



The
**Prisoner
Ombudsman**
for Northern Ireland

**SUMMARY AND RECOMMENDATIONS OF THE
REPORT BY THE PRISONER OMBUDSMAN
INTO THE CIRCUMSTANCES
SURROUNDING THE DEATH OF**

RICHARD BERNARD GILMORE

AGED 25

IN MAGILLIGAN PRISON

IN THE EARLY HOURS OF SUNDAY 11 JANUARY 2009

29 APRIL 2010

**Please note that where applicable, names have been removed to
anonymise the following report.**

SUMMARY

Richard Bernard Gilmore was remanded into the custody of Maghaberry Prison on 7 August 2008. On 28 August 2008 he was transferred to Magilligan Prison and was given an early release date of 30 January 2009. Sadly he died in prison on 11 January 2009.

Richard had been in prison on previous occasions and prison health records show that he was known to have a long history of drug problems involving use of multiple substances as well as alcohol. When Richard arrived at Maghaberry on 7 August 2008, it was noted that he had previous drugs misuse behaviour which resulted in him accidentally overdosing in 2007. Richard was interviewed by a Governor and said that prior to entering Maghaberry, he was taking drugs such as cannabis, ecstasy and cocaine on a weekly basis.

Richard was transferred to Magilligan on 28 August 2008 and a nurse again recorded Richard's accidental overdose. Following this interview, Richard was assessed and, as he had been self administering his medicines at Maghaberry, he was approved for self medication. He was issued with his weekly supply of co-codamol, prescribed for shoulder pain.

Richard appeared to settle into prison life and a number of officers in Magilligan Prison commented in Richard's Personal Officer Reports¹ that Richard was: *"polite and respectful to staff and conforms to all wing routines without question."*

On 12 September 2008, Richard passed a voluntary drug test. All prisoners are expected to be drug free, however, drug free accommodation is available to prisoners who agree, as part of the

¹ Personal Officer Reports – Personal reports which monitor the progress of prisoners in respect of them conforming to the prison regime.

conditions of residing in the accommodation, to take and pass voluntary drug tests. On 16 September 2008, Richard was moved to the drug free accommodation in H1 A and B.

On 25 September 2008, during the Joint Committal and Discharge Interview, which prisoners with less than four months to serve attend to discuss resettlement needs, Richard admitted that the use of alcohol and drugs had caused him problems and he requested a referral to the Drug and Alcohol Team based at Magilligan. The referral was received by the team on 3 October 2008 and Richard was assessed on 23 October 2008. At the assessment interview, however, Richard declined any offer of help, stating that he had been clean of drugs for a period of time and that, because he had a partner and child, he was more settled and looking forward to his release to be with them. Richard was adamant that he was finished with drugs and didn't need any further help.

It was, however, the case that Richard had taken a further drug test on 10 October 2008, which showed that he had taken a non prescribed drug. The result of the test was received at the prison on 30 October, after his meeting with the member of the Drug and Alcohol Team on 23 October. Test results were not routinely notified to the Team.

Conditional upon passing the drugs test on 10 October Richard, having successfully met the other criteria, was put forward for promotion from Standard to Enhanced level, within the Progressive Regimes and Earned Privileges Scheme² (PREPS).

² PREPS – Progressive regimes and Earned Privileges. There are three levels of regime - Basic, Standard and Enhanced. The purpose of the PREPS system is to increase participation in constructive activities, encourage good behaviour and thus prepare prisoners for release. This is achieved by rewarding those prisoners who engage positively.

As a result of his failed drug test, Richard was demoted back to Standard level of the PREPS scheme and was also removed from the drug free wing of H1 A and B to accommodation in H1 C and D.

In a telephone conversation on 20 December 2008, Richard discussed with a friend that the reason that he had been moved was not because of the prescribed painkillers the prison doctor had given him, but “*for a different type of painkiller*” he had taken.

On 17 November 2008, Richard had surgery to remove a plate from his shoulder and was discharged from hospital, to continue with his prescription of co-codamol. On 27th November 2008, Richard complained of increased shoulder pain and his co-codamol was stopped and substituted with Tramadol, a more powerful pain relieving medicine.

