Report on an unannounced short follow-up inspection of

HMP Altcourse

17–19 September 2007

by HM Chief Inspector of Prisons

Printed and published by:
Her Majesty's Inspectorate of Prisons
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Introduction

HMP Altcourse is a large local prison on the outskirts of Liverpool managed by Global Solutions UK Ltd. In previous inspections, we have commended the prison as one of the most impressive of its type. This unannounced short follow up inspection confirmed that Altcourse, despite considerable expansion and a worrying increase in violent incidents, remained a good local prison.

Altcourse remained reasonably safe, with improved suicide prevention arrangements and a new first night centre to address initial concerns before prisoners moved on to residential location. However, as a temporary measure - while new accommodation came on stream - some prisoners were missing out on this facility and going straight on to the induction unit. Space on the centre was also taken up inappropriately by some poorly behaved young offenders, for whom alternative accommodation was required.

It was of particular concern that there had been a rise in violent incidents, beyond that which might be expected with the growth in the size of the prison. There had been consequential increases in use of force and adjudications, although it was commendable that no recourse had been made to the special cell. Anti-bullying arrangements also needed strengthening. Drug misuse appeared to be on the increase, which was of concern, not least because detoxification arrangements were limited.

Altcourse remained an impressively respectful prison, with well maintained and clean accommodation, and very good staff-prisoner relations. The complaints system had improved and diversity issues were generally well managed, although work with foreign nationals was still at an early stage. Healthcare was generally satisfactory, but we were concerned that some healthcare accommodation was inappropriately taken up for non-clinical uses, including the prisoner radio station which, while a worthy enterprise, required a more appropriate location.

We have previously applauded the quantity and quality of time out of cell for prisoners at Altcourse, which placed its regime among the best of any local prison in England and Wales. We were pleased to find that levels of purposeful activity remained exceptionally good. Indeed opportunities for vocational training had increased in some areas, although there was still scope for more and for improvements in arrangements to allocate prisoners to activities.

Resettlement also remained a strength. Assessment and sentence planning now benefited from the OASys system and offender management had been adopted with some relish. Work to reintegrate prisoners benefited from good use of release on temporary licence. While family days had improved family contact for selected prisoners, closed visit facilities required improvement and the visitors' centre remained functional and unwelcoming.

Altcourse has expanded considerably since its last inspection, yet it has been able to maintain high standards. However, this inspection also identified some emerging safety concerns and managers need to address these robustly in order to underpin the many strengths of the establishment.

Anne Owers
HM Chief Inspector of Prisons

January 2008

Fact page

Task of the establishment
A category B core local prison holding sentenced and remand prisoners.

Area organisation
Contracted out. It is managed by Global Solutions UK Limited.

Number held
1,161 on 17 September 2007

Certified normal accommodation
794

Operational capacity
1,288

Last inspection
January 2005

Brief history
Opened in 1997 and restructured from a category A to a category B core local prison in June 2003. The prison has recently expanded with the opening of a new house block holding a further 180 prisoners.

Description of residential units
There were seven house blocks, and these were divided into individual units. Units held between 60 and 90 prisoners and were all named after one of the fences in the Grand National steeplechase course. Each unit was additionally colour coded to ease identification. The prison was divided down its centre by buildings that contained the support services, such as the healthcare centre, resettlement unit, sports centre, education department, segregation unit and the first night centre.

Beechers	Remand and short-term sentenced prisoners
Canal	Medium- to long-term sentenced prisoners and a structured regime for prisoners with behavioural difficulties
Furlong	Induction and detoxification unit
Melling	Short-term sentenced prisoners, and a voluntary drug testing unit
Reynoldstown	Sentenced prisoners carrying out full-time education and vulnerable prisoners
Valentines	Medium- to long-term sentenced prisoners working in industries and on an enhanced regime
Foinavon	Full mixture of prisoners wishing to take part in vocational training courses

Young offenders reside alongside adults on all units other than the vulnerable prisoner unit.

Section 1: Healthy prison assessment

Introduction

HP1 All inspection reports include a summary of an establishment's performance against the model of a healthy prison. The four criteria of a healthy prison are:

Safety	prisoners, even 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
Resettlement	prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending.

HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

...performing well against this healthy prison test.
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

...performing reasonably well against this healthy prison test.
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns.

...not performing sufficiently well against this healthy prison test.
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.

...performing poorly against this healthy prison test.
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.

HP3 This Inspectorate conducts unannounced follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections are proportionate to risk. Short follow-up inspections are conducted where the previous full inspection and our intelligence systems suggest that there are comparatively fewer concerns. Sufficient inspector time is allocated to enable inspection of progress and, where necessary, to note additional areas of concern observed by inspectors. Inspectors draw up a brief healthy prison summary setting out the progress of the establishment in the areas inspected. From the evidence available they also concluded whether this progress confirmed or required

amendment of the healthy prison assessment held by the Inspectorate on all establishments but only published since early 2004.

Safety

HP4 At the previous full announced inspection in February 2005, we considered that the prison was performing reasonably well against this healthy prison test. When we returned, of the 18 recommendations in this area, 11 were assessed as achieved, two were partially achieved and five were not achieved. We have made seven further recommendations.

HP5 There was now an established first night centre where initial concerns could be addressed before prisoners moved on to the main residential locations, although while the establishment's numbers built up there was a temporary arrangement to locate some selected arrivals direct on to the induction unit.

HP6 There had been no recent deaths by self-harm in the establishment, and the transfer to the assessment, care in custody and teamwork (ACCT) processes had been beneficial. Prisoners were now involved in their self-harm reviews.

HP7 Anti-bullying measures had been re-examined and were being actively pursued, but more work needed to be done to challenge those who bullied and to support those who had been the victims of bullying. There had been a worrying increase in levels of violence.

HP8 The segregation unit was well managed and calm. The special cell had not been used since before the previous inspection. However, there had been a rise in the number of adjudications and in the use of force both of which exceeded the overall rise in the prison population.

HP9 The number testing positive on the random mandatory drugs testing programme had recently risen and there was a high number of prisoners subject to some form of closed visits restriction. There was little by way of sophisticated drugs detoxification and no drugs maintenance arrangements.

HP10 On the basis of this short follow-up inspection, we considered that the prison was still performing reasonably well against this healthy prison test.

Respect

HP11 At the time of the previous inspection, we considered that the prison was performing well against this healthy prison test. On our return, of the 30 recommendations in this area, 20 were assessed as achieved, four were partially achieved and six were not achieved. We have made 17 further recommendations.

HP12 The prison was still clean and tidy, with not much litter evident. A new residential unit for 180 prisoners was in the process of being opened during the inspection. This new unit included accommodation for prisoners with disabilities.

HP13 Staff–prisoner relationships were still exceptionally good, with widespread use of first names on both sides. Entries by staff on wing files were frequent and, in the context

of a busy local prison with a high turnover, personal officers demonstrated a reasonable level of knowledge of prisoners in their care.

HP14 Race relations structures and procedures were operating effectively, but there were still relatively few staff from black and minority ethnic backgrounds.

HP15 Work with foreign national prisoners, which was as a main recommendation, had begun, but it was not clear that an effective analysis of their needs had been conducted.

