

Report on an announced inspection of
HMP Dorchester

30 March to 3 April 2009
by HM Chief Inspector of Prisons

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Introduction

Dorchester is a small, Victorian local prison built around 1880. It houses a wide range of prisoners in overcrowded conditions and, at the time of this full announced inspection, was also undergoing major refurbishment work. Despite these challenges, Dorchester was a commendably safe prison, with excellent staff-prisoner relationships and a sound focus on resettlement. However, there was too little purposeful activity.

Prisoners felt safe at Dorchester despite the wide array of needs and risks that they presented. Reception and induction were satisfactory, but night staff needed better information about the location of new arrivals. Arrangements for violence reduction, anti-bullying and reducing self-harm were generally good, although there was a need for improved management and care of any self-harming prisoner held in special accommodation in healthcare. Vulnerable prisoners were well protected. The tiny segregation unit was well managed and staff rarely resorted to the use of force. Prisoners with substance use problems were generally well cared for.

Despite the age of the establishment and ongoing building work, most accommodation was adequate, although some prisoners were unacceptably doubled in small single cells. Staff-prisoner relationships were among the best we have come across recently, even though they were not supported by a fully functioning personal officer scheme. Race equality and the needs of foreign nationals were both well managed, although the wider diversity agenda was underdeveloped. The chaplaincy and healthcare both provided a good service.

Time out of cell varied across the prison and generally did not meet our expectations. Access to daytime association and exercise was good, but there was little evening association. The quantity of education, training and work was not sufficient to meet the needs of the population, though the quality of education and physical education was good.

The reducing reoffending strategy was up to date, but management processes required further development. There had been good progress in applying the offender management model to prisoners in scope of this, but custody planning for those on short sentences or remand was in its infancy. Public protection arrangements were effective, despite some weaknesses in governance. Work across most of the resettlement pathways was satisfactory.

In many ways, Dorchester demonstrated that good management and excellent staff-prisoner relationships can mitigate some of the weaknesses inherent in a small, elderly and overcrowded local prison, which at the time of the inspection had also been turned into a building site. Like all local prisons, Dorchester receives a wide array of prisoners with an equally wide range of needs, yet they were generally kept safe, treated decently and had attention paid to their resettlement needs. There was still too little purposeful activity, but, overall, managers and staff deserve considerable credit for what they have achieved.

Anne Owers
HM Chief Inspector of Prisons

June 2009

Fact page

Task of establishment

Dorchester holds adult male prisoners up to category B, including vulnerable prisoners and some young adult prisoners aged 18–21.

Area organisation

South West

Number held

30 March 2009: 220

Certified normal accommodation

147

Operational capacity

259

Last inspection

Short unannounced inspection: 2–5 April 2007

Brief history

Dorchester is a small Victorian local prison in the centre of the county town, built around 1880.

Description of residential units

A wing	Convicted and unconvicted adults and young adults
A4 landing	Drug treatment/detoxification unit
B wing	Convicted and unconvicted adults and young adults
C wing	Induction wing
D wing	Vulnerable prisoner unit
D2 landing	Segregation unit
Healthcare centre	Inpatient care

Healthy prison summary

Introduction

- HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria 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.

Safety

- HP3 Dorchester was a safe prison in which prisoners felt safe. Reception and induction arrangements were satisfactory, although new arrivals were not clearly identified to night staff. Arrangements for violence reduction, anti-bullying and reducing self-harm were generally good, as was the management of segregation. Use of force and levels

of violence were low. Drug use was relatively low, and integrated drug treatment system (IDTS) procedures were good. Vulnerable prisoners were well managed and felt safe. Dorchester was performing well against this healthy prison test.

- HP4 Escorts to the prison were managed well. Prisoner escort records were properly completed and legible, and showed an appropriate focus on prisoner safety. Late arrivals were rare.
- HP5 The reception facility was old and worn and had no private interview space, although it was clean. Conditions in some holding rooms had improved, but others remained poorly maintained and unwelcoming. Staff-prisoner relationships in reception were good, and staff dealt with new arrivals efficiently and with respect.
- HP6 The dedicated first night centre was clean, well decorated and staffed by experienced officers. All new arrivals, including vulnerable prisoners, were initially located on the unit, but there were no dedicated first night cells and the handover to night staff did not routinely include information on the location of new prisoners. There was effective peer support from trained prisoner Insiders who saw all new arrivals.
- HP7 The induction programme took one day, but included sufficient information, and all prisoners were subsequently seen by service providers, such as the counselling, assessment, referral, advice and throughcare service (CARATs) and education. Arrangements to keep vulnerable prisoners safe on the unit were satisfactory.
- HP8 There was an effective and detailed violence reduction policy, which also addressed anti-bullying. This area was managed through a well-attended monthly safer custody and violence reduction meeting, and there was a full-time safer custody coordinator. Statistical information was collated and reported to this meeting, but the level of analysis was poor and there was little or no evaluation of patterns or trends. The level of violence was, however, low with few reported incidents. Incidents of recorded bullying were similarly low.
- HP9 There was a reasonably comprehensive suicide and self-harm prevention policy. All prisoners subject to assessment, care in custody and teamwork (ACCT) self-harm monitoring were reviewed at the monthly safer custody meeting, but the analysis of trends or near misses was underdeveloped. The quality of ACCTs was generally reasonable, but variable. Care maps were not always updated, observations were predictable, especially at night, and some initial assessments were perfunctory. There were indications that staff knew the prisoners under their care, and we saw examples of positive attempts to reintegrate prisoners back to main location from healthcare.
- HP10 The small security department was effectively managed and had strong links to other departments, such as safer custody, reducing reoffending and the residential units. There was a good flow of information and intelligence systems, and the large number of security information reports were processed quickly.
- HP11 The use of force was relatively low, with only nine incidents in 2009 to the date of inspection. Governance was effective and records gave assurance that force was used as last resort. De-escalation was also used to good effect and was encouraged by managers.
- HP12 Living conditions on the small segregation unit were generally good. Communal areas were tidy and the four cells were clean and properly equipped. The published regime

included daily access to showers and telephones. Education staff provided all prisoners with in-cell education activities, and longer stay prisoners could have televisions in their cells. Relationships between staff and prisoners were good, and officers dealt with some difficult individuals respectfully. The average length of stay was normally only two weeks, although there were exceptions.

- HP13 We were not sufficiently assured about the management of prisoners subject to strip conditions held in the gated cells in healthcare. The process lacked effective safeguards and governance.
- HP14 New arrivals who had drug problems, some of whom were admitted to the first night centre rather than the drug treatment unit., did not start treatment until the following day, and some were not even provided with first night symptom relief. Most prisoners subject to integrated drug treatment system (IDTS) procedures were located on this unit. Conditions were not ideal, but the quality of joint work between IDTS staff and CARATs, as well as the level of care and support, was impressive and the prison's mandatory drug testing rate was low. However, the rate of suspicion testing needed to be improved.
- HP15 The environment on the vulnerable prisoner unit was relaxed, but controlled. Staff supervision was good and prisoners said they felt safe. Although facilities were limited, prisoners had a full activity regime and spent most of the day out of their cells. Staff-prisoner relationships were good and prisoners told us that they were treated with respect.

