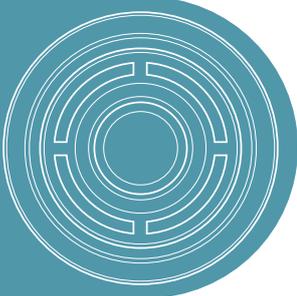


Report on an announced visit to
MAGHABERRY PRISON

5 - 7 September 2016

to review progress against the nine inspection
recommendations made in 2015

November 2016



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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 2016



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List of abbreviations

CJI	Criminal Justice Inspection Northern Ireland
C&R	Control and Restraint
CSU	Care and Supervision Unit
E&D	Equality and Diversity
ETI	Education and Training Inspectorate
GP	General Practitioner
HMIP	Her Majesty's Inspectorate of Prisons in England and Wales
HSCB	Health and Social Care Board
MDT	Mandatory Drug Test
NIPS	Northern Ireland Prison Service
PREPs	Progressive Regime and Earned Privileges scheme
RQIA	Regulation and Quality Improvement Authority
SEHSCT	South Eastern Health and Social Care Trust
SPAR(s)	Supporting Prisoners at Risk



Chief Inspector's Foreword

When the last full inspection of Maghaberry Prison was carried out in January 2016, I concluded that the prison had stabilised and that some progress had been made against the nine recommendations which the Inspection Team made in May 2015.

To support the changes and momentum that were required at Maghaberry, I undertook to review progress against the recommendations through a series of announced low impact visits to the prison. The first of these visits took place from 5 - 7 September 2016 and involved a small team of Inspectors from Criminal Justice Inspection Northern Ireland (CJI), Her Majesty's Inspectorate of Prisons in England and Wales (HMIP), the Regulation and Quality Improvement Authority (RQIA) and the Education and Training Inspectorate (ETI).

This report reviews the progress that the prison has made to date against the nine recommendations. Our intention was not to re-inspect all areas of the prison, nor to deal with the issues in the same level of detail that is associated with a full unannounced inspection. This is a low impact review of progress and should be seen as a partial picture of what was happening at the prison and the experience of the men being held there.

I am encouraged that the momentum created after our inspection in May 2015 has been maintained and in particular, that the Northern Ireland Prison Service (NIPS) leadership and prison governors remained united in their efforts to deliver better outcomes for the prisoners in their care.

However, the issues of substance misuse, the availability of illicit drugs and how vulnerable prisoners are being managed, risks undermining the positive actions underway to drive forward change within the prison. The continued use of the Care and Supervision Unit (CSU) for a small number of men with complex needs remains a worry. I do not underestimate the scale and nature of these issues which have the potential to drag the prison back to where it was in 2015.



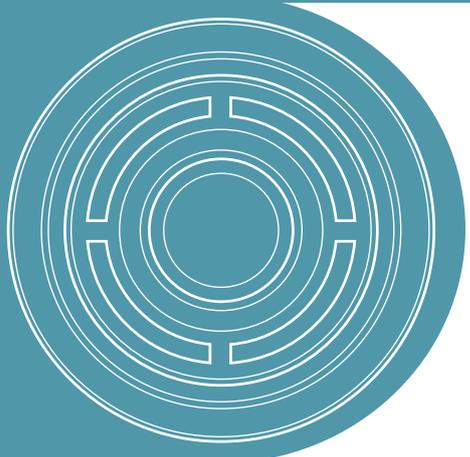
Staff and managers have responded positively to deal with these challenges, many of which will take time and perseverance to achieve.

I would like to thank all those who supported the work of the Inspection Team.

Brendan McGuigan
Chief Inspector of Criminal Justice
in Northern Ireland

November 2016





Maghaberry low impact review



Background and format of the assessment

Background

In May 2015 Criminal Justice Inspection Northern Ireland (CJI), Her Majesty's Inspectorate of Prisons in England and Wales (HMIP), the Regulation and Quality Improvement Authority (RQIA) and the Education and Training Inspectorate (ETI) conducted a full, unannounced inspection of Maghaberry Prison.

Inspectors found the prison to be in crisis, with failures in leadership and culture, compounding the inherent complexity of the institution to produce some poor and extremely concerning outcomes for the prisoners held there.