HP16 Complaints were now better audited for quality and this was undertaken by the director himself.

HP17 Health services continued to be well delivered, although the contractor was the fifth corporate body to have held that responsibility since the establishment opened in 1997. Primary care services provided a good level of care. The mental health in-reach services were good. Because of the contractual arrangements, there was far less involvement with the local primary care trust. This risked exposing the establishment to a future of falling behind the mainstream of health developments routinely observed in some other establishments. Some healthcare accommodation had been allocated for inappropriate purposes.

HP18 On the basis of this short follow-up inspection, we considered that the prison was still performing well against this healthy prison test.

Purposeful activity

HP19 At the time of the previous inspection, we considered that the prison was performing well against this healthy prison test. When we returned, of the 13 recommendations in this area, six were assessed as achieved, two were partially achieved and five were not achieved. We have made four further recommendations.

HP20 The prison continued to provide an unusually broad regime, more time out of cell, for a local prison, and more purposeful activity than many training prisons. Exercise and association were never cancelled.

HP21 As part of the developments linked to the expansion of the seventh house block, a new workshop area had been commissioned and was on the point of opening at the time of this inspection. This will provide a significant additional number of vocational training opportunities.

HP22 Access to computer-assisted learning was now available in the prison library. There were still too few accredited courses in the gymnasium and the kitchen. Allocation to work activities did not reflect needs identified through the prisoner's sentence plan.

HP23 On the basis of this short follow-up inspection, we considered that the prison was still performing well against this healthy prison test.

Resettlement

HP24 At the time of the previous inspection, we considered the prison was performing well against this healthy prison test. On our return, of the 13 recommendations in this

area, seven were assessed as achieved, two were partially achieved and four were not achieved. We have made five further recommendations.

HP25 Along with other contractually-managed establishments, Altcourse had only recently been enabled to join the computerised offender assessment system (OASys) arrangements to establish effective risk assessments and integrated sentence plans. Assessments were now nearly up to date.

HP26 A total of 127 prisoners had been identified as being within the scope of the second phase of the rollout of offender management. Offender supervisors were appointed and links with offender managers in the community had been established.

HP27 Delays were still experienced in the onward movement of life-sentenced prisoners and there were now 62 prisoners with indeterminate sentences for public protection.

HP28 Release on temporary licence had been used over 200 times in 2007 to date to help to prepare prisoners for their resettlement in a variety of ways.

HP29 Family visits were now available to enhanced level prisoners at weekends, but these were restricted to a small number of prisoners. Although there had been some technical improvements, acoustics in the closed visits area were still poor.

HP30 The visitors' centre, opposite the front gate, was still functional and unwelcoming.

HP31 On the basis of this short follow-up inspection, we considered that the prison was still performing well against this healthy prison test.

Section 2: Progress since the last report

The paragraph reference number at the end of each recommendation below refers to its location in the previous inspection report.

Main recommendations (from the previous report) to the Director

2.1 Formal first night procedures should be introduced. (HP32)

Achieved. A 28-bed first night centre accommodated most newly arrived prisoners on their first night at the prison. An initial needs assessment was carried out and appropriate support offered. All prisoners housed on this unit were observed by staff every 30 minutes, and this was recorded on a locally produced sheet. However, during the inspection, the prison was taking in an increased number of admissions to fill the newly opened unit. This had resulted in some over-spill, with those who had been transferred from other establishments and those who had recently been at Altcourse being accommodated on the induction, rather than first night, unit.

Further recommendation

2.2 All prisoners should spend their first night on the first night unit.

2.3 Prisoners should be involved in their own suicide and self-harm reviews. (HP33)

Achieved. The establishment had introduced the assessment, care in custody and teamwork (ACCT) document, and in all the documents we checked, prisoners had been involved in their reviews.

2.4 The prison should review and strengthen its race equality practices and strategies, including staffing, training, recruitment and effective monitoring. (HP34)

Achieved. The establishment had a race equality policy that outlined the range of responsibilities and action being taken to manage this area. Race relations were managed by the well-attended diversity committee, which was chaired by the deputy director. Minutes of this meeting indicated that relevant issues were highlighted and followed up. The race equality officer (REO) had introduced ethnic monitoring against a range of relevant issues, and this was discussed at the diversity meeting. All issues of a racial nature that were reported were converted to a racist incident report form (RIRF), and investigations were documented and comprehensive. The RIRFs had been audited by the Independent Monitoring Board based at the establishment, but not by an external body. The need to recruit more black and minority ethnic staff had been acknowledged, but little progress made. New and existing staff received relevant diversity training.

Further recommendation

2.5 Racist incident report forms should be audited by a completely external (to the establishment) body.

2.6 A foreign national prisoners policy should be published, based on the surveyed needs of these prisoners. (HP35)

Partially achieved. A foreign nationals strategy had been developed that outlined the support available, and roles and responsibilities of those involved with foreign national prisoners. The diversity manager took the lead in this work, alongside a prisoner foreign national representative. Foreign national prisoners had not been consulted about this strategy, and a survey of their needs had not been conducted. Although consultation meetings had been run with black and minority ethnic prisoners, these did not focus specifically on foreign national issues.

Further recommendations

2.7 A needs analysis of foreign national prisoners should be conducted.

2.8 A regular foreign national prisoner consultation group should be run.

2.9 Anti-bullying measures should be strengthened to identify and prevent possible victimisation. (HP36)

Not achieved. Recording of anti-bullying information and analysis of the data collected had been strengthened; but procedures did not include the provision of adequate interventions for bullies or victims, and there was no separate document opened to monitor the victim's response.
We repeat the recommendation.

2.10 There should be more vocational training, and workplace activities should be accredited wherever possible. (HP37)

Partially achieved. In the week of our inspection, the establishment was in the process of introducing new vocational training places, which included carpentry, plastering and bricklaying. Accredited courses were already being delivered in engineering, and an ASSET accredited course was offered in the kit car shop.

2.11 The offender assessment system (OASys) should be introduced without delay. (HP38)

Achieved. OASys had been introduced, alongside the introduction of offender management 2 (OM2), and systems to identify those requiring assessment were well managed. A small backlog of assessments was evident, but the prison was aware of this and working to clear it.

Recommendations to the Chief Executive of NOMS

2.12 Life-sentenced prisoners should be transferred to first stage lifer centres within one month of receiving their sentence. (8.13)

Not achieved. At the time of the inspection, the prison was holding 19 life-sentenced prisoners and 62 prisoners with indeterminate sentences for public protection (IPP). Some limited transfers had recently taken place. This had followed an extended period during which no moves to stage 1 lifer centres had occurred. This problem was particularly acute for those sentenced to IPP for sexual offences, and we found examples of men who had been held at the prison for over two years. We also found an example of an IPP prisoner who was

significantly past his tariff date, and who had not had a parole review. All indeterminate-sentenced prisoners had OASys assessments completed, and staff tried hard to prioritise IPPs for the limited intervention work available.
We repeat the recommendation.

Recommendations to the Governor

Arrival in custody

First days in custody

2.13 Prisoners' immediate needs and anxieties should be identified and met on their first night. (1.18)

Achieved. First night induction officers saw all newly arrived prisoners in the admissions area before escorting them to the first night centre. During this time, various assessments were completed, including a medical interview with a nurse, the cell sharing risk assessment and the locally produced initial custody pack and action plan. This ensured that any initial urgent needs or anxieties were dealt with by the staff.