Respect

- HP16 Environmental standards were reasonable, despite the age and limitations of the prison. Standards in some cells varied, and small cells designed for one prisoner were used to hold two. Staff-prisoner relationships were very good, although the personal officer scheme was not yet fully developed. The management of race equality and foreign national prisoners was effective, and black and minority ethnic prisoners had similar experiences to white prisoners. The broader diversity agenda required further work, although prisoners with disabilities received appropriate care. The provision of food was good, as was the management of complaints. There was an active chaplaincy, and health services were generally good. The prison was performing reasonably well against this healthy prison test.
- HP17 Given the age and condition of the prison, most communal areas were reasonably clean and tidy. However, some areas, particularly on upper landings, were ingrained with dirt and flooring needed repair. Standards in cells varied. Although most were acceptable, some were dirty and poorly furnished. Small cells designed to accommodate one prisoner were occupied by two. Many in-cell toilets were inadequately screened. Conditions on A and B wings were particularly poor. Most prisoners were still not permitted to wear their own clothes.
- HP18 The incentives and earned privileges (IEP) scheme was not particularly effective as a behaviour modification tool. Prisoners had an initial IEP review 28 days after reception and annually thereafter, although those who wished to be reconsidered for enhanced status could apply at three-monthly intervals. Extra-ordinary boards were convened if a prisoner's behaviour fell below the required standard. There were no

prisoners on basic regime during our inspection. Review board paperwork was unsatisfactory, and the differentials in regime levels were limited. Quality assurance arrangements were underdeveloped.

- HP19 Staff-prisoner relationships were excellent. We saw good staff interaction with prisoners, both formal and informal, and genuine attempts to support those deemed to be at risk or vulnerable. Staff generally knew their prisoners well.
- HP20 A new personal officer scheme had been introduced in March 2009, but was not yet embedded. Prisoners serving over 12 months were allocated an offender supervisor and did not have a separate wing-based personal officer. Those serving sentences of less than 12 months, as well as unconvicted prisoners, were allocated a wing-based personal officer. Personal officers were intended to support short-term prisoners with resettlement issues identified on induction, although this aspect was too new to test. Although wing staff had a thorough knowledge of prisoners, this was not always reflected in entries in wing files, which varied in quality and depth.
- HP21 Prisoners appreciated the quality of the food, much of which was made in house. Two hot meals were provided each day, although these were too early and breakfast packs were issued the night before consumption. There was appropriate training for all prisoners working in the kitchen and on the serveries. The kitchen and serveries were clean and well maintained, and consultation arrangements with prisoners were satisfactory.
- HP22 The contract for the prison shop had been taken over the week before our inspection, and it was not yet clear how provision would develop. Its list included 356 items. All new arrivals were offered a reception pack, although some were not able to order from the shop until as long as a week and a half after their arrival.
- HP23 Management of diversity work was underdeveloped. There was no prisoner diversity policy, and the disability policy was not sufficiently focused on meeting the particular needs of prisoners. The disability liaison officer had no profiled time to undertake work, although he had endeavoured to provide individual support, including care plans and reasonable adjustments for prisoners. In our survey, 25% of respondents considered themselves to have a disability, while the prison recorded only five with a disability. There were no liaison officers for other diversity strands, and no monitoring to ensure equitable access to facilities and activities.
- HP24 Race equality was well managed. In our survey, the perceptions of black and minority ethnic prisoners were broadly in line with those of white prisoners. There was some consultation with black and minority ethnic prisoners through a monthly forum, and issues raised there had been followed up. Ethnic monitoring data, including local monitoring, was shared with prisoner representatives, published in the library and discussed at the race equality action team (REAT) and senior management team. Racist incident report forms were readily available on wings, and investigations were comprehensive and subject to thorough external quality assurance. There was, however, little promotion of cultural diversity, although there were plans to broaden the scope of events in the coming year.
- HP25 The foreign national coordinator saw all new foreign national arrivals and had regular ongoing contact with foreign national prisoners. Although the current foreign national policy was not underpinned by a needs analysis, this had been recognised and there were plans for a survey to inform the strategy. There was no separate foreign national

committee, but the foreign national coordinator attended the bi-monthly REAT. There was a monthly foreign national prisoner forum. Immigration surgeries were run, and the prison had good links with the immigration office in Poole.

- HP26 Applications were managed through a triplicate application form system that assisted proper recording and accountability. Replies to applications were timely. The complaints process was efficient. Responses were timely, and those we sampled were appropriate, reasonably courteous and gave a full response. The provision of legal services was good, as were outcomes for the effective bail information scheme.
- HP27 There was a highly visible coordinating chaplain supported by a team of sessional chaplains representing a range of faiths. Attendance at services was good and there were a few faith-based groups, although the team focused on one-to-one work with prisoners. The chaplaincy saw all new arrivals, and chaplaincy facilities were excellent.
- HP28 The healthcare centre was well managed and highly regarded by prisoners. There was good use of resources, despite the limitations of a cramped and old facility. The staff skill mix was satisfactory and included mental health nurses who provided a primary mental health service. The mental health in-reach team was well resourced. All new arrivals had an initial reception health screening and were seen for follow-up screening the day after arrival. Prisoners had good access to the GP, and there was a range of nurse-led clinics and visiting specialists. Waiting lists were short. Four inpatient cells had cameras and two were gated cells used for close observation when required, although the governance arrangements for these cells were poor.

Purposeful activity

- HP29 The quality of education was good. The curriculum was reasonably broad, and there was some good teaching and levels of achievement. There was some limited vocational training, but there was insufficient education, training and work to meet the needs of the population, and too many prisoners were unemployed. The quality of physical education was good. Time out of cell varied across the prison but was generally limited and fell short of our expectations. Access to daytime association was satisfactory, but access to evening association was poor. There was good access to exercise. Although we had misgivings about the amount of activity, we considered that the prison was performing reasonably well against this healthy prison test.
- HP30 The leadership and management of learning and skills had improved and was now considered good. Achievements by learners and the quality of teaching and learning were also good. Participation from prisoners had increased from 53% to 60%, although attendance was low in some classes, and the lack of part-time education meant that regime clashes often led to interruptions in classes. On average, there were 44 full-time equivalent places in education. The curriculum included the full range of basic skills, as well as information and communications technology, life and social skills, art and music at a range of levels. However, there was no accredited provision in English for speakers of other languages (ESOL). Vulnerable prisoners had equitable access to education.
- HP31 There was some limited employment-related training, including cleaning (BICS), barbering, first aid, food hygiene and manual handling. Good use was made of the

recognising and recording progress and achievement (RARPA) award for non-accredited courses.

