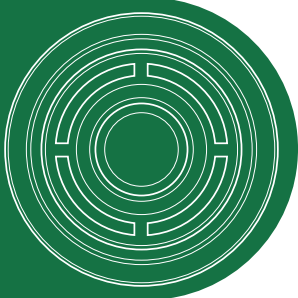


Report on an unannounced inspection of
MAGHABERRY PRISON

9-19 April 2018

November 2018



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by the Chief Inspector of Criminal Justice in Northern Ireland;
Her Majesty's Chief Inspector of Prisons; the Regulation and Quality
Improvement Authority; and the Education and Training Inspectorate.

Laid before the Northern Ireland Assembly under Section 49(2) of the
Justice (Northern Ireland) Act 2002 (as amended by paragraph 7(2) of
Schedule 13 to The Northern Ireland Act 1998 (Devolution of Policing
and Justice Functions) Order 2010) by the Department of Justice.

November 2018



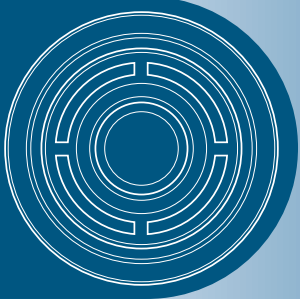
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List of abbreviations

AD:EPT	Alcohol and Drugs: Empowering People through Therapy
BMC	Belfast Metropolitan College
CJI	Criminal Justice Inspection Northern Ireland
CSU	Care and Supervision Unit
DoJ	Department of Justice
ECS	Extended Custodial Sentence
EMIS	Electronic Clinical Records System
ESOL	English for Speakers of Other Languages
ETI	Education and Training Inspectorate
FSA	Food Standards Agency
GP	General Practitioner
HMIP	Her Majesty's Inspectorate of Prisons in England and Wales
HSCB	Health and Social Care Board
ICS	Indeterminate Custodial Sentence
ICT	Information and Communications Technology
MDT	Mandatory Drug Test
MHT	Mental Health Team
NICE	National Institute for Health and Care Excellence
NIPS	Northern Ireland Prison Service
NPM	National Preventive Mechanism
OBPs	Offending Behaviour Programmes
OPCAT	Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
OST	Opiate Substitution Treatment
PCNI	Parole Commissioners for Northern Ireland
PDU	Prisoner Development Unit
PE	Physical Education
PECCS	Prisoner Escort and Court Custody Service
POST	Positive Outcomes for Short Term Prisoners
PPANI	Public Protection Arrangements Northern Ireland
PREPS	Progressive Regime and Earned Privileges Scheme
PRISM	Prison Record Information System Management (computer system used by NIPS)
PSST	Prisoner Safety and Support Team
RQIA	Regulation and Quality Improvement Authority
SEHSCT	South Eastern Health and Social Care Trust
SLA	Service Level Agreement
SPAR	Supporting Prisoners at Risk
Pre-TED	Pre-Tariff Expiry Date
UK	United Kingdom



Chief Inspectors' Foreword

This unannounced inspection was conducted by Criminal Justice Inspection Northern Ireland (CJI) and Her Majesty's Inspectorate of Prisons in England and Wales (HMIP) with the support of the Regulation and Quality Improvement Authority (RQIA) and the Education and Training Inspectorate (ETI).

Maghaberry is a large and complex prison which remains unique in the United Kingdom. At the time of this inspection, it held over 800 men, ranging from those serving just a few days through to life. Within this mix, there are men who are remanded by the courts, those serving short custodial sentences, long-term and indeterminate sentenced men and separated paramilitary prisoners. As a Category 'A' prison, it holds the highest risk prisoners in Northern Ireland, and many of these will spend many years at Maghaberry, in contrast to England and Wales where such men would typically be moved between several such prisons. Large numbers of men continue to arrive at the prison with problems related to substance misuse, physical and mental health and history of self-harm, a feature that has become more marked at each of our inspections in recent years.

Maghaberry has for many years been struggling to modernise and adapt to the 21st-Century vision of what a prison should be. At our inspection in 2012, we saw encouraging signs of improvement, but at our next visit in May

2015, we were deeply concerned about the deterioration we observed and judged the prison to be unsafe, unstable and disrespectful. To encourage the prison to focus clearly on the key areas that needed attention, we made just nine high-level recommendations, which we felt were fundamental to any progress. We also made the unprecedented decision to return to the prison in January 2016, announcing the inspection in advance to provide a focus and catalyst for positive change. While it was still early days, we were encouraged to see that the prison had been stabilised, although much work was still needed to address the priorities we had identified. To support the process of continuing change and progression, in September 2016 and April 2017 we carried out 'light touch' follow-up review inspections, again focused on the nine recommendations made in May 2015. It was pleasing to see that the progress first seen in January 2016 was being sustained.

At this unannounced inspection, we made the decision to move beyond the findings in 2015, and to take a fresh look at all areas of the prison.