The clinical reviewer, Dr Peter Saul, when examining Richard’s medication record noted that the drug recording system at Magilligan made it difficult to correlate drugs prescribed and issued. The South Eastern Health and Social Care Trust have subsequently advised that they have taken steps to address this difficulty.

Prisoners coming to the end of their sentence may apply for short periods of temporary release and Richard was granted two days of home leave from 7 to 9 January 2009.

One of the conditions for Richard’s home leave was that he had to take a voluntary drug test, which he took on 6 January 2009 and passed.

All prisoners entering or leaving the prison, including those on home leave, are processed through reception. All prisoners undergo a full

body search, which includes the removal of clothing and use of metal detection apparatus. Following the full body search, prisoners returning to prison put on clothing left in reception ready for their return. This process helps to reduce the risk of any items concealed within clothing entering the prison.

Richard was processed through reception when he left Magilligan Prison on 7 January 2009 and again when he returned on 9 January 2009. There is no indication that staff were suspicious that Richard was bringing in any prohibited articles or substances on his return from his home leave, and no prohibited articles were discovered during the search process.

At interview, however, a prisoner said that, *“Richard returned from Home Leave on the Friday before he died and he brought back with him 200 plus of loyalist blue tablets³, 100 plus white Subutex tablets⁴ and about 2-3oz of cannabis. I know that he managed to bring this quantity of drugs in his back passage in Kinder Egg containers.”*

It was also established that, after the news of Richard’s death had been released in the press, the security department in Magilligan Prison received a phone call from a fellow prisoner, who was out on temporary release. The prisoner stated that Richard had brought in *“D10’s/ Roche 10’s and Subutex”* when he returned to Magilligan Prison from his home leave.

The prisoner who phoned Magilligan Prison further stated;

“The news had suggested a bad batch of drugs had been the cause, however it was the amount that Richard had taken. Richard had been

³ Loyalist Blues – Are often diazepam 10mg tablets and are blue in colour. However, they can also contain ecstasy (MDMA) and ketamine, a short acting but powerful general anaesthetic which has powerful hallucinogenic qualities.

⁴ Subutex – Contains the active ingredient buprenorphine.

under pressure to bring drugs into the prison and the drugs that he had taken were the ones he had brought into prison from his recent home leave.”

It was not possible to confirm whether pressure was being placed on Richard to bring drugs back into prison. The prison service is well aware that prisoners who are granted temporary leave can be vulnerable to such pressure.

On his return from home leave on 9 January 2009, Richard undertook a voluntary drug test, which was a condition of his temporary release contract. On 15 January 2009, after Richard's death, the result of this test was available and showed positive for cocaine, but no other substances.

Following his return from home leave, CCTV observations on 9 January 2009 show Richard interacting and socialising with a number of fellow prisoners throughout the day.

Entries on the wing journal suggest that the remainder of the day was largely uneventful, with no reference to any suspicion of drugs being on the wing. At interview, however, a night custody officer who was on duty that evening said that, during the handover from day staff, she was provided with information to suggest that there may have been drugs on the wing. The night custody officer could not recall which officer provided her with this information and the handover was not, as required by Prison Service policy, recorded in the wing journal.

The drug related information provided by day staff was not, as required by Prison Service policy, recorded and forwarded to the Security Department.

At interview the night custody officer stated that, that evening, she identified a number of cells she suspected of drugs misuse and that she believed that a number of prisoners were “*off their faces*” on drugs. One of these prisoners was Richard. The night custody officer stated that she could smell prohibited substances being smoked in various cells and she seized an improvised smoking device in the ablutions area at 21.05.

In line with Prison Service policy, the night custody officer recorded on a security information report (SIR), what had occurred and submitted this to the Security Department at the end of her shift.

At interview, the night custody officer further stated that there was “*camaraderie*” between Richard and another prisoner she suspected of drug taking that night. This was observed when Richard spoke to another prisoner through a cell door as Richard went to and from the ablutions area. There was, however, no record of this information in the wing or senior officer journals as a reference for future shifts.

