



HM INSPECTORATE OF PRISONS

Report on HM Prison

Kilmarnock

January 2005

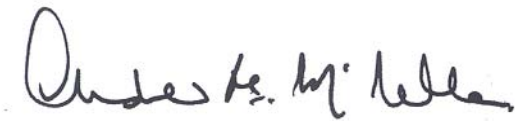


SCOTTISH EXECUTIVE

The Scottish Ministers

In accordance with my terms of reference as HM Chief Inspector of Prisons for Scotland, I forward a report of a full inspection carried out at HMP Kilmarnock between 25-29 October 2004.

Five recommendations and a number of other observations are made.

A handwritten signature in black ink, appearing to read 'Andrew R C McLellan'.

ANDREW R C McLELLAN
HM Chief Inspector of Prisons
for Scotland

January 2005

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1. PREAMBLE

1.1 All prisoners in Kilmarnock live in decent accommodation. The prison was opened in 1999, and does not have the problems of accommodation which old buildings have. In particular there is a separate toilet cubicle in every cell (with the exception of two cells in the Segregation Unit). The prison is clean, and prisoners keep their cells clean and tidy. In one of the houseblocks short-term prisoners share cells, but no prisoner complained of the arrangement during the inspection. The advantages of good living conditions for prisoners and of good working conditions for prison staff are as noticeable in Kilmarnock as they are wherever else they are found in the Scottish prison estate.

1.2 An inspection carried out in Kilmarnock in 2002 raised questions about safety. Perhaps the single most impressive feature of this report is the evidence it provides to support the view that Kilmarnock is a safer prison. The statistical evidence shows that there were no escapes in the year leading up to the inspection; and that the number of assaults has reduced considerably. Significant steps have been taken by management in this respect, including an anti-bullying strategy. The Prisoner Survey shows that prisoners feel safe in Kilmarnock. All prisoners and prisoner groups met during the inspection said they felt safe; and with one exception staff members said the same.

1.3 Similar improvements are noted in this report in the development of programmes for addressing offending behaviour, and in the Throughcare Centre. The Throughcare Centre was recognised by prisoners and prison staff as welcome and important.

1.4 Since this prison opened much public attention has been paid to matters of staffing. This report shows three things. First, staffing levels which are lower than in SPS prisons. Kilmarnock has a total number of staff which is some 80-120 less than the total number of staff at Edinburgh or Perth prisons, two prisons which are frequently compared to Kilmarnock in terms of size and function. Such staffing levels affect the amount of time available to prisons staff to interact with prisoners, and they seriously disadvantage prisoners who need to be taken from one part of a prison to another – e.g. for education, visits – at a time when no member of staff is available to escort them. This was a complaint voiced very often by prisoners and staff during the inspection: it very seriously limits the access of prisoners to facilities and opportunities for activity designed to reduce offending behaviour.

Second, until recently at least there has been a considerable turnover of staff, resulting in a high proportion of members of staff being relatively inexperienced: such members of staff are not as well placed as more experienced ones to meet the varied needs of prisoners. Third, relationships between staff and prisoners are good.

1.5 This report identifies areas of concern within Kilmarnock. The provision of learning is impoverished: the lack of proper provision for basic education in reading, writing and numeracy is very serious. Despite a daily budget considerably greater than that in SPS prisons food is not good. Last year's report was critical of the provision of opportunities for remand prisoners: one year later this report finds almost no difference. The section on healthcare reveals improvements, but also recognises that more progress must be made. Living conditions, safety and relationships with staff are good: but education and vocational training and addictions work are all in need of improvement.

1.6 There are two features of the prison which are not in the control of Kilmarnock, but cannot be ignored. It is one of the prisons which regularly finds itself forced to contain children. At one time in the last year five children were held in Kilmarnock prison. None were present during the inspection period. The normal practice is that they are held in the health centre. There is no reason to believe that they are not treated properly: but there are very good reasons to believe that children should not be in prison. Several prisoners and prisoner groups raised the matter of progression from Kilmarnock into less secure conditions as part of preparation for release. For both long-term and short-term prisoners this is a concern: and a concern shared by prison management.

1.7 Prisoners in Kilmarnock generally spend much more time out of cell than do other prisoners in Scotland. In many reports concern has been expressed about prisoners being locked in their cells for long periods. This does not happen at Kilmarnock. However, the feeling was expressed by prisoners and staff alike that spending long periods of time out of cell is not always by itself a good thing: it is possible that some prisoners prefer the privacy of being locked in their cells to the emptiness and the pressures of long weekend days out of cell with nothing to do.

2. POPULATION, ACCOMMODATION AND ROUTINES

Population

2.1 Kilmarnock holds remand, convicted short-term and convicted long-term male prisoners. On the first day of inspection 568 prisoners were unlocked in the two houseblocks, and 20 were being held in the hospital and the Segregation Unit. The design capacity is 596, although SPS have a contractual arrangement under which Kilmarnock can hold up to 692.

Accommodation

2.2 The prison has two houseblocks each with four wings. Each wing is self contained with its own servery, dining area, laundry room, recreation facilities and external exercise yard. There are two floors in each wing. Access to the wings is through electronic gates. The gates are controlled from two “bubble” areas in the centre of each houseblock.

2.3 Although the wings are very busy there is a good atmosphere throughout. Prisoners spoke of good relationships and this is supported by the results of the 2004 SPS Prisoner Survey where 98% said they got on well with other prisoners and 95% said they got on well with staff.

2.4 All cells have electric power sockets and a toilet cubicle. The cells are spacious with a large window allowing lots of natural light. There is also a “privacy key” arrangement which allows prisoners to lock their own door if they want some time on their own. Unfortunately many of the keys were missing or had been broken. All missing or broken cell privacy keys should be replaced.

2.5 Storage in the cells can be a problem for prisoners, especially for those sharing. A drawer unit should be fitted in each cell.

2.6 The level of cleanliness and the standard of decoration were excellent throughout the accommodation areas. Prisoners are employed as cleaners and some undertake cell and other painting work. The quality of this work contributes to the standard of the cleanliness and decoration.

Houseblock 1

2.7 Houseblock 1 consists of 'A', 'B', 'C' and 'D' Wings, and accommodates long-term prisoners. Each cell was occupied by only one prisoner although all of 'A' Wing and 10 cells in 'B' Wing have bunk beds. The houseblock has a capacity of 252. There were 243 prisoners on the first day of inspection.

2.8 'D' Wing is designated "drug free" and the prisoners there participate in a voluntary drug testing programme. Although progress to 'top ends' and open conditions can take place from any of the LTP wings, most (69% in a recent survey) come from 'D' Wing.

Houseblock 2

2.9 Houseblock 2 consists of 'E', 'F', 'G' and 'H' Wings, and accommodates remand and short-term prisoners. There is some cell sharing here. When allocating prisoners to share a cell, an informal assessment is made by staff. This process should be formalised. The houseblock capacity is 344. There were 325 prisoners on the first day of inspection.

2.10 'E' and 'F' Wings accommodate short-term prisoners. 'G' Wing is the remand unit. 'H' Wing is the local protection unit: where there is a mixture of sex offenders and non-sex offenders; remands, short and long-term prisoners.

2.11 As has been the case in some other local prisons a small number of sex offenders and other particularly vulnerable prisoners have separated themselves almost completely from the rest of the population, even the other protections. They only come out of their cells to collect their meals. This is their own decision. Management have tried to persuade them to participate in more activities but with little success: they should continue to find ways to engage very vulnerable prisoners in more constructive activities.

2.12 Plans are underway to turn 'F' Wing into an enhanced regime for short-term prisoners. One cell is also being turned into a voluntary drug testing unit.

Routines

2.13 Recreation facilities in the houseblocks include snooker, pool, table tennis, darts and a soft seating area with a large screen television. The recreation room television has access to satellite channels. There is a video/DVD channel available in all cells and films are screened during lock up periods. There are four telephones in each wing. The location of the telephones offers little privacy: while the telephones have hoods, they are located in a row at the entrance to each residential wing which is where there is most movement and where prisoners and staff tend to congregate.

2.14 The prison has an Incentives and Earned Privileges Scheme. Each prisoner is designated as “standard” on admission and can advance to “enhanced” if he meets the necessary criteria. Alternatively a prisoner can be reduced to “basic” if he behaves unacceptably. The Incentives and Earned Privileges Scheme dictates access to recreation, possessions in use, visit entitlement and time out of cell. The system appears to work well and prisoners spoke positively of it.

2.15 Laundry facilities in some wings were in the process of being changed from two domestic washing machines and two domestic dryers to one industrial washer and one industrial dryer. The laundry system appears to work well, although occasionally some prisoners stop programmes, take out wet clothing and put in their own. Management should find ways of stopping this.

2.16 Meals are served from a servery on each wing and prisoners have the option of eating communally at tables, or taking their meals back to their cell. They retain their own plates and cutlery. After meals they wash their plates and cutlery in the sink in their cell. There was no washing up liquid available. Management should put in place an appropriate system for washing plates and cutlery after meals.

2.17 Prisoners are allowed a great deal of time out of their cells, and in principle this is to be welcomed. It was however unique for the Inspectorate to hear prisoners regularly talk about *too* much time out of cell. Prisoners can access the recreation facilities described above and at times get some fresh air in the exercise yard. A few attend the gym, visits, or the education unit. However, there is very little on offer for prisoners during the evening and at

weekends. **It is recommended that there should be more activities available to prisoners when they are out of their cells in the evening and at weekends.**

2.18 The frustration that a few prisoners expressed about having too much time on their hands is exacerbated by the staffing arrangements. Internal escort posts, known locally as “rovers”, are there to facilitate staff getting prisoners to activities as quickly as possible. During inspection this was not happening on a regular basis. Prisoners were waiting long periods before being taken to a visit or to education or to the health centre. **It is recommended that prisoners are escorted to where they need to be within the prison more efficiently.**

3. CUSTODY AND GOOD ORDER

Safety

3.1 In 2003-04 there were nine serious prisoner-on prisoner assaults. There had been five serious assaults in 2004-05 to date of inspection. There were 38 minor prisoner-on prisoner assaults in 2003-04 and 14 in 2004-05 to time of inspection. There had been one serious prisoner-on-staff assault in 2003-04 and one in 2004-05 to date of inspection. There had been 13 minor prisoner on staff assaults in 2003-04 and 12 to time of inspection. There had been one death in custody (subject to FAI) and 13 attempted suicides in 2003-04. There had been no deaths in custody and two attempted suicides in 2004-05 to date of inspection.