We were immensely encouraged by what we saw, with progress being made in all four of our healthy prison tests.

The prison had settled considerably and the general atmosphere was now relaxed and calm. The prison felt safer and levels of violence and disorder were much reduced, and lower than we usually see in similar prisons in England and Wales. A zero-tolerance approach to the supply and use of illegal and illicit drugs was bearing fruit, and the evidence pointed to much reduced availability. Use of force was now well managed and we were reassured that the default position was for staff to de-escalate problem situations and only use force when absolutely necessary. The Care and Supervision Unit (CSU) environment had benefited from refurbishment and was decent, but it was the progress made in supporting and reintegrating long-stay men that impressed us most. Maghaberry does not have the option of transferring men from prison to prison when the behaviour or problems they present require their management in segregated conditions. It was, therefore, hugely encouraging to see the excellent work being done to reintegrate men to mainstream conditions.

Work to support men who were vulnerable to self-harm had moved on, but less so than in other aspects of safety. At the time of this inspection there had been five self-inflicted deaths in custody since the last full inspection in January 2016, and the Prisoner Ombudsman for Northern Ireland had raised some serious concerns. While the prison now had a single action plan covering all the recommendations, we considered that more needed to be done to respond to some of these and to ensure that action taken was fully embedded. The Prisoner Support and Safety Team (PSST) were doing good work to support the most vulnerable men, but the approach adopted by staff on the houses remained too risk averse, with far too much use of observation cells

and strip-clothing. We remain concerned that this often happened regardless of whether it was in the best interests of the prisoner. Observation cells and strip-clothing are inherently isolating and disrespectful, and as such should only be used as a last resort with men who are already exceptionally distressed. Nevertheless, the overall picture of safety had progressed hugely since our inspection in 2015, and in most respects Maghaberry was now a much safer prison.

We also considered Maghaberry to be a more respectful prison than previously. Staff-prisoner relationships were transformed, and we observed an enthusiastic and motivated staff group, doing excellent work with the men in their care. Staff knew the circumstances of many men, and seemed genuinely to care about their wellbeing. Use of first names was now the norm, and the previous 'no go' areas for staff, such as association areas, were being regularly patrolled. Living conditions were better than previously with real efforts being made to keep the environment clean, and to paint over graffiti as it appeared. The older square houses still offered poor and overcrowded accommodation but the new 360-bed block was nearing completion, following which these houses would be mothballed. Work on equality and diversity had improved and, while poorer outcomes for Catholic prisoners remained evident in some areas, a serious attempt was being made, by using independent experts, to help understand the reasons. Men with disabilities, mental health conditions and those aged under 25 responded more negatively in our survey in a range of key areas. Although the evidence that we gathered did not necessarily reflect these perceptions, the prison needed to do more to understand and address any poor outcomes evident. Health care provision was much improved and was now reasonably good. Overall, we now considered Maghaberry to be a respectful prison.

The leadership team at the prison had made great efforts to stabilise the daily regime and this had borne fruit. Nearly all men now had reasonable and consistent time out of cell each day. The core day was advertised well, and largely delivered as described. This was a big improvement on the chaotic and unpredictable regime offered in 2015. The provision of learning, skills and work had improved, although there remained some significant gaps. There was still not enough provision and not all available places were being used. The curriculum had not progressed: the range was still far too narrow and not enough was at Level Two and above. We were confident that prison leaders were aware of these issues, had already delivered some important improvements and, with time and support from the most senior managers, would continue to improve further. We considered that overall outcomes in purposeful activity were not sufficiently good.

The strongest area of work by far in 2015 was resettlement, which we considered to be reasonably good overall. At this inspection, we found that this strength in the now renamed rehabilitation and release planning healthy prison test had not only been consolidated but had improved further, achieving our highest healthy prison score of good. Children and families provision remained a real strength and the complex mix of prisoners received



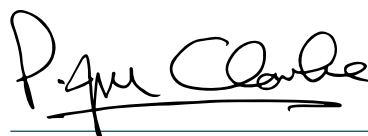
Brendan McGuigan CBE
Chief Inspector of Criminal Justice
in Northern Ireland

November 2018

excellent support to reduce their risk of harm and reintegrate into the community. Nevertheless, we ask the prison, the Northern Ireland Prison Service (NIPS) and its partner agencies to do more to evaluate this work, particularly to establish what helps or does not help men to live free of offending after release.

In summary, this was an immensely encouraging inspection of a prison that had previously struggled to provide a safe, respectful and purposeful environment for the men held. The reduced numbers of prisoners at Maghaberry had assisted this process, but we would not want to minimise the impact of excellent leadership at all levels from staff on the houses and the senior management team to the NIPS in achieving some excellent outcomes.