At approximately 09.20 the next morning, 10 January 2009, Richard spoke to a nurse officer and requested his weekly prescription of co-codamol. Prescriptions are only permitted to be requested on a Friday and as it was a Saturday, the nurse officer refused Richard’s request. At interview, the nurse officer advised that Richard was not happy with this and insisted that it was Friday. The nurse officer then checked Richard’s prescription records and noted that he should have had 32 tablets remaining from his most recent issue. She requested that Richard provide her with the tablets he had left and found that he only had 10 tablets. The nurse officer retained the tablets and notified Richard that he would now be placed on daily issue of

medication and that she would be giving him an adverse report⁵ for this medication abuse.

The nurse officer had no further dealings with Richard that day and was not aware of any concerns about Richard's well being.

As a result of the security information report submitted by the night custody officer, the security department made arrangements for a search to take place on the morning of 10 January 2009. The search involved two cells in H1 D wing and two cells in H1 C wing. One of these cells was Richards. The search team planned the searches to coincide with the routine lock down of the wing for cleaning. This was to avoid arousing the suspicion that would have resulted from an unscheduled lock down.

At 09.29, CCTV shows officers on the wing commence cell lockdowns. Eight minutes after the locking of the cells commenced, Richard was finally locked at 09.37. During this time, CCTV shows Richard talking to other prisoners and entering other cells, including one of the cells that was also going to be searched. When leaving this cell, Richard and the other prisoner who was about to be searched, can be seen walking out of the camera's view. They remained out of the camera's view for approximately one minute. Due to the angle of the CCTV camera, it is unknown whether Richard walked into the ablutions area or onto C wing with this other prisoner. Prisoners can move between C and D wing.

The exact time of arrival of the search team at the building is unknown, but it may or may not be the case that Richard was aware of the search team's presence prior to being locked down. CCTV would suggest that the length of time taken to lock down the wing

⁵ Adverse report – Bad behaviour reports which can affect the regime level the prisoner is on.

could have provided an opportunity for Richard and the other prisoner to conceal or dispose of any prohibited substances they possessed.

No drugs were found on Richard or in his cell and no drugs were found on his wing. There was, however, drugs found on C wing.

When asked about Saturday 10 January 2009, a prisoner on Richard's wing, said:

“From the time Richard came back off home leave he was off his head. He was slurring his words and wobbling all over the place when he was moving about the wing. On the Saturday during the day, a number of cells were searched, one of which was Richard's. Those officers should have noticed at that point that he wasn't well and should have observed him more frequently or seen a medic. Richard was taking drugs steady from when he came back and was handing them out to a few of his mates also.”

Observation of the CCTV does not appear to show Richard *“wobbling all over the place when he was moving about the wing”*. Richard looks as though he is walking normally.

The officers who searched Richard that day stated that there was no evidence of Richard being under the influence of drugs.

However, at interview, one of the officers who was working on H1 C and D wing on 10 January 2009 said:

“I interacted with him (Richard) and quite a few other prisoners on a regular basis and on the day that he, on that Saturday, he was unsteady on his feet and he was, from what I can remember, slurring

his words. He had spoken to a medical officer (nurse) first thing in the morning."

The officer added that Richard was *"a very up and down sort of character and that on some days he would have spoken to you and other days he wouldn't bother."* He said that *"on that day he was certainly more off his head than other days he had been."*

In the absence of the nurse who had seen Richard raising any concerns, the officer did not feel the need to take any further action.

Other officers who interacted with Richard that day stated that he seemed the same to them and there was nothing untoward to note about his demeanour or mannerisms.

Throughout the course of this investigation a number of members of staff stated that the misuse of drugs in Magilligan Prison is common. They said that to increase the observations of all prisoners suspected of misusing drugs would not be possible due to the extra staff that would be required to achieve this.

CCTV for 10 January 2009 shows Richard moving around the wing. There is a lot of activity in his cell and the cell opposite, with several prisoners coming and going.