Additional information

2.14 While most of the first night population moved on to the induction unit on the day after arrival, a small number were located on the unit for longer periods. During our inspection, these included two Rule 45 (good order or discipline) young offenders whose behaviour was considered too difficult to manage on the vulnerable prisoners unit. As a consequence, they did not have access to the same regime as would have been the case if they had been housed on the vulnerable prisoners unit. It also potentially compromised the safety of newly arrived prisoners held on the same first night unit.

Further recommendation

2.15 The first night centre should not be used to house prisoners with behavioural problems.

2.16 Prisoner carers should be available in admissions during opening times. (1.19)

Achieved. A prisoner carer was available during main admissions, and also on the first night centre. These were deployed by staff as and when a need arose.

2.17 Induction for all prisoners should start the day following their admission. (1.20)

Achieved. A comprehensive seven-day rolling induction programme began the day after admission.

2.18 The local induction booklet should be available in a range of languages. (1.21)

Achieved. An impressive and comprehensive induction booklet had been developed which was available in several languages, including Welsh, German and French. However, the mix of foreign national prisoners at the establishment had changed in recent months, with significant numbers from Eastern Europe held.

Further recommendation

2.19 The foreign national population mix should be regularly reviewed to ensure that induction material is available in the appropriate languages.

2.20 The induction programme should be reviewed to become multidisciplinary. (1.22)

Achieved. The induction programme was delivered by a multidisciplinary team, including education, healthcare, resettlement and Jobcentre Plus staff.

Environment and relationships

Residential units

2.21 A sufficient number of cells should be adapted to meet the needs of prisoners with disabilities. (2.12)

Achieved. A new house block of 180 single cells was opened for use during the week of the inspection. Two cells had been specifically designed for prisoners using wheelchairs, and special showering facilities had been installed.

Additional information

2.22 The seventh house block at the establishment was opened during the week of the inspection. Around half of the additional 180 places had been occupied, and this accommodation would be fully occupied in the following four weeks. All the cells were designed for single occupancy. An adjacent area had been commissioned for a new vocational training area providing work opportunities for all the additional prisoners.

Staff–prisoner relationships

2.23 Weekly entries in prisoner wing history files should reflect all contact between staff and the prisoner. (2.17)

Achieved. Prisoner wing history sheets were examined on three different house blocks and it was clear that entries were made regularly by staff, and in most cases weekly. Entries made disclosed a reasonable level of knowledge about prisoners.

Duty of care

Bullying and violence reduction

2.24 The suicide and self-harm, anti-bullying and violence reduction strategies should be brought together within a safer prison approach to managing prisoner safety. (3.8)

Achieved. The violence reduction and self-harm and suicide coordinators worked from the same office and covered each other's posts, to deliver complementary management of prisoners' safety. The strategies were in an advanced state of amalgamation.

2.25 The information provided to prisoners, especially young prisoners, about the anti-bullying scheme should be extended to include clear guidance on socially acceptable behaviour and the wider consequences of bullying. (3.9)

Achieved. Carers within the admissions area gave information to all new receptions, including young prisoners, about the anti-bullying scheme and the consequences of bullying. This information was reinforced by induction staff and was also contained in the induction booklet.

2.26 The programme offered to bullies should be revised to ensure that it can meet identified needs and can be delivered at the most appropriate time. (3.10)

Not achieved. The violence reduction coordinator expressed his concern that the current one-day course that was offered to bullies was not effective. He gave some examples of prisoners who had been through the course and had then bullied again. There was an action plan in place which identified a new course to address this issue.
We repeat the recommendation.

2.27 The annual prisoner bullying survey should be properly analysed and an action plan drawn up to address issues raised. (3.11)

Not achieved. No annual prisoner survey had been carried out.
We repeat the recommendation.

2.28 The support available to victims of bullying should be reviewed to close any gaps in provision. (3.12)

Not achieved. There was a checklist in place that staff had to complete with the victim of bullying. There was no separate document opened to monitor the victim's progress, and no courses available to increase the victim's self-esteem.
We repeat the recommendation.

Additional information

2.29 From the comprehensive and impressive information recorded and supplied by the violence reduction coordinator, it was apparent that there was a rising trend in violence. The number of assaults exceeded the key performance target, and the data displayed suggested that violence reduction issues were not scrutinised sufficiently robustly.

Further recommendation

2.30 The establishment should develop a strategy to address the rising trend in violence.

Good practice

2.31 *Although the practical application of the violence reduction strategy was not robust, the data collated and areas explored by the violence reduction coordinator were comprehensive and informative. All information was made available to relevant departments and was used to influence the development of strategy.*

Self-harm and suicide

2.32 Support plans for prisoners at risk of self-harm or suicide should clearly outline the action required and should be discussed with the prisoner. (3.19)

Achieved. Support plans for prisoners outlined the action required and who was responsible for delivery. In addition, this plan was discussed with the prisoner to explain what was going to happen to support him.

2.33 Case entries in self-harm files should be regularly monitored to ensure that they describe the level of contact made and the prisoner's current demeanour. (3.20)

Partially achieved. We found some entries that had been omitted and review dates missed, and this had been identified in the establishment's own audit. The suicide and self-harm coordinator had recently returned from a period of leave and had introduced a monthly audit sheet to address these issues.

Additional information

2.34 Not all staff were carrying anti-ligature knives, and in some cases the ACCT document did not contain a photograph of the prisoner.

Further recommendation

2.35 All staff should be issued with, and carry, anti-ligature knives.

2.36 All open assessment, care in custody and teamwork (ACCT) documents should contain a picture of the prisoner concerned.

Race equality

2.37 Representatives from external agencies should attend race relations management team meetings. (3.28)

Achieved. Representatives from a range of external organisations involved in diversity and race relations attended the quarterly diversity management meeting, which also acted as the race relations management team. These included groups supporting black and minority ethnic ex-offenders from Liverpool and North Wales, both significant catchment areas for the prison.

2.38 There should be a full-time diversity manager post. (3.29)

Achieved. A full-time diversity manager had been appointed, taking the lead with the range of diversity issues, including carrying out all REO duties and investigations into racist incidents. Proactive work and staff training had resulted in an increase in the number of RIRFs over recent months, and, together with the wide brief of the diversity manager role, resulted in a need for more resources to be put into investigation work. The prison was in the process of identifying two deputy REOs.

2.39 The race relations liaison officer (RRLO) should be trained in completing investigations. (3.30)

Not achieved. The REO (Race Equality Officer) had been unable to obtain a place on an investigations training course. While the standard of the RIRF investigations we saw were good, it would still be beneficial for him and, in particular, for the soon-to-be-appointed deputy REOs, to attend relevant investigation training.

Further recommendation

2.40 The race equality officer and deputy REOs should be trained in completing investigations.

2.41 The recruitment of black and minority ethnic staff should be a priority. (3.31)

Partially achieved. We were told that the prison had taken active steps to promote opportunities to work at the prison with a range of diverse groups. This had included re-designing job advertisements and publicising vacancies with community-based organisations which had links to black and minority ethnic support groups. Despite this, little progress had been made in increasing the percentage of black and minority ethnic staff in the workforce, which was less than 1%.
We repeat the recommendation.