- HP32 There was little employment. Work was restricted to kitchens, serveries, cleaners and orderlies, and offered only about 52 full-time equivalent places only. There were thorough and fair risk assessments and labour allocation procedures, but pay rates disadvantaged learners in education. Part-time work and education was supported and there were plans to extend part-time activity to broaden participation. However, there was little space in the prison to extend the provision of purposeful activity.
- HP33 Library resources were inadequate, and it was poorly sited for prisoners with mobility disabilities. Book stocks were poor, with limited legal reference books, text books or non-fiction. There was no library induction, and although 73% of prisoners were registered with the library, use was much lower.
- HP34 Physical education provision was good, and there was a range of relevant employment-related and accredited courses. The gym was well equipped and there was a reasonable sized sports hall, but no outside facility. All prisoners could access about six to eight hours recreational PE a week, although only just under half the population took part.
- HP35 The prison reported a year-to-date time unlock figure of 7.8 hours a day, although the experience of prisoners varied greatly. For example, some employed prisoners fully engaged with the regime could potentially access just under nine hours, but for an unemployed prisoner access was restricted to a maximum of about 2.75 hours. Unlock arrangements for vulnerable prisoners were equitable. The prison sought to mitigate the restrictions that limited access to unlock through the provision of daytime association, and staff aimed to maximise time out of cell within the parameters of the regime. Despite this, however, there was association on only one evening a week for each wing, and on a random roll check we found 57 prisoners, almost all on B wing, locked in cell. Access to exercise was good, with an hour on each wing daily.

Resettlement

- HP36 The reducing reoffending strategy was based on a needs analysis, but required further development. Offender management procedures were generally satisfactory, although sentence planning arrangements linked to the personal officer scheme for short-sentence prisoners were not yet embedded. Public protection work was effective, despite poor governance. Weekly discharge boards had been introduced and were seen as helpful by prisoners. Work across the resettlement pathways was generally satisfactory, and in some instances good. We judged the prison as performing reasonably well against this healthy prison test.
- HP37 There was a reducing reoffending strategy based on a needs analysis, but this lacked a coherent approach to the development and reporting of progress against the resettlement pathways, and some staff were unclear about who the pathway leads were. Regular reducing reoffending meetings took place and were well attended, but needed to be more business oriented and ensure that there were specific and measurable targets across the pathways.

- HP38 There was no custody planning for remand prisoners, apart from a few high risk prisoners. Personal officers were allocated to prisoners serving short sentences, although this was a new initiative and it was too early to assess its effectiveness. Offender supervisors were responsible for all prisoners serving over 12 months, including those not formally in scope of offender management. Levels of contact appeared to be good, and there was liaison with offender managers in the community. There were weekly discharge boards, involving offender supervisors and information, advice and guidance (IAG,) held seven to 10 days before release. Prisoners were positive about the value of these boards.
- HP39 Public protection processes were in place and operated well, but there was a lack of strategic governance and there was confusion among staff over where responsibility for this area rested. There was no policy and a lack of focus on adult and child safeguarding requirements, which needed to be addressed urgently.
- HP40 The prison had five life-sentenced prisoners, of whom three were licence recalls, and four prisoners on indeterminate sentences for public protection, who were located throughout the prison. A lifer manager saw prisoners individually, but there were no specific initiatives aimed at indeterminate-sentenced prisoners. The small but significant population of sex offenders were supervised by two offender supervisors, who undertook some one-to-one work with them to encourage participation in other interventions at other prisons.
- HP41 The full-time housing officer was in high demand from prisoners, and levels of need were considerable, including a significant number of prisoners released with no fixed accommodation. Trained prisoner Insiders undertook some signposting work, and Shelter provided specialist accommodation interventions for more complex cases.
- HP42 There were a few vocational training opportunities and short courses with an employment focus in support of the education, training and employment pathway. The IAG service was well managed and connected with 97% of the population. There was no pre-release course, but prisoners were helped with CV writing, disclosure and job preparation through IAG and the offender management unit (OMU).
- HP43 There was a reasonable range of provision for the finance, benefit and debt pathway. The Citizens Advice Bureau had recently started a one-day financial literacy course, which was well received by prisoners, and Shelter provided monthly specialist debt advice to prisoners with complex debt and credit issues. Jobcentre Plus offered the usual range of benefits services.
- HP44 Health services involvement at the resettlement boards where prisoners were identified for release was satisfactory. The care programme approach was used for prisoners with enduring mental health problems. Palliative care, although rarely required, was supported by the prison with the cooperation of local support services.
- HP45 The drug and alcohol strategy was comprehensive and informed by an annual needs analysis, although it had no action plan. A range of interventions was available, providing both group and individual work through the multidisciplinary CARATs team along with the well-established short duration drug programme (SDP). A range of self-help meetings, such as Alcoholics Anonymous, was available and strong community links had been established. Provision of services for substance misuse was good.

- HP46 Families expressed frustration at getting through to the visits booking line, which was frequently engaged. Visits were scheduled for an hour but this was sometimes reduced due to delays in admission and searching. Remand prisoners were not able to receive their entitlement to daily visits. The current temporary visits facility was small and cramped, with limited facilities for children. A new visits facility was nearing completion and offered more opportunities to increase the capacity of visits and access to them. A partnership with Barnardo's had increased the focus on the needs of children, and had introduced monthly visits for children, which were welcomed by prisoners and their families.
- HP47 SDP was the only accredited intervention. Staff had recognised the need for shorter interventions and had introduced the changing directions programme in October 2008. To date, 58 prisoners had attended at least one of the three modules and feedback had been positive. The Footprints mentoring programme provided a 'through the gate' support service for prisoners resettling locally, and local volunteers were able to offer them one-to-one advice or telephone contact.

Main recommendations

- HP48 A log should be kept to record cases where prisoners at risk of suicide or self-harm have their clothing removed when placed in the special accommodation in the healthcare centre, and there should be appropriate safeguards in accordance with an agreed protocol and published policy.
- HP49 The prison should draw up a prisoner diversity policy and establish a diversity committee focused on prisoner issues, which is attended by key staff responsible for delivering equality of opportunity, including health services and activity providers.
- HP50 Cells designed for one prisoner should not hold two.
- HP51 The physical condition of A and B wings should be improved.
- HP52 There should be sufficient work and education places for the prisoner population.
- HP53 Prisoners should have access to association every evening.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

Prisoners travel in safe, decent conditions to and from court and between prisons. During movement prisoners' individual needs are recognised and given proper attention.

