



HM INSPECTORATE OF PRISONS

HMP ABERDEEN

INSPECTION: 20-22 JUNE 2005

LAST INSPECTION 21-28 JUNE 2004



SCOTTISH EXECUTIVE

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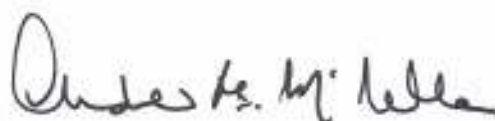
1. INTRODUCTION

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

1.2 The Inspection Team comprised:

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2. PREAMBLE

2.1 Many of the concerns raised in the inspection report of 2004 have not been resolved. Last year's report identified overcrowding as "the most damaging issue confronting the prison". This has not gone away. It is good that the numbers have reduced from 222 at the time of last year's inspection to 210 at the time of this inspection. But this number still is well above the number for which the prison was built. Consequently most prisoners are sharing cells; staff do not have the time for prisoners they should have; and facilities like the visit room are well overstretched. It is interesting to note that there was less talk of overcrowding this year than last year. This may be connected to a new system of measuring the capacity of a prison by its contracted numbers rather than by its design capacity. In these terms Aberdeen is no longer "overcrowded". But the difficulties associated with high numbers remain.

2.2 For the number of prisoners in the prison this year there is not nearly enough to do. This absence of useful work and activities is very worrying. Last year's report identified certain groups for whom there was little provision for useful activity. This year it is clear that prisoners are still spending more and more time locked in their cells because there is nothing else for them to do. There are plans to change this. It is possible to speculate on these plans – they may offer sweeping changes to the regime in the future: but the reality at the time of inspection was that new opportunities for work were not in place, while previous opportunities in the Joiners' Shop were no longer available. Representatives of the Visiting Committee identified the absence of work and the boredom of the life of a prisoner as "the most striking characteristics of the prison today".

2.3 This pattern of transition can be recognised in different parts of the prison. Even a short inspection provides evidence that learning provision at the time of inspection is very thin indeed. It may well be that this is due to the transition from one learning provider to another; but reasons behind the absence of provision are no comfort to prisoners who need education. In work against addiction there is the same sense of "interregnum": Mandatory Drug Testing has finished but Prevalence Testing has not begun.

2.4 Equally significant is a sense of uncertainty about the future. During the inspection women prisoners were expressing anxiety over stories that the Female Unit was about to

close and all prisoners transferred to Cornton Vale. At the time of inspection it appeared that this was no more than a rumour, although some discussions were taking place. Some women who are normally held in Aberdeen will be disadvantaged if closure does take place, for their family contact (perhaps more important for women prisoners than for men) will be reduced. Nor is it clear that they will benefit from greater resources at Cornton Vale, since most of those who are normally held at Aberdeen are there for short periods of time.

2.5 At the same time there was uncertainty about the future of the prison itself. Various plans were spoken about, but a common theme was closure. There can be two effects of such an atmosphere. One is the demoralisation of staff: during this short inspection there was no evidence of that. The other is that work on the fabric of the prison will not be done. A business case to replace cell windows was submitted, but the work has not been funded. Prisoners have to live there now and staff have to work there now.

2.6 The visit room is as unfit as ever for the extremely important matter of visits to prisoners. The same could be said of the reception area. It could also be said of the Health Centre, although there has been some small, but welcome, improvement in the accommodation available there.

2.7 It is much to the credit of Aberdeen prison that prisoners feel safe. This is what all prisoners said during the inspection, it is what the SPS Prisoner Survey corroborates, and it is supported by statistics of reducing violence. There were two suicides in the past year, but Fatal Accident Inquiries commended the prison in each case. It is also encouraging to hear prisoners speak openly about good treatment from prison staff – treatment which is both respectful and helpful. There had been no escapes in the twelve months prior to the inspection. The prison was clean and tidy.

2.8 The last two reports on the prison have welcomed real progress: this one draws attention to some of the areas in which it is most important that there is no backward movement.

3. PROGRESS ON RECOMMENDATIONS AND POINTS OF NOTE

Six Recommendations and forty three Points of Note were made in the Full Inspection of 21-28 June 2004. Progress made on these is as follows:

Recommendations

Implemented:	1
Not fully implemented:	2
Not implemented:	3

Points of Note

Implemented:	20
Not fully implemented:	1
Ongoing:	6
Not implemented:	16

RECOMMENDATIONS

For SPS HQ

11.1 Formal risk assessments should be carried out prior to allocating prisoners to shared cells (paragraph 2.5).

Implemented. The new SPS standardised “Cell Sharing Risk Assessment” is used at Aberdeen. The prison’s own “Prisoner Violence Risk Assessment” (PVRA) is used in tandem with this, however, the two overlap and the PVRA is completed at Reception but not followed up in the halls. The use of both instruments should be examined.