Foreign national prisoners

2.42 A foreign national prisoners committee should be established alongside regular prisoner groups. (3.39)

Partially achieved. Foreign national issues were discussed as a standing agenda item at the quarterly diversity meetings, and the diversity manager had facilitated some prisoner groups, but not specifically those for foreign national prisoners (see 2.5).
We repeat the recommendation

2.43 A foreign national prisoner's liaison officer directly accessible to prisoners should be appointed. (3.40)

Partially achieved. The diversity manager had the lead on foreign national issues, and was available to provide relevant support on request, as were the bail information officers, two of whom were trained in legal services work and could provide assistance to foreign nationals. The day-to-day work with newly arrived foreign nationals was done by a prisoner foreign national orderly, who was provided with details of all such prisoners at the establishment. A key task for this individual was to approach foreign national prisoners soon after their arrival at the prison to provide basic information and signposting, and he received additional wages for this work. However, the post holder was not knowledgeable about some aspects of support available at the prison, and he would have benefited from training. As the only person doing this work, covering the large site, he felt isolated, and he also had nowhere to store securely the lists of prisoner names provided.

Further recommendations

2.44 A small team of foreign national prisoner representatives should be appointed, located in different areas of the prison. They should meet regularly to share information, and also monthly with the diversity manager.

2.45 Foreign national prisoner representatives should be provided with information about the support available at the prison.

2.46 Prisoner representatives should be provided with a lockable container to store prisoner information securely.

2.47 Links should be made with external agencies that can provide immigration advice to prisoners. (3.41)

Not achieved. Some useful links had been made with community-based groups who worked with black and minority ethnic ex-offenders, although these groups were not focused specifically on providing support to foreign nationals. The prison was attempting to develop better links with the local Border and Immigration Agency teams, but did not run an immigration surgery.
We repeat the recommendation.

Additional information

2.48 The broader diversity agenda was underdeveloped. The diversity manager, again, led in these areas, and a written strategy document was in place covering disability, age, religion, and sex and gender. The diversity committee discussed these issues at the quarterly meeting. We were told that only eight prisoners were known to have a disability, which, given the size of the prison, appeared to be a gross underestimate. Support to these individuals was reactive rather than proactive, and individual needs assessments were not conducted. However, a member of staff had recently taken on the sex and gender lead, although at the time of the inspection this had not resulted in any specific action.

Further recommendation

2.49 A survey of prisoners should be conducted to identify prisoners with disabilities and their support needs more accurately.

Contact with the outside world

2.50 The opening times of the visits booking line should be reviewed to ensure these meet demands, and there should be an opportunity for visitors to book their next visit while they are at the prison. (3.51)

Not achieved. Visitors' booking lines were still only open during working hours, although we were told of an intention to extend this to evenings. Visitors were not able to book their next visit while at the prison.
We repeat the recommendation.

2.51 There should be general information for visitors and specific information on the Barringer machine. (3.52)

Not achieved. We could find very little information aimed at visitors about the Barringer machine. A DVD had been produced, but not yet shown to visitors, which explained how it would be used during a visit.
We repeat the recommendation.

2.52 The role of the visitors' centre as a resource for visitors should be enhanced, drawing on good practice elsewhere. (3.53)

Not achieved. The current visitors' centre was a large, bright space, located opposite the front gate. Booking-in arrangements were carried out quickly and politely by staff, but the waiting area was functional and lacking any facilities to engage visitors, and there was no adequate children's play area. Refreshments were provided by vending machines, but we were told that two of the three machines had been out of order for some time.
We repeat the recommendation.

2.53 The closed visits area should be redesigned to provide greater confidentiality for prisoners and their visitors. (3.54)

Partially achieved. A new speaker system had been installed which provided far better amplification, but some intrinsic problems still remained. Two groups of three closed visit areas were located at the back of the main visits area. One of these had no physical barrier to the main visits hall, which could be extremely busy and noisy. The cubical design of the areas meant sound travelled from one to the other. Some of the speakers had been tampered with, resulting in sound distortion. Prisoners and staff both reported ongoing difficulties in trying to have confidential and meaningful conversations with visitors.
We repeat the recommendation

2.54 The visits strip-search area should be more private. (3.55)

Partially achieved. A physical barrier had been erected to prevent prisoners entering the visits area seeing those being strip-searched. However, the strip-search areas were directly opposite a holding room for prisoners, who were able to observe process.
We repeat the recommendation

2.55 The option of family or children's days, especially for long-term sentenced prisoners, should be explored. (3.56)

Achieved. The prison had introduced family visits on Sunday mornings. These were open to men who were on the enhanced level of the incentives and earned privileges scheme and had completed a parenting course, entitling them to 10 such visits. We were told that during family visits, prisoners were able to move more freely around the visits hall than on a normal visit, and play with their children in the crèche.

Applications and complaints

2.56 The quality of replies to prisoners' complaints should be monitored to check quality, identify trends in complaints and address problem areas. (3.69)

Achieved. A monthly 10% sample of completed complaints forms was passed to the director for quality control purposes. We looked at two months' worth of completed complaints forms and answers were legible and addressed the issues raised.

Legal services

2.57 Prisoners should not have to wait for extended periods for the arrival of their legal representative. (3.75)

Achieved. Procedures had changed, and prisoners were not called across to the visits area from the prison until their visitor had arrived. This was the case for both professional and domestic visits, and had resulted in minimal waiting times for prisoners during visits.

Health services

2.58 The crisis suite should be situated outside the healthcare centre. (4.62)

Not achieved. The crisis suite remained inside the inpatient area. Although prison carers looked after the prisoners, it was the responsibility of health services staff to manage the overall care of prisoners located there. If the prisoner was on an open ACCT, health services staff completed the observations, which took them away from their primary function of caring for prisoners who were either physically or mentally ill. There was no consultation with any member of the health services team as to who was placed in the crisis suite, and in the majority of cases there was no clinical reason for the prisoner to be there. The inappropriate use of healthcare facilities and health services staff meant that prisoners who were genuinely physically or mentally ill might not always have received the best care available. In addition, very distressed prisoners could have been placed in the crisis suite at a time when there were other, severely mentally ill patients in the healthcare centre. This could have a disturbing and unsettling effect on the prisoner in the crisis suite and undermine their progress.

Further recommendations

2.59 The crisis suite should be relocated to an appropriate setting to ensure that the physical and mental needs of patients in the inpatients area are not compromised.

2.60 Health services staff should not be used to manage prisoners in the crisis suite while it is located in the healthcare centre, unless there is a proven clinical need which has been determined by senior clinical health services staff.

2.61 All rooms in the healthcare department should be restored to their original function to improve clinical services for patients and working conditions for staff. (4.63)

Not achieved. The healthcare centre was not exclusively used for health functions, and two areas were used by other departments. The increase in the prisoner population was causing severe difficulties in the delivery of some health services. The accommodation was cramped and did not meet the needs of the prisoner population. There were insufficient clinics and services to accommodate the rise in prisoner numbers, and to keep pace with external clinical practice. Working conditions for everyone were extremely difficult, with the general practitioner (GP) and the healthcare manager sharing an office. Accommodation for administrative and general nursing staff was totally unsatisfactory, with unacceptable levels of noise and congestion. There was no confidentiality for patients collecting medication or seeking health advice.
We repeat the recommendation.

