Mental Welfare Commission for Scotland

Report on announced visit to:

HMP Greenock, Old Inverkip Road, Greenock, PA16 9AJ

Date of visit: 19 September 2023

Where we visited

Greenock prison was first opened in 1910 with two residential units, Ailsa Hall and Darroch Hall, with a third unit, Chrisswell House that opened in 1996. Chrisswell House was built with the specific remit of housing long-term prisoners. HMP Greenock's main purpose is to hold prisoners who are on remand and sentenced from courts in Greenock, Campbeltown, Oban, Dunoon, and the surrounding Inverclyde and North Strathclyde areas. It holds all categories of male and female prisoners. It provides a national facility for selected long-term and life-sentenced prisoners. Greenock was initially for male prisoners until the introduction of females in 2002. The prison has two community integration units, one for up to eight men and one for up to six women that accommodates those serving short-term sentences who are assessed as low risk and suitable for community access. The prison has capacity for 249 prisoners and there were 233 prisoners in the prison on the day of our visit.

The Commission visitors were cognisant of the latest His Majesty's Chief Inspector of Prisons (HMIPS) inspection (2023) which raised concerns regarding the lack of psychiatry provision for any multidisciplinary team collaborative or for complex case discussions. The inspection found that patients had not agreed with the plans found on file for their care, and that there were no processes in place to record the supply of medications to the residential areas or to record when medication was given to individuals. Lastly, they discovered that learning from complaints was not routinely shared with the healthcare team.

We have not undertaken a local visit specifically to HMP Greenock for 6 years. We did however visit the prison in 2021 as part of our *Mental health support in Scotland's prisons 2021: under-served and under-resourced* report. A number of recommendations were made to the Scottish Government, NHS Scotland and the Scottish Prison Service to deliver changes needed to improve services for individuals.

The last local visit took place in January 2017, and we made four recommendations regarding the inadequacies of interviewing facilities, the promotion of advocacy, the need for a clear system of care planning, and that there should be adequate mental health staff provision.

Since 2017 there remains a consistent nurse management team appointed to the mental health service. We wanted to hear how the service has adapted over the last 6 years including how Covid-19 impacted the service and the individuals receiving care from the team.

Who we met with

We met with and reviewed the care of eight individuals who asked to meet us in person. We spoke with the deputy governor of the prison, nurse team lead, alcohol liaison nurse, clinical psychologist, and staff members of the Scottish Prison Service (SPS).

Commission visitors

Justin McNicholl, social work officer

Anne Craig, social work officer

Mary Leroy, nursing officer

What people told us and what we found

Care, treatment, support, and participation

The primary focus of our visit was the specialist care and treatment provided for the individuals who experience mental health difficulties while in prison. The established posts in the nursing team included two mental health nurses, supported by a wider health team that consisted of a mental health and addictions team leader, addictions nurses, general nurses, and the health centre manager. This structure was noted in our 2017 report, and there continues to be vulnerabilities for the service, particularly if any individual is on annual or sick leave.

On the day of the visit the two mental health nursing posts were vacant. This had resulted in the care of patients being supported by the team leader and the addiction nurses. Managers advised us that there are plans to employ two newly qualified nursing staff, who were due to take up post in the weeks after our visit. In 2017 we were informed that none of the mental health nursing team were trained specifically in learning disabilities or utilised any specific tools when assessing individuals presenting with these conditions, and we were concerned that the new staff nurses may not have this training/knowledge. In addition to the lack of dedicated mental health nurses, we found a similar situation with the lack of psychiatry input to the prison. We noted that there was only one session provided per week to the prison, with no cover arrangements in place for annual leave or sick leave. The impact of this was that individuals waited a number of weeks before having initial or review assessments completed. We were advised that on average, the team supports up to 25 individuals on an ongoing basis. On a weekly basis, the team can receive up to 15 new referrals from a variety of routes which places a significant demand on the team.

We were informed that psychology provides support to the mental health team to aid with clinical formulations. Individuals who required psychological input received this on an individual basis and we observed this during our visit. We were advised that there was a waiting list of up to three weeks for routine assessments by psychiatry. We met with individuals who were receiving care from the mental health team, and they were clear on what ongoing psychiatric input they were entitled to. One individual said, “I’ve never worked with a mental health team like this before; I have a good relationship with the guys here”. Those individuals who were seen by psychiatry were generally in receipt of nursing staff input. The nursing staff provide ongoing monitoring of the individual’s mental state and compliance with any identified treatment.