- 1.1 There were good relations between the prison and the escorting service provider. Journeys were relatively short and prisoners had few complaints.
- 1.2 Relationships between escort and reception staff were good. Information about prisoners was shared systematically and reception staff used it appropriately to inform initial risk assessments. The prisoner escort records we examined were properly completed and legible.
- 1.3 Relationships between prisoners and escort staff were good, and staff were polite and respectful. In our survey, 77% of respondents said that escorting staff treated them well, which was significantly better than the comparator of 67%.
- 1.4 The cellular vehicles we inspected were clean and had appropriate space for prisoners' property. A contractor manager attended every morning to manage the flow of vehicles into the prison and deal with problems in the timeliness of arrivals. Late arrivals were rare.
- 1.5 Prisoners were transferred in from prisons and courts in the south west of England, so journeys over two hours were rare. In our survey, 29% of respondents said that their journey was comfortable and 71% that their personal safety during the journey was good, which were significantly better than the comparators of 11% and 58% respectively.

First days in custody

Expected outcomes:

Prisoners feel safe on their reception into prison and for the first few days. Their individual needs, both during and after custody, are identified and plans developed to provide help. During a prisoner's induction into the prison he/she is made aware of prison routines, how to access available services and how to cope with imprisonment.

- 1.6 Although clean, the reception area was old and worn and had no space for private interviews. The holding rooms had been improved, but remained unwelcoming, too small and not properly maintained. However, reception staff were welcoming, dealt with new arrivals with respect, and processed them quickly. The first night centre on C wing was clean, well decorated and staffed by trained officers, and prisoners felt safe there, although some cells were too small to accommodate more than one prisoner. Trained peer supporters saw all new arrivals, but night staff were not routinely informed of their location. A full induction programme started on the day after arrival and conveyed sufficient information about all relevant areas of prison life.

Reception

- 1.7 The reception area was reasonably busy and processed about 20 new arrivals a week. It was open from 6am until 8.30pm Monday to Friday and on Saturday morning until 12.30 pm. Although late arrivals were rare, staff remained on duty to process all prisoners whenever they arrived.
- 1.8 The main reception area was small, cramped and had no rooms where prisoners could be interviewed in private. Although it was adequately clean, floors needed repair in many places and the area was old, worn and unwelcoming.
- 1.9 There were three main holding rooms and a further small holding room for vulnerable prisoners. Although conditions had improved since the last inspection, and the rooms were reasonably clean and had up-to-date information notices, reading material and a television, they were too small and had cracked floors and damaged walls. The room used to hold vulnerable prisoners was particularly cramped and unwelcoming.
- 1.10 Despite the environment, officers working in the area were respectful and aware of the potential risks to new arrivals. They addressed individual prisoners' safety needs and processed them quickly, usually within 90 minutes.
- 1.11 All new arrivals received a comprehensive information pack on what they could expect from their experience and how to access help. Staff carried out cell-sharing risk assessments with the prisoner and asked them about any special needs or problems. Personal possessions were treated with respect and prisoners were told how to access stored property.
- 1.12 A prisoner peer support worker (Insider) was employed as a full-time reception orderly. He saw all new arrivals to support and inform them about what they could expect from the reception process
- 1.13 In our survey, 82% of respondents said that they were treated well in reception and 71% said that they received information about what was going to happen to them on their first day, which were significantly better than the comparators of 57% and 42% respectively.

First night

- 1.14 All new arrivals were admitted to the induction and first night centre on C wing. The centre focused on prisoner safety, had a clear vulnerable prisoner strategy, and responded to the fears of prisoners who requested protection. Vulnerable new arrivals could access a full regime on the vulnerable prisoner unit on D wing during the day following their admission (see section on vulnerable prisoners). Staff were aware of their circumstances, and entries in personal files indicated that they supported prisoners appropriately.
- 1.15 Trained Insiders saw all new arrivals in groups and individually to explain how to use prison systems to meet their initial needs and how to access help. In our survey, 88% of respondents said that they felt safe during their first night, which was significantly better than the comparator of 73%
- 1.16 Trained first night officers interviewed all new arrivals in private for a comprehensive assessment of their immediate needs. A record of this assessment was kept in the prisoner's induction file. Identified needs were dealt with and initial progress was tracked. Entries in files

showed that staff were aware of the importance of dealing with immediate risks and were aware of the anxieties associated with the first night in prison. All new arrivals were offered a free telephone call and a shower.

- 1.17 The environment on the induction and first night centre was welcoming, communal areas were clean and brightly decorated, posters were displayed, and there was a wide variety of legal information leaflets that prisoners could take away with them. The centre could accommodate up to 24 prisoners over a single landing in a mix of double and four-bed cells. Although the double cells were designed for single occupation and were too small for two prisoners, they were clean, well furnished and properly equipped. The larger cells were also clean and well decorated.
- 1.18 There were no dedicated first night cells; new arrivals were located in vacant cells as available. There were no proper handover procedures to ensure that staff coming on duty, particularly night staff, were aware of the location of new arrivals and any special needs. During our night visit, we found that officers working on the residential units were unaware of the specific cell location of recently arrived prisoners.

Induction

- 1.19 Induction officers based on C wing saw prisoners individually during a formal interview on the day after their arrival to explain the published induction pack that they had been given, which covered the establishment's policies, procedures and rules. Interviews were informative, and prisoners were encouraged to ask questions and raise matters. Individual needs were assessed again, and recorded on an induction interview form (see paragraph 8.12). Short-term needs were assessed and referrals were made systematically to appropriate service providers, such as the counselling, assessment, referral, advice and throughcare service (CARATs), housing, employment and benefits advisers. During induction, prisoners were seen by relevant staff from different departments, including the chaplaincy, health services, CARATs and resettlement.
- 1.20 Most new arrivals were moved quickly from C wing to residential wings following their induction, usually within three days. Although some vulnerable prisoners had remained on the wing for up to two weeks while waiting for a vacancy on the vulnerable prisoner unit, they were given a full regime on D wing during the day and did not block space on C wing.

Recommendations

- 1.21 Reception should be refurbished to provide appropriate facilities.
- 1.22 Night staff should be made aware of the location and special needs of all new arrivals.

Section 2: Environment and relationships

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions.

- 2.1 Many communal areas were reasonably clean, but some upper landings were engrained with dirt and had damaged flooring and walls. Although most cells were clean, some were dirty, poorly furnished and had inadequate toilet screening. Small cells designed to accommodate one prisoner were occupied by two. Most prisoners were not permitted to wear their own clothes, and young adults were required to wear distinguishing clothing.