We made nine key high level recommendations, aimed at assisting the Northern Ireland Prison Service (NIPS) to address our substantive concerns, and halt the obvious decline of Northern Ireland's most secure prison. We informed prison management and NIPS senior managers that we would return in January 2016 and expected to see significant progress to address the areas of poor performance and improved outcomes for prisoners.

Our announced re-inspection of Maghaberry in January 2016 found encouraging signs of improvement; leadership had improved, the prison was more stable and some important early signs of recovery were evident. However, Inspectors remained concerned about a number of issues, in particular a predominant staff culture which emphasised that prisoners were to be feared, and that little could be done to support efforts to rehabilitate the men held in the prison.

Prison managers had started the process of challenging these views, but cultural change is difficult to achieve and we considered it early days in this enterprise. Nevertheless, we reported a degree of optimism that if momentum was maintained, the prison could move towards becoming a modern 21st Century institution, which not only held prisoners safely and respectfully, but also effectively supported rehabilitation.

We advised NIPS senior managers that to support this process of change, the original nine recommendations made after the 2015 inspection remained valid. We informed them that to support the change process and to ensure the forward momentum was maintained, it was our intention to work with them to review progress against the recommendations through a series of announced, low impact visits to assess the prison.

The first of these visits took place between 5-7 September 2016.

Format of the assessment

The low impact assessment of progress which has been conducted is not intended to replicate the full unannounced inspections normally carried out by CJI, HMIP, RQIA and ETI, nor does it mirror the format of CJI's inspection follow-up reviews.

It involved a small number of experienced Inspectors from each of the organisations and was carried out over a three day period.

The purpose of this approach was to provide Inspectors with a sense of how the prison was progressing the nine inspection recommendations made following the 2015 inspection; to maintain and build on the positive momentum to deliver change; and identify any emerging difficulties or slippage in progress at an early stage, so leadership within the prison can take prompt remedial action.

While Inspectors sought and reviewed information and data provided by the NIPS to assist them to make informed judgements around the progress being made, Inspectors did not access the full range of documentation and statistical information as would be the case in a full or follow-up inspection.

Our intention was not to re-inspect all areas of the prison, nor to deal with issues in huge detail, but to take a light touch view of progress in addressing the key barriers faced by the prison in delivering better outcomes for the prisoners held there.

The aim of this assessment is to ensure that focus is maintained on achieving the recommendations made in 2015 and where possible, provide a measure of reassurance around the key areas of concern identified.



Review findings against the May 2015 Inspection recommendations

A small joint team consisting of CJI, HMIP, RQIA and ETI Inspectors undertook the announced visit over three days with the express aim of reviewing progress against the nine recommendations made in 2015. The summary below should be seen as only a partial picture of what was happening at the prison, and of the overall experience of the men held there.

We outline our main findings against each of our nine recommendations below.

1. Leadership and stability

The prison is not safe or stable and urgent action must be taken to strengthen its leadership.

Following our 2015 inspection, Inspectors had significant concerns about the leadership of the prison. When we returned in early 2016 we saw that urgent action had been taken to strengthen leadership which was then focussed on stabilising the prison. At this review, we saw this progress had been maintained. There was still a sense of momentum which provided re-assurance that progress in addressing the concerns raised in May 2015 would continue. The management team had been completely refreshed since May 2015 and they had been moved onto the houses for which they were responsible. There were clear expectations about their visibility to both staff and prisoners, and this had resulted in much more intrusive day-to-day management. A new, fresh group of senior officers had been appointed to compliment more experienced first-line managers, and this group had been given permission to manage the houses and where appropriate, find innovative solutions to problems.

Data provided to us by Maghaberry Prison indicated that levels of violence and disorder had dropped significantly since our last visit in January 2016 and was now running below what we see in many similar prisons in England and Wales. Whilst the review process was unable to verify this data, the signs were encouraging. The numbers of fights were running at similar levels to previously, but far more prisoners were being monitored for bullying. We considered that the likely explanation for the latter finding was efforts were being made to take a more robust approach to challenging poor behaviour amongst prisoners.