At 12.02, Richard collected his lunch from the dining hall and took it back to his cell. Lunch time lock down was between 12.46 and 13.59. During the afternoon Richard was moving around the wing and associating with different prisoners.

From 15.41 Richard stayed in his cell, not leaving it again before his death. Several prisoners can be seen entering and leaving the cell

until lockdown. Tea was served at 16.00, but Richard did not receive his meal. Between tea being served and lock down, there was further movement of prisoners in and out of Richard's cell and two officers can be seen speaking to the occupants of Richard's cell on separate occasions.

CCTV shows that at 17.21, all cells were checked and locked down for the night and the night time sanitation system commenced, requiring prisoners to use their in cell call buttons when needing to use the ablutions.

On the night of 10 January 2009, H1 had one officer working in the control room and two officers supervising both C and D wings where Richard was located.

At 19.20, one of the night custody officers came on duty and, in line with Prison Service policy, commenced a body check to ensure that all prisoners were in their cells and accounted for. During this body check the night custody officer found a prisoner passed out on the floor of his cell. His cell was unlocked immediately. Medical attention was administered and the prisoner was later taken to hospital by ambulance.

One of the night custody officers who dealt with the incident explained at interview that, having found the prisoner unconscious, officers *"shouted to other prisoners like 'has he taken anything? What has he taken? What'll help him?' and someone shouted – I forget what he said but it was two types of drugs."*

CCTV shows the officer looking into a number of cells. When asked why, he said that it may be that these were the prisoners who may

have spoken up about what drugs the prisoner had taken. One of these cells was Richards.

Prison Service policy requires that checks must be carried out on prisoners at 19.30 and 07.00 and staff must be satisfied that prisoners are alive by seeing their faces and observing movement, even if it means waking them. Other checks must be carried out at specified times during the night to confirm that a prisoner is in his cell, but there is no requirement to ensure that signs of life can be seen.

Richard's family wanted to know "*Why were there not increased observations on the wing that night,*" over and above the checks required by this order, as a result of a prisoner having been found unconscious. The investigation found that night custody officers, on 10 January 2009, did take it upon themselves because of the earlier incident, to conduct an extra body check requiring a response from prisoners, at 21.12.

CCTV of this body check shows that the night custody officer who checked Richard at 21.12 looked through the cell door flap and kicked Richard's cell door. At interview, the night custody officer stated that whilst he could not recall anything untoward, the fact that CCTV shows him kicking Richard's cell door, would suggest that Richard was already in his bed. He said that, as a result of him kicking the door, Richard must have provided a response before he moved onto the next cell.

The next check was at midnight and did not require a sign of life to be seen. The night custody officer who carried out this check said that he could not recall anything specific about Richard during the check.

CCTV does not show Richard's cell alarm light illuminating, indicating that he needed to use the ablutions or requested assistance, at any time during the evening.

After the midnight check, the next scheduled body check was at 02.00. As with the check at midnight the purpose of this was to check that there was a person in the cell. There was no requirement to ensure that there was a sign of life.

CCTV shows that a different night custody officer carried out this check from the officer who carried out the midnight check. At 02.11 the night custody officer can be seen kicking Richard's cell door for approximately one minute and walking back down the landing.

In his statement, the officer said that he could not see any movement. He said that the covers were up over Richard as he lay on his bed and the only part of Richard that was visible was his left temple area and his left eyebrow. The light in Richard's cell had been left on and there was liquid spilled on the floor. The night custody officer stated that the combination of all these things raised his suspicion that something wasn't right. He further stated that he kicked the door and called Richard's name a couple of times and got no response.

At approximately 02.12, the night custody officer left the wing to alert the Emergency Control Room via the block controller of his concerns.

In an emergency situation, Prison Service policy requires that a cell door should be opened immediately, providing two officers are present. In any other situation when the cells are locked down, there is a requirement to have three officers present. The night custody officer who checked Richard at 02.11 said that he didn't see the situation as an emergency, because prisoners do sometimes lie as still as possible when officers are trying to wake them up. He further stated that he didn't class what he saw as an obvious life threatening situation, such

as “seeing someone hanging, the sight of blood or in the obvious case, as with the prisoner earlier that night, a prisoner collapsed on the floor.”

