Mental Welfare Commission for Scotland

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

Date of visit: 18 April 2024

Where we visited

HMP Shotts is located in North Lanarkshire. It is a prison for long-term adult male prisoners serving a term of four years or longer, with some being transferred from other prisons due to a need for a more secure environment. Mental health care in HMP Shotts is delivered by NHS Lanarkshire.

The original prison was opened in 1978, with a capacity for 528 inmates; the prison was completely rebuilt, and the new facility opened in 2012, with a capacity to house 553 adult males. On the day of our visit, there were 535 individuals housed in HMP Shotts. The prison provides a secure, safe, caring, and productive environment, while creating opportunities for those in custody to come to terms with their sentences and address their offending behaviour.

We have not undertaken a local visit specifically to HMP Shotts since 2018, although we did visit the prison in 2021 as part of our themed visit reviewing mental health support in Scotland's prisons. A number of recommendations were made to the Scottish Government, NHS Scotland, and the Scottish Prison Service (SPS) to deliver changes needed to improve services for individuals.

During our last visit in January 2018, we made recommendations about the level of mental health nursing input, access to clinical psychology and psychological therapies, psychiatric input, care planning, and the role out of mental health first aid training for prison officer staff. On this visit, we wanted to look at how mental health care is delivered to people who are in prison and if the recommendations made during our last visit have been implemented.

Who we met with

We met with, and reviewed the care of six people, all of whom we met with in person. We were unable to meet or speak with any family members or relatives.

We spoke with the mental health team leader, the charge nurse, senior nurses, and the consultant psychiatrist.

Commission visitors

Anne Craig, social work officer

Justin McNicholl, social work officer

Dr Sheena Jones, consultant psychiatrist

Dr Matthew Beattie, consultant psychiatrist

What people told us and what we found

Almost all of those that we spoke with were positive about the care they received from the mental health team. One person said, “the mental health team take on board everything I say, they talk to each other and make an action plan” and we heard that “when it comes to my mental health I have really been helped. If I am worried about my mental health I put a slip in and get seen right away”. Another person said that he had “quite a positive experience overall” and that they had “a great working relationship with their responsible medical officer (RMO)” and that “the mental health team will come to see me on the same day if I have any concerns.”

We heard from someone else that the service from the mental health team was “alright” and he was happy to see the nurses when they called to see him. He told us that his medication had been changed and was feeling “ten times better and thinking more clearly.” Another said that they felt that since being moved to HMP Shotts, their experience of mental health care had been “bumpy” and there has been a “lack of communication.” They also described their relationship with the mental health team as “not bad; alright.”

One person told us that the food is “rubbish,” however, another said it was “alright” and the menu was on a four-weekly cycle.

We spoke with the mental health team leader and the charge nurse. They told us that staffing has been a challenge but now that there are staff to cover addictions and primary care in the mental health hub, with all teams supporting each other in delivering care regardless of their respective disciplines.

Care, treatment, support and participation

Care records

Information on individuals’ care and treatment is held in three ways; Vision, Docman, and Clinical Portal. Referrals for other services could be made using TRAKCare. NHS Lanarkshire uses MORSE, which is a clinical recording system but this programme is not compatible with the prison system, Vision. None of these systems are compatible with each other resulting in duplicated information across the systems. With Vision, we saw detailed daily notes of interactions and observations when meeting with people accessing mental health care from the service. These recordings were timely and respectful.

When we looked at care plans, we noted that whilst care plans were in place, we felt that they lacked detail and there were no reflections of the individual’s goal to wellness or interventions to promote positive mental health. While we found that people received a significant amount of support, the care plans did not reflect the work being undertaken by the team. We saw that people had regular one-to-one time with staff, and recordings of these meetings were descriptive.

We did not find evidence of care plan reviews, although we were told that reviews were undertaken based on the frequency of contact with the person. When we last visited the service, we made a recommendation relating to reviewing care plans and nursing notes. We were disappointed that to date, care planning has not improved.

Recommendation 1:
Managers should carry out an audit of the nursing care plans and reviews to ensure they fully reflect the person's progress towards stated care goals and that recording of reviews are consistent across all care plans.

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.

We could find no evidence of mental health risk assessments being undertaken. We would expect that these should be regularly completed and updated in the notes of individuals who access mental health care from the team.

Recommendation 2:
Managers should ensure that each person who accesses mental health care has a mental health risk assessment completed.

Many of the people who received mental health support also had physical health care needs. We saw that these were addressed appropriately and in a timely manner by the primary care team, and we were pleased to see that there was also a clear understanding of physical and mental health care being provided by all the staff team. We heard that medical input for physical health problems is provided by a local GP practice which is responsive; they usually visit within a day of referral.