In September 2016 the prison felt more settled and calm, as it did in January, and prisoners appeared less agitated and dissatisfied than previously. Dynamic security had improved. Staff were now routinely supervising association areas which was a major step forward and this had taken considerable effort by managers, and a willingness amongst staff to challenge their thinking. This represented a significant cultural shift.

A process was in place to deal with complaints about staff assaults. This outlined a sensible set of steps to investigate such allegations. However, it needed to be augmented by checks to ensure the process was being followed, and that the quality of investigations was sufficiently rigorous to provide re-assurance to prisoners that such issues were being taken seriously.

The delivery of the prison regime had further progressed since our visit in January. A new core day was in place which we were told, was generally being adhered to. This provided a more predictable and equitable experience for prisoners, and also resulted in lunchtime and evening meals being served at more sensible times.

The number of lockdowns, restricted regimes and rotational regime curtailment had reduced further. Data we were provided with indicated that there had been no full establishment lockdowns since March 2016, and that the number of landing lockdowns and regime restrictions had also reduced. In an effort to provide more predictability, the number of rotational partial curtailments on houses had slightly risen. More generally, efforts continued to be made to ensure more notice was given to prisoners of curtailments, restrictions and lockdowns.

2. Erne House fire

The causes and response to the fire at Erne House requires independent investigation.

In our 2015 inspection report we called for an independent investigation into the circumstances surrounding a serious, life threatening fire at Erne House. This had been led by a prison governor from England and reported in December 2015. A number of recommendations had been made and a prison-based review process instigated. We were told at this review that most of these recommendations had been achieved, with the exception of periodic desktop exercises to model the management of similar situations in the future. Managers informed us that it was their intention to ensure this happened in the near future.

3. Separated houses

The demands of the separated units are undermining the work of the whole prison.

The management of Roe House in particular remained challenging. Rotation of staff working in the house continued (as it did with other houses), as did staff training in working with separated prisoners. There were wider plans for a review of the use of separation at Maghaberry, and a longer-term intent for a discreet high secure unit.

However, a generally more stable regime across the prison meant that the contrast with what happened within the separated houses where the regime was rarely curtailed, compared to the experience of the vast majority of prisoners at Maghaberry Prison, was less stark. Nevertheless, the requirement to maintain the *status quo* on both Bush and Roe Houses continued to have a distorting impact on what could be offered to the majority of prisoners at Maghaberry.

4. Vulnerable prisoners

The care of vulnerable prisoners is inadequate.

Overall support for newly arrived prisoners had improved since our visit in January 2016. Privacy in reception was better with the introduction of interview booths. 'Buddies' were now routinely greeting new arrivals both in reception and in the Bann House first night unit. The first night accommodation we saw was much better than at previous visits, and induction arrangements had been developed and improved.

There was still no overall safer custody strategy outlining how the prison would respond to safety issues, and/or those who were vulnerable. This continued to be a significant omission that impeded work in these key areas.

A NIPS death in custody action plan was in place which sought to outline how the prison was responding to recommendations made by the Prisoner Ombudsman. However, we could find no evidence of this action plan being actively monitored to ensure any recommendations made were embedded in prison processes to support prisoners deemed vulnerable to suicide and/or self-harm. This remained a significant area of concern.

The number of Supporting Prisoners at Risk reports (SPARs) opened in the six months prior to our visit in September 2016 had reduced when compared to a similar period prior to our January inspection, but absolute numbers were still high overall. Use of observation rooms for those on open SPARs remained stubbornly high, with 45% of those on a SPAR being placed in these conditions, often for many days. Of these, 83% had their own clothing removed in favour of demeaning anti-ligature clothing. This way of managing men in crisis seemed to us to be designed to minimise the operational impact of keeping people safe, rather than designed to enhance care and support. It remains our view that such wide use of these approaches is unnecessary and detrimental to the well-being of what were already vulnerable men.

We reviewed a small sample of completed SPAR documents and were pleased to see some improvement in quality, although this was still somewhat mixed and it was not always clear why they had been opened in the first place. A regular audit of closed SPARs was now taking place, and there was some evidence of officers being challenged to improve their practice. There was now good access to 'Listeners',¹ including evidence that this was happening overnight.

Some unconvicted prisoners were still sharing cells with those who had been sentenced, although managers told us this was usually at the request of the prisoners concerned.

