory Performance

Relationships between key agencies and the prison were positive and a weekly multi-agency meeting was ensuring that they were collaborating to meet the needs of those due for release. Work was under way to address the gap in provision of welfare and other advice previously provided by the local Citizens Advice Bureau.

The Community Integration Plan (CIP) pilot project had reported, and this approach was being continued for individuals requiring ongoing support for drug and alcohol issues. The development of the pre-release CIP was involving key agencies and producing an agreed plan for support post release for up to 12 months. There were examples of positive outcomes from the pilot, and we look forward to hearing more about the impact of this ambitious initiative.

The commitment to the delivery of a recovery-based approach in the prison was reflective of approaches used in the community. As such, individuals being released from HMP Inverness were able to access to continuous support for drug and alcohol problems.

Good practice 7: the roll out of the CIP project and the use of the ‘my compass’ tool for assessing and making plans to meet the needs of all prisoners.

Good practice 8: Working alongside community-based services to provide continuous recovery opportunities for individual prisoners making the transition from custody.

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 Performance

The ICM process was well established and there was consistent attendance from social work staff who were preparing timeous assessments to inform sentence planning and the formulation of pre-release plans.

The PBSW service was experiencing a challenging time due to staff absences and personnel changes in all roles. Social work staff were not always receiving the support they needed. However, support from community-based staff had ensured that this had not significantly affected the ability to fulfil key responsibilities for the preparation of assessments and reports to assist decision-making.

The social work commitment to the Community Integration Pilot was ongoing and collaboration with other professionals and agencies in this initiative was viewed positively.

Social work staff were core members of the RMT) and alongside colleagues from Psychology were continuing to provide relevant expertise and knowledge to support and inform defensible decision making in relation to sentence progression.

Recommendation 36: The SPS and Highland Council should continue to work together to ensure that the PBSW service is best supported to fulfil its role in providing timeous professional assessments and reports to properly inform defensible decisions about prisoners.

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 Performance

The establishment of the recovery wing at HMP Inverness was a positive step in providing an approach to alcohol and drug problems delivered widely in the community. This was ensuring that individuals had the opportunity to access similar supports and approaches both in custody and on release. This initiative was supported by prison based and community-based services.

Although accredited programmes were not being provided at HMP Inverness, structured group work activities were being delivered and those who attended valued the experience. Group activities were focussed on relationships and employability and one to one parenting sessions were being delivered. There were well-established links to employability services in the community. More could have been done to research the availability of other relationship or parenting interventions in the community to signpost individuals and encourage ongoing engagement in such activities on release.

The prison was not reviewing the impact of all interventions. This would have helped them be better aware of the impact of these approaches.

Recommendation 37: HMP Inverness should review the interventions and approaches used within the establishment to be better informed about the impact of these approaches.

Recommendation 38: HMP Inverness should identify and promote opportunities in the community for individual prisoners to continue to engage in group work and other interventions relevant to their needs.

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

Rating: Satisfactory Performance

In HMP Inverness, Link Centre staff play a key role in helping prisoners prepare for release. Prisoners due for release were given the opportunity to speak with key agencies about their support needs and given practical support from staff in the Link Centre when this was required. Prisoners were mostly confident that they were prepared for leaving.

For those with housing needs the establishment had strong links with key staff in the nearest local authority areas and there was a shared commitment to ensuring that accommodation plans were made early, and prisoners leave the establishment with an address to go to. This was a challenge for local authorities, but the prison was reporting positive outcomes for almost all prisoners with regards to housing.

For all new prisoners the prison was using the 'my compass' tool to assess needs at the point of induction and using this system to review plans prior to release. This was used as part of the CIP project, and we look forward to seeing how this supports planning pre-release for all prisoners. The CIP pilot was providing some information on progress and outcomes after release, this had been used to take the project forward. Negotiations were ongoing with academics to undertake a further study of the longer-term impact of the CIP project.

The weekly multi-agency meeting discussed all individuals due for release and discussed any identified needs and which services were going to address these. The ICM system was well established with a clear focus on identifying and meeting the needs of individual prisoners. Designated personal officers were not always attending ICM meetings.

Good Practice 9: Tracking the progress of individuals making the transition back to the community will provide valuable feedback on the effectiveness of the assessment and planning processes developed at HMP Inverness.

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

Rating: Generally Acceptable Performance

The prison does not offer any services to prisoners after their release.

There were a number of examples of external agencies looking to establish a routine presence in the prison to build relationships with prisoners to support the transition from custody to the community.

External agencies and prison staff were reporting the ongoing absence of an intervention similar to the Throughcare Support Officer role and noted that this had

been a greatly valued support for individuals making the transition from custody back to the community.

Quality Indicators

8.1 The prison's Equality and Diversity 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 Performance

The prison did not have its own Equality and Diversity (E&D) Strategy or a separate E&D Action Plan. The prison had reconvened an E&D Committee, which had been suspended during COVID-19, but was now meeting regularly with minutes of meetings recording agreed action points. Although the prison had plans to recruit prisoner representation for the E&D committee, they had wanted to give the staff representatives time to establish their ways of working before introducing prisoner representation. Nevertheless, they were planning to address the need for prisoner representation shortly.

The prison had developed an E&D guidance manual for staff, which provided a range of relevant useful information. A hard copy of the manual had been provided to each residential area as well as it being available to all staff on SharePoint. Not all staff were aware of the manual, but some residential staff were aware and also knew where the manual was held.

The prison had developed a Diversity Calendar for 2021-22, which highlighted key dates in the religious calendar of different faiths, as well as other significant events with an E&D focus, such as International Human Rights Day, Disability History Month, Transgender Visibility, and Autistic Pride Day. This was an excellent resource for promoting awareness of key equality issues across the prison, but it was not clear that its potential was being fully realised. Although the Learning Centre had developed some very positive learning experiences around Windrush Day and Pride Month, there was scope to go further and link learning to other key events in the calendar.

There was a regular weekly review of the prison population to identify anyone with protected characteristics who might need additional assistance, such as foreign nationals, which was good practice.

Good practice 10: the weekly review of the prison population to identify anyone with protected characteristics who might need additional support.

Recommendation 39: HMP Inverness should ensure prisoner representation on the E&D Committee, if possible securing more than one prisoner representative to help address the inherent power imbalances

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

Rating: Satisfactory Performance

The prison provided a comprehensive summary of action it had taken or action in hand in response to the 2017 HMIPS inspection report. While some of the issues raised in the 2017 report had not been fully resolved, the prison had a good grip of the issues needing to be addressed and the action planned or taken in response.