We were informed that anyone requiring an assessment would be seen in 28 days, but most would be seen within one week. Those who required urgent assessments were seen within five days and any emergency assessments completed within 24 hours. One individual stated “I have a fear of being abandoned but I never felt abandoned here”, while another told us “I've been in and out of prison since about 16. I have schizophrenia; the doctor and nurses have helped me with strategies to cut down the voices”.

HMP Greenock, unlike the other prisons in the Greater Glasgow and Clyde (GGC) area does not have a Segregation and Reintegration Unit (SRU). Despite this, the prison continues to support individuals with acute mental health presentations. The impact of this is that

individuals are either cared for in their cells, transferred to hospital, or, if required, moved to another prison in GGC, such as HMP Low Moss or HMP Barlinnie, to be supported in an SRU. During the visit, there were no concerns raised by individuals or staff about the length of time for a transfer and admission to hospital for those who were most unwell.

We were informed by the staff that we met with that the primary care nursing staff continue to play a critical role at the reception area of the prison. We were advised that at reception, the primary care staff have no access to the EMIS electronic system; this limited their access to information regarding those individuals who maybe receiving mental health care in the community prior to admission. This has a direct impact upon the prompt provision of anti-psychotic medication and other treatments. It is the primary care staff that alert the team to individuals that have presented for an urgent mental health assessment.

For those individuals where there are concerns for their safety, the Talk to Me strategy had been implemented. The strategy is utilised in custody to ensure a shared responsibility for the care of individuals at risk and for all parties to work together to provide a person-centred care pathway based on an individual's needs. When an individual is placed on Talk to Me, a referral is sent to the mental health team, then triaged by the team leader for consideration of allocation to one of the nursing staff. From discussions with SPS staff and nursing management, this process appears to have worked well due to the positive working relationships between both agencies.

Recommendation 1:
Managers should address the lack of psychiatric provision to the service.

Recommendation 2:
Managers should address the training needs of the nursing staff to ensure that those patients with learning disabilities are fully supported.

Care and treatment

We met with eight individuals at the prison's Link Centre. Most people we spoke to were very positive about the mental health care they had received. They reported that staff were "really great, they listen and help support me. I'm glad I got this sentence so I could get the support I needed when I was out." However, we heard consistent themes from female individuals that they struggled to access basic health care in the community prior to their period of remand or sentence. Some described being "barred" from medical centres due to their history of offences and this, coupled with being homeless, resulted in them struggling to access consistent support.

We observed positive interactions between individuals, the mental health team, and SPS staff.

Due to the current staffing challenges, the nursing team could only undertake joint assessments with Scottish prison service staff when there was a critical need, and this was reflected in the comments shared by individuals. We heard from individuals that there was trust and confidence in the health staff to provide consistent treatment to them. One noted, "I see psychology every Friday and I get therapy which focuses on trauma and anxiety". It was clear to the Commission visitors that many individuals were benefiting from the support of the team.

During our previous visit in 2017, psychological interventions were not available to individuals in HMP Greenock. We wanted to find out more about the current provision. There is now a prison psychology team working between Barlinnie, Low Moss, and Greenock prisons who provide clinical interventions for anyone requiring psychological assessment and support. Psychologists supervise low intensity psychological interventions carried out by mental health nurses and also have individual caseloads that focus on complex casework. The psychology service at HMP Greenock was staffed by one clinical psychologist, an assistant psychologist, and a mental health therapist. The nursing team spoke positively of the psychology input provided although advised us that the referral criteria for psychology was stricter than the open referral process that was in place with the nursing team.

On the day of our visit the longest wait for psychology input was 18 weeks. We heard that there were separate forensic psychologists employed by the SPS who work in the prison with individuals who have committed specific offences; their focus was on programme work and risk management. We heard that there were plans in place to supply new online cognitive behavioural therapy (CBT) sessions to individuals in the prison. This was a pilot, and we look forward to hearing about this provision when we next visit the prison. We heard from nursing staff that the support of the clinical psychology input to the service was critical, as it provided the opportunity to have complex case discussions. We heard that remand prisoners can have issues with accessing psychology due to the length of their prison stays, however the lead psychologist advised of the steps which have been taken to ensure there are onward referrals to community mental health teams made in an attempt to avoid any unnecessary delays.

It was evident during our visit that there were good working links between health centre staff and other prison staff. Nurses were regular visitors to the prison halls, and they had day-to-day contact with the prison officers, and as required contact with the governor or deputy governor, allowing concerns about individuals' mental health to be addressed at an early stage. We heard from managers that there was access to speech and language therapists, dietitians, and occupational therapy staff from the local Inverclyde Health and Social Care Partnership, for any individuals requiring specific input.