We heard that some people who have physical care needs and require assistance with personal care are supported by care staff from a local care provider. This care is delivered using a contract with SPS. There are four cells that can be used when a prisoner has a disability. We asked about the impact of an aging prison population and what care provision was in place when someone is showing signs of cognitive impairment or was diagnosed with dementia. We were told that there have been occasions where people have been transferred to care homes, but this is a lengthy process and finding the right place can be challenging due to previous conviction bias.

For individuals where there are concerns for their safety, the Talk to Me strategy is implemented. The strategy is used 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. On the day of our visit there were no people receiving support using the Talk to Me process.

Multidisciplinary team (MDT)

The mental health team consists of a team leader (mental health and addictions), charge nurse post on a job share basis, two staff nurses, one post currently vacant, and a health care support worker due to take up post soon. There is a mental health occupational therapist 2.5 days a week, and a health improvement practitioner post, which is funded under Action 15 monies. There are three visiting psychiatrists. There are three clinical psychologist posts, currently only with 1.5 staff in post and a full-time vacancy has been advertised. There is also a psychology assistant. Caseloads in the mental health team are around 80, split between the nursing team, psychiatrists, and addictions. The mental health and addictions team are

supported by a primary care team in the prison, who carry out interventions and support people who have physical health problems in accessing the local GP practice.

On the day a referral is received, we heard that the request is triaged by the mental health nursing team as either urgent or routine. We were told that urgent referrals are often seen on the day the referral is received. We heard that referrals can be made to the team by anyone who has a concern, including prisoners themselves. Prisoners are advised of the outcome of the referral.

The MDT meets every week, and the meeting is led by one of the visiting psychiatrists. We saw notes of this meeting and this setting does not use an MDT template as used in adult mental health settings. Each professional discusses their caseload and actions are noted from this discussion. Some people receive support from more than one professional.

We were told that there is not one dedicated database detailing all who are currently receiving support from the mental health and addiction service, although we were aware that each profession holds their own detailed list. We were concerned about this and we discussed this with the team leader on the day who acknowledged that this would be useful and advised that this did not happen currently due to reduced administration cover. We look forward to seeing an up-to-date database of all people accessing services on our next visit.

Social work services are co-located in HMP Shotts and provide a range of duties, but these relate to reducing re-offending and the preparation for release. Social workers will also provide information as appropriate to the mental health, addiction, and primary care teams.

We did not see any evidence of advocacy being promoted in the service although we were told that referral to advocacy can be made and is provided by Equal Say advocacy service in North Lanarkshire.

Rights and restrictions

The Prisons and Young Offenders Institutions (Scotland) Rules (2011) 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 mental 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 rule 41; use of this 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 for individuals held for longer than two weeks in segregation, they should be offered further supports and opportunities for purposeful activity. We met with one person in the SRU (segregation and reintegration unit). Following our meeting with the individual, we discussed their situation with the mental health team and SPS management team. We will continue to follow up this case with the RMO. There are two safe cells although there were no individuals confined to safe cells on the day of our visit.

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.

Activity and occupation

HMP Shotts is a working prison. There are work parties that the people attend (including kitchen, laundry, woodshed, and cleaning). There is an education department, as well as programmes that are run by forensic psychology and purposeful activity; gym, Alcoholics Anonymous and the Recovery HUB.

The people we spoke to were housed in the protection halls so there can be limits to what they attend and, they may choose not to leave halls or cells due to concerns about their own safety.

We heard from some people that they felt there was not enough to occupy their time. One person said that they "hadn't been in the fresh air for two years" although this was their choice and that they "couldn't be bothered" and spent their day on the computer that he had been given, although they had no access to the internet. Another person told us that they had a Play Station 2 and spent considerable time in his cell playing games on it.

We were also told that in the hall there was a snooker table and some gym equipment, which could be accessed easily.

The physical environment

HMP Shotts was completely rebuilt on the previous site and opened in 2012. The reception area is bright and welcoming, and this continues throughout the prison. Restrictive practices are in place when entering and leaving the main entrance, and all areas in the prison are accessed from this central area. There is a light and airy feel to all the units, including the halls where the prisoners live. Each person has their own cell with their own toilet and washbasin. There is regular access to outside space.

There are treatment rooms in 6 out of the 8 halls and a treatment room in SRU, where people can be seen by health professionals.

Any other comments

We heard that people were able to contact their loved ones directly by telephone in their cell. The allowance is 200 minutes each month.

Summary of recommendations

Recommendation 1:
Managers should carry out an audit of the nursing care plans and reviews to ensure they fully reflect the person's progress towards stated care goals and that recording of reviews are consistent across all care plans.

Recommendation 2:
Managers should ensure that each person who accesses mental health care has a mental health risk assessment completed.

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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