Action in response to reports from Prison Liaison Representative (PLR) internal audits and other scrutiny bodies was captured in a wider action tracker with explanations provided when issues had been closed.

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

Rating: Satisfactory Performance

In addition to the work done to address the 2017 HMIPS inspection report, (see QI 8.2) the prison management team held regular Business Performance Meetings. These meetings reviewed data held on a business performance dashboard, which covered issues such as KPIs, staffing levels, sick absence and TOIL banked and audit assurance reports. A risk register was maintained and reviewed; a few recent review dates had been missed or updates not provided, but staff indicated this would be addressed at the next review meeting.

A staff engagement framework had been developed, along with a staff communication plan for the period 2021-23, to which staff were invited to contribute. Establishment newsletters were issued quarterly, giving updates by the Governor and others on recent developments and future plans.

Before COVID-19, the Governor held regular coffee cup meetings with staff, but these had not yet recommenced following the restrictions being lifted. The Governor felt that with the current staffing shortages, it was not feasible to reinstate these, but he intended to do so when the opportunity arose.

The Governor and in particular the Deputy Governor were perceived by staff to be visible around the prison, providing further opportunities for communication. However, some staff felt that communication could be improved; both in relation to plans for the new prison but also the ongoing running of the existing prison.

Recommendation 40: The Governor should reinstate the staff engagement sessions that stopped during COVID-19 and promote regular communication to staff

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: Good Performance

At the time of our inspection, the prison had a good record on achieving the required compliance levels for core training and meeting the targets for fourteen of the eighteen training competencies. The prison was only below competency target levels for C&R phase 1, Managing Episodes of Restraint, Non-Ops PPT and FRP1. C&R phase 1 was the only one where the prison was substantially below the required levels at 70% compliance. However, other prisons have struggled with achieving target levels following all C&R training having to be stopped due to COVID-19 restrictions. The prison was fully aware of the need to prioritise this training and had moved from 7% compliance in Dec 2021 to 75% compliance in August 2022, as well as getting C&R supervisor training up to 100% competency levels during our inspection. A good relationship had been developed with the central SPS C&R Team at Fauldhouse who had been supporting their efforts. Another C&R instructor was being recruited to aid efforts at securing and maintaining competency levels in this crucial area.

The prison had been developing its own 'graduate' development programme, modelled on programme running in HMP Grampian, to build on the support provided by SPSC and provide mentoring support to those who were keen to progress. It was early days with the development programme, but the prison was delighted with the number of staff who had successfully secured progression from C to D band and from D to E.

It was encouraging to see a strong and active culture of support for staff development in the prison, led by the Governor, which included a two-day training programme for residential staff in the Recovery Programme that the prison was now promoting. Given the staffing shortages facing the prison, the willingness to release staff to support the development of this new initiative was impressive, and the training observed by inspectors appeared to be of a high standard and engaging.

Inspectors shared the Governors concern to ensure he was adequately resourced and staffed to achieve a successful transition for the opening of the new HMP Highland. In particular, inspectors endorsed the value of flexing up early enough to send staff on detached duty to HMP Grampian to gain valuable experience of a modern prison before opening HMP Highland.

Good practice 11: The active culture of support for professional development in the prison, led by the Governor, was commendable

Recommendation 41: SPS HQ should support the transition to the new HMP Highland by facilitating early recruitment of staff and the opportunity to gain experience of a modern prison on detached duty to HMP Grampian.

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

Rating: Good Performance

There was a strong sense of team working and mutual respect and support for colleagues throughout the prison, no doubt helped by the fact that a number of staff routinely performed a variety of different roles in the prison, giving them knowledge of the challenges in different roles. SPS relationships with partner organisations such as the NHS were positive and collaborative.

Staff displayed a good knowledge and understanding of their roles and responsibilities. Relationships between the PLR and the management team were also constructive, with shared concerns about staff shortages and the challenges in moving back from the core day at present.

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 Performance

The prison had reintroduced reward and recognition events following the relaxation in COVID-19 restrictions, with the ability to nominate a colleague or member of staff and nominations then considered for either a Butler Trust, Chief Executive SPS or GIC award. The Chief Executive had recently visited HMP Inverness to present an award to a member of staff for saving someone's life, and Regimes Group and the office staff had received group awards relatively recently from the GIC.

At the time of our inspection, the poor performance procedures did not have to be applied, but the HR team had a good grip of the policy and processes to be followed.

A new sick absence policy, with associated procedures, had been introduced and was being applied in an effective and compassionate way, with contact maintained every Friday with those on long-term sick leave and data on sickness levels routinely provided for senior management.

The prison recognised long service with awards for 15, 20, 25 and 30 years' service and had presented Jubilee medals to all operational staff with service of five years or longer. All non-operational staff including the admin team were about to receive a Jubilee coin.

Despite these commendable efforts, not all staff felt valued for their contribution, and some felt that Inverness prison was a forgotten arm of the service. This is often the case when parts of an organisation are geographically distant from Headquarters. The development of the new prison will hopefully provide further opportunities to emphasise the continuing importance of the role played by the staff in HMP Inverness.

The prison's performance on completing Personal Performance Management System was poor, with over 50% of appraisals for 2021-22 still not submitted on the system at the time of our inspection, some months after they were due. While HMP Inverness was not alone in having a poor response rate, and we understand that there are discussions at SPS HQ about the purpose and model of the current appraisal system, the system should be implemented effectively until any changes are put in place. Notwithstanding any limitations with the current system, an annual appraisal discussion provides an opportunity to assess performance and value individual contributions.

Recommendation 42: HMP Inverness management team should ensure staff appraisals are completed timeously and address the backlog for 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: Good Performance

The prison had effective working relationships with a wide range of partner organisations in the field of justice. In addition to engagement with other Governors and the Prison Monitoring Assurance Group, and particular engagement with HMP Grampian around their "Graduate Development Scheme" there was engagement with the Community Justice Partnerships for Moray and Highland, Alcohol and Drug partnerships, Community Safety partnerships and the Highland Contest Group.

There was strong evidence of collaboration with different organisations. The prison had worked with a Highland Alcohol and Drugs Partnership on the design of a new Highland Overdose Prevention and Engagement app, which provided a wealth of useful information and contacts to relevant services in the community. The prison was also engaged with the SPS Project Board developing a new Corporate Plan providing opportunities for engagement with staff in HMP Inverness.