11.2 SPS should urgently reconsider the non-provision of Sentence Management to long-term prisoners being held in Aberdeen (paragraph 5.15).

Not implemented. SPS has tried to move long-term prisoners to their appropriate prison as soon as possible. While this has improved the situation, there are still LTPs held at Aberdeen for a variety of reasons for whom there is no Sentence Management. Some attempts have

been made on an ad hoc basis to have staff from other prisons deal with individual LTPs, but this has not been consistent. During the inspection there were 26 LTPs in Aberdeen: some of whom were there for accumulated visits.

11.3 The Health Centre should be upgraded as a matter of urgency (paragraph 6.6).

Not implemented. SPS did not accept this recommendation. The most notable improvement within the current Health Centre has been the creation of a doctor's consulting room, which has assisted in improving the quality of medical services. Additionally, minor alterations to the use of the medical record area have created a more efficient use of space.

For Establishment

11.4 Staff on night duty should be trained to use the emergency first aid crash pack (paragraph 3.12).

Not fully implemented. Night duty is carried out by two alternating teams made up of three regular members and other staff detailed on a revolving basis. The regular night shift staff have been targeted for this and for first aid training (see 11.5 below). Three have been fully trained, one partially trained and two staff are retiring. Their replacements will be trained.

11.5 At least one member of staff on night duty should be qualified to undertake first aid (paragraph 3.12).

Not fully implemented. Four of the six regular night shift staff have had First Aid Training. Three are in one team and one in the other. One trained person is not sufficient to meet this Point of Note although plans are in place to address this (see 11.4 above).

11.6 The Reception area should be re-developed or replaced in order to discontinue the use of the cubicles (paragraph 5.4).

Not implemented. A business case was submitted addressing the issues but the redevelopment has not been funded.

12. POINTS OF NOTE

For SPS/HQ

12.1 Windows with broken panes should be replaced (paragraphs 2.13 and 2.17).

Not implemented. A business case to replace cell windows was submitted, but the work has not been funded. Almost every window in 'A' and 'B' Halls has at least one broken or missing pane. A new development is that the missing panes are being filled, by prisoners, with mattress foam rather than blocks of wood.

For Establishment

12.2 Remand prisoners should be allowed more time out of cell (paragraph 2.7).

Ongoing. Improvements in the regime for remand prisoners were developing at the time of inspection. Increased access to physical education and recreation had been achieved. However, this accounted for a relatively small part of the day and the restriction on attending education due to the contractual constraints with the service provider limited the options available to this particular group.

12.3 The regime for prisoners on protection should be improved (paragraph 2.8).

Ongoing. It is planned to allow prisoners on protection access to the Sign Post Centre which will provide opportunities for education, life skills, physical education for health, painting and peer support. However, the current regime remains impoverished and with the exception of PT provides few alternatives to long periods of cellular confinement.

12.4 Old and unsuitable mattresses should be replaced in the financial year 2004-05 (paragraphs 2.13 and 2.17).

Implemented. A new supply of mattresses has been purchased. Old and unsuitable mattresses have been replaced and as mattresses become unsuitable they are replaced from the new stock. There was a 19% improvement in prisoners' perceptions of the condition of their mattresses in the Prisoner Survey.

12.5 The bedrooms and dormitories in the Female Unit are starting to look shabby and are in need of redecoration (paragraph 2.20).

Implemented. The Female Unit has been redecorated and now looks bright and fresh.

12.6 A consistent approach to Induction within the Segregation Unit should be adopted (paragraph 3.18).

Implemented. A comprehensive information and induction pack has been developed for the Segregation Unit, which allows consistency of approach for the relatively small numbers held in this area.

12.7 The costs associated with the redeployment of drug testing staff had led to a number of problems as outlined. These should be resolved as soon as possible (paragraph 4.7).

Not implemented. Following a change in SPS policy, Mandatory Drug Testing has not been carried out in Aberdeen since March 2005. The introduction of Prevalence Testing in September 2005 might resolve this.

12.8 Female prisoners should be subject to MDT and female staff should be trained to do this (paragraph 4.8).

Not implemented. However, once Prevalence Testing is introduced, it should apply to female prisoners and female staff should be trained to do this.

12.9 The prison would benefit from having an addictions clinic run by a doctor trained in addictions (paragraph 4.10).

Implemented. A one hour addictions clinic now takes place each day. This was introduced in May 2005.

12.10 There should be improved communication between Cranstoun Drug Services and the Health Centre in terms of respective roles and functions (paragraph 4.14).

Implemented. A multi-disciplinary Group is now in place.