Accommodation and facilities

- 2.2 There were four residential wings. A, B and C wings were in the Victorian main building and D wing was on a short secure corridor. Prisoner accommodation was mainly in shared cells on galleried landings. There was a small segregation unit on D wing and a drug treatment unit on A wing, and C wing was the induction and first night centre. A and B wings accommodated a mix of remand and convicted prisoners. Most young adults were located together on a separate landing on B wing. Young adults did not share cells with adult prisoners.
- 2.3 A major building programme was under way during our inspection to build a new visits complex and healthcare centre, and D wing was being refurbished.
- 2.4 Residential wings were old and worn, but their condition and cleanliness were adequate and staff and prisoners made an effort to keep landings and communal areas clean and tidy. Most landings were adequately painted. Sight lines for supervision were good. Association equipment was adequate and well maintained. Notice boards on all landings had up-to-date information on resettlement and activity services and how to contact staff. However, some areas on A and B wings were in a poor state with broken flooring and damaged walls. There was engrained dirt on floors on the upper landings and mould on some walls.
- 2.5 Most cells were designed for one prisoner, but nearly all were used to accommodate two (see main recommendation HP50). Conditions were cramped and uncomfortable, and some on B wing were dirty with poor ventilation. As there were no facilities for prisoners to dine out of their cells, many prisoners sat on their toilets to eat their meals (see recommendation 7.11).
- 2.6 All prisoners had access to an emergency call bell in their cells. The bells were working and responded to quickly, usually within three minutes. In our survey, 57% of respondents said that staff answered their cell bells within five minutes, which was significantly better than the comparator of 36%.
- 2.7 Prisoners were consulted about the routines and facilities on wings and there were monthly consultation meetings between residential staff and prisoners. Minutes of meetings showed that prisoners could express their views on living conditions and were informed of the outcome of consultation. Prisoner representatives had been appointed on all wings. Their role had been published and staff and prisoners knew who they were.

- 2.8 The atmosphere on all wings was quiet and calm. In our survey, 86% of respondents said that wings were normally quiet enough for them to relax and sleep at night, which was significantly better than the comparator of 63%

Clothing and possessions

- 2.9 Convicted prisoners were not permitted to wear their own clothes, regardless of their level on the incentives and earned privileges scheme. Convicted young adults had to wear orange shirts so that they could be easily identified by staff. Prisoners said that they found this degrading. Unconvicted prisoners could wear their own clothes, but most did not because they were required to arrive at the prison with three complete sets of clothes and there was no opportunity for them to have their own clothes sent in. There had been no risk assessments to support this policy. There were no facilities on the wings for prisoners to wash their own clothes.
- 2.10 There were weekly prison clothing exchanges and a supply of clean clothing of the right size and quality. In our survey, 73% of respondents said that they were offered enough clean prison clothing for the week, which was significantly better than the comparator of 50%. Clean bedding was offered weekly and prisoners could have blankets.
- 2.11 Prisoner's private property was stored securely in reception. Although prisoners could apply for access to their property, this was limited because most were not permitted to wear their own clothes.

Hygiene

- 2.12 Prisoners had daily access to cell cleaning materials, and they were unlocked at 7.45am each morning to clean their cells. In our survey, 75% of respondents said that they could get enough cleaning materials each week, which was significantly better than the comparator of 64%.
- 2.13 Prisoners could obtain basic toiletries from the prison as required and could buy their own supplies from the prison shop.
- 2.14 There were adequate communal showers, which were screened, but some were dirty and did not work properly. There was only one bath, which was in the healthcare centre. Most prisoners said that they had daily access to showers during association or through a request to residential officers. In our survey, 82% of respondents said that they could have a shower every day, close to the comparator of 79%.

Recommendations

- 2.15 All cells should be clean, properly furnished and have toilet screening.
- 2.16 Young adults should not be required to wear distinguishing clothes.
- 2.17 All prisoners should be permitted to wear their own clothes.
- 2.18 There should be facilities on residential units for prisoners to wash their clothes.
- 2.19 Communal showers should be kept clean and in working order.

Staff-prisoner relationships

Expected outcomes:

Prisoners are treated respectfully by all staff, throughout the duration of their custodial sentence, and are encouraged to take responsibility for their own actions and decisions. Healthy prisons should demonstrate a well-ordered environment in which the requirements of security, control and justice are balanced and in which all members of the prison community are safe and treated with fairness.

- 2.20 There was positive interaction between staff and prisoners. Prisoners saw staff as helpful and responsive to their needs, and staff knew the prisoners they were responsible for, especially on A1 landing.
- 2.21 Relationships between staff and prisoners were good. In our survey, 93% of respondents said that staff treated them with respect, which was significantly better than the 67% comparator, and 86%, against 64%, said that there was a member of staff they could turn to if they had a problem. Responses from black and minority ethnic prisoners were broadly the same. During the inspection, prisoners consistently spoke of staff in positive terms and said they were helpful, and we observed good levels of interaction.
- 2.22 Staff were usually confident in their engagement with prisoners and the use of first names was relatively common. This was usually reflected in entries in wing files, although some still used only surnames rather than preferred titles. During association, we also saw staff engaged with prisoners in a relaxed but controlled manner. In our survey, 30% of respondents, significantly higher than the comparator of 17%, said that staff normally spoke to them during association.
- 2.23 Vulnerable prisoners on main location, especially those with mental health problems, were appropriately cared for and we saw examples of formal and informal engagement by staff. Staff knew the prisoners on their wings, especially on A1 landing, which accommodated a high proportion of such prisoners, along with kitchen workers and other enhanced prisoners.

Housekeeping point

- 2.24 Staff entries in wing files should use prisoners' preferred titles.

Personal officers

Expected outcomes:

Prisoners' relationships with their personal officers are based on mutual respect, high expectations and support.

- 2.25 A revised personal officer policy had recently been introduced, but was not yet embedded. Staff had personal knowledge of prisoners in their care, but entries in wing files varied in quality and frequency.
- 2.26 The personal officer policy was dated March 2009. All prisoners who fell within the scope of the offender management unit (OMU), including high risk prisoners, all those serving over 12

months, all young adults and prisoners recalled on licence were allocated an offender supervisor who acted as their personal officer. Those prisoners not in scope of the OMU were allocated a wing-based personal officer. The names and photographs of personal officers and offender supervisors were displayed on wings.

