Mental Welfare Commission for Scotland

Report on announced visit to: HMP Dumfries, Terregles Street, Dumfries, DG2 9AX

Date of visit: 10 September 2024

Where we visited

HMP Dumfries was built in 1863 as a local prison to serve the catchment area of Southwest Scotland. In 1951, it was converted for use as a borstal and in 1965 it was changed to a Young Offenders Institution. Subsequently, it was adjusted to serve adult male prisoners.

HMP Dumfries serves the local courts of Dumfries and Galloway. It holds up to 60 men who are either remanded in custody or convicted with short-term sentences. Those subject to short-term convictions may be retained at Dumfries or transferred to another establishment according to their length of sentence and the availability of spaces.

The prison also provides a national facility for holding up to 135 individuals serving long-term sentences who require to be separated from mainstream offenders because of the nature of their offence, termed as offence-related protection offenders. The agreed capacity of the establishment has been increased from 195 to 222 to accommodate the demands across the Scottish Prison Service (SPS) estate.

The Commission visitors were cognisant of the latest HMIPS inspection (2024) report which noted issues with prescribing decisions. They found that there was no excessive wait for individuals to be seen, and there were reports of good health care in place.

We last visited this prison in June 2019. We made a number of recommendations around providing mental health specific training for frontline prison officers, ensuring individuals had access to psychology and for an audit of referrals to the mental health team. On the day of this visit we wanted to follow up on these previous recommendations and also look at how mental health services were being provided to individuals, and their experience of using these services.

The Mental Welfare Commission's themed visit report *Mental Health Support in Scotland's Prisons 2021: Under-Served and Under-Resourced* [1] made 10 recommendations to the Scottish Government, NHS Scotland and the Scottish Prison Service on changes that were needed to improve mental health services across the prison estate. We wanted to review how this report had influenced practice in HMP Dumfries.

Who we met with

Prior to the visit, we were able to have an online discussion with the service manager, the visiting psychiatrist, the community forensic team leader, community

[1] Mental Health Support in Scottish Prisons 2021: https://www.mwcscot.org.uk/node/1755

forensic mental health nurses and one of the mental health nurses for the prison, to gather an overview of the care and treatment offered.

During the visit, we had continuous access to the mental health nurse, and we met the deputy governor of the prison.

We met and reviewed the care records of seven individuals.

Commission visitors

Justin McNicholl, social work officer

Mary Hattie, nursing officer

Margo Fyfe, senior manager (west team)

What people told us and what we found

During our visit, many of the individuals we spoke with gave high praise of thebBand 6 mental health nurse, due to the person-centred care and treatment they had received. We heard comments that included, “she is brand new”, “she is always there to listen and gives good advice” and the “I always feel respected by her”.

We heard from some individuals about their frustrations with the changes to their medication regime since moving to the prison. These comments included, “I’m being dismissed by the nurse”, and “she didn’t take my need for medication seriously and advised me to take medication that does not work, I’ve repeatedly asked for a change, but she just ignores me”. We heard other comments such as “she doesn’t help me” and “my nurse will not assist with my sensory needs”. Other comments from some individuals were that they felt “rushed” or “ignored” when raising their concerns about their care and treatment with one of the nursing team.

Despite this, many individuals advised that moving to HMP Dumfries was a significant improvement in their overall experience compared to other prisons in Scotland. One stated, “this is way better, the prison staff talk to me with my first name”. Another stated “I feel safe here” and several told us “the food is much better”.

We heard about activities that were available, with various individuals saying they had regular access to work-related activities, exercise, football, gardening and the gym.

A number of individuals raised their concerns about the lack of access to psychological therapies since moving to HMP Dumfries. A number of the individuals we spoke with had undertaken psychology work in other prisons prior to being transferred, which they were grateful of. Since settling into the prison, they identified that there were no clinical psychologists employed by the mental health team which they found, “really annoying” and “disappointing”. The lack of access to a psychologist in HMP Dumfries is due to issues with recruiting staff to work in the local health board area, due to its rurality. With a lack of access to psychology it was acknowledged that nursing staff were trying to do what they could to work on psychoeducation, coping strategies and emotional support. The individuals that we spoke with described the nursing strategies as “helpful” and “understanding” but not the same as having one-to-one psychology input. Both the service manager and deputy governor were aware of the gap in the provision of psychology staff.

Recommendation 1:
Managers should pursue access to psychological services for prisoners who have been assessed as requiring this input.

We also heard from individuals about how they had self-referred to the mental health team and most had accessed this input “quickly”. Many individuals spoke of once

being known to the mental health team they had consistent access to nursing staff which they benefitted from.

Care, treatment, support and participation

In the prison, we heard that there is a mental health team that consists of a service manager, a band 7 team leader who is a trained mental health nurse and an advanced nurse practitioner (ANP) who can prescribe medication and one band 6 registered mental health nurse.

Psychiatry input is provided to the prison on an as required basis. There is no psychology input to the prison. Input from speech and language therapists, physiotherapist or occupational therapists can be accessed by the team via external referrals to the local NHS Dumfries and Galloway services.