12.11 The reasons for the “Couple Counselling” service not being used in its first six months should be examined (paragraph 4.15).

Implemented. Demand from prisoners was insufficient to offer this service.

12.12 The role of ‘B’ Hall in relation to supporting prisoners with addiction problems needs to be clarified (paragraph 4.16).

Implemented. ‘B’ Hall is not considered to be a drug free area and is part of the overall addictions strategy.

12.13 The prison should consider re-introducing the one-to-one alcohol counselling service previously provided by a local alcohol agency (paragraph 4.17).

Implemented. The issue has been examined and the service has not been introduced as no funding is available.

12.14 In the short-term provision should be made for confidential interviewing in Reception (paragraph 5.2).

Not implemented. Interviews are routinely held in sight and hearing of others. The nurse station can be used if available.

12.15 Management should decide whether or not the “Prisoner Violence Risk Assessment” form should be continued (paragraph 5.3).

Not fully implemented. This form continues to be filled in at Reception, but nowhere else. If the decision is to use it, it should be fully completed. The introduction of the Cell Sharing Risk Assessment may have rendered it superfluous.

12.16 The induction of female prisoners requires to be addressed as a matter of urgency (paragraph 5.10).

Implemented. Female prisoners receive a condensed version of the SPS national induction programme one afternoon per week in the Links Centre. Induction issues for the small and fluctuating female population continue to be managed on an individual basis.

12.17 Consideration should be given to the use of the Links Centre for female admissions (paragraph 5.11).

Not implemented. This is to be considered as part of the ongoing review of staff attendance patterns and prisoners' regime.

12.18 The future use of the dental room in the Health Centre needs to be agreed (paragraph 6.3).

Implemented. The dentist and the optician now use the dental room. Due to the permanent equipment and operating standards associated with this service there are limitations as to the range of activities that can be carried out in this room. Relocating the facility could only be achieved as part of a major capital construction programme for the Health Centre.

12.19 Access to the doctors is limited due to overcrowding (paragraphs 6.7).

Implemented. Access to the doctor has been improved as a result of a new contract that commenced in April 2005 which increased the hours available from ten to twenty. Improvements in the referral process with more emphasis on prioritising need by the triage nurse has contributed to a more efficient use of the doctor's time.

12.20 Rising prisoner numbers make it difficult for nursing staff to provide anything but a basic service (paragraph 6.10).

Not implemented. A bid for increased resources to address a wide range of prisoner health needs was unsuccessful. However, it is expected that by having a more efficient attendance pattern and rescheduling the issuing of medication that time can be found within the current staffing level to provide specialist clinics.

12.21 A safer way of dispensing methadone should be found (paragraph 6.18).

Ongoing. It is proposed to reschedule and relocate the dispensing of all medicines other than methadone to the halls. This will restrict the number of prisoners accessing the Health Centre for medication and improve the supervision of methadone dispensing.

12.22 Early evening and night-time medication at weekends should not be administered at the same time (paragraph 6.19).

Not implemented. The present nurse attendance pattern is the main inhibitor to changing this practice. Discussions are ongoing to explore an alternative to the current practice.

12.23 Steps should be taken to reduce the risk of infection and cross infection in the treatment room in the Health Centre (paragraph 6.21).

Ongoing. A range of initiatives have been put in place and are ongoing in order to reduce the risk of infection and cross infection. These include the creation of a dedicated and properly resourced consulting room; the training of all nursing staff in infection control; and passmen trained to industrial cleaning standards. It is also intended to have the floor covering in the Health Centre renewed.

12.24 Furnishings and fittings in the Learning Centre require some upgrading to provide a more attractive learning environment (paragraph 7.2).

Not implemented.

12.25 The heating in the Learning Centre should be effective in maintaining an appropriate temperature for learning (paragraph 7.2).

Not implemented.

12.26 The office space in the Learning Centre is inadequate (paragraph 7.2).

Not implemented.

12.27 Prison Management, with Learning Centre staff, should improve the co-ordination of prisoners' attendance at education (paragraph 7.3).

Not implemented.

12.28 The evening computing group for remand prisoners was not working effectively (paragraph 7.4).

Implemented. There was insufficient demand from prisoners for this group to work effectively.

12.29 Aberdeen College should establish more robust systems for tracking, with prisoners, the progress they make through their involvement in education (paragraph 7.6).

Ongoing. The new contractor, Motherwell College, is putting learning logs in place. However, there were very few prisoners were engaged in education at the time of inspection.

12.30 Plans to improve learning and employability opportunities need to take full account of the short-term nature of the convicted population (paragraph 7.7).

Not implemented. The planned Independent Living Unit should address this.

12.31 Greater attention needs to be paid to how all prisoners are supported to engage with or continue learning on release or transfer (paragraph 7.7).