2.62 The pharmacy should be relocated to larger premises. (4.64)

Not achieved. The pharmacy remained in its original location and was not large enough. One of the large rooms in the healthcare centre had plenty of unused space but was occupied by a prisoner radio station which was totally unrelated to healthcare.

Further recommendation

2.63 The radio station should be relocated and the room currently housing it and the room adjacent to it should be used for healthcare purposes only.

2.64 The wing-based treatment rooms should be used by health services staff only. (4.65)

Not achieved. The rooms were still used by wing and other staff to interview prisoners. Non-health services staff had access to a room that held medicines, and there was no record of who used the room.

Further recommendation

2.65 Every effort should be made to ensure that only health services staff use wing treatment rooms. If the rooms are used by non-health services staff, a log of use should be maintained.

2.66 The pharmacist should review and assess all prescriptions issued, and full details of all prescribed medication issued should be included in the patient medication records. (4.66)

Achieved. All prescriptions were reviewed and assessed on a weekly basis and entered into the patients' medication records. The new pharmacist had made many improvements in the provision of pharmacy services. Pharmaceutical supplies were brought in from external companies and the supply line was quick and efficient.

Additional information

2.67 Paper-based prescriptions and administration charts were still in use, despite the introduction of an electronic medical records system (System One). Management of the charts was extremely difficult because of the large number of prisoners. The pharmacist tried to ensure that all charts and prescriptions were reviewed regularly, but the absence of a computerised system meant that a lot of time was spent checking how many charts were in use, how many patients had more than one chart and the standard of completion.

Further recommendation

2.68 The System One facility should be reviewed so that it includes a prescribing facility.

2.69 The use of pharmacy stock medication should be audited. (4.67)

Achieved. Pharmacy stock was audited each month and reconciled against prescriptions issued. The pharmacist had implemented monthly checks of all medications held in treatment rooms and in the healthcare centre. Wing medication stocks were replenished frequently by pharmacy staff. Medicines were only transported to treatment rooms during periods of lockdown.

2.70 Private prescriptions for staff members should not be dispensed. (4.68)

Achieved. The practice of filling private prescriptions had ceased.

2.71 The medicine and therapeutics committee should review the in-possession policy to ensure there is a consistent, documented risk assessment for all patients. (4.69)

Achieved. A comprehensive in-possession algorithm had been implemented, and all prisoners were seen and assessed by the doctor. Approximately 70% of prisoners received medication and up to 85% of those received their medication in-possession. The system worked well and prisoners were responding positively to the added responsibility.

2.72 The role of the pharmacist should be reviewed, and patient group directives and pharmacy-led clinics introduced. (4.70)

Achieved. Patient group directions (PGDs) were in place and all nursing staff had signed the policy relating to the administration of PGDs to prisoners. There were weekly clinics, during which patients could see the pharmacist for any pharmacy-related queries and for minor illnesses. If the patient was in the healthcare centre for any other reason, they were able to see the pharmacist without undue delay.

2.73 The medicines and therapeutic committee should review the dispensing of aspirin by prison officers to treat minor pain. (4.71)

Achieved. The medicines and therapeutic committee had reviewed the policy and stopped the issue of aspirin, replacing it with paracetamol. Prisoners requesting simple pain relief were given two paracetamol tablets twice a day for 48 hours by a wing officer, after which they were reviewed by health services staff. All medication issued by wing staff was logged in a register. Prisoners were also allowed packs of 16 paracetamol in-possession.

2.74 Dental records should comply with current regulations on the transfer of treatment details to clinical records. (4.72)

Achieved. All dental notes were entered onto the System One records system. Dental services were extremely good, with patients having to wait no longer than two weeks to see the dentist. The dentist started his surgery at approximately 8.00am and undertook six sessions each week. Prisoners were able to have a full range of NHS treatment, and up to 40 patients were seen in a day. Both the dentist and his nurse were key trained and had arranged to keep patients in the healthcare centre over the lunchtime period for roll check, rather than return them to the wings. This meant that the dentist was able to continue treatment all day and did not lose any time because of the prison regime. The surgery was clean and bright, and surgical instruments were securely locked away after each treatment session. Equipment was generally in good order, except for the developer, which was broken. We were told that funding had been secured to purchase a new dental chair and unit.

Further recommendation

2.75 The developer in the dental surgery should be replaced.

Additional information

2.76 Primary care services were provided by a private company, Medacs, which had taken over in December 2006 and was the fourth corporate body to have held that responsibility since the establishment opened in 1997. In-reach services were commissioned by the Liverpool Primary Care Trust (PCT) and delivered by Primecare nursing staff. There had been no health needs analysis or staffing needs and skill mix review for at least five years.

2.77 Contact with the PCT was limited, but the health services manager was keen to increase professional links following the national reorganisation of PCTs. Despite the lack of sufficient suitable accommodation for the healthcare department, a good range of health services was provided, although there were concerns regarding future provision with no additional facilities. Access to the GP was excellent, with minimal delays in seeing the doctor. Healthcare provision was disadvantaged by a contract which was medically out of date and had policies which were no longer necessary. For example, the GP still visited the segregation unit every day, and all prisoners had to be seen by the GP prior to release. These practices unnecessarily restricted the GP. Chronic disease management and health promotion were limited and dependent on staffing numbers. There was a high level of sickness and absences, with no in-built provision for shortages. Staff morale was generally good but many were concerned by the increase in the prison population.

2.78 Mental health provision was very good, with evidence of joint working between primary and in-reach providers. All new prisoners underwent a mental health assessment on admission, and all referrals to the primary mental health team were seen within 48 hours. There was good support from the visiting psychiatrists, and transfers to local secure units were timely. A care programme approach (CPA) coordinator had been appointed, who ensured that prisoners being released were transferred to external community teams for ongoing care.

2.79 There were good links with the resettlement department, as well as with local social and drug agencies, prior to prisoners' release, and the healthcare department was represented on many prison committees, including multi-agency public protection arrangements.

Further recommendations

2.80 A health needs analysis should be undertaken to define the health requirement of prisoners at the establishment.

2.81 A staffing needs and skill mix review should be undertaken to ensure that health services staffing numbers and skills reflect the needs of prisoners.

2.82 Contact with the PCT should be improved in order to benefit from its professional advice and expertise, particularly in relation to health promotion and clinical audit.

2.83 The healthcare contract should be reviewed to ensure that outdated practices are changed.

Good practice

2.84 *The dental service was very impressive. The key-trained dental team was not reliant on other health or discipline staff to collect or deliver patients to the surgery. Additionally, prisoners were retained in the healthcare centre over the lunchtime period to ensure that maximum numbers were treated.*

2.85 *The appointment of a CPA coordinator was innovative and demonstrated the healthcare department's commitment to ensuring the smooth transition of care from prison to community. The coordinator had established excellent relationships with external community mental health teams locally and nationally. This meant that prisoners being released were assured of continuing throughcare.*

2.86 *All prisoners underwent a mental health assessment on admission to the prison, thus ensuring that mental health issues were identified at an early stage.*

Activities

Education and library provision

2.87 Education provision in all areas should be reviewed and appropriate progression courses identified. (5.10)

Achieved. The education department had recently carried out its own needs assessment and introduced relevant courses that had been identified by prisoners in a questionnaire given to those attending the college. Information was also collated during one-to-one interviews.