As with other prisons, there was evidence of strong engagement with DWP, Job Centre Plus, and a range of third sector organisations linked to pre-release planning. The prison hoped to strengthen engagement with an Employment Board run by employers, of assisting prisoners with BICS or catering experience from their time in prison securing a job in tourism or catering related roles. Similarly, the prison aspired to secure funding from partners to set up a prison radio studio to develop skills that may be relevant to employability on release.

All the work around the Recovery Programme and development of a community integration-planning tool for non-statutory short-term convicted prisoners (see standard 7) reinforced the impression of a prison and an SMT that was dynamic in exploiting opportunities to work creatively with partners on shared goals and agendas.

Good practice 12: The commitment to partnership working and willingness to explore opportunities to work creatively with external partners on shared agendas was commendable

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

As with other prisons, the vast majority of external media engagement was managed by SPS Headquarters, with the prison predominantly focussed on providing relevant information for that team to handle any media enquiries. However, the Governor had contributed an article in the Courier in relation to Hidden Heroes.

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 performance

A health assessment was provided to all new arrivals and transfers to HMP Inverness. Inspectors were told prisoners rarely arrived after 9 pm when nurses were no longer on duty. In this instance, risks were managed through the SPS prevention of suicide in prisons strategy TTM until they were assessed by the GP the next day.

Whilst the environment ensured that patient's dignity and confidentiality was maintained, inspectors had concerns that the consulting room was unsuitable. This was due to inadequate hand washing facilities and concerns about the safety of healthcare staff due to restricted visibility from the reception area.

All staff responsible for the provision of health screening had been trained in the process and used a validated health-screening tool. Health screening was undertaken through discussion between the patient and staff, with the informed consent of the patient. All information from the health screening process was documented into the patient record on Vision (electronic system used to manage patient care records within Scottish prisons). Inspectors were told there were no formal processes in place to share information between prisons about patients who were being transferred. However, as all patient information was available on Vision, staff could review patient care records for any new transfers. The health assessment ensured that patients who were at risk of self-harm or suicide were identified through TTM.

Inspectors had the opportunity to observe admission assessments and saw positive relationships between patients and nursing staff. However, there was a risk due to the familiarity of patients who had previously been in the prison, that some areas of the admission screening were not completed in full. For example, making patients aware of the referral system. This is a concern. HMP Inverness's Health and Healthcare Needs Assessment carried out in June 2021 made reference that health needs should not be based on historical contact. NHS Highland must ensure that the full admission screening is carried out despite historic contact, including current risks given the patients change in circumstances.

Inspectors were informed that any information missed during the admission process would be picked up during the GP review the next day. Inspectors observed patients receiving a full GP assessment and saw that an interpreter service was available if required.

- **Recommendation 43:** NHS Highland and SPS must work collaboratively to provide a suitable room for healthcare staff to conduct admission-screening assessments. This room must have access to hand hygiene facilities and provide a safe environment.

Recommendation 44: NHS Highland must ensure that admission screening is completed in full for every new admission and transfer including individuals who may be known to the healthcare staff from previous contact.

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

Rating: Generally acceptable performance

A local practice GP provided medical cover in the prison from Monday to Saturday (9 am to 6 pm). The GP attended the prison for two hours each day and on Saturdays only patient admissions were reviewed from the previous day. The GP could be contacted for support and advice and out with these times medical advice was accessed through NHS 24. All admissions to HMP Inverness were reviewed by a GP the following day. Any immediate medical issues as well as any long-term health conditions were identified, and the patient's medication was reviewed.

Inspectors observed a GP clinic during the inspection. They saw that the GP used information from different electronic NHS platforms to review medication needs in order to comply with robust medicines reconciliation. The patient consultation was observed to be supportive, with an opportunity taken to review all historic and new medical history with an emphasis on support and harm reduction.

All healthcare was delivered in the health centre, which had two consulting rooms. The only exceptions were in the case of an emergency or if the patient was unable to attend the Health Centre.

HMP Inverness operates an opt-in self-referral approach for prisoners wishing to access healthcare. Self-referral forms were available in the residential areas, for patients to request to be seen by a range of healthcare professionals including mental health, drug and alcohol support and general healthcare. Inspectors were told that patients could also refer to be seen by other healthcare professionals such as physiotherapists, podiatrists and opticians who would visit the prison. The referral forms were only available in written English. This was highlighted as an action for the service during the liaison visit to HMP Inverness in May 2021. Inspectors were told that referral forms in different languages were being obtained and will follow this up at future inspections. Inspectors saw that there was a locked box where patients could place their referral forms for nursing staff to collect. Referral forms were then triaged by a nurse and allocated to the appropriate speciality.

Inspectors observed a nurse-led clinic and saw this to be respectfully carried out. The patient's confidentiality was maintained, and the outcome of the consultation was recorded in the patient's Vision record.

Waiting times to see health professionals and missed appointments were not being recorded. However, healthcare staff and patients told inspectors that access to healthcare was good.

Secondary care appointments were facilitated through joint working with healthcare staff, SPS and GEOAmey. Technology such as Near Me had been used previously

to support appointments out with the hospital. Healthcare staff did not record missed secondary care appointments or the reasons for this. Inspectors acknowledged that the transient nature of the prison population could make managing secondary care appointments challenging.

Patients felt to require social care support, were identified by SPS officers and were discussed with the healthcare team. No patients were requiring social care support at the time of the inspection.

Emergency equipment was available, including two automated external defibrillators. Inspectors saw that the equipment was ready for use and that appropriate checks had been completed. Emergency drugs were in date. Inspectors were told that there was a process in place to share information between healthcare and SPS staff to ensure that those patients who were identified as having additional care needs were supported.

Recommendation 45: NHS Highland must ensure that healthcare referral forms are available in different languages and formats to ensure that there is equity of access to healthcare for all patients.

Recommendation 46: NHS Highland must introduce a system to accurately monitor waiting times and missed appointments, including the reason for them being missed. This should also include secondary care appointments.

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

Rating: Generally acceptable performance

Due to a staff vacancy there was no permanent blood-borne virus (BBV) nurse service. However, an interim measure was in place for nursing staff to provide the opt-out BBV screening programme while a permanent solution was implemented. Patients would not routinely receive this screening at reception, due to the size of the clinical room available to staff. Nursing staff told inspectors that prisoners could opt-in to be screened through the healthcare self-referral form or directly appointed by a member of nursing staff. Inspectors saw this being addressed as a priority at the GP clinic following admission.