It took 11 minutes from the night custody officer finding Richard unresponsive to when the senior officer and nurse officer arrived at Richard’s cell to unlock it. During this time CCTV shows both night custody officers returning to Richard’s cell and kicking and looking through the cell door to try and obtain a response.

At interview the senior officer and nurse officer said that they were both in the Old Hospital Building⁶ when the Emergency Control Room notified them that they had an unresponsive prisoner in H1. Both officers stated that the main cause of their delay in getting to H1 was the time it took for the nurse officer to access Richard’s medical history on the computer system. The nurse officer stated the reason for doing this was to see if Richard had any clinical history which could account for him being unresponsive.

The clinical reviewer, Dr Peter Saul, concluded that given that the nurse had been told that Richard was unresponsive, the decision to access his clinical history before attending him was a reasonable one.

At 02.23, Richard’s cell was opened and the senior officer and nurse officer entered his cell. The senior officer stated that when he pulled back Richard’s duvet, Richard’s face was a purple/blue colour. The nurse officer further stated that Richard’s pupils were unresponsive to light and that she could not find a pulse. She was unable to insert an airway into Richard’s mouth, due to his teeth being clenched, but immediately commenced CPR⁷ and oxygen therapy with the assistance of one of the night custody officers.

⁶ Old Hospital Building – A new healthcare centre is used for treating prisoners. The old hospital building is used for administration purposes only.

⁷ CPR - Cardiopulmonary resuscitation is an emergency procedure for people in cardiac arrest or, in some circumstances, respiratory arrest.

In his report the clinical reviewer, Dr Peter Saul, said that given the clinical findings that Richard was blue, had no heart beat and was stiff with clenched teeth it was his view that Richard had been dead for some time prior to the officers discovering him.

Dr Saul concluded that:

“Mr Gilmore’s treatment had been appropriate. In this case earlier entry to the cell is unlikely to have made any difference but might in other circumstances. It is impossible to determine the time of death other than to say that Mr Gilmore is likely to have been dead at the time of discovery.”

On manoeuvring Richard to a position which enabled CPR to be conducted, the night custody officer who was assisting the nurse found a plastic yellow Kinder Egg container lying on the bed behind Richard. Within the container were some tablets wrapped in bubble wrap.

CPR continued until the paramedics arrived at Richard’s cell at 02.47. The nurse officer advised that the paramedics attached leads to Richard and hooked them up to their equipment. A heart trace was carried out, but no response was obtained and no further medical assistance was given to Richard. The paramedics left at 03.13.

It is usually the case that the chief medical officer would attend to confirm a death, but on this occasion the chief medical officer was out of the country. As a result, the police duty medical officer was requested to attend. She attended at 05.08 and due to this delay Richard’s time of death was recorded as 05.12.

Richard's mother had asked why her son was not safe in prison, from the misuse of drugs.

The management of the supply and use of drugs presents a major challenge to prisons everywhere. The Governing Governor at Magilligan Prison is committed to trying to keep Magilligan Prison drugs free. At the same time, wherever possible, he does not want to introduce measures which disadvantage or appear to punish prisoners and visitors who never abuse drugs. This balance can, at times, be difficult to achieve.

As part of this investigation, the management of various issues in connection with drugs, that had relevance to Richard, were examined.

The therapeutic work of the Drugs and Alcohol Team was noted and it was also noted that Magilligan has a Drugs Steering Group. A comprehensive monthly analysis of data including drugs finds, drug related adjudications, deployments of the passive drugs dogs and prisoners and visitors who have restrictions placed on their visiting arrangements because of being suspected of possessing drugs, is carried out and informs decision making.

Some concerns were, however, identified in respect of the treatment of drugs free wings, drug testing arrangements, the operation of the PREPS scheme, the action taken by staff who believe that prisoners may have taken drugs, the security of the visits area, the communication of drugs test results and the use of mobile phones. These are discussed in Section Eight and many of my early and current recommendations result from these findings.