2.88 Higher education provision should be made available. (5.11)

Not achieved There was no higher education provision and no prisoners on an Open University course. Education staff justified this in terms of prisoners only spending a short period of time at the establishment.
We repeat the recommendation.

2.89 A skills for life strategy in foundation programmes should be developed and implemented. (5.12)

Not achieved. The education department had produced a draft strategy to develop foundation programmes. Some of the target dates on this draft were unachievable, and education staff felt that the target dates were unrealistic. The screening for additional learning needs did not include attempts to identify those prisoners with dyslexia, nor was the provision of English for speakers of other languages (ESOL) sufficient.
We repeat the recommendation.

Further recommendations

2.90 The establishment should screen for dyslexia during prisoners' initial interviews.

2.91 The establishment should introduce ESOL provision.

2.92 The quality and use of accommodation in education should be reviewed. (5.13)

Achieved. The quality and use of accommodation in the education department was now adequate. Some classes had been moved to the residential units, freeing up space within the education complex.

2.93 There should be better links between the library and the education department to develop the library as a learning resource alongside its recreational function. (5.14)

Partially achieved. Links between the library and education had improved and the computers were used to assist prisoners with education. However, there was scope for further development in this area. Prisoners were able to use educational CDs, but were not able to save any current work on a computer.

Further recommendation

2.94 Prisoners should be able to save their work to a computer.

2.95 There should be more non-book resources in the library. (5.15)

Achieved. The establishment had introduced a number of computers which prisoners had access to. Resource CDs were also available.

Work activities

2.96 Labour allocation, especially of sentenced prisoners, should take account of any assessed needs or sentence plan requirements. (5.24)

Not achieved. Sentence plans were not available to the labour allocation unit when job requests and allocation decisions were made.
We repeat the recommendation.

2.97 The number of assessors in engineering workshops should be increased to ensure adequate cover. (5.25)

Not achieved. There was still only one assessor in the engineering workshop.
We repeat the recommendation.

2.98 The management of accredited training in catering and physical education should be improved. (5.26)

Not achieved. There were few accredited courses in these areas. The target for National Vocational Qualification achievements in the kitchen was very low (10 prisoners to gain level 1 per year). Gymnasium targets were insufficiently testing.
We repeat the recommendation.

2.99 The procedures for the selection and dismissal of unit cleaners should be fair and equitable. (5.27)

Achieved. There was a long waiting list for cleaning jobs on the residential units. We found evidence which confirmed that a prisoner had been dismissed for justified reasons.

2.100 Pay disincentives for prisoner attendance at activities such as courses should be removed. (5.28)

Achieved. Prisoners were paid a maximum of £2.50 per day when attending courses. This was the average income for prisoners in employment.

Time out of cell

2.101 All prisoners should be able to have daily exercise in the open air. (5.46)

Achieved. Prisoners informed us that they were given daily open air exercise, and there was no evidence that this or association was ever cancelled.

Good order

Security and rules

2.102 Prisoners should be allocated to other prisons on the basis of their individual needs. (6.8)

Partially achieved. Prisoners' needs were taken into account when deciding on allocations, but the limited number of vacancies because of crowding meant that allocations were often driven by available spaces.

Discipline

2.103 There should be managerial authority before any prisoner is strip-searched, and the reasons for the strip-search should be recorded. (6.20)

Not achieved. Staff in the segregation unit were clear that all prisoners coming into the unit, who were likely to remain, were strip-searched on arrival. There was no risk assessment to determine whether the strip-searching was justified.
We repeat the recommendation.

Additional information

2.104 Use of the segregation unit was low and the special cell had not been used since before the previous inspection. There had been 1,450 adjudications in the first six months of 2007, and this was an increase in number over the previous period, even allowing for the rise in the prison population.

2.105 At the time of the previous inspection, there had been around 100 instances of use of force in the previous 12 months. In the first six months of 2007 there had been 75 instances of use of force. Although the paperwork relating to the use of force did not demonstrate inappropriate use of force, the local monitoring arrangements were not detailed enough to disclose trends.

Further recommendation

2.106 Detailed analysis of the use of force should be undertaken on a monthly basis, to include a breakdown of staff involved, the ethnicity and age of those against whom force was used and the grounds on which it was used.

Incentives and earned privileges

2.107 Prisoners should attend review boards when they are being considered for progression or demotion under the incentives and earned privileges (IEP) scheme. (6.31)

Achieved. The revised IEP scheme policy made clear that prisoners were to be invited to attend review boards. Staff and prisoners interviewed confirmed that prisoners were free to attend boards.

Services

Catering

2.108 All the deficiencies identified by the area catering manager in the January 2005 report should be addressed. (7.9)

Achieved. All the deficiencies identified by the area manager in 2005 had been addressed. The kitchen had also been awarded the Greater Manchester Food Charter Award in August 2007.

2.109 Prisoners' complaints about catering should be properly investigated, and there should be better cooperation between kitchen and unit staff. (7.10)

Achieved. The kitchen manager answered prisoners' complaints. The head of regimes and central services monitored food complaints monthly. There was an average of six complaints about food each month, and the number had reduced over the previous few months.

2.110 All staff and prisoners working in the kitchen and in servery areas should be cleared by healthcare before working with food. (7.11)

Achieved. All kitchen staff were screened by health services staff before working in the kitchen.

2.111 Food containers and trolleys should be cleaned regularly and thoroughly. (7.12)

Achieved. A daily cleaning checklist was completed by the kitchen manager, and this included checking the trolleys and containers.

Prison shop

2.112 Prisoners should be actively consulted about the shop and catalogue services. (7.21)

Achieved. There were monthly meetings chaired by Aramark. The canteen service was discussed and prisoners were given the opportunity to express any concerns that they had.

Substance use

2.113 There should be a training needs analysis to inform a staff training/development plan. (8.37)

Achieved. An analysis had been completed and a training programme implemented which incorporated shadowing of counselling, assessment, referral, advice and throughcare (CARAT) workers. Individual training needs were identified at annual appraisals and were supported where appropriate. All staff underwent initial CARAT training, and the prison was waiting to participate in the Drugs and Alcohol National Occupational Standards training schedule. The CARAT manager was undergoing training to be an assessor, which would then allow her to train her staff.

2.114 An alcohol care pathway should be developed. (8.38)

Achieved. Support was available through a non-accredited, two-week course called 'Drinking Awareness Reduction and Education'. The course raised awareness of the risks surrounding alcohol abuse, as well as helping to develop family coping strategies. The probation department also ran an alcohol programme for violent offenders.

2.115 The CARAT team should develop case supervision procedures. (8.39)

Achieved. Case supervision procedures had been developed and occurred on a monthly basis. CARAT workers all had a supervision contract and there were regular discussion groups. All workers liaised closely with other prison departments, and in particular the prison mental health teams. All staff felt well supported by prison managers.