3.2 A specific management strategy has been implemented to address the levels of violence experienced in the past. This group analyses all assaults, and extensive statistics provide helpful management information. An action plan was also developed to address the levels of illicit drug use. This included improved use of intelligence information and police liaison, drug amnesty bins in the visitors area and improved addiction support procedures. The strategy would appear to be having a positive impact with the levels of violence showing a downward trend since 2003.

3.3 The 2004 Prisoner Survey reported that 14% of prisoners had feared for their safety: this is a 6% improvement on the 2003 survey and a 9% improvement since 2001. In focus groups and in one-to-one communications throughout the week prisoners described Kilmarnock as a safe prison. The atmosphere was better than the Inspectorate experienced in 2003.

Security

3.4 The modern design of the prison ensures that appropriate physical security measures have been designed in. There have been no escapes since the prison opened.

3.5 The prison is 95% compliant with SPS Security Standards.

3.6 The gate has two pedestrian entrances, one for staff and one for visitors. There is also a vehicle entrance. An x-ray machine and security portal are located within the staff entrance and this makes the area appear cramped. When the main shift report for duty, the security entry procedures are carried out in the visitors entry which copes better with the larger numbers. The gate lodge is compact and there are appropriate procedures in place for the safe and secure handling of keys and radios. Vehicles entering and leaving the establishment are appropriately searched.

3.7 Arrangements for incident management, intelligence and searches are appropriate. A dedicated search team operates within the establishment and is supported by one active and one passive search dog.

3.8 Overall, the physical security of the establishment was of a good standard and there was extensive coverage of the establishment by CCTV cameras. An effective prisoner tracking system was operated by scanning a magnetic strip on the prisoner's ID card.

Prisoner Complaints Procedure

3.9 Complaint Procedure forms are available on the wings. When they are completed and handed in they are logged and the tracking system in place makes it clear when timescales have been breached. Breaches were rare at stages one and two. There is also a quality assurance check built in to the process between stages one and two where First Line Managers make sure that staff were answering prisoners' complaints appropriately. However, there were still some examples of very short or inappropriate answers slipping through. Quality assurance checks should be undertaken in the prisoner complaints procedure to ensure appropriate responses.

3.10 Some problems arise when a complaint goes to stage three, the Internal Complaints Committee (ICC). A review of recent paperwork showed that ICC's were sometimes taking more than two weeks to set up. This appeared to be because an investigation was being undertaken but no interim reply was given to the prisoner, or because the nominated ICC Chairperson was out of the prison. Internal Complaints Committees should take place on time, and if necessary prisoners should be given an interim reply.

3.11 The ICC's that were completed and on file and the CP2 and stage four responses checked were all of a good standard.

Life Sentence Prisoners

3.12 The system in place for liaising with life sentence prisoners is well organised. There have been no tribunals recently but the competence of staff in describing how they would go about managing the process gave no cause for concern. In the period until the next tribunal, staff are taking the opportunity to speak to other prisons and to the Parole Board for support and guidance.

Night Duty

3.13 As part of the inspection, the prison was visited during the night. Kilmarnock does not operate a dedicated night shift, consequently the night shift is covered on a rotational basis by staff normally deployed on other duties. Additionally, two members of the prison search team are part of the night shift.

3.14 The staff on night shift were aware of their duties and when questioned on a range of emergency responses were able to identify how they would respond or refer to the night orders held in each area.

3.15 The health centre has a nurse on duty throughout the night shift who is available to answer medical emergencies.

3.16 One feature of the prison is the provision of a checklist for the night visits made by members of the management team. Since these visits occur infrequently and are carried out by different people, the use of a checklist ensures a degree of continuity in identifying what is checked and by whom. It also ensures that those issues identified by the night patrol which management consider to be important are routinely examined by any manager. This is an area of **good practice**.

Segregation Unit

3.17 The Segregation Unit has 14 ordinary cells, plus one silent and one safe cell. There are two exercise yards attached to the unit. At the time of inspection there were 12 prisoners being held: nine were Kilmarnock prisoners and three had been transferred there as part of the wider SPS prisoner management strategy. All cells except the silent and safe cells have integral sanitation and all cells have electric power. The silent and safe cells have cameras.

3.18 The unit also houses the Orderly Room which is held each morning from 9.30am. The average time taken to complete the Orderly Room is two and a half hours. This affects the regime in the unit as nothing is allowed to happen while this is going on. The regime therefore can only commence after lunch time each day. Case conferencing occurs for each prisoner at least once per month.

3.19 The regime consists of exercise, showers and access to the telephone. Only one session per prisoner per week is usually permitted at the gymnasium. Some prisoners who are taking part in a re-integration programme can attend the gymnasium with certain other prisoners and can have recreation on the wings. There is no access to television for any prisoner in the unit even if the reason for them being there is to provide protection. The regime in the Segregation Unit is very basic and this should be reviewed.

Prisoner Disciplinary System

3.20 Under the terms of the Contract the Orderly Room adjudications are heard by the Controller and his team. They are all SPS employees. The Inspectorate observed the adjudications and reviewed the paperwork and were satisfied that they were being undertaken in a fair and consistent manner. They were carried out in a relaxed yet formal manner and individuals have ample opportunity to state their case. Extensive records are kept.

3.21 The number of adjudications held each day remains high: in 2003-04 there were 4343. There may be a number of reasons for the high number. For example, while observing the adjudications it was noted that several “double reports” whereby two officers who observe the same incident both put the prisoner on report. This system of double reporting should stop.

Anti-Bullying

3.22 The current Anti-Bullying Strategy was revised in 2003. A co-ordinator, supported by two deputies, is responsible for ensuring the consistent operation of the strategy. Posters advertising the policy are displayed widely around the establishment. The ‘Safety in Kilmarnock’ meetings, attended by a number of managers, monitor the application of the strategy. Meetings are held once per month.

4. ADDICTIONS

Levels of Drug Use

4.1 In the year April 2003 to March 2004 a total of 696 random drug tests were carried out. This is more than 10% of the prisoner population each month. The results showed that 79% of prisoners tested negative. From all of the tests completed, the most common failures were for opiates – 58%. Other positives were for benzodiazepines 17%, and cannabis 31%. In the months from April 2004 until the inspection, 383 random tests were carried out, 79% continued to test negative.

4.2 Random testing is prioritised although there has also been an increase in suspicion testing. Prisoners failing a test are offered help. Recording of MDT is now carried out in the same way as the SPS recording system.

4.3 Voluntary testing started in ‘D’ wing and in ‘F’ wing in the month prior to the visit. This is a positive move within the prison but does involve extra administrative work.

4.4 The MDT unit is well organised and the results are well administered and presented. However, there is a single officer performing MDT tasks and he appears isolated from the rest of the addiction work in the prison. He is very rarely able to attend addiction meetings and it is important that MDT is represented at these meetings. This should be addressed.

Drug Strategy

4.5 The prison has a written Drug Strategy, which includes alcohol. A Drug Strategy Group meets every six weeks and this is chaired by the Director. This group overviews the various aspects of addictions used within the prison and is a positive development.

Staffing

4.6 The addiction team comprises an addictions co-ordinator; four addictions caseworkers (although the prison was two caseworkers below the agreed staffing level at the time of the

visit); a psychologist with an addiction remit; a part-time Cranstoun transitional worker; and an addictions administrator. There is also an addictions nurse based in the health centre.

4.7 The addiction team tries to ensure that links are maintained and education is developed with other staff by giving a presentation at “Director’s Hour”; attending staff meetings in houseblocks; and running a session with each new staff intake. This is very useful in developing addiction awareness throughout the prison. The addiction staff also attend case conferences called by other departments and receive referrals from the various departments within the prison.

4.8 Family support is encouraged through regular addiction team contact in the visits hall and with the voluntary organisation ‘The Lighthouse Foundation’.

Referrals and Interventions

4.9 The addiction team received 109 referrals in the month prior to the visit, mostly self-referrals. All referrals are seen at least once, with the large majority seen within 10 days. Kilmarnock has its own assessment form and psychometric test. Twelve prisoners at a time are chosen for a 28 day drug support programme. This begins every two weeks meaning that around 24 prisoners a month can take part. The programme includes one-to-one and group support work, PE, advanced drug awareness and a return to work. Peer support is also included and this is a positive move. This is a useful programme which is an important part of the addiction team’s work. Prisoners not taking part in the 28 day programme receive a number of other interventions including one-to-one support, advice and advocacy, and substitute prescribing. However, the 28 day programme is very time and resource intensive and the prison should examine the balance of effort committed to the various elements of the addiction service.

4.10 Case conference style meetings to look at care planning for individual prisoners are important and there are drug support meetings every two weeks for those on the 28 day programme. The addiction nurse should also attend these case conference style meetings.

4.11 Links with the psychology unit are good and one of the psychologists focuses on addictions 3.5 days per week.

Cranstoun

4.12 There is a part-time Cranstoun transitional worker but no Cranstoun case workers because of the nature of the Contract. Management have made efforts to address this.

Programmes

4.13 An 'Advanced Awareness Programme' is run by addiction staff and 'Alcohol Awareness' is run by psychology staff.

Drug Free Areas

4.14 'D' wing and 'F' wing are designated drug free areas.

Medical Issues

4.15 There is currently one addiction nurse: previously two until funding for one post ended. This means that the addiction nurse has to keep up with the dispensing and monitoring of medications. The assessment for, and the provision of, methadone takes up most of the addiction nurse's time: at the time of inspection 103 prisoners were receiving methadone, with 35 on a waiting list. Methadone is dispensed in the houseblocks. Methadone prescribing in the Ayrshire community has recently been capped and this can mean the prison having to detoxify people who are receiving methadone before they are liberated as there is no guarantee that they will be able to access a methadone programme in the community.

4.16 The addiction programme lasts nine months: assessment is carried out by the addiction team, prescribing and dispensing by the health team. There are plans to have joint health and addiction case conferences for prisoners on methadone. This joint working is to be encouraged.