The senior nurse had been delivering the sexual health service for patients; however, this was no longer sustainable within the confines of their senior role. Both the senior nurse and Head of Service had requested support for the backfill of this role from community services and a decision was still to be made at the time of the inspection. It was not clear how patients access sexual health support in the interim between recruiting to this post. This is a concern. Senior staff explained that demand for this service is low and waiting lists were recorded. Inspectors recognised that HMP Inverness had a transient population; however, consistent provision to address the sexual health needs of the population must be addressed as a priority.

National screening programmes and flu vaccinations were ongoing within HMP Inverness. Access to national screening programmes were available in line with community provision.

Health promotion support and materials were available within the residential areas. The member of staff who was active in supporting patients with health promotion had retired and there was currently no backfill in place. At the time of the inspection, this was being reviewed and a member of staff was taking over this role. Inspectors saw evidence of the annual SPS wellbeing programme in place, which included input from healthcare staff.

There was no clear signposting in the residential areas for access to condoms. Inspectors were told these were available either on request, at reception and on liberation. Sign posting and access to condoms out with these areas was indicated as a priority within the 2021 health and healthcare needs analysis. HMP Highland must action this recommendation immediately.

Recommendation 47: NHS Highland must provide consistent provision to address the sexual health needs of the population as a priority.

Recommendation 48: NHS Highland must action the recommendation made in the 2021 Health and Healthcare needs assessment regarding access to condoms and lubricants.

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

Rating: Generally acceptable performance

Healthcare staff demonstrated 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 could access NHS Highland's electronic learning platform where modules on equality and diversity were available and form part of mandatory training requirements. Inspectors were provided with the evidence of compliance of mandatory training.

Staff inspectors spoke to were aware of the Equality Act 2010 and could sign post to where up to date policies were available on the staff intranet.

As referenced in QI 9.1, inspectors recognised that many prisoners entering HMP Inverness were short-term and could be familiar with HMP Inverness healthcare staff. However, this familiarity did not always indicate all health inequalities were being reviewed, this is a concern. NHS Highland must ensure that healthcare staff address all health needs consistently. This would provide assurance that there were no further barriers to accessing care in the event a prisoner returns to HMP Inverness following liberation.

At the time of the inspection, there were no referral forms available in alternative formats or languages. Inspectors were encouraged to hear that senior nursing staff

had requested alternative languages and formats in a variety of languages to support patients. Inspectors will follow this up at future inspections.

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

Rating: Generally acceptable performance

Patients could self-refer to the Mental Health Team and be referred by SPS staff through the SPS electronic system, PR2. Inspectors were told there was no waiting list at the time of the inspection. All referrals were triaged within 24 hours and usually seen within 10 days by a mental health nurse (RMN). Similarly, inspectors were told there was no waiting list for the psychiatry clinic; patients would be reviewed in the weekly psychiatry clinic prioritised by urgency and patient's needs.

A validated assessment tool was used to assess people referred to the Mental Health Team, this included reason for referral, medications, presentation, personal and family history, self-harm history and an action plan/ outcome. Inspectors saw evidence on the patient record system that patients had been fully involved in their assessment and had the opportunity to discuss the purpose and outcome of this assessment. The risks and benefits of any treatment or intervention offered were discussed with patients to allow them to make informed choices about their care. Evidence of individualised care plans were seen which reflected patients' goals. Patients had regular reviews where they were able to discuss and review their care.

Whilst inspectors saw evidence of risks being assessed and recorded within the care plans with some case note entries, there was no process in place for standardised risk assessments to be completed routinely and reviewed regularly.

At the time of inspection, there was a RMN vacancy. However, the Mental Health Team worked jointly with the Drug and Alcohol Recovery Service (DARS) to try and ensure delivery of care was not affected. Whilst NHS Highland had recently advertised a cognitive behavioural therapist (CBT) post it was not yet filled, therefore there was no psychology provision for patients at HMP Inverness.

The Mental Health Team and DARS team have been trained and provided low-level psychological interventions in the form of core behavioural and CBT skills, for relapse prevention and recovery management. NHS Highland had plans to provide decider skills training to staff once this training was remobilised. The decider course was for professionals who work with people who would benefit from skills to improve emotional dysregulation, distress tolerance and interpersonal effectiveness. This had been highlighted in previous inspections and will be followed up at future inspections. Patients can be referred to groups facilitated by SPS, such as, a decider skills group. Inspectors were told there was support available from a forensic psychologist in the community who had delivered training and was contactable for advice. Previously arrangements were in place for clinical supervision to be delivered. However, this appears to have discontinued, as referenced in Q.I. 9.16. NHS Highland should ensure all staff have access to clinical supervision.

Whilst informal arrangements were in place and staff knew how to access specialists, a formal process was not in place to access specialists in intellectual disabilities, autistic spectrum disorder, neuropsychiatric disorders and cognitive impairment.

The clinical lead for the team was a consultant psychiatrist, who provided a weekly clinic. At the time of inspection multi-disciplinary meetings were not taking place, however, inspectors were told there were plans to reintroduce these. Previously there had been weekly meetings in place between the mental health and DARS staff as well as a monthly MDT meeting including the psychiatrist. This will be followed up at future inspections. Inspectors understood that the psychiatrist was available for urgent assessments outside the set clinic times and on an adhoc basis if the team required advice about patients.

Staff demonstrated knowledge on ensuring that any patient requiring inpatient mental health care was assessed and transferred to hospital under the Mental Health Care and Treatment (Scotland) Act 2003. However, there was no process available outlining the process. At the time of the inspection, there were no patients awaiting transfer to hospital. Inspectors were told there were challenges as there was no secure ward in NHS Highland, only an intensive psychiatric care unit. If a secure bed was required, patients were transferred out of area.

Staff were aware of how to refer patients requiring community follow-up on release from prison to relevant services. They had initiative to provide a detailed discharge summary of the care received in prison; however, there was no process in place for this

Recommendation 49: NHS Highland must ensure a standardised risk assessment is completed and updated regularly for all patients on the mental health caseload.

Recommendation 50: NHS Highland must develop a process on how patients requiring inpatient health care is assessed and transferred to hospital under the mental health care and treatment (Scotland) Act 2003.

Recommendation 51: NHS Highland must develop a process outlining discharge pathways and provision from the mental health team including discharge summary to community services.

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: Poor performance

There were no robust systems, processes or clinics in place in HMP Inverness to identify and manage patients with long-term conditions. Inspectors were told that any long-term conditions would be identified during the patient's admission and then monitored when patients self-referred to healthcare.