- 2.27 A case administrator in the OMU checked the reception list daily to establish whether a prisoner required a personal officer or offender supervisor, and maintained a record of their allocated offender supervisor or personal officer. This enabled wing managers to allocate a personal officer to prisoners not case managed by the OMU and inform the OMU who they were. On the day we viewed the database, two remand prisoners and 10 convicted prisoners did not appear to have a named personal officer. We were told that this was likely to be because some wings had failed to inform the OMU rather than because no personal officer had been identified. In our survey, 56% of respondents, significantly better than the comparator of 38%, said they had a personal officer.
- 2.28 There were slight variations in how the scheme operated across the prison. On D wing, all prisoners continued to be allocated a wing personal officer irrespective of sentence length or status. While this appeared appropriate given the role and size of the wing, it was not reflected in the published policy.
- 2.29 OMU staff completed an initial needs assessment for new arrivals focused on the resettlement pathways. Areas of concern were highlighted and this information was forwarded to the allocated personal officer, along with a monitoring checklist to enable them to record action taken to address these concerns. The published policy did not explain to staff and prisoners how the information and checklist should be used.
- 2.30 The revised personal officer scheme was not yet fully embedded and it was not possible to assess its impact and effectiveness in meeting the resettlement needs of short-term prisoners. We found few examples of information on the identified areas of concern or the personal officer checklist in the wing files we examined. In the examples we found, the information had been used appropriately during the initial introductory discussion between personal officer and prisoner, but evidence of follow-up action was less apparent. Personal officers did not attend discharge boards during the week of the inspection.
- 2.31 Although personal officers knew the prisoners in their care, this was not consistently reflected in wing file entries, which also varied in frequency and quality. Although some entries demonstrated positive engagement with prisoners, others were observational. The personal officer policy did not cover quality assurance arrangements. Managers made some checks of wing files, although the frequency of these varied. The wing files we examined on D wing were generally of a better standard and management checks appeared to be more frequent than on other wings.

Recommendations

- 2.32 The published personal officer policy should provide clear guidance to staff on how to use the information provided by the offender management unit and the personal officer checklist to support prisoners and help them prepare for release.
- 2.33 Residential managers should provide ongoing support and training for personal officers to ensure they understand and can meet the requirements of the personal officer policy effectively.

2.34 A quality assurance scheme for personal officer work should be incorporated into the policy and implemented.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Active and fair systems to prevent and respond to violence and intimidation are known to staff, prisoners and visitors, and inform all aspects of the regime.

- 3.1 Prisoners generally felt safe and the level of violence was low, as were incidents of bullying. The information collected monthly was not sufficiently analysed, and interventions for prisoners subject to anti-bullying and victim support logs were underdeveloped.
- 3.2 Violence reduction, safer custody, and suicide and self-harm prevention work were incorporated under the umbrella of safer custody. A full-time principal officer was the safer custody and violence reduction coordinator. The violence reduction strategy, which incorporated anti-bullying guidelines, had been updated in February 2009, was comprehensive, and included guidance to staff on the management of prisoners. The violence reduction/safer custody committee was appropriately constituted with wing and departmental representatives and met monthly. It was well attended and minutes indicated detailed discussions on areas of concern. Although the annual strategy did not include an action plan, a continuous improvement plan was reviewed and updated at each strategy meeting. Issues raised were allocated to identified managers.
- 3.3 There had been a bullying and violence reduction survey in December 2008, but the response had been poor and only 31 of 180 forms (17%) were returned. As a consequence, information from this was of little value. However, there were examples where issues raised at the violence reduction meeting were taken to wing forum meetings to discuss views.
- 3.4 A reasonable range of data was collected monthly and reported to the strategy group. This included the number of fights and assaults, the frequency of use of force, bullying incidents and a list of those subject to anti-bullying measures or victim support. However, this information was not collated over time and there was little evaluation of patterns or trends, and there were no comparative measures against other prisons or previous years. Despite this, it was apparent from the information that the level of violence at Dorchester was low. In the six months to the end of March 2009, only eight fights and nine assaults had been recorded. In the same period, there had been only two unexplained injuries suspected to have been the result of assaults. On both these occasions, wing managers had carried out appropriate investigations.
- 3.5 All new arrivals were given information about safer custody during induction, including details of violence reduction and anti-bullying. Further information was widely publicised across all wings. Prisoners we spoke to were aware of arrangements for managing anti-bullying and reducing the risk of violence. They consistently reported feeling safe and confident that staff would deal appropriately with their concerns. In our survey, only 21% of respondents said they had ever felt unsafe at Dorchester, against the 40% comparator, and only 10% said they currently felt unsafe, compared with 20%.

- 3.6 Anti-bullying guidelines were reasonable. There was some basic guidance for staff on what constituted bullying and ways of changing behaviour and attitudes. The primary focus of the strategy, however, was on the four-stage monitoring programme. First alerts were raised when there was concern about an individual, usually following a specific incident, but where it was not clear if it was bullying. At this point, monitoring was low key and individuals were not told they were subject to it. A prisoner was only subject to a subsequent stage if there was a specific concern or a continuation of bullying behaviour. Levels of monitoring and some regime restrictions followed each subsequent stage. In the six months to the end of March 2009, 29 logs had been opened, relating to 25 individuals. Most logs (24) were first alerts. Only one stage two and no stage three log had been opened during this period.
- 3.7 Staff generally opened first alerts if there were any concerns, but the anti-bullying model was applied consistently across wings. We saw no indications of disproportionate use. The standard of investigations when there were specific allegations or evidence was good.
- 3.8 Victim logs were opened when specific victim were identified, which was rare. In the previous six months, only three had been opened. Although there was informal support from staff, there was no specific programme to help more vulnerable prisoners develop coping and problem-solving skills. There was also no specific programme for bullies to address and/or challenge their attitudes.

Recommendations

- 3.9 Information collected monthly by the safer custody team should be analysed over time to identify patterns and trends.
- 3.10 There should be interventions to support prisoners subject to anti-bullying victim logs, and to address and challenge the inappropriate behaviour of bullies.

Self-harm and suicide

Expected outcomes:

Prisons work to reduce the risks of self-harm and suicide through a whole-prison approach. Prisoners at risk of self-harm or suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Prisoners who have been identified as vulnerable are encouraged to participate in all purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

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- 3.11 Suicide and self-harm prevention work was well managed, prisoners felt supported and staff had a knowledge of prisoner need. Monitoring documentation varied, and management checks did not focus on quality. Much of the staff engagement with prisoners and their daily management was based on informal arrangements and were not always included in care maps or reviews. The use of accommodation in healthcare was not supported by safeguards and no log was maintained.
- 3.12 A separate suicide and self-harm prevention policy had been updated in November 2008. It included guidance to staff on the management of prisoners subject to assessment, care in custody and teamwork (ACCT) self-harm monitoring documentation. The monthly safer custody strategy meeting incorporated suicide and self-harm prevention and, as with violence

reduction, although no specific action plan was linked to the strategy, appropriate issues were pursued through the continuous improvement plan.