4.17 A detoxification programme starts six weeks before liberation. Prisoners have to have been held in the prison for more than six months to be eligible for this programme.

Alcohol

4.18 There is an alcohol awareness programme in place and the Alcohol and Drug Action Team has recently provided funding for two alcohol counsellors. Alcoholics Anonymous runs a weekly group.

Summary

4.19 Overall, Kilmarnock is making an effort to develop its addiction service, but some examination of the balance of effort committed to the various elements of this work is required.

5. PRISONER MANAGEMENT

Reception

5.1 The reception benefits from its design. Prisoners enter from a very secure area. Once in, individual details are checked, and prisoners are held in one of the holding rooms. There are four holding rooms plus two individual holding cells.

5.2 During the inspection, a prisoner identified as special risk on protection was co-located in a holding room with two newly admitted prisoners (neither of whom were known to staff). This is clearly a potential threat. Clear guidelines require to be given regarding the management of all special risk prisoners entering the establishment.

5.3 Priority is given to prisoners who are returning to the prison. New admissions and prisoners who have a variety of needs, or who may pose a risk, are held longer in reception. The target at Kilmarnock is to take individuals through the reception procedure within one hour of admission. However, high numbers mean that occasionally this target is not met.

5.4 After warrants have been checked, prisoners move from the holding cells to the search area. This includes a metal scanner 'chair'. Individuals sit in this chair and if a metal object has been secreted within the body this will be identified. Individuals are given the opportunity to identify the object, and are held in the segregation unit until it is recovered. After searching, personal clothing is logged and stored and prison clothing is issued. An admission pack containing cutlery and crockery plus shaving and hygiene items is issued.

5.5 While there are showers within the reception, few prisoners use them, preferring to wait until they go to the halls. The issue of prisoners not showering within reception was raised during the inspection in 2000. On this inspection, the view was taken that given the ready access to showers within the hall the need to take a shower on admission was not a priority except where issues of personal hygiene were acute.

5.6 Prisoners are photographed and details entered on the SPS record system and on Kilmarnock's own prisoner data system. The photographs taken are used for record keeping purposes and also to create an identity card which is carried by all prisoners at all times.

5.7 In addition to the officer interview, admissions are given a PIN number for the telephone system, credited with money for the phone and given a £3 advance of wages. In certain circumstances, a telephone in reception can be made available. Routinely, however such issues are dealt with on the wing. Prisoners then receive a copy of the Prisoner's Handbook (which is currently under review). An introductory video to the prison is played in the holding cells. The television sets are behind a large glass screen and the sound quality is poor.

5.8 A number of notices are available for prisoners who do not speak English. However, these are out of date and more recent literature is required. Additionally, there was no English translation of the notices which were on display; consequently, no one knew what the notices might be advising prisoners. The provision of notices for prisoners who do not speak English should be made a priority.

5.9 The prisoners' clothing store is situated above the reception and with increased numbers this room is now inadequate for the volume of property which is stored there. Previous plans to introduce a system of volumetric control of property have not been carried through, consequently cardboard boxes full of personal clothing and property are piled well above head height within the storage area. This should be addressed.

5.10 Should prisoners be held over meal times, food is delivered from the kitchen and heated in a microwave oven so that all prisoners receive some form of hot meal. This is an example of **good practice**.

5.11 Overall, the reception is clean and well-designed. There are clear procedures in place.

Induction

5.12 For prisoners serving 29 days and over there is a 10 day induction programme in place. Following the reception and health screening component which occur on days one and two an induction officer co-ordinates days three and four in a room in the Learning Centre. A number of "guest speakers" provide information about their specific areas of responsibility. Unfortunately, not all those people are available on the days required. At the conclusion of this component, prisoners are allocated to a work party by the Sentence Management Board.

Days five onwards are delivered in the workplace. The success of days three and four components is dependent on the induction officer and in his absence an abridged version of the induction programme is delivered.

5.13 Depending on other demands on the induction officer and facilities a prisoner can be in the establishment for up to two weeks before accessing this main element. At the time of the inspection two induction videos were being developed. One is shown in the reception and explains the reception procedure. The other, providing more in-depth information about the prison, will be shown via the in cell TV system. These initiatives have the potential to effectively support the induction process.

5.14 Induction for remand prisoners is provided by the wing officer. A detailed booklet is placed in each remand cell and this would appear to form the basis of the induction programme. This assumes that the occupant is able to read and understand. The booklet is not available in languages other than English. Remand prisoners receive the extended induction programme if they become convicted.

5.15 Prisoners who return to Kilmarnock within one year of liberation are not given induction beyond that provided on days one and two. If required, prisoners on induction can access specialist services in the Throughcare Centre.

5.16 Overall, the content of the induction programme for mainstream convicted prisoners is very comprehensive. Some assessment of need is undertaken during the induction process and referrals made to other agencies as required. The success of the programme is however dependent on staff being available. This is not always the case particularly with the induction officer who does not have a nominated cover. This has the potential to affect the consistency of the course content.

5.17 Induction appears to meet the needs of the mainstream convicted prisoners much more effectively than those on remand or protection.

5.18 It is recommended that induction is carried out consistently and with all prisoners.

Sentence Management

5.19 Sentence Management is referred to both as “Sentence Management” and “Sentence Planning” at Kilmarnock. In terms of consistency, this report refers to Sentence Management.

5.20 It is difficult to establish exactly how Sentence Management works at Kilmarnock since there appear to be four views of the process. The management view is of a well-integrated process linking a central planning function with Personal Officers in the wings sharing information and contributing equally to the process. The view from Sentence Planning Officers (SPOs) is of a central process with a minimal role for Personal Officers. The view from the wings is of a developing role for Personal Officers. The view from long-term prisoners is that the system remains ad hoc and depends on the prisoner taking the initiative.

5.21 Personal Officers are allocated on the basis of groups of cells rather than individual prisoners. This has the advantage that Personal Officers will always be responsible for those in a given location, but has the disadvantage that each time a prisoner moves location the Personal Officer will change. A feature of the wing records is that there is frequently a lack of in-depth knowledge of individual prisoners displayed by the Personal Officers. The system for allocating responsibility for individual prisoners to Personal Officers should be reviewed.

5.22 Key to Sentence Management is the Sentence Planning Officers. There are currently three SPOs where previously there had been four. With four officers, one took responsibility for each of the four wings in the long-term houseblock. At the time of the inspection, the three officers each had responsibility for one wing but it was unclear how the process was managed in ‘D’ wing. The SPOs aim to carry out an initial interview and assessment with long-term prisoners within one week of admission although there can be slippage with this target. They use a local Sentence Management Initial Assessment which is similar to the Risk and Needs Assessment carried out in the SPS. One crucial difference is that the SPOs carry out a needs assessment only. In the SPS a risk assessment is also carried out indicating whether risks may be high, medium or low. This does not happen at Kilmarnock. Consequently, needs are identified and a Sentence Management Plan is drawn up by the

SPOs. Referrals are then made to the Psychology Department who carry out any risk assessment which is required and also determine suitability for referral to programmes and other approved activities.

5.23 The SPOs carry out the initial interview, complete the Sentence Management Initial Assessment, complete the Prisoner Compact, complete the Prisoner Supervision Assessment and draw up the Sentence Management Plan. The information is held in a central record while the Plan is copied to the Sentence Management folder held in the wing. The SPOs are also responsible for completing the six-monthly Sentence Management Review and the ongoing Security Reviews. It is here that some of the confusion arises with the role of the Personal Officers. The view of Management is that the SPOs mentor the Personal Officers who are completing the weekly contact sheets and have some supervision over the content of these sheets. There is an assumption that there is regular contact between the SPOs and the individual prisoners.

5.24 Previously, the Inspectorate was critical of the Sentence Management Scheme at Kilmarnock and in particular the fact that wing folders were often incomplete. At the time of the last follow up inspection the main reasons offered were lack of regular staff in the wings, inexperience of staff and the lack of a relevant skills base. Since then, management have tried to put in place more regular teams within the wings and additionally staff receive an additional payment for the role of Personal Officer. The impact of this has been that the contact sheets in the wing folders are much more complete, although the content of these is often routine and lacking anything but the most basic detail.

5.25 While the role of the SPOs in mentoring and supervising this process is expected by management, it is clear from the current staffing and demands on the SPOs that this is not something which routinely happens.

5.26 Sentence Planning Officers admitted that in the period between an initial assessment and an ongoing review it would be rare that they had contact with the prisoners involved. Equally, from the evidence in the wing folders it does not appear that the Personal Officers are yet in a position to provide meaningful information to assist in Sentence Management Reviews. However, the introduction of incentives to Personal Officers is relatively new and

the system should be given time to develop. There is a clear role however, for line management to ensure that the quality of the written entries are meaningful.

5.27 The SPOs carry out the detail of the Sentence Management Scheme including the reviews although it was stated that plans are in place to transfer this responsibility to the Personal Officers. If this happens, the prison will require to consider the training implication for the Personal Officers.

5.28 The SPOs currently carry out the initial assessment for Sentence Management, the prisoner security assessment, and the Sentence Management Reviews. They also participate in supervision boards, deal with liberation grants, and deal with indictments. As with other staff they have a security requirement in terms of route security each day. The posts are not ring-fenced, therefore the staff can at times be redeployed for escort purposes and to assist in supervision in programmes, education, and so on. The net result for Kilmarnock is that while the Sentence Management Scheme is clearly better organised than it was in the past it still suffers from a lack of integration and consistency.

5.29 Plans are better than they were but are not particularly stretching. Record keeping is better than it was but is not particularly informative. It is encouraging that key dates in a range of areas are generally being met. **It is recommended that the overall Sentence Management System is changed in order to integrate the elements more closely.**

Throughcare

5.30 The Throughcare Centre is a converted workshop which has four offices/interview rooms. The area does not provide natural light or ventilation and can be somewhat oppressive. However, the creation of the Centre is seen by staff and prisoners as a significant development. The Centre is run by APEX and is staffed by the APEX Throughcare Manager (who is also the APEX team leader), five APEX workers, two permanent Jobcentreplus workers and one worker from Rowan Alba (a development of the rough sleeper initiative). Other agencies attend as required or on an ad hoc basis.