Since the introduction of the ANP role to the team, the requirement for psychiatry or for the general practitioner to attend the prison has reduced. Despite this, there were no concerns or barriers noted to accessing psychiatry by the team or the individuals we met with. There were regular monthly multidisciplinary team meetings taking place between psychiatry and nursing staff to discuss any specific individuals who required input. As noted in previous visits, none of the mental health nursing team were trained specifically in learning disabilities or utilised any specific tools when assessing individuals presenting with this diagnosis and associated needs. We were advised that despite this, and if required, the team would be able to access psychiatry to assist those who were suspected to have a learning disability if any assessments, advice or screening was required. On average the band 6 nurse supports up to 30 individuals on a therapeutic basis, while the team leader supports a further 20 individuals on a therapeutic basis and reviews another 30 individuals who require only medication reviews. On a weekly basis the team will receive up to three new referrals per mental health nurse from a variety of routes which was reported to be manageable and resulted in no significant delays for individuals.

Similar to our last visit, we heard and saw good links between the mental health nurses and their immediate colleagues in the health care team which is based in the Link Centre of the prison. On the day of our visit, we observed positive interactions between the mental health nurse and the wider staff team across the establishment.

Since our last visit, funding has been secured by the NHS to employ a permanent band 6 nurse who is employed on a fixed term contract full time from Monday to Friday, and who provides input to individuals referred to the team. This improved complement of nursing staff has helped with ease of access to mental health care. This was noted to be one of the key strengths of the team as it continued to foster good working relationships and enhanced communication where concerns have been highlighted and responded to in a timely way.

Compared to our last visit, we were pleased to hear that due to the increased mental health nursing staff in the prison, cover was available to ensure that there were reduced gaps in mental health nursing capacity throughout the year. Previously when the one mental health nurse was on leave this was covered by nursing staff who specialised in addictions or nurses trained in general adult care, but this is now a rare occurrence.

The GP services to the prison are contracted during Monday to Friday. This was reported to be working well with no concerns relating to the management of any physical health diagnoses.

We were told that all individuals had their healthcare needs assessed on admission by the primary care nurses who supply screening for addiction and mental health risks, including suicidality and deliberate self-harm (DSH). If upon admission individuals were reporting to nurses or SPS staff that they were feeling suicidal, there was consideration of the 'Talk to Me' strategy. This 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, who then triage this for consideration of allocation.

From discussions with SPS staff and nursing management this process appears to work well due to the positive working relationships between both agencies. During our visit, no individuals in the prison were subject to 'Talk to Me' with the last recorded use of this being a fortnight prior to our visit.

Referral process

Referrals to the mental health team were mainly self-referrals, but they could also be made by other professionals, family members and SPS officers. There was no waiting list for referrals to the team. We were informed that anyone requiring a routine assessment would be seen in 14 days, but most will be seen in a week. The commission during the visit was provided with a waiting times audit for the previous year (2023).

Those who required urgent assessments were seen in 24 to 48 hours and any emergency assessments were completed on the same day. This was confirmed by most of the individuals we met with, who advised us that there was no significant waiting time when they needed to be seen by the mental health team. One individual spoke of their frustration at having difficulties accessing the service, but this was not reflected in their case notes.

Care records

The mental health team use one electronic system, VISION, to gather and record information relating to individuals, and this has been approved by the health board.

We found reasonably consistent daily notes of what care had been delivered to individuals. The team had previously used a separate shared folder system that held all of the care plans for the individuals that they were supporting.

Due to a recent data breach in NHS Dumfries and Galloway this folder was closed, and all individual care plans have now been stored in individual folders set up with the nursing staff. On the day of the visit, the team leader was not present so we could not access the care plans of the people that we met with that she specifically supports. We believe this arrangement of individual records needs to be reviewed to ensure ease of access to care plans in the absence of any member of the team.

Recommendation 2:
Managers should ensure that care plans are easily accessible at all times by all members of the nursing team.

Of the individuals receiving health care from the band 6 nurse, we found formalised care plans in place that aimed to ensure a consistent approach and a clear understanding of their needs and goals. The care plan format was helpful for discussing individual care needs and the goals of the treatment. This approach was particularly important where individuals were being seen by several services such as nursing, addictions nursing, psychiatry, and other agencies.

We heard from individuals that their care plans were reviewed regularly with the nursing staff either on a weekly basis, or four or six-weekly depending upon the frequency of contact with their named nurse. However, we found no evidence of care plan reviews being reviewed in the VISION notes, with a lack of clear evaluation and analysis of how individuals were supported to meet their care goals.

Recommendation 3:
Managers should ensure that regular care plan reviews are recorded with clear evaluation and analysis of individuals' goals.

We were informed that individuals who are from the Dumfries and Galloway region have individual risk assessments in place that were held on the clinical portal. We were given access to the Dumfries and Galloway Mental Health Directorate Clinical Risk and Management tool that is the agreed tool to be used in the prison. This risk assessment tool was not added to the VISION system.