Ongoing. Very few prisoners were engaged in education at the time of inspection.

12.32 Staff need to apply more systematic approaches to self-evaluation as part of planning for improvement (paragraph 7.8).

Implemented.

12.33 Opportunities for prisoners to secure relevant work experience and vocational training need to be improved (paragraphs 7.10-7.12).

Not implemented.

12.34 The development of the library needs to be taken forward alongside other plans to improve learning and employability (paragraph 7.13).

Not implemented.

12.35 The physical provision for visits is not good. The visits room is too small with little room for toys or food (paragraph 8.1).

Not implemented. There has been no progress in improving the physical provision for visits. Funding for such a major capital project is not available and plans to extend the present facility into the Female Unit depends both upon additional funding and relocating or closing the Unit.

12.36 Greater monitoring of the location of attempted suicides and incidents of self-harm should be put in place (paragraph 8.5).

Implemented.

12.37 The prison should seek to escort prisoners at high risk to case conferences out of the sight of other prisoners (paragraph 8.6).

Implemented. Other prisoners are locked up when high risk prisoners are being escorted to case conferences.

12.38 The prison should look at ways of identifying and training female Listeners (paragraph 8.8).

Implemented. This has been examined but the short-term nature of most of the sentences makes this difficult.

12.39 Space for Social Workers to interview prisoners and their families is limited (paragraph 8.16 and 8.20).

Implemented. Proper facilities for social workers to interview prisoners are now an integral part of the Links Centre. However, these are restricted to prisoner interviews and do not include families.

12.40 The difficulties associated with prisoners being escorted to the Links Centre for Social Work interviews should be addressed (paragraph 8.16).

Implemented. Improved communication between different functions and the introduction of a booking system have resolved this issue.

12.41 There is a need to clarify the role of Social Workers within the prison (paragraph 8.22).

Implemented. Conflict between the role of different service providers was identified as the main cause of the lack of clarity of the role of the Social Workers. Considerable work has been done in establishing the specific responsibilities of each of the various service providers, which has resulted in a greater focus on defined activities.

12.42 Senior managers should undertake a systematic sampling of meals in the kitchen or residential areas (paragraph 9.14).

Not implemented. There is evidence that senior managers twice sampled food in the kitchen in the week before the inspection and once before that in the three months before the inspection. There is no evidence of any sampling in the residential areas; but prisoners confirmed that this was sometimes done by First Line Managers.

12.43 The laundry does not have the capacity to cope with the present needs of the prison (paragraph 9.17).

Implemented. Aberdeen is now self sufficient for the provision of all its laundry as a result of investment in new equipment.

4. NEW DEVELOPMENTS

The Education Contract

4.1 The contract to provide education was reviewed during the year, and responsibility transferred from Aberdeen College to Motherwell College. Aberdeen College stopped providing the service in January 2005 having delivered 10,186 Prisoner Learning Hours (against a target of 9,000). Motherwell College assumed responsibility on 1 April 2005. In that time no education was provided. The situation was much the same in mid June, at the time of this inspection. Motherwell College was developing systems and processes to allow delivery but only two courses were being run: computing and a practical awareness of the Rehabilitation of Offenders Act. This situation needs to be addressed as a matter of urgency. Education needs to be delivered to prisoners. The Inspectorate will monitor progress.

Addictions

4.2 Mandatory Drug Testing was stopped in March 2005. This was SPS policy. Its replacement, Prevalence Testing, had not started. This meant that there was no clear indication of levels of illicit drug misuse.

4.3 The contract for addictions work has been awarded to Phoenix House, although Cranstoun were still providing the service at time of inspection.

Employment and Employability

4.4 The joiners work shop was closed during the year, but nothing has as yet replaced it. Plans were being made, but at time of inspection there were insufficient work and activity places for prisoners.

Female Unit

4.5 Uncertainty was rife about the future of the Female Unit. It was being expected by prisoners and staff that the Unit would close, but no timescale had been provided. This was causing anxiety amongst some of the women living there.

Overcrowding

4.6 The prison has a physical capacity of 154. The prison unlocked 210 on the first day of inspection although the population has been as high as 233 this year. During 2004-05 SPS contracted Aberdeen to hold 230 prisoners. This was reduced to 225 on 1 April 2005. There was little talk of overcrowding during this inspection although it was a major talking point last year. Although the prison was contracted to hold 225 prisoners from 1 April it is in reality still badly overcrowded.

Information Channel

4.7 The prison has installed cabling to all cells to allow a local information DVD to be played to all prisoners. The DVD provides essential information on local procedures. Unfortunately the system was not working during the inspection because of a technical difficulty. Nevertheless the prison should be commended for this imaginative initiative.