5.31 The basic tool used for assessing needs is Kilmarnock's own Short-Term Needs Assessment. This is similar to the assessment which until recently was operated by the SPS,

although SPS have now moved from the STONA to a Core Screening instrument. The Core Screening instrument is a preferable alternative, and it would seem sensible for this to be used at Kilmarnock since it would allow a common approach for all prisoners. Additionally, the SPS instrument is compatible with the new Prisoner Record System (PR2).

5.32 All prisoners are able to access the Throughcare Centre. They can self refer; be referred by other members of staff on the wings, be referred by nursing or specialist staff; or be referred at induction. For all prisoners who attend the Throughcare Centre the STONA is used in conjunction with a one-to-one interview, a Needs Assessment Plan (Sentence Management Plan in the case of long-term prisoners) is compiled and from this APEX produces referrals to all other agencies working within the prison. As far as can be established the system is a sound one and is valued by staff and prisoners alike.

5.33 The services which are available are very much geared towards linking with the community on release. Some of the services are clearly designed to manage the transition into prison and the transition from prison. Additionally, APEX provides employability services within the Throughcare Centre including career preparation courses; one to one work with individuals; and onward links to organisations in the community including the Wise Group, “Progress to Work”, “Momentum”, Bridge Addiction Services and others.

5.34 Transitional arrangements are managed by Cranstoun Drug Services, although they are specifically geared to those prisoners with addictions issues. Cranstoun work in conjunction with SACRO who are their external transition partners managing the post release period and monitoring uptake of appointments.

5.35 An interesting feature at Kilmarnock is that the Social Work Unit Manager is also Team Leader (Throughcare) for the three local councils which Kilmarnock primarily serves: East, North and South Ayrshire. This allows a continuity of approach both within the prison and post-release and also allows a closer integration of the prison Social Work Department with the community Social Work Departments. This is an area of **good practice**.

5.36 In general, Throughcare is well structured and provided. However, the number of agencies who provide Throughcare within the prison (APEX, Cranstoun, Social Work, Healthcare, and Sentence Management) does mean that the overall approach can be

fragmented and it is not always possible to identify a seamless provision of service. This has been recognised locally, and an opportunity was provided earlier in the year for all contributing agencies to hold a review of the services they provided. Additionally, a monthly project group meeting of partners is now held to review and develop services. Management should ensure that an integrated approach to Throughcare is in place.

Onward Movement from Kilmarnock

5.37 Several prisoners and prisoner groups, including the Prisoners Information and Activities Committees, raised the matter of progression from Kilmarnock into less secure conditions as part of preparation for release. For both long term and short-term prisoners this is a concern: and a concern shared by Management.

Prisoners Information and Activities Committees

5.38 Prisoners Information and Activities Committees (PIAC) meet monthly with the Director and senior staff and serve as a forum for prisoners. The meetings are videoed and available via a video channel for all prisoners to view. This is an excellent system in terms of giving prisoners an opportunity to make representations and is **good practice**.

6. HEALTHCARE

General

6.1 The overall impression gained of healthcare provision in the prison is that of an improved and improving service: this is supported by the results of the 2003 and 2004 SPS Prisoner Surveys and in conversation with staff. There was also a strong impression of confidence in the leadership of health provision particularly in relation to the development and use of policies and procedures, the pro-active management of existing service deficits and plans for future development in the quality and range of services available to prisoners.

6.2 Despite this, prisoners continue to voice concerns over aspects of healthcare provision, particularly in relation to access to medical and dental care. This will continue to be an ongoing challenge for healthcare staff and will require them to address the perception and actuality of provision.

The Physical Environment

6.3 The physical environment in which healthcare services are delivered is reasonable within its limitations, i.e. good use has been made of the space available and steps taken to 'de-institutionalise' the space through the use of bright décor and provision of magazines in waiting areas. However, for a relatively new establishment, the environment is disappointing, with a lack of natural light and ventilation giving the area a drab, claustrophobic feel. Space – and in particular storage space - is limited and the provision of additional wall cupboards would improve this situation.

6.4 In particular, the 'in-patient' facility is not to a standard that would be acceptable in general hospital or other care provision. Beds are too close together and there is no screening between them. Prisoners who are 'in-patients' also commented on the lack of activities and exercise available to them. These factors would be of real concern were there patients for whom issues such as cross-infection were relevant.

6.5 Despite the limitations of the 'in-patient' facility, the healthcare beds seem to be used largely for prisoners who are vulnerable for some reason – those with learning difficulties,

problems of chronic self-harming behaviour - and on those occasions when children under the age of 16 have to be held in the prison until alternative accommodation is secured, which may be for periods of up to six weeks. This use of the healthcare facilities themselves is to be commended, insofar as these vulnerable prisoners are identified and offered additional support. However, it is also indicative of the ongoing challenge that faces the SPS in meeting the needs of individuals for whom prison is a less than helpful environment.

6.6 Of real concern are the locked holding rooms within the health centre, where prisoners wait to be seen by healthcare staff or to be escorted back to house blocks. Prisoners can be held, sometimes 10 to a room and according to prisoners up to 20 on occasion and for periods of an hour or more, with one prisoner claiming to have been held there for five hours. The rooms have no natural light and little distraction for prisoners. With no direct supervision, they are described as a 'flashpoint' by staff and prisoners alike. It is worth noting that although incidents of violence and/or aggression in the health centre are uncommon, all such incidents reported in the health centre in the last year have taken place in the holding rooms. In addition, healthcare staff report that prisoners often come into appointments in a state of heightened agitation, which they (staff and prisoners) attribute to being kept in the holding rooms for too long. Visiting staff, such as the dentist, podiatrist and optician, also reported that prisoners banging on the windows of the holding rooms and shouting at passing staff was common-place.

6.7 This problem seems to arise because health centre PCOs are regularly moved to other areas of the prison for cover and not replaced. Prisoners are then brought to the health centre too early and wait too long to return to other areas. Healthcare staff and PCOs recognise and are frustrated by the difficulties and unnecessary tensions that result from this practice. The matter was raised with Management during the inspection and the Inspectorate was informed that an action plan has now been devised to address this situation.

Access to Healthcare

6.8 The procedure for response to medical emergencies is adequate and arrangements for access to emergency equipment reasonable.

6.9 Urgent cases are seen as soon as they present, while waiting times for a non-urgent appointment with a doctor are somewhere between two and four days, although prisoners claim this can rise to seven days on occasion: this is comparable to much GP provision in the general community. However, there is a problem with the perception of prisoners concerning access to medical staff that arguably arises as a result of the filtered access or triage-type system presently in place. Under this system, prisoners complete a ‘Medical Appointment’ request form which is seen first by either the health centre manager or the assistant director (healthcare), who decides on how the request should be handled, i.e. needs to be seen by a doctor, can be seen by a nurse, needs to be seen by another service. Prisoners are informed about the decision made along with the date of any appointment. If prisoners write ‘private’ or ‘personal’ on the form, they see a doctor with no further explanation required.

6.10 Both the doctor and nursing staff are convinced that this system leads to the most appropriate treatment for prisoners and the most efficient use of the time of various members of the healthcare team and were it not for this system waiting times to see the doctor would increase. This may well be the case and some system of nurse-led triage is in place in many other prisons. However, it is an additional barrier to direct access to the doctor that does not as yet exist in the community, whose worth needs to be more clearly demonstrated to prisoners.

6.11 Nurses from the health centre are now assigned to particular houseblocks allowing greater continuity of care and relationships between prisoners, health care staff and houseblock PCOs. The nursing staff are in the house blocks twice a day – prior to the work day beginning and in the period after lunch and are available for consultations, help with ‘medapps’ forms, medication dispensing and follow-up. This helps minimize unnecessary traffic in the health centre and gives health centre staff greater visibility for prisoners and PCOs alike. It is an area of **good practice**.

Nursing Services

6.12 Kilmarnock has in the past had difficulties in relation to the retention of health care staff. Of the 13 nursing staff employed at the time of inspection, nine had been there for 18 months or less, with one due to commence employment shortly after the inspection. However there was a feeling of stability about the team and several staff members expressed

confidence in the future of their employment at the prison and in the improvements they had seen and were involved in planning for healthcare services. All staff spoken to were very disappointed at the results of the SPS Prisoner Survey and were committed to improving performance in the next survey. A professional determination to treat prisoners as ‘patients’ for their time in contact with healthcare services and to meet or exceed NHS standards in relation to healthcare was expressed.

6.13 A nursing risk assessment is completed at the time of the prisoners’ reception into the prison. The form has been recently updated and seems fairly comprehensive although might benefit from the inclusion of a question about dental health. The assessment usually takes place in reception, but can be moved to the health centre at the discretion of the nurse.

6.14 The addictions nurse spends much of her time dealing with methadone-related issues – mainly dispensing - which impacts on her ability to liaise with addictions services within the prison and leaves little time to build any kind of therapeutic relationship with individual prisoners. Health centre management are considering options to make this possible, including the employment of a pharmacy assistant.

6.15 Each of the three RMNs (with an additional one planned) has their own caseload of individuals requiring specialist mental health input. The RMNs appear to work well with colleagues in psychiatry and psychology, referring prisoners on for issues such as anger management and Cognitive Behaviour Therapy. Links with addictions services could be better. Importantly RMNs meet weekly with the local community forensic mental health team and there are plans to introduce the practice of bringing Community Psychiatric Nurses into the prison to meet individuals prior to release. As with the addictions nurse the RMNs expertise would be better utilised if their time was dedicated to mental health issues rather than being used for general nursing duties.

6.16 The learning disabilities nurse on the team has been the recipient of a company award for his work and sees all prisoners identified as having a learning disability on a regular basis. Although it would appear that a very good service is being provided for these vulnerable individuals, it is unfortunate that this staff member is on permanent night shift.

Medical Services

6.17 Medical Services are provided by one very experienced medical practitioner with ongoing expertise in Accident and Emergency medicine. He is on-site 4.5 days a week and is available out of hours either for consultation by telephone or to attend the prison if required. Locum and weekend cover is arranged by him and is provided on a locum contract basis by junior medical colleagues from the NHS. The opportunity for continuity of care, team working, expertise in prison medicine and familiarity with the prison environment this arrangement provides is clear. The medical practitioner feels he has good relationships with the nursing team, psychiatrist, addictions services, dentist and pharmacist.