- 3.13 All prisoners subject to ACCT were reviewed in the monthly strategy meeting. Staff, including night staff, had a good understanding of cases for which they were responsible. Although the monthly meeting reviewed all cases and had information on incidents for that month, there was no analysis of data over time to monitor areas of risk or vulnerability. There was also no system for investigating or learning from near misses.
- 3.14 In the six months to the end of March 2009, there had been 48 incidents of self-harm involving 22 individuals, and 75 ACCTs had been opened. On average, about eight to 10 ACCT forms were open at any time. Our analysis of the 10 cases open at the time of the inspection, and a number recently closed, indicated that cases were opened for a relatively short time.
- 3.15 The quality of ACCTs varied. Although the standard was reasonable overall, in several cases care maps were not updated regularly and review meetings generally did not evaluate progress on objectives. Although some assessments were good, others were perfunctory. Review meetings were not always multidisciplinary, but there was good attendance where mental health services, the counselling, assessment, referral, advice and throughcare service (CARATs) or the chaplaincy were involved. All cases were subject to regular management checks, but these focused on audit criteria rather than the quality of work, and comments were rarely attached to the checks. Despite this, all the prisoners we spoke to who were subject to ACCTs spoke positively of the staff they engaged with. There were also examples of informal support arrangements, which were not consistently recorded in files or included in care maps.
- 3.16 The use of A1 landing offered support for some vulnerable prisoners, and staff there gave good day-to-day care. We found two cases where prisoners were located in healthcare, but were gradually being reintroduced to main location through daily association on their wing.
- 3.17 There were 14 ACCT assessors and at least two were scheduled to be on duty at any time. Although most prisoners subject to ACCT were managed on wings, there were four cells in healthcare that were covered by CCTV, two of which were gated and used for constant watches. These cells were used regularly, but only following a review meeting and in consultation with health services staff. In the previous four months, these cells had accommodated 17 prisoners. Strip clothing was also used occasionally, but there was no log to offer appropriate safeguards, although we were told that use of strip clothing had to be agreed by the duty governor. Staff said this had happened on four occasions during this four-month period. The use of such accommodation and strip clothing was not covered in the suicide and self-harm prevention policy. (See main recommendation HP48.)
- 3.18 There was a good system for managing and supporting the five Listeners. There was a Listener suite near B wing and two Listeners at a time were based there, on a rota. The suite could be used at night, and there had already been two examples in 2009 to date when a prisoner had been allocated there overnight. However, there was some confusion about the suite's availability. Some prisoners, and some night staff, told us that it was not available and a prisoner in crisis would only be offered the Samaritans telephone, while other staff were clear that it was an option in the event of a crisis. Listeners had monthly meetings with the Samaritans link support at the prison and attended the monthly violence reduction meeting (but not for discussion of specific cases). Training was appropriate for this group and had recently included some mental health awareness training.

- 3.19 There was regular ACCT training and four staff were trained as trainers. However, 31 staff (18%) had still not received any ACCT training, and 73 staff (40%) had undertaken the foundation course at least three years ago and required refresher training.

Recommendations

- 3.20 Information collated by the suicide and self-harm coordinator should be evaluated for trends over time and used to inform strategic development.
- 3.21 There should be an effective quality assurance scheme for assessment, care in custody and teamwork (ACCT) documentation, and areas of concern should be taken forward with clearly identified objectives.
- 3.22 A clear policy on the use and availability of the Listener suite should be publicised across the establishment and to all staff.
- 3.23 All staff should receive ACCT foundation training and refresher courses after three years.

Diversity

Expected outcomes:

All prisoners should have equality of access to all prison facilities. All prisons should be aware of the specific needs of minority groups and implement distinct policies, which aim to represent their views, meet their needs and offer peer support.

- 3.24 There was no prisoner diversity policy, and there were significant gaps in the diversity provision. The disability policy was not focused on meeting the needs of prisoners. The disability liaison officer had provided individual support, including care plans and some reasonable adjustments, but there were no identified liaison officers for other diversity strands, and no monitoring to ensure equal access to facilities and activities for all minority groups.
- 3.25 There was no prisoner diversity policy and there had been no needs analysis. There was a bi-monthly equal opportunities committee meeting chaired by the deputy governor, but the agenda focused on staff issues. (See main recommendation HP49.) The diversity manager was also the equal opportunities officer, but his job description did not include wider diversity work. A race equality and diversity booklet encouraged prisoners to speak to the diversity manager if they had any equal opportunities concerns. The booklet also referred briefly to disability legislation and the prison's aim to ensure equality of access for prisoners with disabilities. It did not include reference to the identity or role of the disability liaison officer (DLO). In our survey, 4% of respondents said they were homosexual or bisexual. Although the diversity booklet included a section on gender issues for staff, there was no reference to prisoners.
- 3.26 There was a disability policy, which provided a broad overview of disability legislation, but was not sufficiently focused on meeting the needs of prisoners.
- 3.27 The health and safety adviser was the designated DLO, although he had no profiled time for this role. A disability questionnaire was completed during the reception process and was supposed to be forwarded to the DLO. This questionnaire had recently been incorporated into

the induction and needs assessment document, and the DLO said that he did not receive copies of the questionnaire consistently. Only five prisoners were recorded on the local inmate database system (LIDS) as having disabilities, but in our survey, 25% of respondents considered themselves to have a disability. Although prisoners were asked if they considered themselves to have learning difficulties or mental illness, the DLO acknowledged that there was a narrow focus on identifying and supporting prisoners with visible physical disabilities. There were no prisoner forums for prisoners with disabilities.

- 3.28 The DLO had endeavoured to provide care and support and make some reasonable adjustments for prisoners with disabilities of whom he was aware. For example, he had drawn up some care plans. Handrails had been installed in a cell in the healthcare department to meet the needs of a prisoner with reduced mobility who was a wheelchair user, and a portable commode had been supplied by an occupational therapist. In the previous week, the prison had worked positively with Dorset police to help meet the needs of a deaf prisoner. A police link officer for the deaf (PLOD) visited the prison and met the prisoner, wing senior officer and DLO. As a result, a care plan had been drawn up and the prison had worked with a sign language interpreter. Personal evacuation plans were in place, although these had been inappropriately placed in wing files. During our night visit, staff were not aware of the whereabouts or content of these plans.
- 3.29 Although the minutes of the December 2008 equal opportunities meeting had recognised that a liaison officer was required for older prisoners, there were no liaison officers for other diversity strands. There were currently five prisoners over 60, the eldest of whom was 69. Two were located appropriately in the healthcare inpatient facility. Although care plans were not in place, they could access facilities such as showers. In our survey, 92% of respondents who considered themselves to have a disability said they were able to shower every day, which was significantly better than the response of 78% from those who did not consider that they had a disability.
- 3.30 Other than ethnic monitoring, there were no monitoring arrangements to ensure that prisoners from minority groups had equitable access to facilities and activities.