Although inspectors were told by healthcare staff that waiting times were low to see a nurse or a GP, the service was unable to provide inspectors with documented waiting times. The patients that inspectors spoke with during the inspection did not raise any concerns about the time they had to wait to see a nurse or GP about their healthcare. However, inspectors recognise that this may not be the experience of all patients. Staff told inspectors that the transient prison population at HMP Inverness has made planning the management of long-term conditions challenging.

Inspectors saw nurses following up on actions from GP clinics to ensure that patients healthcare needs were met. Healthcare staff told inspectors that patients who were to be liberated were signposted to GPs in the community, in order that they could register with them to ensure their healthcare continued.

The HMP Inverness Health and Healthcare Needs Assessment carried out in June 2021 made recommendations in relation to long-term health conditions, these were to:

- increase level of preventative care through proactive health checks, and
- develop a health care plan to meet the needs of older men in the care of the prison.

During the inspection, inspectors did not see evidence of how NHS Highland was planning to address these recommendations.

Inspectors saw that paper care plans were available if required. They found three patients with wounds had individual care plans in place that outlined the care to be delivered. The care plans had a place for the patient to sign to show that they had been involved and had agreed with the plan of care. One patient also had a wound chart in place. Inspectors saw that care was evaluated in the patient's Vision care record.

Inspectors were told that if a patient had a long-term condition and required support that this would be provided. Documented evidence of a review of a long-term condition was observed in another patient's Vision record, with a referral being made to request further investigation for this condition. This patient did not have a paper-based care plan for their long-term condition in place.

Recommendation 52: NHS Highland must develop robust systems and processes so that patients with long-term conditions are identified and their care is managed and monitored.

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: Generally acceptable performance

The admission screening process enables patients requiring support with drug and/or alcohol dependence to be identified on arrival or transfer to the prison. Patients could also self-refer, be referred by other healthcare professionals or SPS

staff through the PR2 system. Inspectors were told referrals were triaged and assessed within three days. A standardised assessment-screening tool was used and documented in the patient record. Inspectors were told for the majority of transfers, HMP Inverness would receive pre-transfer information detailing patients' healthcare needs including if input from the DARS was required.

Systems and processes were in place to confirm prescriptions of those transferred to the prison. Patients' medication administration record (Kardex) would be brought to HMP Inverness from the transferring prison including prescriptions for Opioid Substitution Therapy (OST). In the event that patients were transferred without the Kardex, a copy of the medication could be viewed on Docman (an electronic document system), and new prescriptions would be written by the nurse prescriber or GP.

Individual support needs for patients referred to DARS were identified through an assessment process. DARS and Mental Health Team worked together to provide patients with evidence-based pharmacological, harm reduction and psychological interventions. These interventions predominantly include 1:1 work. However, group sessions were facilitated by SPS that focus on stabilisation maintenance, detoxification programmes and/or a range of alcohol and drug avoidance strategies that can be referred into. HMP Inverness was in the process of establishing a recovery wing for 12 patients who were at a stable stage in their addiction recovery to benefit from a protected therapeutic environment, with a focus on engaging in self-help and recovery programmes and developing life skills. This initiative has the potential to have a positive impact on patients' recovery and will be followed up at future inspections.

Patient care records reviewed by inspectors evidenced individual care plans in place for all patients, which reflected the support needs required. There was evidence of patient involvement in the writing of their care plans, which were regularly reviewed, monitored and updated. Patients were given the opportunity to be fully involved in their assessment, which included a discussion on the benefits and risks of interventions and treatments, which were available to them.

A discharge summary was in place to ensure that the community DARS were receiving all relevant information to ensure continuity of care. As part of the discharge planning process, patients would be given their community appointment time before liberation. The health centre administrator monitored upcoming liberation dates to ensure that all prisoners preparing for liberation were sent a letter offering naloxone training and a take home kit.

The DARS had no vacancies but has had a recent change in leadership and work across the Mental Health Team, where there were staffing shortfalls. It was clear patient care had been prioritised and supervision, training and MDT meetings were yet to be remobilised since these leadership changes. As referenced in Q.I. 9.5, there was no routine MDT meeting taking place between the DARS and Mental Health Team. However, inspectors were told this previously took place and plans were in place for this to restart. This will be followed up at future inspections. Inspectors had the opportunity to attend the daily Health Centre handover, which

gave the Mental Health Team and DARS the opportunity to raise any concerns about patients.

Highland Council employ addictions social workers who also provide support to prisoners in HMP Inverness with drug and/or alcohol dependence. Inspectors were told that the social workers deliver relapse prevention work, but any patients prescribed OST would remain on the DARS caseload for review and monitoring.

Staff had a good awareness and understanding of the implementation of the MAT standards. It was clear from discussions with staff, reviewing OST figures and patient records that patients were supported to make a choice about OST that was right for them. The DARS team was working the MIST to identify how aligned to the standards the prison was and its next steps for implementing the standards. The team had a motivated approach and evidence was seen of the MAT implementation group meetings in NHS Highland, this is good practice.

Whilst inspectors observed unaffected delivery of care and timely interventions by DARS, there was no process in place outlining the provision of DARS including referral and discharge pathways, clinical interventions, scheduled MDT time and assessment time targets within HMP Inverness. This must be addressed by NHS Highland.

Recommendation 53: NHS Highland must develop a process to outline the drug and alcohol service provision including referral and discharge pathways.

Good Practice 13: HMP Inverness was in the process of establishing a recovery wing for 12 patients who were at a stage in their addiction recovery to benefit from a protected therapeutic environment, with a focus on engaging in self-help and recovery programmes and developing life skills

Good Practice 14: The DARS team are working with the MIST to identify how aligned to the standards the prison was and the next steps for implementing the standards. The team had a motivated approach and evidence was seen of the MAT implementation group meetings in NHS Highland.

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

Rating: Poor performance

There were good relationships between the Healthcare Team, Associate Director of Pharmacy and the GP practice. Medicines reconciliation and the wider medicines management process are carried out by nursing and medical staff, and these staff will refer to either the community pharmacy or the Associate Director of Pharmacy for advice. Staff reflected that this process was usually reactive when there was an issue. Patients did not have the opportunity to request pharmacy advice in the same way they can request a nurse or medical appointment.

Nursing staff manage all of the medicines ordering, storage, and administration and witnessed destructions. This was a lengthy and time-consuming process.

NHS Highland should consider support mechanisms from other sources for example, a pharmacy support worker to reduce the burden on nursing staff. A Home Office licence is required for the storage of controlled drugs in healthcare settings. This was not in place but was in the process of being obtained and inspectors saw evidence of this.