6.18 The doctor has to work hard to change the emphasis of the service from one of prisoner demand to clinical need and to explain this to each individual prisoner; however he feels that the perception of the health service is beginning to change and like the nursing team is confident that Kilmarnock will perform better in the next SPS Prisoner Survey.

Psychiatric Services

6.19 Psychiatric services were being provided on a temporary basis by a recently retired consultant who provides one session per week.

6.20 As a result of the Consultant's previous work there were good formal and informal links with the local Health Board's psychiatric services. While the consultant does not have an allocation of beds at the local psychiatric hospital, there are links with colleagues at that hospital, and no problems were anticipated should a transfer require to take place. The current situation with temporary cover was due to a vacancy for a forensic psychiatrist in the community, this was currently the subject of an advert.

6.21 It was the view of the Consultant that demand at the prison probably warranted more than the one session per week currently provided. However, he was content that the prison's response to mental health was good and in particular, the role of Registered Mental Nurses was appropriate. At the time of Inspection, his assessment of the care of prisoners with mental health issues at Kilmarnock was that staff dealt with prisoners in a kind, courteous and sympathetic manner.

6.22 Psychiatric provision at Kilmarnock will continue to be provided on this temporary basis pending the appointment of a forensic psychiatrist by the local Health Board.

Dental Services

6.23 The dental surgery although clean and free from clutter, is small with little ventilation or natural light. Decontamination facilities are adequate, with proper separation of clean and dirty areas. The staff alarm point in the surgery is too high on the wall and should be re-located.

6.24 Dental services are provided by a visiting dentist and two dental nurses. Arrangements are in place to increase the existing three sessions/week arrangement to four sessions through the addition of a dental hygienist. This development, welcomed by the dentist and his staff, will assist in reducing waiting times which currently stand at seven weeks for a routine appointment. Although arrangements for emergency dental cover are adequate, some assessment of individuals' dental needs at the time of admission to the prison could assist staff in identifying (and preventing) dental emergencies and could help in the prioritisation of need.

6.25 The present dental team had been in place for less than a year at the time of the visit. Their morale was high and they were very positive about their role at the prison; they also reported that relationships with the wider healthcare team were good. The dentist did however raise concerns that prisoners did not always receive antibiotics as prescribed – an issue that the Inspectorate raised with health centre staff. Clearer communication pathways around prescribing could resolve this issue. The dental team commented that their waiting list is made longer by non-attendance at appointments and that the efficiency of the service has been hampered by inadequate stock ordering procedures in the past. Health centre management may wish to consider the introduction of appointment cards for individual professionals to issue to prisoners, in addition to the existing system.

Pharmacy Services

6.26 It was noted during the last inspection that an unusually high volume of psychotropic medication was being prescribed. This has now been significantly reduced. This seems to have been the result of a combination of a change in medical personnel (general and psychiatry) and an increase in the number of RMNs all of who have their own caseloads. The pharmacist commented in particular on what he saw as being the more contemporary and appropriate approach to the use of psychotropics being adopted by the current medical team.

6.27 The pharmacist attends the prison 1-2 times per week and carries out a range of functions such as checking prescriptions for potential interactions and checking the Dangerous Drugs Act register for accuracy. The pharmacist feels able to directly query prescriptions with the doctor and health centre manager and has contributed to the development of policies and procedures relating to pharmacy. There is no computerised stock ordering system in place at the prison and this would arguably make for a more efficient service; it might also be useful for the visiting pharmacist to be linked to the SPS pharmacy advisor.

Optician

6.28 The optician works from a large room in the health centre that appears to double as a storage area in addition to being the radiography area. The optician has been in post for 18 months and feels that he is able to provide a satisfactory service which he describes as being at a higher standard than workplace screening, but with certain limitations. He cannot for example carry out visual field screening or glaucoma testing because the necessary equipment is not portable. However, the optician feels confident that any patients requiring referral to more specialist services could be referred through the medical staff. The service could be improved through the introduction of a formal screening procedure for particular groups, for example screening older prisoners for diabetes and known diabetics for secondary eye problems.

6.29 Although the optician did not himself raise any concerns over safety and security, the room he operates from is not observable by PCOs. **It is recommended that along with**

other visiting staff who work alone, the optician's consultations should take place in an area that can be observed by other staff.

Podiatry

6.30 Podiatry services are provided one day a month by a practitioner who has been working at the prison for several years. She was aware of the need to refer any complex cases to other healthcare staff.

6.31 The podiatrist stated that she takes home her sharps for disposal and also cleans her one hand-set and other instruments at home. In order to fulfil decontamination requirements, the prison should purchase a hand-set and other tools that are sterilised and remain in the prison. Likewise any sharps should be disposed of in safe containers provided by the prison. Although there is no specific requirement for podiatrists to wear gloves, the higher than usual incidence of blood-borne diseases amongst the prison population does require a greater than usual awareness of the need for strict decontamination and cross-infection measures to be employed.

6.32 All external visiting healthcare staff should be offered a programme of induction to the prison environment and ongoing discussion with and support from the prisons own health care team.

Links with 'External' Services

6.33 Strong links have been developed with local health and support services in the NHS and voluntary sectors. This includes such examples of **good practice** as:

- The community Mental Health forensics team meeting fortnightly with prison staff to work on through care issues
- Community Psychiatric Nurses coming in to the prison to meet prisoners pre-discharge

- Training for staff from the Family Planning Association on pre- and post-test counselling for blood borne viruses
- Student nurses coming into the prison on placement

6.34 The quarterly health promotion days in the prison, merit particular mention. They are very well attended and evaluated by prisoners and providers, with reports of changes to health behaviours as a result. The events have included input from a wide variety of local and national organisations.

7. LEARNING, SKILLS AND EMPLOYABILITY

Learning, Skills and Employability

7.1 Kilmarnock uses its own staff to deliver its programmes of education and training. All categories of prisoner have an entitlement to education and training. This takes place in the Adult Learning Centre (ALC), the PE department and in the vocational training workshops. The ALC has 13 full-time and 68 part time learners; the PE department has 29 learners and vocational training delivers programmes to four work parties of 15 learners each. In total, in-house and externally certificated education and training is provided to 155 prisoners. This represents approximately 25% of the prisoners in Kilmarnock. The prison offers programmes from a range of awarding bodies, the most significant of which is the Scottish Qualifications Authority (SQA). Learners can access the ALC and the library in the evenings. However, the lack of availability at times of custody officers to accompany learners impedes their access, including to timetabled classes in communication and creative writing. Programmes of learning in the PE department and in the vocational training workshops meet learner needs well but the curriculum in the ALC is impoverished as described below. As a result of prolonged staff absence, remand prisoners and those in the segregation unit receive no education in literacy and numeracy. Resources and materials, including hardware and software, are adequate and fit for purpose. Accommodation in the ALC and in the gymnasium is sufficient for the number of learners and their activities but workshop accommodation for the vocational training work parties is insufficient. There is good access to the ALC for learners with mobility difficulties.

Adult Learning Centre

7.2 The ALC conducts assessment of need for all prisoners and advises them appropriately in relation to education opportunities and development of basic skills. Tutors identify significant numbers of prisoners with poor levels of basic skills in literacy and numeracy. The ALC has programmes in place to address these poor skills levels and a number of prisoners have taken the opportunity to improve their basic skills. However, the ALC is not proactive enough in systematically following up prisoners with poor basic skills who decline educational opportunities. It does not, for example, identify a priority group of prisoners who have extensive needs but who have declined educational opportunities.

7.3 Full-time and part-time programmes are available to learners in the ALC. The centre is approved by SQA to offer a wide programme of basic skills and other programmes including ICT, media studies, history, personal and social education, social subjects, business administration, travel and tourism and sport and games. The ALC is open to learners from Monday to Friday, including evenings. The centre is managed by the ALC manager and deputy manager and there are five full-time and one part-time tutors. Until recently the ALC benefited from the services of a dedicated prison custody officer. That officer, who worked back shift, has now been redeployed elsewhere in the prison and there are difficulties at times in learners gaining access to the ALC in the evenings for programmes in English and creative writing. Learners are also able to request use of computers in the ALC in the evenings for independent study.

7.4 Although the ALC is approved by SQA to offer a wide range of programmes, only a few are available to learners. A significant factor in this limited range of programmes is shortage of staff. The ALC is currently 1.5 full-time equivalent tutors below complement. In addition, the prolonged absence of the basic skills tutor has meant that there is currently no learner access to programmes in numeracy and in mathematics. Learner access to classes in English and communication is limited to evening attendance in the ALC. The situation is particularly disadvantageous to remand prisoners and prisoners in the segregation unit. The basic skills tutor has the remit of providing education to these prisoners in their residential areas. Her absence means that the ALC is unable to meet the learning needs of these groups of prisoners. The continuing poor level of basic skills among all categories of prisoner is an inhibiting factor in their potential uptake of further learning opportunities, the development of their employability and preparation for release. In recent months, activity in the ALC, as measured by prisoner learning hours, has decreased. It is recognised that in 2003-04 the prison substantially exceeded its target of prisoner learning hours set by SPS, (72,191 completions against a target of 34,500). Arrangements are in place to recruit new tutors but the basic skills service provided by the ALC is currently inadequate to meet need.

7.5 The programme for full-time education prisoners has suffered similarly from shortage of staff and a lack of duplicate tutor cover in the subjects offered. The ALC is well resourced in terms of ICT tutors but there is only one maths and numeracy tutor (currently absent) and the English and communication tutor works only in the evening. As a result, for full-time learners, their learning experience has become impoverished, with an inappropriate over-

reliance on ICT applications and on self-directed study in modern foreign languages. Art and design classes have been suspended. Music (guitar) classes are timetabled but no tutor is available. In addition, a few prisoners, who have requested a full-time programme of education, have been placed on a part-time programme until the staffing situation improves. Peer tutoring in a few subjects is promoted by the ALC and this represents a promising start to widening learning opportunities for prisoners. A number of new curriculum initiatives are at the early planning stage.