All four of our healthy prison assessments had improved since 2015, and two were now at least reasonably good. In the remaining areas, safety had made significant progress and the prison was much safer than in 2015, and purposeful activity, had made real progress, and we are confident that further progression will bring this to the level required. We rarely see a prison make the sort of progress evident at Maghaberry, and it is to the credit of all those involved that many of the outcomes for the men held at the prison are now among the best we have seen in this type of prison in recent years.



Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons
in England and Wales

November 2018





Fact page

Task of the establishment

Maghaberry is a modern high security prison housing adult male long-term sentenced and remand prisoners, in both separated and integrated conditions.

Maghaberry has two principal objectives: to service the courts and to provide programmes and opportunities that allow prisoners to develop skills and assist in their preparation for release into the community.

Certified normal accommodation and operational capacity

Prisoners held at the time of inspection: 830.
Certified normal capacity: 944.
Operational capacity: 1,424.

Notable features from this inspection

- Levels of violence and disorder had reduced significantly, and the prison was much more stable and calm than previously.
- Observation cells and strip clothing were still being overused for men on SPARs.
- Staff-prisoner relationships had been transformed.
- The regime was much better than previously and it was being delivered reliably.
- Learning, skills and work provision had improved but much still needed to be done to provide men with the opportunities they needed to progress.
- Rehabilitation and release planning work was amongst the best we have seen.

Prison status (public or private) and key providers

- Public - Department of Justice Northern Ireland (DoJ).
- Physical health provider: South Eastern Health and Social Care Trust (SEHSCT).
- Mental health provider: SEHSCT.

- Substance misuse provider: South Eastern Health and Social Care Trust (AD:EPT).
- Learning and skills provider: Belfast Metropolitan College (BMC).
- Escort contractor: Prisoner Escorting and Court Custody Service (PECCS - NI Prison Service).

Region/Department

Department of Justice Northern Ireland.

Date of last inspection

See page 10.

Brief history

Maghaberry Prison is the largest and most complex of the three prisons operated by the NIPS. It is the only Category 'A' prison in Northern Ireland and also operates as the remand prison for all adult male prisoners in the country. It accommodates a range of sentenced prisoners such as life sentence, indeterminate and extended custody prisoners, separated prisoners, fine defaulters and civil prisoners.

Maghaberry was built on the site of a World War II airfield that was used as a transit base for the United States Army Air Forces. At the end of the war, the base was run down and various government agencies used parts of the old airfield until the Northern Ireland Office began work on the prison in 1976.

The Maghaberry site originally included two distinct prisons for men and women with the female prison, Mourne House, adjacent to the main male prison. Mourne House, which held all female prisoners, young offenders and remands, was the first part of the new prison to be opened in March 1986. This followed the closure of the existing female establishment at Armagh Prison.

However, in 2004 women were transferred to Ash House at Hydebank Wood Young Offenders' Centre. Since then, the Mourne House complex has been developed primarily into a life-sentence prisoner centre for those moving into pre-tariff expiry range. Braid House within the Mourne complex opened in 2008 and provides additional 130-room capacity.

The male prison became operational on 2 November 1987. Following the closure of Belfast [Crumlin Road] Prison on 31 March 1996, Maghaberry became the adult committal prison

in Northern Ireland and non-paramilitary remand prisoners and short-term sentenced prisoners began to be held at Maghaberry. Since 2003, it has held separated paramilitary prisoners from Loyalist and Republican backgrounds.

Burren House in the centre of Belfast offers working-out opportunities to up to 22 men coming towards the end of long prison sentences. It was re-opened in May 2014 after being refurbished. The unit is staffed by prison officers and probation staff acting as case managers.

Short description of residential units

Main Site:

Bann House*	committal, induction and dispersal unit for prisoners who have completed committal and induction;
Erne House*	determinate sentenced and life sentenced prisoners (small number of remands);
Lagan House*	remand prisoners;
Foyle House*	currently not occupied, undergoing refurbishment;
Glen House	not occupied;
Bush House	used mostly for vulnerable prisoners and Loyalist separated prisoners;
Roe House	predominantly remand prisoners and Republican separated prisoners;
Quoile	one specialist landing for vulnerable prisoners - the Donard landing. Three landings accommodate prisoners who are actively engaged in training, employment and education;
Shimna	key workers; and
Moyola	predominantly older and disabled prisoners and prisoners involved in high profile cases.

Mourne Complex:

Braid House	life-sentenced prisoners and a few extended custody prisoners. Families Matter landing on Braid 2;
Wilson House	life-sentenced prisoners; and
Martin House	Closed.

Belfast City Centre:

Burren House	used for testing life-sentenced prisoners in the community pre and post tariff.
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* Denotes the 'square' houses, the oldest parts of the prison.



Name of governor and date in post

David Kennedy has been in post temporarily from April 2017 and substantively since 12 February 2018.

Independent Monitoring Board chair

Ian Hackney.

Date of last inspection

Maghaberry Prison was subject to an unannounced inspection in May 2015 and a full announced inspection in January 2016.