RECOMMENDATIONS

As a result of my investigation I make 31 recommendations to the Northern Ireland Prison Service. A number of the recommendations relate to the provision of healthcare and are, therefore, made to the Prison Service and the South Eastern Health and Social Care Trust (SEHSCT).

Many of these recommendations result from the information presented in Section 8 of the report which examines Drugs Management Issues.

I shall request updates on the implementation of these recommendations in line with the action plan provided by the Prison Service.

EARLY RECOMMENDATIONS MADE ON 1 JULY 2009

Recommendation 1

I recommend that the Prison Service ensure that random voluntary drug testing is extended to cover all standard prisoners in Magilligan Prison.

(Note: The Prison Service accepted this recommendation and advised that from 13 July 2009, voluntary drug testing would be offered to all prisoners irrespective of regime level. The Prison Service advised that they could not currently require prisoners to provide a urine sample, but that this would change in autumn 2009 when Prison Rules would be changed to provide enabling powers for the Prison Service to introduce mandatory drug testing.)

On 1 February 2010, new Prison Rules came into effect to introduce compulsory testing for illegal drugs and alcohol.)

Recommendation 2

I recommend that the Prison Service ensure drugs free wings are required to be drugs free and that any prisoner failing a drugs test, or found with drugs, is immediately required to leave the wing. I do support the view that prisoners, removed from the wing for failing a drugs test, should be given every support to get back to the drugs free wing as soon as possible.

(Note: The Prison Service accepted this recommendation stating that there are two hundred and fifty cells across Halward House, Sperrin, Alpha and Foyleview which are set as a progressive regime within a drug free environment. They said they have zero tolerance for the presence of drugs and failure of drugs tests.

The Prison Service further said that prisoners are transferred from these areas if they fail drug tests but that they have regular reviews and case conferences to provide the opportunity for prisoners to demonstrate progress and facilitate their return to drug free accommodation, including Foyleview.)

Recommendation 3

I recommend that the frequency of random drugs testing of prisoners located in the drugs free wings, where prisoners have the benefit of a new modern facility, should be reviewed to ensure that the likelihood of maintaining a drugs free environment is maximised.

(Note: The Prison Service stated that further consideration was needed because using the current urine drug testing procedures, they have finite staff resources and limited time to carry out drug tests due to the pressures of managing an ever increasing prisoner population. The Prison Service further stated that an increase in drug testing in any area of the prison would currently have to be based on intelligence and prisoner behaviour.

The Prison Service stated that with the anticipated introduction of saliva (swab) testing at the end of 2009, the above limitations should not be an issue. Saliva testing has not yet been introduced but information has been sought on the revised plans for its implementation.)

Recommendation 4

I recommend that the Prison Service should introduce the new 'Swab Test' for obtaining voluntary drug test samples, which is easy to administer and provides results much sooner.

(Note: The Prison Service stated that they anticipated the introduction of the new swab (saliva) testing procedures by the end of 2009. Saliva testing has not yet been introduced but information has been sought on the revised plans for its implementation.)

Recommendation 5

I recommend that Magilligan Prison introduce a system whereby failed drug test results are always notified to Healthcare. I extend this recommendation to all Northern Ireland Prison Establishments, where relevant.

(Note: The Prison Service accepted this recommendation stating that currently failed drug tests are recorded on PRISM, however, they have agreed that failed drug tests will be notified to Healthcare.

Further to this, the South Eastern Health and Social Care Trust stated that historically, healthcare did not get sight of failed drugs tests but they have put new procedures in place to receive all failed drug test results.)

Recommendation 6

I recommend that the Prison Service introduce a system whereby failed drug tests are notified to the Offender Management Unit. I extend this recommendation to all northern Ireland Prison establishments, where relevant.

(Note: The Prison Service accepted this recommendation stating that currently failed drug tests are recorded on PRISM, however, they have agreed that failed drug tests will be notified to the Offender Management Unit.)

Recommendation 7

I recommend that the Prison Service take steps to ensure that Officers fully record in the wing journals, details of information supplied to or requests directed to Security Staff, which would provide important information impacting on the duty of care provided by officers across subsequent shifts.

