



Mental Welfare Commission for Scotland

Report on announced visit to: HMP Inverness, Duffy Drive,
Inverness IV2 3HH

Date of visit: 13 September 2018

Where we visited

HMP Inverness serves courts in the Highlands, Islands and Moray. The prison manages remand and convicted prisoners and has a design capacity of 98.

We last visited this service on 15 June 2013 and made recommendations about the safer cells in the prison (specific cells where prisoners could be held to ensure their safety) and about care planning and the recovery focussed approach to providing care and treatment. We received a response which indicated that appropriate action was being taken in relation to recommendations.

On the day of this visit we wanted to look generally at how mental health care and treatment was being provided because it had been five years since our previous visit.

Who we met with

We met with and reviewed the care and treatment of four prisoners.

We spoke with the mental health nurse working in the prison, the clinical manager, and the professional lead nurse for mental health and learning disabilities. We also met the forensic psychiatrist who provides input into the prison.

Commission visitors

Ian Cairns, Social Work Officer

Susan Tait, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

Mental Health Services available in prison

There is currently only one mental health nursing post within the nursing complement in the health centre in the prison. One of the addiction workers in the prison is a trained mental health nurse (RMN), so there is some flexibility for them to provide some mental health nursing cover. However, the mental health nursing service in the prison is very much a person dependent service, which does create issues in terms of prioritising work and providing mental health nursing cover when the post holder is on leave (see comments below by prisoners).

The consultant forensic psychiatrist has a weekly clinic in the prison and is available for advice in urgent situations.

There is no clinical psychology provision within the prison and other psychological therapies are not available to prisoners either. We know that mental health nurses in

other prisons have completed training to enable them to deliver specific psychological therapies. It is difficult to see how interventions could be made available in HMP Inverness, with only one mental health nurse post. There would be issues releasing a single post holder to complete training, and subsequently allowing them to deliver training, when they have to prioritise other clinical tasks within the health centre. We heard that a substantial number of prisoners would benefit from having access to low level psychological therapies delivered by health centre staff, or accessed online or by the telephone. We discussed this issue during the visit. We heard that there were plans to address this using some of the additional investment from the Scottish Government as part of Action 15 in the Mental Health Strategy 2017-2027, and that the plans for this resource included establishing another RMN post in the prison.

Recommendation 1:

NHS Highland managers should progress the establishment of another RMN post in the prison health centre.

Recommendation 2:

NHS Highland should continue to review options to enable prisoners to access both clinical psychology input and other psychological therapies.

In discussion with health care staff during the visit we heard that, while mental health and addiction nurses worked collaboratively within the prison, input from an addiction consultant would also be beneficial. As the prison population ages, we also heard that medical input from an older adult specialist may be appropriate for individual prisoners, given the complexity of their needs and mental health treatment plans which were felt to be appropriate. We would hope that this is an issue which NHS Highland keeps under review.

Information from prisoners

We spoke to four prisoners who were all receiving input from the prison mental health service. We knew before our visit that HM Inspectorate of Prisons for Scotland (HMIPS) had undertaken a full inspection of HMP Inverness in November 2017, with this report published in March 2018.

https://www.prisoninspectoratescotland.gov.uk/sites/default/files/publication_files/SC02180224681.pdf

This report commented on limited mental health nursing input but said that in general prisoners were positive about the provision of health care in the prison. The prisoners we spoke to on our visit were certainly positive about the mental health care and support they had been receiving. They all told us that they felt the mental health nurse responded promptly to requests to be seen and provided good

information and support. They all clearly felt that they could speak openly to the nurse and that they had been able to engage positively and helpfully with the nurse.

Care planning

We reviewed the health centre records for the prisoners we met during the visit. We found that there were clear records of individual contacts, and in cases where the nursing contact was a one-off contact we would expect to see a record of this contact but would not expect to see any care planning information. Where there was ongoing contact with mental health services in prison, we saw that this was now being recorded in the form of a personal support plan and we saw examples of these plans in files. These care plans were variable, and some of them lacked a level of detail, which made it difficult to identify planned interventions, the care goals agreed with a prisoner, and the progress being made towards specific care goals. This was discussed during the visit and we heard that a national meeting was due to be held in HMP Perth soon after our visit to Inverness, with representation from all the prison health services, to look at issues about health centre documentation within prisons. We were told that this meeting would be looking at common documentation, including care planning documentation. We also heard that some work was currently being undertaken within NHS Highland, looking generally at care planning issues and at producing standards for care plans. We hope that both these strands of work will help the prison health centre to develop their approach to mental health care planning.