Unfortunately, for those who were not from the Dumfries and Galloway region, we found no risk assessments. Of the few risk assessments that we reviewed, the detail in them was basic. We could not find who was responsible for the management of the risks for those individuals who were open to the mental health team. We were concerned with the current arrangements around the lack of risk assessments and management plans being safely administered, especially in the event of any adverse event.

Recommendation 4:
Managers should urgently introduce a consistent approach to the completion of mental health risk assessments and management plans for all individuals supported by the mental health team.

The Commission has published a good practice guide on care plans[2]. 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.

Access to Advocacy
When we last visited HMP Dumfries we did not comment on the access to advocacy services. During this visit, we made enquiries with the individuals that we met on whether they had any issues or barriers to accessing this service. Some were aware of the role of advocacy, and did not report a need to access this service.

We identified one individual who may have benefitted from advocacy input, and they were signposted accordingly to the local Dumfries and Galloway service. The Commission is aware that advocacy will not have a role for everyone however, their input maybe applicable to assist prisoners who are potentially being transferred to a hospital from prison under the Mental Health (Care Treatment) (Scotland) Act 2003 or the Criminal Procedure (Scotland) Act 1995.

Independent advocacy can be helpful in supporting individuals and has had a positive impact in establishments where it is well used.

Rights and restrictions

The Prisons and Young Offenders Institutions (Scotland) Rules enables 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 via the use of rule 41.

A health professional must make a request to the prison governor to apply a rule 41. Use of this can include confining a person to their own cell and placing them in segregation. For people being held in segregation, the Commission considers the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment's (the CPT) recommendations applicable to all individuals, including those in conditions of segregation. They should have at least two hours of meaningful human contact each day and for individuals held for longer than two weeks in segregation, they should be offered further supports and opportunities for purposeful activity.

[2] Person-centred care plans good practice guide: https://www.mwcscot.org.uk/node/1203

HMP Dumfries is similar to some other prisons in Scotland who do not have a Segregation and Reintegration Unit (SRU). As the prison continues to provide input to individuals presenting with acute mental health presentations, the impact of this is that individuals will either be cared for in their cells, or moved to a safe cell, or transferred to hospital, or if required moved to another prison with an SRU.

During this visit there were no concerns raised by individuals or staff about the length of time taken for those who were most unwell and have required hospital admission. None of the individuals that we met with during this visit were confined to safe cells.

We were informed by managers that the majority of prisoners with mental health conditions were not placed in a safe cell, and this was confirmed by all those that we met with.

The Commission has developed *Rights in Mind.*[3] 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.

Activity and occupation

No individuals that we met with advised us of any specific issues with accessing activities, daily recreation and/or education. We heard there was meaningful work and activities that clearly benefited the individual's mental and physical health.

We heard that attendance at the recovery café, access to the therapet sessions as well as social and recreational groups helped to improve individuals' emotional wellbeing.

In 2022, the prison created a wellbeing garden to be used by prisoners who had a reduced level of restriction in the prison estate. The grounds of the prison have a large, impressive area that hosts a football pitch, ponds, tool sheds, water features, poly tunnels and vegetable gardens. The Commission staff were impressed by the surroundings and the benefit it could provide to individuals who were experiencing low mood, isolation or a lack of hope.

The physical environment

In their last visit, HMIPS highlighted that there were no serious concerns relating to the buildings, accommodation and facilities in HMP Dumfries. On the day of the Commission's visit, the prison was found to be clean and well maintained.

The prison management advised us that a refurbishment of the gymnasium took place last year which had improved opportunities for exercise.

[3] Rights in Mind: https://www.mwcscot.org.uk/law-and-rights/rights-mind

We heard that having a communal dining space in the prison was a positive experience, although some individuals spoke of preferring to eat their food in their cells to avoid mixing with others.

While the main halls were old in comparison to some of the more modern prisons, there were no issues raised by the individuals that we met with. We heard that they had suitable clothing and access to toilets and showering facilities.

We were told that there were some ongoing issues with the interview facilities in the Link Centre which were frequently used but did not always provide privacy for individuals and staff to undertake interviews.

Any other comments

We saw good evidence of engagement with relatives/carers, and friends to discuss concerns and provide updates with individual's consent. This was similar to our previous visit, and we consider this to be an important initiative to aid those who are preparing for release to the community.

We heard positive comments about the food on offer in the prison and the variety for dietary requirements. It was positive to note that the wellbeing garden produced fresh vegetables and fruit which was used in the prison kitchens to prepare meals.

Summary of recommendations

Recommendation 1:
Managers should pursue access to psychological services for prisoners who have been assessed as requiring this input.

Recommendation 2:
Managers should ensure that care plans are easily accessible at all times by all members of the nursing team.

Recommendation 3:
Managers should ensure that regular care plan reviews are recorded with clear evaluation and analysis of individuals' goals.

Recommendation 4:
Managers should urgently introduce a consistent approach to the completion of mental health risk assessment and management plans for all individuals supported by the mental health team.

Service response to recommendations

The Commission requires a response to these recommendations within three months of the publication date of this report. We would also like further information about how the service has shared the visit report with the individuals in the service, and the relatives/carers that are involved. This has been added to the action plan.

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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