1 'Listeners' are prisoners who have been trained by the Samaritans to provide confidential, emotional support to fellow prisoners who are struggling to cope with the aim of reducing incidents of suicide and self harm.

5. Disciplinary processes

Processes to manage poor behaviour are ineffective.

Some progress had been made in improving the management of disciplinary processes, but aspects still needed attention. The security meeting was the main forum where these issues were discussed. Whilst this was a good information sharing opportunity, a greater level of analysis of trends and patterns was still needed to ensure challenges were understood and being addressed. Links to safer custody and healthcare continued to be in need of improvement to respond to the major challenges faced around poor prisoner behaviour and the abuse of prescribed medication.

An adjudication standardisation meeting was now taking place and this included dip-sampling of adjudications to learn lessons. The number of adjudications had reduced since January 2016, although they remained high. House-based senior officers now quality assured adjudication charges before they were proceeded with to see if the issues could be dealt with through the Progressive Regime and Earned Privileges scheme (PREPs) or some other means.

The numbers of staff who had up-to-date control and restraint (C&R) training had increased to 65% at the time of this review compared to 38% in May 2015.

It was positive to find that the refurbished Care and Supervision Unit was to re-open imminently. This would provide a better environment for those held in segregation and the opportunity to provide a more enhanced regime.

A small number of men with intractable problems were still spending very long periods in segregation with a poor regime, which risked the deterioration of both physical and mental health. This detention amounted to solitary confinement. Some good local efforts were being made to address the issues presented, but these were sometimes very complex men with a multitude of issues. A more joined-up approach to dealing with those who have a mix of vulnerability, mental health issues, personality disorder and challenging behaviour, needed to be developed.

There were further issues related to men who wanted to live in separated houses, where they either did not meet the criteria, or risk assessments indicated this would not be possible. This group also presented some unique challenges which were difficult to manage.

The role of healthcare within segregation needed to be established. Discussions were ongoing about this during our visit. It was clear that staff working in the unit, and managers with oversight of it, would benefit from sound clinical advice about the management of the men held there, in particular, those spending long-periods in segregated conditions.

6. Equality and diversity

Equal treatment of all prisoners, particularly Catholic prisoners and those with disabilities.

Equality and Diversity (E&D) meetings were taking place, chaired by the deputy Governor, but it was notable that the chaplaincy team rarely attended the meetings.

This was a significant omission given the importance of issues around religion in Maghaberry. The meetings looked at a range of data around religion and dip-sampled where obvious disparities occurred in an attempt to understand the reasons. This was a positive development.

Whilst this process could identify any obvious anomalies, it was not sufficient to highlight more under-lying issues or clarify prisoner's perceptions around outcomes. We have called on a number of occasions for the prison to bring in external experts to assist them in this area but this had yet to happen. Managers acknowledged the benefits of doing so. We hope they expedite this process to ensure in particular, issues around inequitable outcomes for Catholic prisoners are better understood, and if necessary, action taken.

Complaints about discrimination were discussed in the E&D meetings. Most investigations we reviewed were reasonable, but more work was needed to ensure all complaints with a discrimination element were being identified and investigated.

More prisoners than previously had been identified as having a disability. Prisoners with disabilities were seen if they required obvious special assistance, but not routinely to see if they had specific needs. There was no formal consultation process with them as a group, and a lack of clarity of what constitutes a disability. There was still no specific support for gay prisoners.

7. Healthcare and substance misuse

We had significant concerns about aspects of healthcare

Inspectors from RQIA reviewed progress against the substantive concerns from the May 2015 inspection. In January 2016 Inspectors were encouraged by the improvements observed, but further work was still required. This review concluded that while improvements had been maintained some progress remains slow in areas such as nurse staff recruitment, management of chronic diseases such as asthma, and the volume of divertible medications given in-possession. Healthcare Inspectors however noted a continuing momentum and enthusiasm for driving improvements forward.

There has been joint discussion between the South Eastern Health and Social Care Trust (SEHSCT) and the NIPS regarding the development of a Memorandum of Understanding to make explicit what healthcare delivers. However the wider issue relating to the model of healthcare remains. Healthcare is commissioned to deliver a service based on an integrated Primary Care Model with additional tertiary services. This model does not fully capture the current healthcare needs of prisoners and the changing profile of the prison population.