7.6 Distance learning programmes have been a feature of educational provision at Kilmarnock for several years. Recently, issues related to lack of funding have had a serious effect on numbers of prisoners undertaking distance learning. Currently only one prisoner is studying in this mode. The funding situation has improved this year and the ALC has advertised the availability of distance learning opportunities. Approximately 40 prisoners have made application to the ALC for distance learning programmes. These applications have not yet been processed to allow learners to register on distance learning programmes.

7.7 Class tutors in the ALC are well-qualified and two have a recognised teaching qualification. Most are working towards or possess assessor/verifier qualifications. They have formed productive relationships with learners and work hard to promote effective learning. Tutors have identified issues round their wearing of uniform and its effect on relationships between tutors and learners. In the certificated programmes available, learners are achieving well and there are good unit completion rates. Learners are making good progress in digital imaging applications.

7.8 Learner activity in the PE department is characterised by a vibrancy and commendable enthusiasm for learning. PE tutors and learners contribute equally to this positive ethos. As a result, achievement is high across all the SQA units offered in the department. Prisoners following programmes of education in the PE department enjoy exclusive access to the gym at specified times each day. Recreational activity in the gym is equally encouraging. A full timetable is in place and all parts of the prison participate. Learner activity in the PE department is an area of **good practice**.

7.9 Quality assurance procedures are carried out by the ALC SQA co-ordinator who makes arrangements for allocation of internal moderation duties and for the training of new

internal moderators. A local college provides an internal moderation service in programme areas where Kilmarnock is unable to provide this. A number of tutors are currently undertaking study leading to certification as internal moderators. A recording system for internal and external moderation is under development. A system of unit master folders contributes well to the maintenance of standards. A quality manual is in the final stages of preparation. External SQA moderation reports indicate that the standards applied in Kilmarnock are generally in line with national standards.

Employability

7.10 Vocational training workshops offer education in industrial and environmental cleaning, laundry work and grounds maintenance. Supervising staff are appropriately qualified or experienced. Prisoners engage well with staff and carry out their learning and industrial tasks with enthusiasm. Learning and teaching approaches are appropriately activity-centred and learners are making good progress in their learning. Certification of learner performance is mainly through in-house arrangements but learners on the industrial cleaning work party gain qualifications accredited by the British Institute of Cleaning Science (BICS). Assessment of BICS candidates is carried out by two prisoners who are qualified BICS assessors. This qualification is a good example of effective preparation for employment. In addition, all prisoners in vocational training can achieve a prison-awarded certificate of attainment.

7.11 Accommodation in the vocational training units is too small for the numbers of learners. Each of the two workshops accommodates two different work parties and, in the workshop which accommodates grounds maintenance learners and the laundry, there are difficulties in reconciling the need to keep the workshop/laundry clean with the nature of the work undertaken by the grounds maintenance learners. Resources for vocational training are adequate.

7.12 A number of industrial workshops offer no certification of training. Activities in these workshops include welding, textile work and manufacturing assembly. Worthwhile skills development takes place in the welding and textiles workshops and this is **good practice**, but opportunities are missed to certificate these acquired skills and, thereby,

improve prisoners' employability. Certification through SQA for skills gained in the textile workshop is under consideration.

Library

7.13 The library is well-stocked with a wide range of works of fiction and there is a small but important collection of books of relevance to informal education. The library has no subscriptions to periodicals and this limits the access of learners in the ALC and elsewhere to current and up-to-date articles and information on topics of interest to them in their learning. Learners in digital image manipulation classes must rely on the tutor's personal copies of appropriate periodicals to supplement their learning and to provide interesting exercises and work tasks. There is a good collection of reference works, particularly for students of modern foreign languages.

7.14 An extensive range of films and music is available on DVD and CD. Prisoners make frequent use of this resource. A wide range of talking books is of benefit to prisoners with poor literacy skills and a small collection of books in large print aids those with visual impairment. One computer system is available to prisoners in the library.

7.15 Access to the library is assured for all prisoners on a rota basis. Extensive use is made of the library in the evenings. Staff in the library are helpful and plans are in place to provide certification in library and information skills for passmen working in the library.

Conclusion

7.16 The Adult Learning Centre delivers its narrowly-based portfolio of programmes well but the quality of the learner experience is severely impaired by this narrowness, due, in large part, to the shortage of staff through absence or resignation. Management should take urgent steps to address the weaknesses in breadth of provision and re-establish access to appropriate programmes for remand prisoners and those in the segregation unit. The current failure to deliver basic skills of numeracy and literacy during the day is a fundamental weakness in provision which should be addressed as a matter of urgency. Management should take steps to deal with the backlog of applications for distance learning programmes. The good practice in the PE department which contributes to effective learning is commendable and should be

adopted more widely. Much good work is carried on in vocational training but management should consider how to overcome weaknesses in accommodation. The high levels of skills development in welding and textile work represent good practice and management should devise ways of providing certification for these skills. The well-resourced library provides an effective service to its users and this service would be enhanced by the addition of subscriptions to appropriate periodicals.

8. CARE

Employment

8.1 There are seven production workshops within the prisoner activity area. All except one were manufacturing goods for external customers. Two of the workshops were manufacturing Rawl Plug bolts and employed between fifteen and seventeen prisoners in each. One custody officer was supervising each area. There were two timber workshops, one of which was manufacturing sheds and the other making pallets and lead panels for roofs. Both employed around twenty prisoners and one of the areas was solely for the employment of protection prisoners. One officer supervised in each work party.

8.2 The metal fabrication area had contracts for skips and buckets for mechanical diggers. This area employed 20 prisoners with one officer supervising. The layout of the metal fabrication workshop, with its welding booths made effective supervision by one member of staff difficult. The textile workshop was manufacturing prisoners' clothing for the prison's own use. There were nine prisoners although there was capacity to employ up to twenty. The prisoners were supervised by an instructor and a custody officer. One workshop was manufacturing marine buoys and lanyards. One officer supervised ten prisoners.

8.3 The prison has put a lot of effort into attracting commercial contracts. All of the areas had a real sense of purpose and everyone appeared gainfully employed. There were high levels of motivation with prisoners commencing work as soon as they entered their area. The toilet areas were clean and adequately stocked to permit the maintenance of personal hygiene.

8.4 Not all the staff supervising the areas were instructors with a knowledge of the product being produced. However, this did not appear to detract from a commitment to meet production and quality targets. Prisoners appeared to take a lot of personal responsibility for this.

8.5 The wages paid in the production workshops were higher than in most SPS establishments with some prisoners able to earn between £30 and £40, although the average paid across the prison was £13.80.

Family Contact

8.6 Arrangements for visits are good. The visits room is spacious and contains a café and small play area for children. Tables are well spaced and despite comments from some prisoners, supervision was not excessive or intrusive. Staff kept their distance while ensuring security was not breached. Visiting times were also good, allowing access at various times of the day. There were ten Family Contact Development Officers in place and their photographs and names were clearly displayed in the waiting room. Information was also well laid out on notice boards in the waiting room.

8.7 A number of new initiatives have been introduced in the past year. A visits PIAC was established which allows comments and suggestions to be made. The fortnightly meetings are minuted. ‘Bonding visits’ for enhanced and standard prisoners take place every Wednesday afternoon. A visitors comment book has been introduced in the booking in area (all comments made were positive except one which noted delays in seeing the prisoner). The Lighthouse Foundation – a charitable organisation – is available in the visits area on a Friday to deal with issues and offer advice. They also provide a range of leaflets and information.

8.8 The Inspectorate spoke with a number of visitors who were satisfied with how they were treated and with the good attitude of staff. Arrangements for visits is an area of **good practice**.

8.9 A number of prisoners reported that mail was not always delivered to them on time, and expressed fears that it was sometimes not passed on at all. The prison should ensure that the terms of the Contract are being met in this respect.

Suicide Management Strategy

8.10 The prison has a suicide management strategy called High Risk Assessment (HRA). The strategy is very similar to the ACT and Care strategy operated in SPS establishments and the paperwork is almost identical. Since the prison opened there have been six self-inflicted deaths, the last of which was in April 2003 (subject to FAI).

8.11 The High Risk Assessment Team (HRAT) meets bi-monthly and is chaired by the Senior Psychologist. All the meetings are minuted and a review of the most recent of these indicates that senior managers have difficulty attending. Representatives of Samaritans and Listeners attend the meetings. A very detailed range of statistics allows close monitoring of the process. On a daily basis a list of all prisoners subject to HRA is produced for staff in all areas.

8.12 The HRA operates levels of risk one to three with level one being the most acute. All prisoners on level one or level two with 15 minute supervision are cared for in the health centre. The accommodation includes two safe cells and wards capable of holding between two and six prisoners. The safe cells in the health centre have toilets but no facility for hand washing. Facilities for hand washing should be available in the safe cells in the health centre.

8.13 Once the risk and supervision levels have reduced the prisoners are assessed for suitability to be cared for in the residential areas.

8.14 On admission all prisoners are risk assessed by the reception officer and by a nurse. The reception Risk Assessment Form has a number of risk areas and if any of these show positive then the prisoner is considered to be at risk and the HRA paperwork is opened. A Director's Order also means that any prisoner who has been subject to the HRA process in the past six months is automatically considered at risk. This leads to a high number of prisoners being considered at risk. In the year to date the number of HRAs opened range from 31 to 73 per month with an average of 48 per month. Prisoners who leave the establishment for court and return on the same status are not subject to a risk assessment.

8.15 One very positive aspect of the HRA is that irrespective of the time at which a prisoner is identified as being at risk a case conference is held and an immediate care plan developed. The first case conference always assumes risk and HRA documentation will not be closed until the prisoner can be interviewed by a psychologist and this will occur within 72 hours.

8.16 However, the current assessment of risk means that some prisoners who do not necessarily pose a high risk of self-harm or suicide are placed on HRA, e.g. paperwork

indicated that a prisoner had been placed on HRA because he required protection. This has the potential to make HRA routine rather than an important event. The HRA process ensures that prisoners at risk are checked regularly and those checks are logged.

