

Mental Welfare Commission for Scotland

Report on announced visit to: HMP Shotts, Canthill Road,
Shotts, Lanarkshire ML7 4LE

Date of visit: 24 January 2018

Where we visited

HMP Shotts is a prison situated in Lanarkshire catering for male prisoners. The prison can house 538 prisoners with longer term sentences. Prisoners are transferred to the site from other prisons across the country. The National Integration Centre for prisoners in the early stages of sentences of 8 years and over is on this prison site.

In the mental health team there is a manager and three nurses along with part time psychology and two sessions per week of consultant psychiatry. These staff work alongside general nursing colleagues, an addictions consultant and GPs.

Our last visit to the prison was on 20 May 2014. At that time we made recommendations around access to psychological therapies and the need to review the nursing provision on site. On this visit we chose to follow-up on these recommendations and to look at nursing care plans and notes to ensure these were meeting the care needs of prisoners being supported by the mental health staff.

Who we met with

We met with eight prisoners and viewed their mental health records.

We also met with the Mental Health Clinical Manager, the Governor and the mental health nurses.

Commission visitors

Margo Fyfe, Nursing Officer & visit co-ordinator

Moira Healy, Social Work Officer

Paul Noyes, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

Psychological Therapies

We were pleased to note that there is now clinical psychology input to the prison. The clinical psychologist is available four sessions per week. She offers individual sessions to prisoners and support to the nurses. She will be available to supervise the nursing staff who are trained in low level psychological interventions when they offer this to prisoners. We spoke with the three mental health nurses and were told that they do not currently offer low level psychological intervention as caseloads do not allow for this. They are also asked to cover the duties of general nursing colleagues due to a shortage of nursing staff. This means less time available to offer specific mental health care and support to prisoners.

We are of the view that all efforts should be made to ensure all available interventions can be offered to the prisoners who need care and support from the mental health team and that having mental health nurse time ring-fenced for mental health duties would be beneficial.

We heard that following our last visit the health manager had introduced telehealth but unfortunately the prisoners did not engage with this so it was discontinued. We were told that the team have also looked into using Life Link which operates in other prisons but this has not been taken further due to cost implications. We would appreciate further consideration of wider access to psychological interventions that would benefit the mental health service clients within the prison by NHS Lanarkshire.

Recommendation 1:

NHS Lanarkshire managers should review the nursing staff compliment at the prison to ensure all available treatments can be offered to the benefit of the prisoners and that mental health nurse skills are utilised appropriately.

Recommendation 2:

NHS Lanarkshire managers should consider further options of access to psychological therapies appropriate for the prison population at the Shotts site.

Psychiatric input

We were informed that a locum psychiatrist has been covering but this is about to end. On viewing care records we are aware that there is a high use of medication across the site. We feel that for this to be appropriately managed there needs to be consistent psychiatry input at consultant or higher trainee level.

From visits to other prisons we are aware that there are higher levels of visiting psychiatry input to cover the high demand on the mental health team.

Recommendation 3:

NHS Lanarkshire managers should review psychiatric input to the prison to ensure prisoner's needs are appropriately addressed.

Care Plans

On reviewing the care folders of the individuals seen we found that not all files had nursing care plans. We were informed a care plan would be put in place if the nurses were having ongoing intervention with an individual. Unfortunately in several of the files viewed where we would have expected to find a care plan there was none in place.

We found that nursing notes were not always under the correct headings in the care file which was confusing. We also felt that there was a lack of information regarding

the interventions noted and discussed this with the nurses. We said that we expect to find information on the individuals mental health presentation where any reviews and interventions were taking place as this will help inform further support and intervention.

Recommendation 4:

Mental Health Clinical Manager should as a matter of urgency review care plans and nursing notes to ensure they accurately reflect individuals care needs, interventions and presentation.

Activity and occupation

It was good to hear about the workshop opportunities that are available to the prisoners and that there are enough work opportunities available for the population. However, we heard that the health care staff are often caught up in assessing prisoner's fitness to work and that this can detract from them performing their health care duties. We are aware this is currently being discussed nationally and are keen to hear how these discussions progress.

Any other comments

Overall in discussions with prisoners they were complimentary of the support and care offered by the mental health team.

We were pleased to hear that the mental health nurses visit the Separation and Reintegration Unit on a weekly basis to check on the mental health needs of the population in this area. We heard that the referral system in place to the mental health team ensures that individuals will be seen between same day and 5 days dependant on the issues presented.

Some of the prison officers have undergone mental health first aid training but we heard that this has been slow to roll out. This training had been run by a Mental Health Nurse and a Prison Officer in the past. We think a more robust roll-out of this training would be beneficial to the prison population and recommend the Governor and the mental health manager consider introducing this training again.

We noted the reliance on treatment by medication and that the administration of this can take up a lot of nursing time. We are concerned that the mental health nurses are unable to offer the low level psychological interventions they are trained to offer. See recommendation one.

Recommendation 5:

Prison Governor and the mental health clinical manager should consider a robust roll-out of mental health first aid training for prison officer staff.

Summary of recommendations

1. NHS Lanarkshire managers should review the nursing staff compliment at the prison to ensure all available treatments can be offered to the benefits of the prisoners and that mental health nurse skills are utilised appropriately.
2. NHS Lanarkshire managers should consider further options of access to psychological therapies appropriate for the prison population at the Shotts site.
3. NHS Lanarkshire should review psychiatric input to the prison to ensure prisoner's needs are appropriately addressed.
4. Mental Health Clinical Manager should as a matter of urgency review care plans and nursing notes to ensure they accurately reflect individuals care needs, interventions and presentation.
5. Prison Governor and the mental Health Clinical manager should consider a robust roll-out of mental health first aid training for prison officer staff.

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

Mike Diamond
Executive Director (social work)

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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