In January 2016, Inspectors recommended that the SEHSCT needed to review the closure of the inpatient unit at Maghaberry Prison to reflect the changing demographic and ensure the needs of prisoners were effectively met. It is now eight years since responsibility for healthcare was transferred to the SEHSCT. Inspectors would recommend an examination by Health and Social Care Board (HSCB) of the service model required to meet the needs of prisoners with complex health needs in partnership with key stakeholders.

Aspects of governance were stronger and staff felt better supported by managers. Primary care staffing was more settled, however there remain significant vacancies and a strong reliance on bank and agency staff, despite efforts to recruit more staff. Inspectors were concerned about some agency staff members knowledge of patients and their medications.

There have been problems with the domiciliary care packages to deliver personal care to two patients, with key staff unwilling to work in the prison due to security fears. However despite these challenges the service has been maintained. Healthcare assistants are also being appointed to deliver personal care to these patients. Checks on resuscitation equipment and emergency drugs had improved.

There were some improvements in clinics offered and dental waiting times were much improved. Good work has been achieved in the management of diabetes and Blood Borne Viruses (BBVs), with links made with the palliative care SEHSCT lead for staff support and training. However, initial work to address the needs of those with asthma has not progressed. Data provided noted that since the inspection in January 2016, there has been a fluctuating downward trend in General Practitioner (GP) waiting list times, with most months not meeting the target.

Healthcare Inspectors continued to have concerns about aspects of prescribing and some aspects of clinical decision-making. The volume of divertible medications given in-possession remains high however from statistics received, there has been a slight decrease in prescribing of gabapentin and pregabalin. To try and alleviate these issues the Lagan Project² has been developed. Staff practice continues to improve in the administration of medication. We were informed that all prisoners now had a lockable cupboard in which to store their medications and a draft policy had been devised.

Mental health support had improved since January and was now broadly meeting patients' needs. There has been a significant improvement in waiting times for review. Set targets have been achieved and exceeded in some instances and a pre-assessment clinic introduced. Staffing levels in the mental health team remain an issue as there are still significant vacancies despite the SEHSCT's efforts to recruit on number of occasions. A crisis³ intervention policy has been devised, however referral criteria for this has not yet been written. It is vital this is progressed immediately.

First night safeguarding and ensuring procedures in the initial committal assessment include all risks and information has been highlighted in recent serious adverse incident reports.

2 The Lagan Project is a planned pilot initiative between the NIPS and SEHSCT to reduce the misuse of in-possession medication and enhance levels of safety within the custodial environment.

3 Crisis is defined by the SEHSCT as a client presenting with an acute disturbance (normally not in the event of substance misuse) or has made a suicide attempt.

Healthcare Inspectors had concerns about recent staff shortages in the committal team and the lack of mental health nurses within the team. This was of particular concern given the vulnerabilities in the population and the prevalence of self-harm. From figures received there would appear to be a growing number of men identified with learning difficulties/disabilities. Clarity around this issue is required and support should be provided. Work is also needed by the wider criminal justice and healthcare systems to provide alternatives to custody for highly vulnerable prisoners.

The third Healthcare Needs Assessment to progress the needs of those with mental health and substance misuse has now been endorsed. Discussions with mental health staff indicated that an action plan was being devised. There was still no clinical psychology or social work service within the prison.

Nurses reported to us that they remain concerned that acutely unwell patients are managed on landings when there are no beds available in community inpatient psychiatric services. There remain difficulties due to the constraints of prison and the monitoring required, with some prisoners with severe enduring mental health issues who cannot be commenced on some medication i.e. clozapine⁴.

The Donard Centre⁵ remains a shared initiative but the programme of care is to change. The Mental Health and Addictions Teams will lead in the provision of therapeutic programmes and the delivery of a mental health and addiction service to create a wellness and recovery hub for patients.

Substance misuse

Whilst not reported as part of the healthcare [assessment] in the May 2015 inspection report, nor at the follow-up in January 2016, Inspectors consider that issues relevant to substance misuse and healthcare are very closely linked. The prevalence of prescribed drugs was a major factor in the ongoing issues with drug abuse at Maghaberry. Services to work with prisoner's dependent on drugs were either delivered, or sub-contracted by the SEHSCT. Therefore, for this review visit report we have included the significant challenges around drug abuse at the prison under recommendation seven. HMIP was responsible for inspecting this area.