2.116 Dedicated room space should be allocated for counselling services. (8.40)

Achieved. The counselling services were based in the first night centre, and counsellors saw their clients in a variety of locations. Although there were no dedicated counselling rooms, other interview rooms were available on the wings. The counsellors provided good support for prisoners and generally saw them within two weeks of referral. They were available in the prison from Monday to Friday, and the team consisted of three full-time and two part-time workers. Prisoners could have up to six counselling sessions, which could be extended if necessary.

2.117 There should be separate facilities for voluntary drug testing (VDT). (8.41)

Achieved. All voluntary drug testing was now carried out on Valentines unit.

Additional information

2.118 The care and management of prisoners with substance use problems was good, with excellent support from the CARAT team.

2.119 Those prisoners who were admitted needing detoxification were well managed through the prison detoxification treatment programme. A dedicated substance use nurse was available from Monday to Friday to provide symptomatic relief for new arrivals. The prison had a 46-bed detoxification unit, and the average occupancy was approximately 30. The symptomatic detoxification lasted up to two weeks and there were approximately 60 detoxifications each month. However, prisoners admitted directly from the courts, transferred in from other prisons or who were registered drug users on methadone prescriptions in the community were unable to continue their treatment at Altcourse. This was causing serious difficulties for prisoners and those managing them. One such example involved a prisoner who was a registered drug user on methadone who had been remanded in police cells, went to court and was brought into the establishment, where his methadone treatment was stopped. Health services staff were willing to provide maintenance treatment, but were powerless to do so. If he had been sent to HMP Liverpool, he would have received appropriate methadone treatment. We were told that the prison was not funded to provide methadone maintenance.

2.120 At the time of the inspection, 75 prisoners were subject to some form of closed visits restrictions. In 56 of these cases, the only ground referred to for applying the closed visits restriction was that the prisoner had been found guilty at adjudication of having drugs in his system following a mandatory drug test.

Further recommendations

2.121 A methadone maintenance programme should be provided to support registered drug users.

2.122 Prisoners should not be placed on closed visits unless there is compelling evidence of their involvement in smuggling during open visits.

Resettlement

2.123 Release on temporary licence (ROTL) should be used to help prisoners prepare for release. (8.51)

Achieved. ROTL had been used more than 200 times in 2007 for a range of resettlement issues, including working outside the prison, restorative justice initiatives, accommodation and drug rehabilitation interviews.

Additional information

2.124 Offender Management 2 had been introduced effectively and 127 prisoners were in scope. All had an allocated offender manager (OM) and offender supervisor (OS), and sentence planning work was up to date. Relationships with external probation services were good, although there were delays in obtaining copies of OASys assessments from OMs after sentence planning boards. Indeterminate-sentenced prisoners were managed by OSs in readiness for Offender Management 3. Public protection arrangements were robust, and child protection work well developed. Problems were evident in moving indeterminate-sentenced prisoners to appropriate training prisons (see recommendation 2.11). Some delays were also evident in making home detention curfew (HDC) decisions, and in recall procedures.

2.125 Most resettlement pathways were well developed and appropriately targeted at the population held at the prison. Pre-release courses were offered to both short- and long-term prisoners, and an impressive range of resettlement work was undertaken. The head of offender management had identified the benefit and debt pathway as requiring some additional development, in particular a facility for prisoners to open bank accounts. Some resettlement initiatives were funded through the Welsh Assembly Government and were therefore not open to non-Welsh prisoners.

Further recommendations

2.126 Offender managers should ensure that copies of OASys assessments and sentence plans are promptly passed to offender supervisors shortly after sentence planning boards.

2.127 Home detention curfew decisions should be made by eligibility dates.

2.128 Delays in providing relevant paperwork to recalled prisoners and reviewing the recall decision should be addressed.

2.129 Prisoners should be provided with assistance to open a bank account.

2.130 The same resettlement support should be available to all prisoners at the establishment, regardless of where they resided before arriving in custody.

Section 3: Summary of recommendations

The following is a list of both repeated and further recommendations included in this report. The reference numbers in brackets refer to the paragraph location in the main report.

Main recommendations (from the previous report) to the Director

3.1 All prisoners should spend their first night on the first night unit. (2.2)

3.2 Racist incident report forms should be audited by a completely external (to the establishment) body. (2.5)

3.3 A needs analysis of foreign national prisoners should be conducted. (2.7)

3.4 A regular foreign national prisoner consultation group should be run. (2.8)

3.5 Anti-bullying measures should be strengthened to identify and prevent possible victimisation. (2.9)

Recommendations to the Chief Executive of NOMS

Life sentenced prisoners

3.6 Life-sentenced prisoners should be transferred to first stage lifer centres within one month of receiving their sentence. (2.12)

Resettlement pathways

3.7 OMs should ensure that copies of OASys assessments and sentence plans are promptly passed to OSs shortly after sentence planning boards. (2.126)

3.8 Delays in providing relevant paperwork to recalled prisoners and reviewing the recall decision should be addressed. (2.128)

3.9 The same resettlement support should be available to all prisoners at the establishment, regardless of where they resided before arriving in custody. (2.130)

Recommendations to the Director

First days in custody

3.10 The first night centre should not be used to house prisoners with behavioural problems. (2.15)

3.11 The foreign national population mix should be regularly reviewed to ensure that induction material is available in the appropriate languages. (2.19)

Bullying and violence reduction

3.12 The programme offered to bullies should be revised to ensure that it can meet identified needs and can be delivered at the most appropriate time. (2.26)

3.13 The annual prisoner bullying survey should be properly analysed and an action plan drawn up to address issues raised. (2.27)

3.14 The support available to victims of bullying should be reviewed to close any gaps in provision. (2.28)

3.15 The establishment should develop a strategy to address the rising trend in violence. (2.30)

Self-harm and suicide

3.16 All staff should be issued with, and carry, anti-ligature knives. (2.35)

3.17 All open assessment, care in custody and teamwork (ACCT) documents should contain a picture of the prisoner concerned. (2.36)

Race equality

3.18 The race equality officer and REOs should be trained in completing investigations. (2.40)

3.19 The recruitment of black and minority ethnic staff should be a priority. (2.41)

Foreign national prisoners

3.20 A foreign national prisoners committee should be established alongside regular prisoner groups. (2.42)

3.21 A small team of foreign national prisoner representatives should be appointed, located in different areas of the prison. They should meet regularly to share information, and also monthly with the diversity manager. (2.44)

3.22 Foreign national prisoner representatives should be provided with information about the support available at the prison. (2.45)

3.23 Prisoner representatives should be provided with a lockable container to store prisoner information securely. (2.46)

3.24 Links should be made with external agencies that can provide immigration advice to prisoners. (2.47)

3.25 A survey of prisoners should be conducted to identify prisoners with disabilities and their support needs more accurately. (2.49)

Contact with the outside world

3.26 The opening times of the visits booking line should be reviewed to ensure these meet demands, and there should be an opportunity for visitors to book their next visit while they are at the prison. (2.50)

3.27 There should be general information for visitors and specific information on the Barringer machine. (2.51)

3.28 The role of the visitors' centre as a resource for visitors should be enhanced, drawing on good practice elsewhere. (2.52)