Recommendation 3:

NHS Highland managers should develop care planning guidance for health centre staff, taking account of any work being done across the prison health centre network nationally in relation to this issue.

The physical environment

HMP Inverness is an old prison and it is recognised that the physical environment in the prison is poor. We heard on the visit that plans were being developed for a new prison in Inverness and it was hoped that this prison would be completed soon after September 2020.

In the meantime there was limited accommodation to provide health care within the prison. Any interviews with prisoners had to be conducted in small interview rooms in the Links Centre, where many rooms had open ceilings which made it difficult to maintain confidentiality. Issues about the design and age of the prison had been identified in the HMIPS inspection report mentioned above and hopefully issues will be addressed as plans for the new HMP Highland are developed and implemented.

Any other comments

The recent HMIPS inspection report identified that the prison has insufficient places to accommodate all the prisoners from local authority areas in the north of Scotland. As a result there is a high turnover of prisoners as they are regularly transferred to prisons in other parts of Scotland. The HMIPS report highlighted that transfers often happened at short notice, which could disrupt the continuity of medical care.

This issue was discussed with health centre staff during the visit. We were told that health centre staff would ensure that appropriate medical information is shared, or is requested, when a prisoner transferred into or out of HMP Inverness at short notice. We also heard that, because the pharmacy in the health centre was only able to stock basic medications which can be prescribed, there had been occasional transfers when a prisoner had not been able to receive prescribed medication at the appropriate time when they had arrived at the prison at short notice. Health centre staff will always make sure that prescribed medication, including medication for mental health conditions, is delivered to the prison from NHS Highland pharmacy services as soon as possible when it is required. The issue of prisoner transfers taking place at short notice is clearly an issue for the Scottish Prison Service (SPS) and not for the health centre. We would expect this to be an issue which the SPS will look at, as this had been flagged up in the recent HMIPS inspection report.

Summary of recommendations

1. NHS Highland managers should progress the establishment of another RMN post in the prison health centre.
2. NHS Highland should continue to review options to enable prisoners to access both clinical psychology input and other psychological therapies.
3. NHS Highland managers should develop care planning guidance for health centre staff, taking account of any work being done across the prison health centre network nationally in relation to this issue.

Service response to recommendations

The Commission requires a response to these recommendations within three months of the date of this report.

A copy of this report will be sent for information to HM Inspectorate of Prisons Scotland.

Alison Thomson, Executive Director (Nursing)

About the Mental Welfare Commission and our local visits

The Commission's key role is to protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

The Commission visits people in a variety of settings.

The MWC is part of the UK National Preventive Mechanism, which ensures the UK fulfils its obligations under UN treaties to monitor places where people are detained, prevent ill-treatment, and ensure detention is consistent with international standards

When we visit:

- We find out whether individual care, treatment and support is in line with the law and good practice.
- We challenge service providers to deliver best practice in mental health, dementia and learning disability care.
- We follow up on individual cases where we have concerns, and we may investigate further.
- We provide information, advice and guidance to people we meet with.

Where we visit a group of people in a hospital, care home or prison service; we call this a local visit. The visit can be announced or unannounced.

In addition to meeting with people who use the service we speak to staff and visitors. Before we visit, we look at information that is publicly available about the service from a variety of sources including Care Inspectorate reports, Healthcare Improvement Scotland inspection reports and Her Majesty's Inspectorate of Prisons inspection reports.

We also look at information we have received from other sources, including telephone calls to the Commission, reports of incidents to the Commission, information from callers to our telephone advice line and other sources.

Our local visits are not inspections: our report details our findings from the day we visited. Although there are often particular things we want to talk about and look at when we visit, our main source of information on the visit day is from the people who use the service, their carers, staff, our review of the care records and our impressions about the physical environment.

When we make recommendations, we expect a response to them within three months (unless we feel the recommendations require an earlier response).

We may choose to return to the service on an announced or unannounced basis. How often we do this will depend on our findings, the response to any recommendations from the visit and other information we receive after the visit.

Further information and frequently asked questions about our local visits can be found on our website.

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