8.17 Once a prisoner is considered at risk the staff caring for the individual will complete the HRA Observation and Support Record (OSR). The guidance notes for the OSR indicate that it should be used in conjunction with the HRA book. Not all custody officers check the content of the HRA book which is held in the administration and control hub in each residential area. This does not make it easy to access. The logs indicate the times when the individual is seen but rarely is there any record of how the identified risk is being managed. The HRA book should be held in the residential unit rather than in the control hub.

8.18 A review of the paperwork illustrated some gaps, e.g. case conferences were not always held on the date planned. There is no record to suggest that the prisoner attended the case conference. The OSR has recently been updated and it was noted that some areas are using the original logs and some the updated ones. Paperwork demonstrated assessment of risk and effective care plans.

Listeners

8.19 At the follow up inspection in August 2003 it was noted that there were only two Listeners. It was encouraging to note that there are now seven and the co-ordinator had a number of prisoners waiting to be assessed by security and the Samaritans. A duty rota is compiled by the Listener co-ordinator and circulated to each area. Each day is covered by three Listeners, one each in the morning, afternoon and evening. The Listeners keep records of their calls and this is shared with their Samaritan co-ordinator at their fortnightly meeting.

8.20 A Listener attends the HRAT meeting and provides statistics on the number of calls taken and trends emerging. The Listeners felt that they were well supported by the local Samaritans. They were also able to support each other when necessary although they claimed that when they required to access the Samaritans for telephone support they were allowed to use the staff telephone but a member of staff was present in the room.

8.21 There are no Listeners available in reception or in induction. The HRAT minutes also indicated a frustration by the Listeners at the time they sometimes have to wait to get an escort to take them to a call. All requests to see a Listener are recorded in a contact book held in the administration hub in the residential block. Some prisoners complain that their request to see a Listener is not always entered into the contact book and this slows the response time.

8.22 Consideration should be given to deploying a Listener in the reception area and in induction. A review of the management of requests by prisoners to see a Listener should be carried out in an endeavour to eliminate the perception that some requests are not being logged and as a consequence if a request is not in the book the person cannot see a Listener. When a Listener requires an emergency call to the Samaritan Co-ordinator for support, the requirement for confidentiality should be respected.

Psychology

8.23 The Psychology Team comprises eight psychologists and one High Risk Assessment Clerk. The senior psychologist and higher psychologist have chartered status with six working towards that status. One of the psychologists also works within the addictions team.

8.24 The team provides a wide range of work and interventions within the prison. Its contribution is described at various parts of this report but key areas of work are:

- High Risk Assessment Team
- Programmes
- Risk Management
- One-to-one work
- Induction
- Incident Command

8.25 The team is involved in a wide range of meetings on a number of issues, an indication of their integration within the prison.

Programmes

8.26 The Psychology Team has responsibility for developing and running offender behaviour programmes. They assess prisoners for selection to the programmes; carry out

psychometric testing; and facilitate SPS accredited, approved and locally developed courses. The targets set for completion of programmes were on course to be met in the current year. Provision of programmes is much better than that reported in previous inspections: programmes on offer are:

- Anger Management (SPS Accredited)
- Problem Solving Skills Training (SPS Accredited)
- Advanced Drug Awareness (SPS Approved)
- HAVEN [Hostility, Anger and Violence End Now]
- Alcohol Awareness
- Drug Management (Relapse Prevention)

8.27 It is particularly encouraging that all programmes were available to short-term prisoners, although the take up was not always high. From October 2003 to October 2004 eight STPs completed a programme. Four had started and self deselected and several others were either unfit to attend or assessed with no identified need. A total of 47 STPs were being held on a waiting list.

8.28 Overall, the provision of programmes has improved considerably over the past year.

Social Work

8.29 The improved arrangements for social work reported in the last inspection have been maintained. The present team consists of one team manager, jointly funded by HMP Kilmarnock and the three Ayrshire Councils; three social workers, one part-time social work assistant currently being recruited and 1.5 administrative support. At the time of the inspection one of the staff was on long-term sick leave and one post was vacant. The prison team is a member of the criminal justice team in the Ayrshire Criminal Justice Partnership.

8.30 The physical conditions in the team's office have improved since the last inspection as windows can now be opened. Interviewing facilities have also improved with interviews now taking place in the agents booth in the visit hall and Throughcare Centre, on the wings and in the adult learning centre. Escorts to and from these interviews have also improved.

8.31 Core tasks are work with Schedule 1 offenders; sex offenders; young people at risk - especially those under 18 years of age; those on supervision; and also vulnerable prisoners.

8.32 Relationships within the prison are good with the team leader attending the Prison Management Meeting and staff attending meetings such as health and safety, diversity, drug strategy, HRAT and 'Safety in Kilmarnock' meetings. The team and the prison have worked hard to build up good networking and positive relationships. They are also involved in attempting to inform the prison of the work they do and have an input to the induction of new custody officers. The social work team will also soon be delivering a child protection awareness session to visit all staff.

8.33 External links are positive with good links with all three Ayrshire and Arran Social Work Department Teams and the provision of pre-release reports for those prisoners who will be living outwith Ayrshire and Arran.

Race Relations and Diversity

8.34 Kilmarnock has two Race Relations Officers in place who carry out this role in addition to other duties. At the time of inspection, a third post (Diversity Officer) was being advertised. The prison was moving towards staff being responsible for wider diversity issues encompassing gender, race and disability. An Equal Opportunities and Race Relations Group (soon to be renamed Diversity Group) was in place and met on a regular basis. This group was multi-disciplinary and minutes were taken. A Race Relations Handbook was available for staff and a system was in place to provide awareness training for all staff.

8.35 There were three prisoners from ethnic minority backgrounds being held in the prison at the time of inspection.

8.36 Three complaints relating to race relations had been recorded in the past year, two had been resolved appropriately and one was ongoing. A list of interpreters was available from nearby Dungavel Immigration Centre (also a Premier establishment) and Dungavel was the first point of reference should an interpreter or assistance be required. However, little up to date information was readily available in Reception.

8.37 Being a relatively new prison, Kilmarnock has facilities in place for disabled prisoners. Ramps were available to the visits room; one table in visits was set up for wheelchair access; a lift was in place in the Health centre/Learning Centre area; and there were two disabled cells, one in each houseblock. The two disabled cells had not been used for some time and were freshened up during inspection.

8.38 Summary notes had been produced covering new legislation relating to diversity, prevention of harassment in the workplace and amendments to the Disability Discrimination Act 1995 covering access issues.

8.39 Overall, Kilmarnock has good systems in place to address Race and Diversity issues.

Chaplaincy

8.40 The Kilmarnock Chaplaincy Team comprises seven chaplains. One Church of Scotland Chaplain is employed full-time, with others (Church of Scotland, Roman Catholic, Independent Baptist) employed on a part-time basis. They provide a total of 80 hours per week. The full time Chaplain considered these contracted hours to be adequate. A Muslim Imam and Jehovah's Witness Elder also make weekly visits. Twenty three volunteers work under the supervision of the chaplains.

8.41 The team is very active within the prison, although they could usefully attend the morning Management meetings on a regular basis to ensure good communications are maintained. Three main religious services are on offer each week and it is very pleasing to note that all prisoners can participate in these together – including prisoners on protection. The chaplains also run three courses:

- “Alpha” (an introduction to the Christian Faith)
- “Overcomers” (addressing addictions)
- “Alternatives to Violence” (Anger Management)

8.42 These are a very positive contribution to the prison and are run exclusively by the team.

8.43 Some difficulties were occasionally encountered in ensuring prisoners turned up for services or courses on time, sometimes as a result of staffing within the prison but steps were being taken to address this.

Visiting Committee

8.44 The Chairman of the Visiting Committee identified healthcare as the matter which has given most concern to the Committee: but the Committee believed that many of the most serious issues in healthcare had been addressed within the last twelve months. Questions about food were not often addressed to the Visiting Committee. Recently, the most frequent matter of complaint by prisoners to the Committee has been the disappearance of property: but even such complaints have not been numerous. The evidence of the “Visiting Committee Log Book” supported this analysis.

8.45 The Chairman referred to the detention of under-16 year old people from time to time in Kilmarnock. He believed that the prison cared for them as best it could, but that prison was not an appropriate place for them. He welcomed the establishment of the Throughcare Centre and paid tribute to its work.

8.46 It was clear that the Committee feels well supported and encouraged by the management of Kilmarnock Prison.

9. SERVICES

Human Resources

9.1 Human Resource issues have a very high profile in Kilmarnock. The establishment recently achieved the SHAW Bronze Award and it was due to be assessed for IIP status a few weeks after the inspection. Health promotion and staff recognition and support schemes are widely publicised in the prison.

9.2 Turnover of staff has been a problem area for the prison. Although that is still the case there are signs that the effects are reducing and the prison is becoming more successful in recruiting and retaining experienced staff.

9.3 There are a number of HR related meetings in place. All are minuted and are well attended. There are monthly training meetings, PCO focus groups, monthly meetings with staff representatives and bi-monthly the Employee Partnership Forum meets with the purpose of giving all staff, union and non-union members alike the opportunity to raise issues of concern with senior management. This is a significant development from the position the management held previously. The Director also holds a “Director’s Hour” on the last Friday of every month. This is an opportunity to update staff on performance and recognise achievements.

9.4 The HR department administers the Staff Grievance, Disciplinary and Appeals procedure. A leaflet setting out how the procedure works is available to staff from the HR Manager. Recruits are informed how the system works in their induction. The system appears well set out and functions satisfactorily.

9.5 Notice boards around the prison prominently display information useful to staff on local policies, procedures and safety notices. They also contain information on opportunities for personal development or promotion.

Staff Training

9.6 Training facilities in the prison are good. There is a comfortable classroom and other facilities that are easily accessible to staff. There is also a soft seating area where staff can relax between sessions.

9.7 Competence levels in mandatory training are rigorously maintained. The prison also gives financial help to a number of staff doing academic studies. There is a mentoring programme for recruits; a succession planning scheme for staff recognised as having the potential for progression to a promoted post; and training for managers in empowerment and in the new appraisal system.

Facilities Management and Health and Safety

9.8 The Facilities Management team are tied into tight timescales by the Contract in effecting repairs and maintenance. The speed and quality of work undertaken is of a high standard.