3.29 The closed visits area should be redesigned to provide greater confidentiality for prisoners and their visitors. (2.53)

3.30 The visits strip-search area should be more private. (2.54)

Health services

3.31 The crisis suite should be relocated to an appropriate setting to ensure that the physical and mental needs of patients in the inpatients area are not compromised. (2.59)

3.32 Health services staff should not be used to manage prisoners in the crisis suite while it is located in the healthcare centre, unless there is a proven clinical need which has been determined by senior clinical health services staff. (2.60)

3.33 All rooms in the healthcare department should be restored to their original function to improve clinical services for patients and working conditions for staff. (2.61)

3.34 The radio station should be relocated and the room currently housing it and the room adjacent to it should be used for healthcare purposes only. (2.63)

3.35 Every effort should be made to ensure that only health services staff use wing treatment rooms. If the rooms are used by non-health services staff, a log of use should be maintained. (2.65)

3.36 The System One facility should be reviewed so that it includes a prescribing facility. (2.68)

3.37 The developer in the dental surgery should be replaced. (2.75)

3.38 A health needs analysis should be undertaken to define the health requirements of prisoners at the establishment. (2.80)

3.39 A staffing needs and skill mix review should be undertaken to ensure that health services staffing numbers and skills reflect the needs of prisoners. (2.81)

3.40 Contact with the PCT should be improved in order to benefit from its professional advice and expertise, particularly in relation to health promotion and clinical audit. (2.82)

3.41 The healthcare contract should be reviewed to ensure that outdated practices are changed. (2.83)

Education and library provision

3.42 Higher education provision should be made available. (2.88)

3.43 A skills for life strategy in foundation programmes should be developed and implemented. (2.89)

3.44 The establishment should screen for dyslexia during prisoners' initial interviews. (2.90)

3.45 The establishment should introduce ESOL provision. (2.91)

3.46 Prisoners should be able to save their work to a computer. (2.94)

Work activities

3.47 Labour allocation, especially of sentenced prisoners, should take account of any assessed needs or sentence plan requirements. (2.96)

3.48 The number of assessors in engineering workshops should be increased to ensure adequate cover. (2.97)

3.49 The management of accredited training in catering and physical education should be improved. (2.98)

Discipline

3.50 There should be managerial authority before any prisoner is strip-searched, and the reasons for the strip-search should be recorded. (2.103)

3.51 Detailed analysis of the use of force should be undertaken on a monthly basis, to include breakdown of staff involved, the ethnicity and age of those against whom force was used and the grounds on which it was used. (2.106)

Resettlement pathways

3.52 A methadone maintenance programme should be provided to support registered drug users. (2.121)

3.53 Prisoners should not be placed on closed visits unless there is compelling evidence of their involvement in smuggling during open visits. (2.122)

3.54 Home detention curfew decisions should be made by eligibility dates. (2.127)

3.55 Prisoners should be provided with assistance to open a bank account. (2.129)

Good practice

3.56 Although the practical application of the violence reduction strategy was not robust, the data collated and areas explored by the violence reduction coordinator were comprehensive and

informative. All information was made available to relevant departments and was used to influence the development of strategy. (2.31)

3.57 The dental service was very impressive. The key-trained dental team was not reliant on other health or discipline staff to collect or deliver patients to the surgery. Additionally, prisoners were retained in the healthcare centre over the lunchtime period to ensure that maximum numbers were treated. (2.84)

3.58 The appointment of a CPA coordinator was innovative and demonstrated the healthcare department's commitment to ensuring the smooth transition of care from prison to community. The coordinator had established excellent relationships with external community mental health teams locally and nationally. This meant that prisoners being released were assured of continuing throughcare. (2.85)

3.59 All prisoners underwent a mental health assessment on admission to the prison, thus ensuring that mental health issues were identified at an early stage. (2.86)

Appendix I: Inspection team

Francis Masserick	Team leader
Bridget McEvilly	Health inspector
John Simpson	Inspector
Sean Sullivan	Inspector

Appendix II: Prison population profile

(i) Status	Number of prisoners	%
Sentenced	846	72.86
Convicted but unsentenced	83	7.14
Remand	184	15.8
Civil prisoners	0	0
Detainees (single power status)	4	0.34
Detainees (dual power status)	44	3.78
Total	**1161**	**99.92**

(ii) Sentence	Number of sentenced prisoners	%
Less than 6 months	140	12.00
6 months to less than 12 months	103	8.87
12 months to less than 2 years	176	15.15
2 years to less than 4 years	231	19.89
4 years to less than 10 years	104	8.95
10 years and over (not life)	9	0.77
Life	83	7.14
Total	**846**	**72.77**

(iii) Length of stay	Sentenced prisoners		Unsentenced prisoners	
	Number	**%**	**Number**	**%**
Less than 1 month	228	19.63	153	13.17
1 month to 3 months	189	16.27	115	9.90
3 months to 6 months	151	13.00	39	3.35
6 months to 1 year	171	14.72	7	0.60
1 year to 2 years	77	6.63	1	0.08
2 years to 4 years	29	2.49	0	0
4 years or more	1	0.08	0	0
Total	**846**	**72.82**	**315**	**27.1**

(iv) Main offence	Number of prisoners	%
Violence against the person	361	31.09
Sexual offences	63	5.42
Burglary	113	9.73
Robbery	92	7.92
Theft and handling	101	8.69
Fraud and forgery	83	7.14
Drugs offences	227	19.55
Other offences	121	10.42
Civil offences		
Offence not recorded/ Holding warrant		
Total	**1161**	**99.96**

(v) Age	Number of prisoners	%
21 years to 29 years	427	36.70
30 years to 39 years	342	29.45
40 years to 49 years	174	14.98
50 years to 59 years	28	2.41
60 years to 69 years	15	1.29
70 plus years	3	0.25
Please state maximum age	73	
Total	**989**	**85.08**

(vi) Home address	Number of prisoners	%
Within 50 miles of the prison	Not available	
Between 50 and 100 miles of the prison		
Over 100 miles from the prison		
Overseas		
NFA		
Total		

(vii) Nationality	Number of prisoners	%
British	1084	93.36
Foreign nationals	77	6.63
Total	**1161**	**99.99**

(viii) Ethnicity	Number of prisoners	%
White		
British	1041	89.66
Irish	4	0.34
Other White	21	1.80
Mixed		
White and Black Caribbean	2	0.17
White and Black African		
White and Asian	2	0.17
Other mixed	4	0.34
Asian or Asian British		
Indian	8	0.68
Pakistani	6	0.51
Bangladeshi	2	0.17
Other Asian	15	1.29
Black or Black British		
Caribbean	16	1.37
African	15	1.29
Other Black	24	2.06
Chinese or other ethnic group		
Chinese	1	0.08
Other ethnic group		
Total	**1161**	**99.93**

(ix) Religion	Number of prisoners	%
Baptist		
Church of England	336	28.9
Roman Catholic	243	20.93
Other Christian denominations	20	1.72
Muslim	32	2.75
Sikh	4	0.34
Hindu	1	0.08
Buddhist	9	0.77
Jewish	2	0.17
Other	18	1.5
No religion	496	42.7
Total	**1161**	**99.86**