(Note: The Prison Service stated that it is not appropriate to record all sensitive information in a wing journal which might be seen by prisoners. However, information of a sensitive nature which impacts on security, good order and control within the residential area should be

recorded in the Residential Manager's journal and should be available to other managers who can then brief their staff accordingly. The Prison Service, in addition, stated there is a well established Security Information Reporting System which allows staff to provide information to Security directly.

The Prison Service further stated that staff coming on duty should be briefed by the managers on any developments which occurred during the previous shift.

In light of this, I have made a further recommendation in respect of shift handover arrangements. (See recommendation 21)

Recommendation 8

I recommend that the Prison Service take steps to ensure that the results of searches are also recorded in the wing journal in order that staff are fully informed about substances found.

(Note: The Prison Service stated that it is not appropriate to record information in the wing journal. Such information should only be recorded in the residential manager's journal and should be available at shift hand-overs.)

Recommendation 9

I recommend that Magilligan Prison carries out a review into how cell searches are planned and monitored in order to minimise the opportunity for drugs to be concealed or disposed of.

(Note: The Prison Service stated that cells are routinely searched by residential staff. However, where there is specific intelligence to suggest that there is a significant problem in a specific area, a special search will be organised. This does require time to plan, given the requirement to organise staff as Magilligan does not have a dedicated staff search team.

The Prison Service further stated that every effort is made to ensure intelligence led searches are conducted without prisoners being aware, but inevitably when staff appear at the block in large numbers, prisoners will quickly become aware that something is about to take place. They will then make whatever efforts they can to dispose of contraband, which includes both swallowing and inserting drugs in body cavities.

I repeat my recommendation for a review to take place. This should include consideration of the role that landing staff can play in prioritising lock down of the prisoners to be searched.)

Recommendation 10

I reiterate a previous recommendation that the Prison Service should install approved technology to block the use of mobile phones in all prisons.

(Note: The Prison Service have advised that there are issues in regard to legislation, financial constraints and capability of current technology to block mobile phone signals regardless of network or wavelength. Tests carried out on blocking mobile phones have revealed concerns in regard to radiation levels and range of cover.

I note current research the Prison Service are undertaking in respect of this and would recommend that appropriate decisions are made at the earliest opportunity.)

Recommendation 11

I recommend that the Prison Service research, at the earliest opportunity, the feasibility of using mobile phone detectors which are currently available on the market.

(Note: The Prison Service has availed of the opportunity to purchase a limited number of mobile detectors and indeed mobile, local blockers.)

Recommendation 12

I recommend that the Prison Service carry out a review of the level of supervision of prisoners on a wing following a serious incident of drugs misuse and that this should not rely on Landing Officers/ Night Custody Officer using their discretion.

(Note: In response, the Prison Service stated that it would be impossible to be prescriptive to cover all situations. They further stated that supervising staff are required to use their discretion to introduce additional checks where this is considered necessary and that it is also right that the night custody officers use their discretion to carry out further checks if they have a specific concern.

Whilst I support the requirement for staff to be fully responsible and vigilant in such a situation, I am still recommending that the requirement for extra checks should be stated in Prison Service policy and included in staff training.)

Recommendation 13

I recommend that arrangements should be put in place for informing prisoners when a serious drug related incident has occurred, and for prisoners to be given the opportunity, and encouraged, to come forward with any information or concerns they may have without any repercussions.

(Note: In responding to this recommendation, the Prison Service said that this is already accepted practice, depending on the seriousness of an incident. The Prison Service further stated that Magilligan Prison has advised prisoners of drug “amnesties” on several occasions in the past.

In light of the response to the suspected overdose on 10 January 2009, I am recommending that, following such an incident, officers should speak with each prisoner on the relevant landings and record and pass to a senior officer and healthcare staff any information provided to them. I note also that whilst prisoners were all checked for a sign of life after Richard’s death, they were not woken and spoken to.)

Recommendation 14

I recommend that Magilligan Prison carry out a review of the adequacy of security in the area where visitors move between the security area and the main visits room.