Due to the age of the prisoner population in HMP Greenock there were occasions when individuals would require personal or palliative care. As there was no visiting care service to the prison for individuals with these specific needs, transfer to HMP Low Moss was provided in order to receive this level of care.

Care plans

We reviewed the notes of the individuals we interviewed. The mental health team use five different electronic systems to gather and record information relating to individuals as approved by NHS Greater Glasgow and Clyde. This includes, Vision, EMIS, Docman, Clinical Portal, and the team online folder system that holds all care plans. These electronic systems do not directly communicate with each other and this causes challenges when trying to swiftly access information. We were informed by management that there is a plan to have a new version of Vision in place which we look forward to accessing during future visits. Like most prisons, HMP Greenock had individuals from across Scotland and the UK. This can cause challenges for staff when trying to locate medical and mental health histories as regional and national systems do not interact with the prison systems. We were pleased to find that in all

the records we reviewed of those receiving health care, they had a formalised care plan in place that provided a consistent approach and a clear understanding of their needs and goals. The What matters to you? approach had been adopted, which the Commission visitors found useful when reviewing individual care and the goals of the treatment that were in place. This approach was particularly important where individuals were being seen by several different professional staff groups such as nursing, psychology, addictions nursing, psychiatry, and other agencies. The care files we examined were stored in a shared drive with each individuals' care plan identifying if they were subject to any specific prison rules.

In relation to risk assessments and management plans we noted that the CRAFT assessment had been chosen as the agreed tool to be used in the prison. The CRAFT assessment had been added to the Vision system since our last visit and is reported to aid staff in the management of risk. Unfortunately, the embedding of this risk assessment on the system raised significant concerns. From the risk assessments we examined, we found none of them captured the current risks and only noted historical risks. Many of the risk assessments were not filled out and the majority had content that was not useful. We could find no clarity on who was specifically responsible for the risk assessments, whether it was SPS staff or NHS staff. We found no clear management plans for any individuals. We were concerned that the arrangements around risk assessments and the management of these did not clearly evidence why the risks had been identified and that they were not being safely addressed, especially in the event of any adverse event.

We found there to be mostly consistent recording in the daily notes of what care had been delivered. We found only one record that required amendment so that it captured the events that had taken place. It was unclear if individuals received a copy of their care plan or were expected to sign it.

We found recorded goals in the care plans that had been led by the individual although the interventions were not clearly linked as to how this was to be achieved in a meaningful way. We found care plan reviews were consistently taking place, with details recorded by nursing staff that made it easy for individuals to understand. We found none of the care plans were signed and there was a lack of an audit trail regarding how care plans were updated and of any version control. We could find no prior care plans aside from the current versions found in the shared system folder. It was further concerning to note that when care plans were uploaded to Vision, staff had found issues with how the system stored and commuted this information.

The Commission has published a good practice guide on care plans. It is designed to help nurses and other clinical staff create person-centred care plans for people with mental ill health, dementia or learning disability, and can be found at:
https://www.mwcscot.org.uk/node/1203

Recommendation 3:
Managers should urgently address the current mental health risk assessments and management plans for all individuals who require these to be in place, and should ensure there is clarity regarding who is responsible for their completion.

Recommendation 4:
Managers should introduce an auditing system to ensure consistency of care planning for individuals.

Access to Advocacy
When we last visited HMP Greenock we heard that Circles Advocacy had only just been introduced to the prison and there was limited knowledge of its existence. Six years on we were advised that individuals had accessed to advocacy over the years and there was a named worker identified who had visited the prison without any issues. Despite this, we found no promotion of advocacy in the prison, with no posters on display, or any knowledge of this service highlighted by the individuals we met with. The Commission is aware that advocacy will not have a role for everyone however, we consider that access to advocacy could be helpful for those prisoners who are potentially being transferred to a hospital from prison under the Mental Health (Care Treatment) (Scotland) Act 2003 or the Criminal Procedures (Scotland) Act 1995. Independent advocacy can provide support and have a positive impact in establishments where it is well used. We suggested that there is further discussion with the mental health team, advocacy service, and SPS to consider how a service can be delivered in a timely and effective manner. We look forward to hearing how this has progressed when we next visit.

Recommendation 5:
Managers should ensure access to advocacy for all prisoners requiring this support and better promotion of advocacy services within HMP Greenock.