In addition, 'light touch' reviews to monitor progress in implementing recommendations made by Inspectors in 2015 were carried out during September 2016 and April 2017. Copies of all previous inspection reports and 'light touch' reviews can be found on the CJI website – **www.cjini.org**.



About this inspection and report

Her Majesty’s Inspectorate of Prisons (HMIP) is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention. Criminal Justice Inspection Northern Ireland (CJI) is an independent statutory Inspectorate, established under the Justice (Northern Ireland) Act 2002, constituted as a non-departmental public body in the person of the Chief Inspector. CJI was established in accordance with Recommendation 263 of the Review of the Criminal Justice System in Northern Ireland of March 2000.

The Regulation and Quality Improvement Authority (RQIA) is a non-departmental public body responsible for monitoring and inspecting the quality, safety and availability of health and social care services across Northern Ireland. It also has the responsibility of encouraging improvements in those services. The functions of the RQIA are derived from The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

All inspections carried out by HMIP and those prison inspections jointly carried out with CJI in Northern Ireland with support from

RQIA contribute to the United Kingdom’s (UK) response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees.

HMIP, CJI and RQIA are three of several bodies making up the NPM in the UK.

The Education and Training Inspectorate (ETI) is a unitary Inspectorate, and provides independent inspection services and information about the quality of education, youth provision and training in Northern Ireland. It also provides inspection services for CJI, of the learning and skills provision within prisons, in line with an agreed annual Memorandum of Understanding and an associated Service Level Agreement.

All HMIP and CJI reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this HMIP’s thematic review *Suicide is everyone’s concern*, published in 1999. The tests are:

Safety	prisoners, particularly the most vulnerable, are held safely;
Respect	prisoners are treated with respect for their human dignity;
Purposeful activity	prisoners are able, and expected, to engage in activity that is likely to benefit them; and
Rehabilitation and release planning <i>(formerly Resettlement)</i>	prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release into the community.



Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the NIPS.

- **Outcomes for prisoners are good.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **Outcomes for prisoners are reasonably good.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **Outcomes for prisoners are not sufficiently good.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **Outcomes for prisoners are poor.**
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

Our assessments might result in one of the following:

- **Recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections; or
- **Examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.

Five key sources of evidence are used by Inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

Other than in exceptional circumstances, all our inspections are unannounced and include a follow-up of recommendations from the previous inspection.

All inspections of prisons in Northern Ireland are conducted jointly with ETI and RQIA. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.



This report

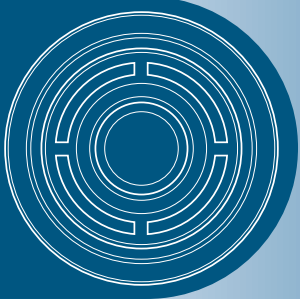
This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four chapters each containing a detailed account of our findings against our *Expectations: Criteria for assessing the treatment of prisoners and conditions in prisons (version 5, 2017)*¹. Chapter 5 collates all recommendations and examples of good practice arising from the inspection.

Details of the inspection team can be found in Appendix 1. Findings from the prison population profile and the survey of prisoners including a description of the survey methodology can be found in Appendices 2 and 3 respectively. In previous reports we have included within our appendices a list of recommendations from the previous inspection, and our assessment of whether they have been achieved. This information has not been included in the inspection report due to the ongoing monitoring work to progress the 2015 inspection recommendations undertaken and published since 2016 in relation to Maghaberry Prison.

Comparator data relating to this inspection can be found in Appendix 4 of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.² This material can be obtained directly from the CJI website – **www.cjini.org**.

1 www.justiceinspectorates.gov.uk/hmiprison/our-expectations/prison-expectations/

2 The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.



Executive summary

Safety

Prisoners received good support on arrival and the prison seemed safer. Levels of violence had reduced and were now relatively low but, in our survey, many men still said they felt unsafe. Adjudications were well managed. Use of full control and restraint was low and de-escalation was the norm. Security arrangements were appropriate. Robust and effective action had been taken to reduce the supply of illegal drugs. Segregation had improved. Some men spent long periods in the Care and Supervision Unit, but more was being done to reintegrate them. Levels of self-harm had fallen but management arrangements were too risk averse and the underlying issues were not addressed adequately. The response to recommendations following enquiry into deaths in custody was insufficient. **On the basis of this inspection we considered that outcomes for prisoners were not sufficiently good against this healthy prison test.**

New arrivals had a high level of need. In our survey, about half the respondents said they felt depressed on arrival at Maghaberry and nearly one in five said they had felt suicidal. Reception interviews were respectful and detailed but still not completely confidential. Peer support in reception was available, but underused. Reception processes to manage property and money were efficient. First night staff were helpful but there was no formal peer support for new arrivals. Access to essential kit was good and all men were offered committal phone calls. First night cells were clean and freshly painted but too much furniture was marked with graffiti. Men were monitored on their first night but there was no interview on the following day to check welfare concerns. Induction was clear and focused on key areas but the printed information was out of date. Men spent too long locked up in the first night unit, Bann House.