Recommendation 15

I recommend that Magilligan Prison carry out a review on the current arrangements for prisoners leaving the Visits Room.

(Note: In response to these recommendations, the Prison Service accepted them stating that plans are well advanced to provide an extension to the existing visiting facility. The Prison Service further stated that Magilligan Security will review the existing security arrangements, in particular the monitoring of movement in the area between the security area and main visiting area to ensure there is adequate CCTV cover and any improvements will be brought forward as part of the refurbishment work.

FURTHER RECOMMENDATIONS

Recommendation 16

I recommend that Magilligan Prison review the use of their Dry Cells in the Special Supervision Unit to provide staff with the option of placing prisoners in a Dry Cell in line with Prison Rule 32 (1A) when they are suspected of concealing prohibited articles in body cavities.

Recommendation 17

I recommend that Magilligan Prison ensure that all staff involved with prisoners on a daily basis are reminded of their duty to submit Security Information Reports as soon as they suspect any activity related to the misuse of drugs.

Recommendation 18

I recommend, as identified by the training manager in Magilligan Prison, that specific written instructions for emergency 'unlock'

procedures (other than fires) for Sperrin, Alpha, and Foyleview accommodation are prepared and circulated.

Recommendation 19

I recommend that Magilligan Prison replace the faulty and technically unsupported CCTV systems within the H-Blocks.

Recommendation 20

I recommend that Magilligan's Chief Medical Officer is required to notify the Emergency Control Room when he/she will not be available to attend emergency incidents, and to indicate where emergency requests should be directed.

Recommendation 21

I recommend that Magilligan Prison takes action to ensure that an appropriate and recorded handover takes place between day and night shift staff and that this should include the communication of any concerns about the availability or use of drugs, which should have been notified and recorded in the residential manager's journal. I extend this recommendation to all Northern Ireland Prison establishments, where relevant.

Recommendation 22

I recommend that Magilligan Prison review the policy and guidelines defining all of the action that should be taken where staff believe that prisoners behaviour suggests that non prescribed drugs may have been used. This should include a

review of the role and expectation of healthcare staff. The outcome of the review should be communicated to all staff and included in staff induction and training arrangements.

Recommendation 23

I recommend that Magilligan Prison, in line with Prison Service policy, remind staff that all body checks must be recorded in the night guard journals.

Recommendation 24

I recommend that Magilligan Prison and the SEHSCT review the arrangements for achieving entry to a cell where there is an unresponsive prisoner and possible serious health concerns.

Recommendation 25

I recommend that Magilligan Prison and the SEHSCT put in place arrangements for discussing failed drugs tests with prisoners with a view to developing an appropriate plan. The plan should be recorded and should include any action required in respect of prescribed medication, self medication and referral to drugs counselling services and any problems or issues that may be increasing the likelihood of drugs abuse. I extend this recommendation to all Northern Ireland Prison establishments, where relevant.

Recommendation 26

I recommend to Magilligan Prison and the SEHSCT that arrangements should be put in place to ensure that self

medication assessments should take account of previous addictive behaviour, episodes of self harm and results of drug tests.

Recommendation 27

I recommend to Magilligan Prison and the SEHSCT that drugs tests that are passed are also notified to healthcare in order that healthcare can identify any circumstances where prescribed medication is not evident in a test result, implying that a prisoner may not be taking his medication correctly.

Recommendation 28

I recommend to the Prison Service and the SEHSCT that they carry out an audit to ensure that the new medication recording booklet has been fully implemented.

Recommendation 29

I recommend that the Prison Service and SEHSCT ensure that everyone involved in a death in custody is in attendance at the cold de-brief.

Recommendation 30

I recommend that the Prison Service carry out a further assessment of the possible value of using the B.O.S.S chair already located at Maghaberry Prison. (See page 133 of the report for further information in respect of B.O.S.S chairs)

Recommendation 31

I recommend that the Prison Service comprehensively audit the implementation of the Prison Service Action Plan produced in response to the recommendations of the Report on Minimising the Supply of Drugs in Northern Ireland Prisons produced in July 2008.