Within the national contract provision, a Lloyd's Pharmacist visited the prison to complete Kardex reviews and destroy controlled drugs every 1-3 months. This was not consistent due to staff shortages. There was not an accessible clinical pharmacy service, which patients can directly access within HMP Inverness. This is a concern.

All medication was reconciled on admission to HMP Inverness to ensure the patient's medication was continued. Patients were seen by the GP the following day, any Kardexes were written, and medications prescribed during that consultation. In the interim, if patients required medication at admission including detox, this would be prescribed by the Nurse Medical Practitioner on duty or by the out-of-hour's service. Nursing staff stated that they would seek support and advice from the GP practice and Associate Director of Pharmacy if there were any medicine related issues, which were out with their competence. This is good practice.

Patients who were in possession of medication were given secure storage and nursing staff explained it was their responsibility in keeping these secure. All paperwork was currently being reviewed to be made available in other languages to support the diversity of the population.

Inspectors observed morning medications being administered. Drug administration was extremely challenging in HMP Inverness as the area was small, noisy and congested. Patients on supervised medications attended the Health Centre, supported by SPS officers. Inspectors saw that identity checks were completed prior to a patient being given their medication, and that appropriate infection, prevention and control precautions were taken.

Administration recording paperwork was completed accurately, and the balances of the controlled drugs used were checked. Patient confidentiality was maintained as much as possible, but space constraints, the number of patients and the need for patients to wait on certain medications to dissolve in their mouths made this challenging. Inspectors saw patients receiving their opiate replacement therapy before going to court and others being given their medication supply on liberation. Interactions between healthcare staff, SPS officers and patients were seen to be respectful, supportive and collaborative.

Recommendation 54: NHS Highland must explore the role of pharmacy staff within HMP Inverness in line with Pharmacy 2030; a professional vision, to ensure the safety and effectiveness of medicines and also to offer an accessible clinical pharmacy service.

Good Practice 15: Nursing staff stated that they would seek support and advice from the GP practice and Associate Director of Pharmacy if there were any medicine related issues, which were out with their competence.

Good Practice 16: Patients who are in possession of medication were given secure storage and nursing staff explained it was their responsibility in keeping these secure. All paperwork was currently being reviewed to be made available in other languages to support the diversity of the population.

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

Rating: Generally acceptable performance

All dental treatments were carried out in a visibly clean and well-maintained environment. Pass men carried out the general cleaning whilst dental staff were responsible for the cleaning of the surfaces, equipment and floor at the end of the clinic. Inspectors were told that NHS Highland had recently carried out an inspection to the dental clinic and no recommendations were made.

Two dental clinics took place each week. The dentist triaged the referrals and managed the waiting list. At the time of the inspection, inspectors saw that 38 patients were on the waiting list, with the longest wait being from February 2022 for a remand prisoner requesting a check-up. The dentist told inspectors that remand prisoners had access to emergency treatment and would also be considered for other treatments, such as replacing missing teeth or fixing broken dentures. This was mainly if they were being impacted emotionally or were attending job interviews.

Convicted prisoners would commence on dental plans, after any emergency treatment. Aerosol generating procedures were limited due to poor ventilation in the clinic. This was due to the increased time required for appropriate cleaning and decontamination after each procedure. Inspectors were told that this ventilation issue had been escalated through NHS Highland and was going to be reviewed. A system was in place so that emergency dental issues could be escalated out-of-hours.

Clean dental instruments were delivered directly to the prison. All used dental instruments were stored securely in a sealed box at the end of the clinic, which was taken by the dentist to an offsite facility to be decontaminated.

Oral health educators visited the prison every week to provide education and support for patients. The dentist told inspectors that they were able to refer patients to the oral health educators and they in turn could refer patients to the dentist. Patients could also self-refer directly to the oral health educators using the self-referral form. This is good practice.

Good Practice 17: Oral health educators were available in the Link Centre every week. This could be accessed directly by patients, by the dentist and the dentist could refer patients to this service.

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

HMP Inverness does not hold female prisoners.

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: Poor performance

At the time of the inspection, no patients in HMP Inverness were receiving palliative care or end-of-life care needs.

The prison has links with palliative care services in NHS Highland, however no formal processes were in place and no regular meetings were held. HMP Inverness had no standardised tools in place for healthcare staff managing patients with palliative care needs. This is a concern.

The senior nurse in HMP Inverness was new in post and was looking to develop the service. This included education for staff on the required pathways for patients by way of readiness for the potential of receiving patients with enhanced care needs. Inspectors have requested an action plan to demonstrate the services priorities. Inspectors will review the progress of this work at future inspections.

Recommendation 55: NHS Highland must establish formal links with palliative care services and a recognised agreed protocol is developed for staff to follow in the event of patients requiring to access care.

Recommendation 56: NHS Highland must identify staff training needs around recognised national tools and staff are supported to attend.

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 performance

On arrival or transfer to the prison, every patient at risk of self-harm or suicide was assessed using a standardised health screening tool. Any patient identified as being at risk were placed on TTM. Patients who were being managed on TTM would have their suicide and self-harm risk explored at every case conference to inform their ongoing risk management.

Inspectors saw evidence of patients being fully involved in their assessment and receiving an explanation of the purpose and outcome of their assessment in

Vision records. As referenced in Q.I. 9.5 recommendation, inspectors saw evidence of risks being recorded in the initial health screening. However, there was no standardised risk assessment in place to regularly review patients on the mental health caseload risks of self-harm and suicide.

The TTM strategy could be initiated at any stage when there were concerns for an individual. All patient facing healthcare staff have undertaken SPS' TTM core training. NHS and SPS staff work collaboratively to identify, support and review those at risk of self-harm or suicide. Inspectors were told by both SPS and healthcare staff, there are positive relationships between SPS and NHS staff.

A process was in place for patients in crisis and requiring urgent assessment. Patients could be managed on TTM until assessed to establish if the prison was a suitable environment. Inspectors were told by healthcare staff that in instances where a patient was on TTM for long periods of time, the Deputy Governor will review the case to ensure the patient's safety was being managed in the least restrictive way, this is good practice.

There were a number of patients on TTM at the time of the inspection. Inspectors saw that each stage of the TTM process was updated on the patient record system Vision, including the patient's identified risks and requirements to maintain their safety. Inspectors found patients on the TTM strategy were treated with care and compassion during their case conference. A process was in place for a nurse to be allocated to case conferences each day. Inspectors saw that where possible this would be a RMN that knew the patient, however depending on workloads there were instances where registered general nurse's (RGNs) attended case conferences.