Rights and restrictions

The Prisons and Young Offenders Institutions (Scotland) Rules (2011) enable individuals to be restricted in certain situations. If there are concerns from prison staff and/or health professionals about a person's behaviour due to their health, restrictions can be placed on their movements and social contacts with the use of rule 41. A health professional must make a request to the prison governor to apply a rule 41; use of this rule can include confining a person to their own cell or placing them in segregation. For people being held in segregation, the Commission supports the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (the CPT) recommendations that: all individuals, including those in conditions of segregation, should have at least two hours of meaningful human contact each day and that individuals held for longer than two weeks in segregation, they should be offered further supports and opportunities for purposeful activity.

There were no individuals on this visit who were confined to safe cells. We were informed by managers that the majority of prisoners with mental health conditions will not be placed in a safe cell, and this was confirmed by all that we met with. We were informed that any use of confinement would be highlighted to the visiting psychiatrist who, along with the mental health nurses, would undertake a visit to those individuals, at minimum, on a weekly basis.

The Commission has developed *Rights in Mind.* This pathway is designed to help staff in mental health services ensure that Patients have their human rights respected at key points in their treatment. This can be found at:

https://www.mwcscot.org.uk/law-and-rights/rights-mind

Activity and occupation

We were advised that during the pandemic, restrictions were put in place that meant various activities and groups in the prison had to be put on hold and that some individuals struggled with the restrictions that were placed on their routine. As restrictions have now lifted, we heard that people had returned to undertaking various activities and work duties. No specific issues were raised in relation to accessing activities, daily recreation and/or education. We heard of some issues regarding the level of payments for prisoners undertaking work activities; we raised with the deputy governor who supplied a clear rationale regarding the issues noted. There was an acknowledgement from individuals that there was access to meaningful work and activities that clearly benefited their mental and physical health. From some, we heard that attendance at the fellowship church group in the prison had helped to improve emotional wellbeing, and they told us of the benefit of the chaplaincy service and the opportunity to have their spiritual, cultural, and religious needs met.

It was clear from our visit that the staff were culturally aware and tried to meet the cultural needs of the prisoners as far as possible.

The physical environment

In their last visit, HMIPS highlighted that an ongoing area of serious concern related to the buildings, accommodation, and facilities in HMP Greenock not being fit for purpose. Many areas of concerns and issues have been raised repeatedly, including dampness in the cells, mainly found on the west facing wall of Ailsa Hall. In 2021, there were 45 cells out of use due to dampness. On the day of our visit there was no reported issues with leaks noted in the health centre, however this has been an issue in the past. The health centre and nursing stations were found of a good standard. The health centre was found to be small, and managers advised us that they have to utilise the Link Centre regularly as a non-clinic based area, which then has an impact upon recording information. Each individual we met with had suitable clothing, access to toilets and washing facilities, and were provided with necessary toiletries and cleaning materials.

Ongoing issues remain with the interview facilities in the Link Centre, which does not provide privacy for individuals and staff to undertake interviews. These concerns were raised in our 2017 report and there has been no improvement noted. We heard from a small number of individuals who did not feel there was enough privacy when being interviewed. Managers advised the Commission of plans to redesign the Link Centre, with a recovery hub in a new location of the prison.

Recommendation 6:
Managers should address the inadequacies in the current interviewing facilities whilst redesign plans are in process.

Any other comments

We were informed that there was no mechanism to alert the prison to the existence of a welfare guardianship order or Power of Attorney for anyone subject to the Adults with Incapacity (Scotland) Act 2000. We believe there could be steps taken with all health and social care partnerships (HSCP) and the Office of the Public Guardian (OPG) to ensure the prison is alerted to anyone in the establishment subject to these measures.

We heard from staff and management about the ongoing difficulties with individuals being able to attend hospital appointments. There were examples supplied of individuals not being picked up by the service provider GEOAmey which was directly impacting upon attendance at critical health care appointments, including treatment for cancer. We believe that this matter needs to be addressed urgently by the SPS along with the Scottish Government to avoid significant harm to individuals' care.

Summary of recommendations

Recommendation 1:
Managers should address the lack of psychiatric provision to the service.

Recommendation 2:
Managers should address the training needs of the nursing staff to ensure that those patients with learning disabilities are fully supported.

Recommendation 3:
Managers should urgently address the current mental health risk assessments and management plans for all individuals who require these to be in place and should ensure there is clarity regarding who is responsible for their completion.

Recommendation 4:
Managers should introduce an auditing system to ensure consistency of care planning for individuals.

Recommendation 5:
Managers should ensure access to advocacy for all prisoners requiring this support and better promotion of advocacy services within HMP Greenock.

Recommendation 6:
Managers should address the inadequacies in the current interviewing facilities whilst redesign plans are in process.

Service response to recommendations

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

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

Claire Lamza
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 Commission 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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