Inspectors found no significant progress had been made in addressing concerns around the abuse of drugs raised in May 2015 and re-stated in January 2016.

The Mandatory Drug Testing (MDT) process continued to be reasonably well managed but the positive rate was still too high at 15%.

4 Colzapine is an antipsychotic medication that can be used in the treatment of a range of conditions.

5 The Donard Centre was opened in November 2011 as a day centre to work with prisoners with longstanding emotional and mental health problems.

There was still no co-ordinated recovery-based approach to addressing the significant issues around substance misuse in the prison population. Some aspects of clinical treatment continued to need improvement and the prevalence of divertible medications remained a significant concern (see healthcare section). Nevertheless, the proposed Lagan House project was a positive initiative although this needed to be embedded in a more co-ordinated approach to meeting these challenges.

Inspectors found there were still long delays in psycho-social support work for those with drug or alcohol problems. Prisoners typically waited six weeks before an assessment and a further two weeks to see a case worker, which was far too long. Only limited group work was offered which was a significant omission.

Overall, there were still high levels of drug availability and use by prisoners; problems in accessing addictions services; and the lack of a joined-up approach and a supply reduction strategy, were impeding efforts to manage these challenges. We considered these were significant contributory factors in terms of the challenges around safety, respect and prisoners engaging with the regime. This remained a significant area of concern and risk for the prison.

8. Learning and skills

Learning and skills provision was inadequate and needed urgent improvement.

ETI reviewed the concerns raised about learning and skills provision at our inspection in May 2015. Inspectors concluded that the leadership and management of the learning and skills provision had continued to build on the improvement noted in January 2016. The Belfast Met provision was now well embedded across the prison, with clear improvements in both the quantity and quality offered. However, use of data and self-evaluation to inform improvement planning remained an area for development.

There had been progress made in the range of learning and skills on offer to prisoners, although opportunities beyond Level Two were still too limited. More activity places were available than in January 2016, but there was still a significant minority of men not currently participating in education, training or work.

Important links to sentence planning and resettlement had developed, although there was still a need to further solidify the link between activities and resettlement work. Education assessments were now being carried out within five days of committal. There were some good achievements of qualification; however, there was significant variation in outcomes in essential skills which was unacceptable.

9. Resettlement

Resettlement activities should be based on a robust needs analysis

At the time of the inspection in May 2015, Inspectors rated outcomes in resettlement as reasonably good, and again affirmed the quality of work in this area at our re-inspection in January 2016. During this review visit we saw a well-staffed Prisoner Development Unit (PDU) where staff were very motivated, enthusiastic and knowledgeable about their roles.

All sentenced prisoners were now being seen within 30 days of their arrival to assess their needs. This information had been used to carry out a review of the prison population's resettlement needs and additional provision had been introduced. From September 2016, the prison planned to do the same for unsentenced prisoners.

Resettlement remained the strongest 'healthy prison' area at Maghaberry Prison, although improvements elsewhere - particularly around further enhancing opportunities in activities and better controlling the abuse of drugs - would support work to rehabilitate the men held at the prison.



Conclusion

This review visit was encouraging in many respects because it indicated that the momentum created after our inspection in May 2015 has continued, and in particular, that the NIPS and prison senior leaders remained united in their efforts to turn the prison around.

It was critical that this unified momentum, built over the last 18 months continued; that plans being developed for further progress were implemented; adequate resources were provided to deliver them; and the changes made were embedded.

Maghaberry is a complex prison, operating in a highly complex environment, so we, along with politicians and the public in Northern Ireland need to be patient and realistic about how quickly some of what needs to be done to modernise Maghaberry, can be achieved.

Nevertheless, this process continues and we are pleased to note some important steps forward have been taken. The abiding message however from this review is that much still needs to be done in order for Maghaberry Prison to provide a safe, secure, respectful and rehabilitative custodial setting in which most prisoners in Northern Ireland can reside.



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First published in Northern Ireland in November 2016 by
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