Good practice 18: A process was in place for the Deputy Governor to review any cases of patients being managed on TTM for extensive periods of time.

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: Generally acceptable performance

A clear and transparent process to share feedback, comments, and concerns and make formal complaints was in place at HMP Inverness. Feedback forms were seen to be available within the prison halls that could be posted anonymously. The post box was checked daily by the Healthcare Team. Inspectors were told that forms were in process of being made available in other languages and an easy read format. This will be followed up at future inspections.

Systems and processes were in place to record all complaints received in the Health Centre, along with the date of receipt to ensure they were processed and responded to within set timescales. All complaints were managed in line with general data protection regulation and confidentiality protocols and no complaints were seen to be recorded in patient records.

The Health Centre Manager managed all feedback, comments, concerns and complaints. A process was in place to escalate unresolved local complaints to the operations manager and the NHS Highland feedback team. Inspectors were told online training was available for managing complaints. Whilst there was an informal process in place for learning to be shared at daily handovers or team meetings, inspectors suggested that a process was formalised to ensure learning from feedback and complaints was regularly discussed and shared with the team.

The patient complaints form had a flow chart detailing the process for providing feedback, comments and concerns. The process states patients will receive a written response within seven days. However, inspectors were told that this does not generally happen in practice, as the patients will often have been seen to address the feedback before the written response is sent. Whilst this was positive practice, inspectors suggested that the flowchart was updated with what actually happens in practice to manage patients' expectations. The feedback forms included details on patients' rights to contact the Scottish Public Services Ombudsman (SPSO) if they were not satisfied with the outcome or response to their complaint.

Recommendation 57: NHS Highland must develop a process to ensure that learning from feedback and complaints is regularly shared with the Health Centre Team.

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

Rating: Satisfactory performance

Staff demonstrated a clear understanding of their roles and responsibilities in reporting any situations, which could result in physical or psychological harm to those in prison. Healthcare staff indicated that any issues requiring to be raised as a priority were recorded in the 5/5 system (a SPS system). Inspectors spoke with healthcare staff who described an open culture of communication and a good relationship with SPS colleagues. Healthcare staff demonstrated how they would communicate with SPS staff using a review template, which was sent to the Deputy Governor. This amongst other issues would identify patients who were causing concern. This would also be raised by the Operations Manager at the twice-weekly SPS meetings as well as at the monthly operational meeting which included SPS staff.

All staff had awareness of their legal obligations for confidentiality and keeping accurate records, as part of maintaining their registration and commitment to the Nursing and Midwifery Council (NMC) code. All staff had their own personal access to the electronic record keeping system Vision. Mandatory training requirements included adult support and protection modules, which were available to all healthcare staff.

Inspectors were told that healthcare staff attend the SPS daily handover meeting to receive an update on patients during the out-of-hours period, this promotes continuity of care for patients.

9.15 The prison implements national standards and guidance, and local NHS Board policies for infection prevention and control.

Rating: Generally acceptable performance

Visitors to HMP Inverness were encouraged to decontaminate their hands and use a mask on arrival. Processes were in place to decontaminate the trays used for personal belongings.

There have been improvements in the Health Centre provision since the last inspection in May 2021, such as, access to a further clinical room for nursing staff. This was a positive move forwards to support clinical care delivery. This is good practice. The rooms and equipment were clean and in a good state of repair.

Due to the age and design of the building plans were in place for a new build of the NHS Highland prison. There was evidence of multidisciplinary team working in the plans for this project, with representation from IT Estates, Healthcare, SPS and IPC. This is good practice.

Inspectors saw evidence of the training and development package in place which includes standard infection control precautions (SIPCS) and hand hygiene. However, there were no formal structured audits in place within the Health Centre. This is a concern and has been prioritised by the clinical manager as an area of development. Inspectors observed variable uniform policy compliance and raised this during the inspection. Regular structured compliance auditing will support senior staff to challenge practice when compliance is an issue.

Staff were knowledgeable about infection prevention and control and could signpost inspectors to the National Infection Prevention and Control Manual (NIPCM) on NHS Highland's intranet. However, inspectors saw some variations in hand hygiene compliance and raised this during the inspection. Senior nursing staff have engaged with the IPC Team at Raigmore Hospital, and a meeting was planned to establish a programme of external auditing. Staff reported that they could contact the IPC Team for advice if required. Regular structured auditing must be implemented in HMP Inverness with oversight from NHS highland for compliance.

Areas where healthcare was delivered were cleaned by pass men who were all BICS trained. Healthcare staff could raise any issues with the standard of cleaning directly with the BICS Team. The standard of cleaning was very good and pass men were visible in all areas during the inspection. Inspectors saw an encouraging open relationship between healthcare staff and the BICS Team.

The dispensary in NHS Highland had kitchen cupboards, which were chipped and damaged, meaning this area could not be effectively cleaned. This was raised at the previous HIS inspection in May 2021. A risk assessment has been requested.

The room healthcare staff used in the reception area was small, with limited visibility from SPS staff, this is a concern. Staff reported to inspectors that they felt unsafe in this confined space. There was no access to a hand hygiene sink in this area. As this

room was not fit for purpose and required immediate action, inspectors raised this through HMIPS during the inspection and discussed this with the GIC.

See recommendation under QI 9.1 in relation to a safer, more suitable room for healthcare staff to conduct admission screening.

Recommendation 58: NHS Highland must implement a structured approach to infection control audits in order to provide continued assurance with a clear governance structure in place to act on any non-compliance.

Good Practice 19: Since the last inspection, a further clinical room had been made available which was a positive move forwards to support clinical care delivery.

Good Practice 20: Plans were in place for a new build of the NHS Highland prison. The plans included multidisciplinary team working for this project with representation from IT Estates, Healthcare, SPS and Infection Prevention and Control.

Good Practice 21: BICS training was provided to prisoners with employment opportunities on liberation.

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: Poor performance

At the time of the inspection, HMP Inverness had vacancies across the Mental Health and Primary Healthcare Team. However, senior staff reported that recruitment in HMP Inverness was not as challenging as seen across the wider NHS, with some recent posts being filled. The staff rotas inspectors reviewed indicated consistent staffing numbers over a period of weeks.