Levels of violence had reduced considerably but in our survey, 29% of prisoners still said they felt unsafe. The prison felt more ordered than previously and we saw better supervision by staff and a predictable regime which contributed to a safer environment. A concerted effort was made to keep prisoners safe by identifying and managing perpetrators of antisocial and violent behaviour. Victims received good support and restorative justice practices had been introduced to promote better relationships between prisoners in conflict. Staff now patrolled through association areas routinely, and there were no longer any 'no-go' areas. The Progressive Regime and Earned Privileges Scheme (PREPS) was used to manage less serious incidents of poor behaviour. Prisoners on basic level were encouraged to work and their regime was not unnecessarily restricted.

Use of force was high but only 20% of incidents resulted in full restraint. Oversight was good and all incidents were reviewed. Written records and video recordings showed that force was used as a last resort and de-escalation was evident. The use of special accommodation was high for prisoners suspected of bringing drugs into the prison but proportionate to the challenges the prison faced.

The number of adjudications had reduced and was now in line with similar prisons. Oversight and quality assurance were very good and identified trends were investigated. Some charges could have been better dealt with through PREPS.

The refurbished Care and Supervision Unit (CSU) provided an improved, clean environment with little graffiti. Prisoners were segregated more often than in similar prisons but fewer than at the previous inspection remained in the unit for prolonged periods. Exit planning for the longer stayers was good and we saw excellent support given to prisoners with very complex needs. Multidisciplinary working with AD:EPT (Alcohol and Drugs: Empowering People through Therapy) and the mental health team was good; reviews were carried out in a timely manner with an emphasis on returning men to the general population. The oversight meeting was a positive initiative. Staff managed prisoners confidently and prisoners we spoke to were complimentary about the care they received.

Physical and procedural security was tight but appropriate to the nature of the population. The ability for men to walk unescorted to appointments and learning and skills was now embedded and monitored appropriately. The number of intelligence reports had increased. They were prioritised and actioned appropriately. Effective action had been taken to reduce the supply of drugs and the benefits of this were evident across the prison. The random mandatory drug testing positive rate, for example, had fallen to 9.34%, which was very positive. The search strategy afforded an appropriate response to deter and detect drugs and other prohibited items. Corruption prevention arrangements were appropriate. There had been a recent notable success in relation to an officer smuggling drugs into the prison.

At the time of this inspection there had been five self-inflicted deaths since the inspection in January 2016. Recommendations from death in custody investigation reports were consolidated into an action plan. While there had been some improvement in implementing recommendations, some had not been completed and more robust monitoring was needed to ensure that they were embedded in operational practice. A number of incidents had occurred where the prompt actions of staff had saved the lives of prisoners who had attempted suicide or serious self-harm. Rates of self-harm had reduced, but observation cells were still used frequently and the use of anti-ligature clothing had increased to 86% of cases. This was far higher than expected. Completion of the SPAR (Supporting Prisoners at Risk) documentation had improved, but despite the efforts of the PSST, the quality was still too variable. Care planning required improvement, not just to keep prisoners safe but to focus on helping them solve their problems. Families needed more involvement in this process. There were too few Listeners³ to provide cover for all the men who needed support. A number of Listeners were in training for the role. A new strategy and guidance on safeguarding adults had yet to be implemented. The NIPS had no formal adult safeguarding procedures.

3 Prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.



Respect

Staff-prisoner relationships had improved and were now good. Living conditions were reasonable although the square houses offered poor cellular accommodation. The impending replacement of these houses was welcome. Consultation arrangements were developing and the management of complaints was good. Food and tuck shop provision were reasonably good. Equality and diversity had been re-focused and good support was given to the section 75 groups⁴, particularly the most vulnerable men. Health care provision was reasonably good. **On the basis of this inspection, we considered that outcomes for prisoners were reasonably good against this healthy prison test.**

Staff-prisoner relationships had improved. We observed friendly, respectful interactions and some very good support in Moyola and Donard. Many staff knew the circumstances of the men in their care. The introduction of passes for risk assessed men to move around the site and the use of first names supported positive engagement. However, in our survey of men on the main site, perceptions of staff had not improved and the reasons for this needed investigation. Men on the Mourne site were more positive and significantly more than at comparator prisons said someone had checked on them in the last week.

Living conditions remained mixed. Men living in the newer houses had good accommodation, cells were decent and equipped with basic items. The cells in the square houses (referring to the shape of the building) remained claustrophobic, unhygienic and extremely uncomfortable, and many were overcrowded. Despite this, every effort was made to keep the accommodation decent. Showers were clean, but worn and shabby. Showers in other residential houses were undergoing repairs. The new 360-bed houseblock was nearing completion, which we were told would result in the square houses being mothballed. A painting programme was in progress and communal areas were clean and tidy. Graffiti was not widespread, although it was present in some cells and ground in to the furniture.