9.9 Kilmarnock was recently awarded the British Safety Council “Five Star Health and Safety Management Award”. This is an independent award given after an evaluation of health and safety management systems by the British Safety Council. The five Star Award is the highest available.

9.10 Notices informing staff and prisoners of issues related to health and safety are posted prominently around the prison. The facilities department provide health and safety and fire safety awareness training for staff.

Catering

9.11 The Catering Unit comprises one Manager and seven catering officers, one of whom runs the training kitchen. It employs 22 prisoners on a shift basis with up to 18 on duty at any one time. There has been some recent investment in the kitchen to replace some old equipment.

9.12 The kitchen is fairly small and food preparation happens less often than in some other prison kitchens. Meals are often bought in pre-prepared for heating up on the premises. There is a separate area in the kitchen set aside as a training kitchen. Prisoners working there are under the direct supervision of one officer who helps them work towards catering qualifications. The food prepared in this area is available for staff to buy.

9.13 In the course of the inspection prisoners in focus groups and on a one-to-one basis were very critical of the food. Some said they were often served under cooked or badly presented meals or that portions were small. This is despite the fact that the budget for food is approximately £2.30 per day, some 40% higher than the £1.57 budget in SPS establishments. The Inspectorate sampled the food on several occasions during the week and found it to be of a reasonable standard.

9.14 Kilmarnock operates a heated trolley system which leads to a deterioration of the food between the kitchen and the point of serving. The food is served from a heated servery when it arrives in the wing which is better than serving direct from the trolley.

9.15 Prisoners have the option of a cooked breakfast every day. However, there is no choice system for breakfast and this can lead to excessive waste.

9.16 Prisoners can make a choice for lunch and dinner each day. They are also able to influence what is on the menu through the food PIAC, and surveys have been undertaken to seek wider views. All religious, cultural and other special dietary requirements are met. The menu on display was varied and contained fresh fruit three times per week.

9.17 The kitchen itself was very clean and all areas were well organised with clear functions. Prisoners in the kitchen were all dressed appropriately but this was not the case with prisoners serving food in the wings. Neither was it clear if they had all been trained to an appropriate standard to undertake the task of issuing food. Prisoners serving food on the wings should be dressed properly for the task and be fully trained in food handling.

Laundry

9.18 The main laundry services the prison issue bedding and clothing. Personal laundry is carried out in the wings. The laundry services provided are good.

Canteen

9.19 Kilmarnock provides an excellent prisoner canteen service. There are two 'shops', one in each houseblock. Prisoners have regular access to these shops which are well stocked and well priced. Suggestions for the shops are made through PIAC. In addition to the normal shop service, the prison makes every effort to cater for special requests. Prisoners can order flowers or chocolates for delivery to their family on special occasions. They are also given the opportunity to give flowers to partners or presents to children on anniversaries, birthdays, etc., during visits. All prisoners spoken to were very positive about the canteen arrangements which are an area of **good practice**.

10. GOOD PRACTICE

10.1 A checklist is available for managers during the nightshift (paragraph 3.16).

10.2 Should prisoners be held in reception over meal times, food is delivered from the kitchen and heated in a microwave oven so that all prisoners receive some form of hot meal (paragraph 5.10).

10.3 The Social Work Unit Manager is also the Team Leader (Throughcare) for the three local councils which Kilmarnock primarily serves (paragraph 5.35).

10.4 The Prisoners Information and Activities Committee meetings are videoed and available via a video channel for all prisoners to view (paragraph 5.38).

10.5 Nurses are assigned to particular houseblocks allowing greater continuity of care and better relationships (paragraph 6.11).

10.6 Strong links have been developed with local health and support services in the NHS and voluntary sectors on a number of issues as listed (paragraph 6.33).

10.7 The learner activity in the PE department (paragraph 7.8).

10.8 The high level of skills development in welding and textile work (paragraph 7.12).

10.9 Arrangements for visits (paragraph 8.8).

10.10 The canteen arrangements (paragraph 9.19).

11. RECOMMENDATIONS

11.1 There should be more activities available to prisoners when they are out of their cells in the evening and at weekends (paragraph 2.17).

11.2 Prisoners should be escorted to where they need to be within the prison more efficiently (paragraph 2.18).

11.3 Induction should be carried out consistently and with all prisoners (paragraph 5.18).

11.4 The overall Sentence Management System should be changed in order to integrate the elements more closely (paragraph 5.29).

11.5 All visiting staff who work alone, such as the optician, should hold their consultations in an area that can be observed by other staff (paragraph 6.29).

12. POINTS OF NOTE

For Establishment

- 12.1 All missing or broken cell privacy keys should be replaced (paragraph 2.4).
- 12.2 A drawer unit should be fitted in each cell (paragraph 2.5).
- 12.3 The process of allocating prisoners to shared cells should be formalised (paragraph 2.9).
- 12.4 Management should continue to find ways to engage very vulnerable prisoners in more constructive activities (paragraph 2.11).
- 12.5 Management should find ways of stopping prisoners removing wet clothing from machines in the laundry facilities in the wings and putting in their own (paragraph 2.15).
- 12.6 Management should put in place an appropriate system for washing plates and cutlery after meals (paragraph 2.16).
- 12.7 Quality assurance checks should be undertaken in the complaints procedure to ensure appropriate responses (paragraph 3.9).
- 12.8 Internal Complaints Committees should take place on time, and if necessary prisoners should be given an interim reply (paragraph 3.10).
- 12.9 The regime in the Segregation Unit should be reviewed (paragraph 3.19).
- 12.10 The practice of “double reporting” a prisoner for the same incident should stop (paragraph 3.21).
- 12.11 The MDT officer should be able to attend addictions meetings (paragraph 4.4).

12.12 The prison should examine the balance of effort committed to the various elements of the addiction service (paragraphs 4.9 and 4.19).

12.13 The addiction nurse should attend the case conference style meetings to look at care planning for individual prisoners (paragraph 4.10).

12.14 Clear guidelines should be given regarding the management of special risk prisoners entering the establishment (paragraph 5.2).

12.15 The provision of notices in reception for prisoners who do not speak English should be made a priority (paragraph 5.8).

12.16 Arrangements for the storing of prisoners clothing in reception should be improved (paragraph 5.9).

12.17 The system for allocating responsibility for individual prisoners to Personal Officers should be reviewed (paragraph 5.21).

12.18 The core screening tool for assessing needs in the SPS should be used in Kilmarnock (paragraph 5.31).

12.19 Management should ensure that an integrated approach to Throughcare is in place (paragraph 5.36).

12.20 Additional wall cupboards should be fitted in the health centre (paragraph 6.3).

12.21 “In patient” facilities in the health centre should be improved (paragraph 6.4).

12.22 Alternative arrangements to the holding rooms in the health centre should be found (paragraph 6.6).

12.23 Links between the Registered Mental Nurses and addictions services should be improved (paragraph 6.15).

12.24 The RMNs expertise would be better utilised if their time was dedicated to mental health issues rather than being used for general nursing duties (paragraph 6.15).

12.25 The staff alarm point in the dental surgery is too high on the wall and should be re-located (paragraph 6.23).

12.26 The prison should introduce a computerised stock ordering system for the pharmacy (paragraph 6.27).

12.27 The visiting pharmacist should be linked to the SPS pharmacy adviser (paragraph 6.27).

12.28 The optician service could be improved through the introduction of a formal screening procedure for particular groups of prisoners (paragraph 6.28).

12.29 In order to fulfil decontamination requirements for the podiatrist, the prison should purchase a hand-set and other tools that are sterilised and remain in the prison. Likewise any sharps should be disposed of in safe containers provided by the prison (paragraph 6.31).

12.30 All external visiting healthcare staff should be offered an induction programme (paragraph 6.32).

12.31 Management should take urgent steps to address the weaknesses in breadth of provision of learning opportunities and re-establish access to appropriate programmes for remand prisoners and those in the segregation unit (paragraphs 7.1 and 7.16).

12.32 The current failure to deliver basic skills of numeracy and literacy during the day should be addressed as a matter of urgency (paragraphs 7.4 and 7.16).

12.33 Management should take steps to deal with the backlog of applications for distance learning programmes (paragraphs 7.6 and 7.16).

12.34 Management should consider how to overcome weaknesses in accommodation in vocational training (paragraphs 7.11 and 7.16).

12.35 Management should devise ways of providing certification in the welding and textiles workshops in recognition of the good practice there (paragraphs 7.12 and 7.16).

12.36 The well resourced library would be enhanced by the addition of subscriptions to appropriate periodicals (paragraphs 7.13 and 7.16).

12.37 The prison should ensure that the terms of the Contract are being met in respect of the delivery of mail to prisoners (paragraph 8.9).

12.38 Facilities for hand washing should be available in the safe cells in the health centre (paragraph 8.12).

12.39 The High Risk Assessment book should be held in the residential unit rather than in the control hub (paragraph 8.17).

12.40 When a Listener requires an emergency call to the Samaritan Co-ordinator for support, the requirement for confidentiality should be respected (paragraphs 8.20 and 8.22).

12.41 Consideration should be given to deploying a Listener in the reception area and in induction (paragraphs 8.21 and 8.22).

12.42 A review of the management of requests by prisoners to see a Listener should be carried out (paragraphs 8.21 and 8.22).

12.43 The Chaplaincy Team should attend the morning Management meetings (paragraph 8.41).

12.44 Prisoners serving food in the wings should be dressed properly for the task and be fully trained in food handling (paragraph 9.17).

SOURCES OF EVIDENCE

Written material and statistics received from Kilmarnock prior to Inspection

Prison's self-assessment

Governor's briefing

SPS Prisoner Survey

Kilmarnock records

Discussions with prisoners

Discussions with prisoners family

Focus groups with prisoners

Interviews with prisoners

Interviews with prison staff

Focus groups with staff

Observations

INSPECTION TEAM

Andrew R C McLellan

HM Chief Inspector

Rod MacCowan

HM Deputy Chief Inspector

David McAllister

HM Assistant Chief Inspector

David Abernethy

HM Inspector

John McCaig

Associate Inspector

Iain Lawson

Education Adviser

Rhona Hotchkiss

Healthcare Adviser

Tom Leckie

Addictions and Social Work Adviser

Mary McCann

Observer