At the time of the inspection, the clinical manager had been in post for six months. Since commencing their role, the manager had identified that there was a lack of SOPs in place within the Healthcare Team. Having SOPs in place is important as it risk assesses processes and provides a written means to instruct staff on how a particular procedure should be carried out, laying out boundaries of responsibility. Although patient care was still being delivered within the prison, having clearly agreed SOPs in place is critical to providing accountability, governance and best practice across the healthcare system. Therefore, NHS Highland should as a priority develop a suite of SOPs within the prison. Inspectors requested the service develop an action plan to address this and will review this at agreed times until a return visit in nine months.

Inspectors were given access to a health and healthcare needs assessment undertaken in 2021, in response to the plans to open the new prison NHS Highland. This was produced in conjunction with SPS and generated 46 recommendations that covered areas that related to: healthcare and physical health, communicable disease, mental health and wellbeing, drugs and alcohol, older people in the care of the prison and oral health. The first recommendation was to reconvene the Health

and Healthcare Prison Group to take forward the recommendations from the needs assessment. Inspectors were told that this group had not been reconvened. The clinical manager had not been involved in the assessment, as she was not in post at the time of the review. The clinical manager was unfamiliar with the recommendations made in the review; this is a concern.

There were no structured approaches to review clinical competencies, provide 1:1s or clinical supervision across the Healthcare Team. Informal meetings were taking place with the clinical manager and Head of Service to discuss staffing requirements and the planned direction of the service. This included plans to consider a nurse led approach to prisoner healthcare delivery.

Inspectors were told that a further senior post has been recruited on a part-time basis in HMP Inverness to provide direct senior leadership to the Health Centre Management Team. This role had an emphasis on service development. This will be a positive addition and support to the clinical manager who had only been in post for a short period of time.

Healthcare staff inspectors spoke to reported feeling supported by senior management and described the ability to raise any concerns they had. Inspectors saw that there were opportunities for staff to undertake nurse prescriber training to support the existing service and in preparation for the new prison.

As discussed in Q.I 9.15, inspectors recognised the challenges healthcare staff faced with the limited space in the Health Centre. The clinical manager had no designated private office space. The rooms had many functions including a staff break area and this environment does not lend itself to any supportive confidential conversations between staff. Inspectors raised this with HMIPS at the time of the inspection and with the Governor. A local resolution was being explored.

Senior management described clinical supervision and 1:1s as a priority within the senior role. A formal recognised process was required as a priority.

Inspectors were shown evidence of the learning and development training records, which had combined requirements for SPS specific training and covered all aspects of NHS Highland's statutory and mandatory training requirements. Inspectors saw that these were generally well completed for all staff with the exception of the new staff in post. Inspectors saw evidence of the induction training record available to new staff. This was being progressed for a new member of staff at the time of our inspection.

Inspectors attended the morning SPS meeting, which healthcare staff attended. This meeting was used as a mechanism to discuss new admissions to HMP Inverness and any concerns or follow up required for patients during out-of-hours. This was good practice. Inspectors saw that relationships between healthcare staff and SPS were positive, and that communication was good.

Nurse handover meetings take place daily and were chaired by the clinical manager. All healthcare disciplines were represented at the meeting where planning for patient's needs, and any concerns are discussed. The meeting provided an

opportunity for the clinical manager to feedback any responses from DATIX reporting system or adverse events.

Recommendation 59: NHS Highland must evidence the prioritisation of key areas identified in an improvement action plan. The action plan must identify responsible persons and be time led. This should include evidence of:

- Development of SOPs.
- Evidence the health and healthcare prison group is reconvened to ensure that the recommendations from the Health and Healthcare needs assessment are taken forward.
- Meetings between all grades of staff should be formalised and a record of the meeting taken.
- Support staff in HMP Inverness to formalise the approach taken to support with 1:1 meetings.

Recommendation 60: NHS Highland and SPS must work together to provide a suitable room to support the development of structured line management in the healthcare team.

Recommendation 61: NHS Highland must develop a suite of SOPs to support accountability, governance and best practice.

Good practice 22: Daily meetings were held jointly with SPS and healthcare staff to discuss new admissions to HMP Inverness and any concerns or follow up for patients during out-of-hours.

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: Generally acceptable performance

NHS Highland had accountability for healthcare within HMP Inverness. Operational leadership in HMP Inverness was provided by the health clinical manager (band 7). Inspectors recognised that the manager had been in post for six months.

Widespread development of SOPs and systems were required across the service within HMP Inverness, and this work was in early development. Inspectors were not provided with formal plans but were assured by the enthusiasm shown by staff for the development of the service. Inspectors discussed this with the Head of Service and asked for an action plan to be developed for the service development work. Inspectors will follow the progress of this work.

The clinical manager was supported by senior oversight from the Head of Service. The Head of Service was responsible for prisoner healthcare and was available to provide the clinical manager verbal support and a weekly 1:1 meeting. In recognition of the plans in place for a new NHS Highland prison and the remit of the clinical manager, a further senior post to directly support prisoner healthcare had been

agreed. This role was intended to support healthcare delivery and governance both in HMP Inverness and in the future, HMP Highland.

Inspectors were told that plans for HMP Highland are progressing. There was evidence of emails showing engagement between senior management, with plans for a monthly meeting chaired by the project manager within NHS Highland. Representatives included IT, Estates, Infection Control, SPS and Health. The first meeting was scheduled for September; this joint working approach to service development is good practice.

Staff spoken to were aware of the leadership structure and how to escalate concerns. Prisoner healthcare uses the DATIX system for reporting adverse events in HMP Inverness. Inspectors were told that these were reviewed by the clinical manager and discussed with the Head of Service. Outcomes are shared with staff at daily safety briefs. It was not clear how learning from adverse events supports learning and influences change. The clinical manager is in the process of developing systems and processes to support this. Inspectors will review this at future inspections.

Inspectors saw that the complaints process provided a mechanism for delivering feedback. It was not clear how feedback would be encouraged or used to make improvements. This process was focussed on complaints of which were few in nature. NHS Highland must review the process for collecting patient feedback. This requires development to ensure patients lived experience is considered when planning for a new service in HMP Highland and to inform service improvement.

Recommendation 62: NHS Highland must develop an action plan to help manage and monitor the development and implementation of systems and processes that will support patient care.

Recommendation 63: NHS Highland must review the process in place to collect patient's feedback as well as complaints.

Good Practice 23: There was evidence of emails showing engagement between senior management, with plans for a monthly meeting chaired by the project manager within NHS Highland. Representatives included IT, Estates, Infection Control, SPS and Health. The first meeting was scheduled for September; this joint working approach to service development is good practice.



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