Living conditions for separated prisoners were good and their management and the resources required were no longer adversely affecting the regime in the rest of the prison.

A limited tuck shop was available to prisoners following induction. The full tuck shop was valued by prisoners. Survey responses about food were poor, but comments from prisoners during the inspection did not reflect this finding. The catering manager engaged regularly with prisoners to address concerns and effect improvements. Serving times had improved but a few residential units still served meals too early.

Consultation was developing but not yet effective on all units. The applications process was effective. The backlog of complaints had reduced and the number of complaints had halved, which was positive. The complaints system was accessible and timely and most responses indicated that actions were taken to resolve the issue. Prisoners' legal needs were well supported.

4 Section 75 of the Northern Ireland Act 198 (the Act) requires that public authorities promote equality of opportunity and good relations.

Equality and diversity were well managed. Prisoner representatives were actively involved in committee meetings and felt that their views were taken seriously. Relevant data were monitored thoroughly each month. There was a focus on religious discrimination and it was encouraging to find that independent expert advice had been obtained to help understand the poorer outcomes in key areas for Catholic prisoners. This needed to be built on and action taken when problems were evident. A wide range of focus groups supported prisoners from minority groups. Help for foreign national prisoners was particularly evident, despite the diminished contribution from external immigration officials. A high proportion of men said they had mental health conditions and physical disabilities and survey results for these men were poor. However, care for men with more serious problems, who were located on specialist units, was very good. Creative initiatives, such as the 'Walking Club' and the 'Man Shed', had been introduced for older and disabled prisoners. Survey results for prisoners under the age of 25 were poor. Little specialist provision was available for these prisoners and this was an area which needed further work.

The chaplains played an active and useful role in supporting men across the prison and pastoral care was good. The spiritual needs of prisoners were well met. At least 11 different religious services were conducted each week and access was good.

In our survey, prisoners responded more negatively than the comparator to questions about access to and the quality of health services. Overall, health services had improved since the last inspection and were reasonably good. Staff shortages had persisted, but were managed well and staff morale and leadership had improved. Resuscitation equipment and emergency drugs were regularly checked and easily accessible to staff. Prisoners could complain through a confidential medical in confidence system, but responses were not consistently timely or addressed all the issues raised. The range of primary care services was appropriate, but waiting times for some routine appointments, including the GP and dentist, required improvement. Chronic disease management and medication was improving. Medication management had improved but our concerns about some aspects of tradeable medication being held in-possession remained. Mental health provision was reasonably good, but some men waited too long to transfer to inpatient mental health facilities due to issues with the wider Health and Social Care (HSC) including bed availability. Although prisoners with substance misuse issues had access to some good psychosocial provision, overall the clinical and psychosocial support remained too limited. Prisoners with social care needs were identified and supported.



Purposeful activity

The regime was far more predictable than previously, and allowed a decent period out of cell for most men. The library was good but underused. Gym provision was very good. Learning, skills and work had improved since the last inspection. There remained important areas for further improvement. The revised core day had created a more conducive environment for training and learning, and leadership and management of the provision was good. However, there were not enough activity places and the curriculum was too narrow. Not all available places were being used and attendance needed improvement. There were very long waiting lists for the more popular courses. Most teaching was good and outcomes were reasonable for prisoners who attended. **On the basis of this inspection, we considered that outcomes for prisoners were not sufficiently good against this healthy prison test.**

The core day was displayed throughout the prison and most men were aware of it. The time that prisoners were unlocked had increased and the number of lockdowns had reduced significantly. Almost half the population now received more than nine hours unlocked and most other men had around six hours unlocked. Our roll checks showed that about 15% of men were locked up during the day, half the percentage in 2015. Responses to survey questions on exercise and association were reasonable. The library provision was good, although underused. The PE facilities were very good and access arrangements were flexible. There was an appropriate range of recreational programmes and expert advice and support from gym staff on maintenance of a healthy lifestyle.

An environment conducive to effective training and learning had been established, underpinned by a more consistent regime and an appropriate core day. Senior prison managers embraced the strategy of enhancing the quality, relevance and availability of constructive activity. A cohesive, effective management team had been established for education, learning and skills. There was good partnership working and a clear ambition for further improvement of the provision. The self-evaluation process was reasonably accurate, but it did not encompass the whole education, training and skills provision across the prison, nor was it well enough informed by data analysis and associated trends. Coordinated prisoner-centred work was evident between the Prisoner Development Unit (PDU) and education, learning and skills and there was an appropriate focus on identifying the needs, interests and aspirations of prisoners to support them more fully.

The collection, collation and evaluation of data to monitor the impact of the provision were underdeveloped. There was an occasional reliance on manual data retrieval and collation, and decision-making and planning were not conducted in a timely manner.

The work allocation board had been established recently to improve work allocation. There was a greater focus on prisoners' interests and capabilities, and incentives were provided for them to attend education as part of their core day.

There were not enough substantive constructive activity places for the number of prisoners, nor did the available places meet all their needs. There were significant waiting lists and an underuse of the existing resources. Too many places in education were of short duration. The lack of cover for staff absence affected capacity adversely.

The quality of the teaching, training and learning was good or better than the previous inspection in most of the sessions that we observed. Most of the prisoners engaged well and benefited from effective support from tutors and peer mentors. The curriculum was narrow and did not meet prisoners' needs adequately, nor was it well enough aligned to the labour market or employer requirements. There was too little provision at Level Two or above to provide progression pathways or to meet the needs of the more able prisoners. The level of support for prisoners taking higher education courses required significant improvement. Provision for men who did not attend the learning and skills centre was too limited and the quality of individual learning plans varied. Plans were well advanced to develop the peer mentoring programme. The range of work activities had increased and a few offered accredited qualifications. More prisoners were participating but a significant number were still unemployed.

Most prisoners made good progress and those who completed courses achieved qualifications, largely at entry level or Level One. Most prisoners in workshops and practical classes produced a good standard of work, often above the targeted level. However, the pace of work and progress was too slow and almost all achievements were below the level required by employers.

Attendance at education classes was low on too many occasions, especially in the essential skills classes, and punctuality was variable. Attendance was better in the workshops. The achievement rate for prisoners who had completed the essential skills courses during the previous year was good at 71%. The quality of work activities varied. In most activities, prisoners operated at an appropriate industry pace and standard, but a few activities were not planned well enough to exploit the opportunities for social enterprise and realistic work.

An ethos of care and welfare had a positive impact on learning, teaching and outcomes. Relationships between staff, prisoners and their peers were positive and respectful. The induction and initial assessment process was timely, although it did not screen for and identify barriers to learning thoroughly enough.



Rehabilitation and release planning

Children and families work was strong. There was a clear understanding of the population and the very complex rehabilitation needs. Work with men with short sentences had improved and a very good range of support was offered. Case management work and support for longer-term men was also very good, as were public protection arrangements. A comprehensive range of offending behaviour and other interventions were offered. Release planning was good and some excellent through-the-gate support was offered. **On the basis of this inspection, we considered that outcomes for prisoners were good against this healthy prison test.**

An impressive range of family support included two motivated family officers, parenting courses and support for families in the community. Most men received visits but procedures for booking and accessing visits were complex. The visits halls were attractive, refreshments were available and the play area was professionally staffed. However, in our surveys, more men responded negatively about visits staff than in comparator prisons. The Families Matter landing and programme provided excellent support and was a model of good practice. Use of skype for security cleared men was a positive development.

The strategic approach to managing rehabilitation and release planning was good. Managers were familiar with development plans and delivery staff were clear about their roles. Documentation included clear policies and practice guides for staff. All prisoners now had a custody plan, including men on remand. The collaborative approach between NIACRO (Northern Ireland Association for the Care and Resettlement of Offenders) and the PDU towards working with prisoners serving sentences of less than 12 months was excellent. An extensive range of initiatives was delivered by the prison and community partners. PDU procedures and prisoner management were good. In our survey, the vast majority of prisoners who said they had a sentence plan knew what their targets were. Prisoner development plans were good. All the cases we reviewed had an appropriate plan and were reviewed regularly. Levels of contact between PDU coordinators and prisoners were high and prisoners we spoke to felt supported. Most prisoners in our survey said that staff were supporting them in meeting their targets. The use of case conferences to support and encourage prisoners following initial review by the Parole Commissioners for Northern Ireland (PCNI) was very positive. Public protection arrangements were well managed and Public Protection Arrangements Northern Ireland (PPANI) reviews were comprehensive. The number of prisoners released on home leave or to work in the community had increased substantially since the 2015 inspection and these prisoners were managed and reviewed appropriately. The Burren House working-out unit in Belfast remained a positive initiative.

A good range of accredited and non-accredited programmes were available which were appropriate to the needs of the population. In our survey, more than half the prisoners on the main site and 60% on the Mourne site said they had completed offending behaviour courses which the majority said would help them meet their PDU targets. Some individual work was undertaken by the psychology department. Housing support for prisoners due for release was appropriate and it was rare for any prisoner to leave the prison with no address or an appointment in the community to access emergency housing support. A good range of support with finance, benefit and debt, including specialist debt management advice, extended beyond release from the prison. More work was required to evaluate effectiveness by following up outcomes.

Release planning was reasonably good. Pre-release plans were appropriate and, in many cases, comprehensive. Pre-release case conferences were constructive with clearly identified objectives and licence conditions.

Main concerns and resulting recommendations

Concern: There had been five self-inflicted deaths since our last inspection. Some of the Prisoner Ombudsman for Northern Ireland recommendations had not been achieved or embedded. Levels of vulnerability were high. Recorded self-harm had reduced to a level similar to comparator prisons but more than 500 SPARs had been opened in the previous six months, which was very high. Observation cells had been used 200 times and strip-clothing in 80% of these situations, which risked adding to isolation and distress. These numbers are unprecedentedly high in our experience and did not demonstrate a caring approach to understanding or alleviating vulnerability or self-harm. Identification of need on arrival had improved but reception interviews were not sufficiently private and there was no interview on the following day to identify welfare concerns.

Recommendation 1:

Men who are vulnerable to self-harm should be kept safe but should also receive individual recorded care which involves peer and family support as appropriate and seeks to address the underlying causes of the vulnerability.

Recommendation 2:

The monitoring of the death in custody action plan should be more robust to ensure that recommendations are embedded in operational practice.

Concern: There was a continuing problem of poorer outcomes for Catholic prisoners in key areas such as PREPS, adjudications, use of force and segregation. Some good initial work had been done to understand this, but the issues persisted.

Recommendation 3:

The poorer outcomes experienced by Catholic prisoners in key areas should be investigated thoroughly, prisoner groups should be consulted about the findings and, where necessary, appropriate remedial actions should be taken.

Concern: In the surveys that prisoners completed during the inspection, findings were, in large part, very similar to those at the inspection in 2015. This was true for prisoners in general, and also specific groups such as those with disabilities, mental health conditions, and those aged under 25 years responded more negatively than their peers in a range of key areas. Despite this, our own findings from this inspection did not consistently correspond with these survey results.

Recommendation 4:

The poor perceptions of men with disabilities, mental health conditions and those aged under 25 should be investigated and, where necessary, remedial action taken.



Recommendation 5:

The prison should explore the continuing negative perceptions of Maghaberry held by many prisoners and groups there, and in particular, work to increase prisoner confidence in staff and important processes like the complaints system.

Concern: Many medical incidents were reviewed at too high a level which contributed to long delays in completing investigations and learning lessons to inform health service improvement. Responses to health complaints could be managed more efficiently as delays were noted in responding to some complainants.

Recommendation 6:

Prisoners should receive timely and focused responses to their health complaints.

Recommendation 7:

Adverse incidents should be investigated and reviewed at an appropriate level and within agreed time scales to ensure that timely learning drives service development.

Concern: There was a national shortage of qualified nurses in Northern Ireland and the service experienced continuing staff shortages. The role of the primary care nurse was principally to administer medication. A training needs analysis had not been completed to identify the skill base of the mental health team. Newly assessed patients were not allocated to the most appropriate practitioner in the mental health multi-disciplinary team, resulting in ineffective decisions in relation to the management of caseloads, prisoner allocations and discharges.

Recommendation 8:

Prisoners should receive access to all health services in a timely fashion.

Recommendation 9:

The skills mix and roles of the primary health and mental health care multi-disciplinary teams should be improved and governance of the mental health function should be more rigorous.

Recommendation 10:

Patients with mental health needs should receive stepped care within agreed pathways, and care plans should be regularly reviewed and overseen at effective multi-disciplinary team meetings.

Concern: The prison had reduced the supply of illegal drugs and prescription medicines, but in our survey 30% of prisoners said they had developed a problem with illicit drugs and 27% with medication not prescribed to them, against respective comparators of 13% and 12%. The practice of supplying in-possession some doses of medicines prescribed for direct administration increased the availability of medicines and created risks of bullying and diversion. Prisoners who were dependent on illicit opiates on arrival could not access opiate substitution treatment which fuelled a demand for illicit medication and missed the opportunity to engage these men in treatment. The range and intensity of psychosocial interventions for substance misuse issues were too limited.

Recommendation 11:

The practice of supplying medicines, which have been prescribed for direct administration, in-possession should be reviewed to reduce the opportunity for bullying and diversion.

Recommendation 12:

Prisoners should have timely access to opioid substitution treatment and a full range of clinical and psychosocial support which meets NICE⁵ guidance and the needs of the population.

Concern: There were still not enough activities for the whole population to be meaningfully occupied. Available places were underused or did not enhance employability skills effectively. The curriculum had not progressed sufficiently, not enough was available at Level Two and above, and the range was narrow. Attendance and punctuality were not good enough.

Recommendation 13:


The quantity, level and range of activities should be developed so that all prisoners can be offered purposeful activity which meets their needs, enhances their prospects and prepares them for work in the community.

Concern: Rehabilitation and release planning support was excellent, but no evaluation was taking place to assess whether this helped men on release and to identify any improvements needed.

Recommendation 14:

The prison and the NIPS should work with partners to evaluate outcomes for prisoners on release, and the effectiveness of the pre-release support provided at Maghaberry.

5 NICE is the National Institute for Health and Care Excellence.



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First published in Northern Ireland in November 2018 by
CRIMINAL JUSTICE INSPECTION NORTHERN IRELAND
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