Recommendations

- 3.31 The disability liaison officer should be allocated enough time to carry out all their duties.
- 3.32 All new arrivals should be assessed to establish whether they have a disability. Initial assessments should be forwarded to the disability liaison officer and reviewed at least annually.
- 3.33 The disability policy should be informed by an up-to-date needs analysis and underpinned by an action plan.
- 3.34 All prisoners with disabilities and older prisoners with identified needs should have a care plan that is informed by health services and residential staff, and about which they should be consulted.
- 3.35 All staff should be familiar with the location and content of evacuation plans for prisoners with disabilities and older prisoners.
- 3.36 Support forums for prisoners with disabilities should be facilitated.

- 3.37 Designated liaison officers should be appointed for each of the diversity strands.
- 3.38 There should be regular monitoring of prisoners from minority groups to ensure they have equitable access to amenities and activities.

Housekeeping point

- 3.39 The race equality and diversity booklet should include information about the role of the disability liaison officer.

Race equality

Expected outcomes:
All prisoners experience equality of opportunity in all aspects of prison life, are treated equally and are safe. Racial diversity is embraced, valued, promoted and respected.

- 3.40 Race equality work was effectively managed. The race equality action team was well attended and included prisoner race representatives, but engagement with external organisations was limited. In our survey, the views of black and minority ethnic prisoners were similar to those of white prisoners, although in groups some expressed some negative perceptions of their treatment. Racist incident investigations were thorough and subject to effective external scrutiny.

Race equality

- 3.41 Black and minority ethnic prisoners accounted for approximately 9% of the population. In our survey, responses from black and minority ethnic prisoners were broadly similar to those from other respondents. However, in our focus group and during the inspection some black and minority prisoners expressed more negative perceptions of their treatment, although none said they had encountered direct racism. Black and minority ethnic prisoners commented on the small number of black and minority staff in the prison, none of whom were in uniformed roles; only one directly employed black and minority member of staff was in a contact role.
- 3.42 The full-time diversity manager was the race equality officer (REO) and had approximately 35 hours a week for this work. The REO was supported by the deputy governor and an assistant REO, and both members of staff had attended the revised REO training. The diversity manager had been absent from the prison for some weeks but a temporary full-time replacement had been appointed.
- 3.43 The governor chaired the bi-monthly race equality action team (REAT) meeting, although recent meetings had been chaired by the deputy governor. Meetings were usually well attended by functional heads and at least one prisoner representative. The membership did not include the catering manager or representatives from healthcare. All but two of the current membership had attended the required REAT training.
- 3.44 There were currently three prisoner race representatives, although the short stay of most prisoners affected the retention and training of representatives. The representatives met separately with the REO each month, and wore identifiable red T-shirts.

- 3.45 Ethnic monitoring data was discussed and followed up at the REAT and at the senior management team meeting. In addition to the mandatory areas, monitoring also covered access to employment, education, gym and offending behaviour programmes. Although black and minority ethnic prisoners perceived that they did not get access to key jobs, ethnic monitoring data from April 2008 to February 2009 showed there was no under- or over-representation of black and minority ethnic prisoners in employment areas during this period..
- 3.46 Engagement with external organisations was limited, although a volunteer interpreter attended REAT meetings. There was a race equality action plan, which the REAT monitored and reviewed regularly. Notice boards on each wing displayed photographs of key REAT members and the prison's race equality policy. More detailed information was published in the library and other locations. Race equality information in the library was readily accessible and up to date. It included minutes of the REAT and the findings of ethnic monitoring data.

Managing racist incidents

- 3.47 There had been 37 racist incident report forms logged in 2008 and 20 in 2009 to date. The increase was attributable to multiple complaints from one prisoner. Forms were readily available on wings, along with envelopes to ensure confidentiality. Complainants received written confirmation of receipt of their complaint, and there was a policy to safeguard victims. Investigations we sampled were comprehensive, timely and witnesses were followed up. Investigations were generally pursued to their conclusion, even if the prisoner had transferred, although one investigation had not been. The REO gave an individual response to complainants detailing the outcome of the investigation, which included obtaining feedback about whether they were satisfied with the outcome. In one case where the complainant had indicated they were not satisfied, the REO had followed this up.
- 3.48 A random sample of submitted complaints was subject to comprehensive external quality assurance with written feedback to the REAT. This quality assurance included speaking to prisoners. There was evidence that staff not only reported but also challenged perceived racist behaviour when they witnessed it.

Race equality duty

- 3.49 There was a programme of impact assessments requiring completion and those due for review. Action points identified as a result were incorporated into the race equality action plan.
- 3.50 Although the prison offered no interventions to challenge racism, there were procedures to identify prisoners with racially motivated offences. The REO interviewed these prisoners and recorded information on a database.
- 3.51 The deputy REO chaired a monthly forum for black and ethnic minority prisoners. The meetings were not well attended. The minutes showed that some issues raised at this forum were followed up. For example, prisoners had indicated dissatisfaction with the meal choices. As a result, the catering manager had attended the meeting and some changes had been instigated. There had been no survey of black and minority ethnic prisoners.
- 3.52 There was little material on display to promote cultural diversity. Some events had taken place during black history month in October, and there were plans to hold such events throughout the year. In the previous three years, 67.5% of staff had received diversity training, but 32.5% had not been trained or required refresher training.

Recommendations

- 3.53 The number of black and minority ethnic staff in contact roles should be increased.
- 3.54 The membership of the race equality action team (REAT) should include the catering manager, the head of healthcare and the head of learning and skills.
- 3.55 All racist incident complaints should be investigated, even if the complainant is no longer in the prison.
- 3.56 There should be appropriate interventions for prisoners who demonstrate racist behaviour.
- 3.57 There should be a planned calendar of events to celebrate and promote cultural, racial and ethnic diversity, to which all departments should contribute.
- 3.58 There should be an annual race equality survey to inform and develop the race equality action plan and policy.

Foreign national prisoners

Expected outcomes:

Foreign national prisoners should have the same access to all prison facilities as other prisoners. All prisons are aware of the specific needs that foreign national prisoners have and implement a distinct strategy, which aims to represent their views and offer peer support.

- 3.59 The foreign national coordinator interviewed all new foreign national prisoners and maintained regular contact with them. There was a published policy, but this was not informed by a needs analysis. Immigration surgeries were run and the prison had good links with the local immigration office. Some translated material was available, but this mostly concerned national rather than local policies.
- 3.60 At the time of the inspection, there were 21 foreign national prisoners. Five prisoners subject to immigration control were held beyond the end of their sentence. The detainees we spoke to were frustrated that they had not been moved to a detention facility.
- 3.61 There was a foreign national coordinator who was also the assistant REO. Most of his time was spent on foreign national work. He was based in the diversity office and line managed by the diversity manager.
- 3.62 There was a reasonably comprehensive foreign national prisoner policy dated April 2008, although this had not been underpinned by a needs analysis. The diversity manager was aware of this gap and work was under way to undertake a prisoner survey. The policy described the support provided to foreign national prisoners from point of reception. Future initiatives were not accompanied by a time-bound action plan to monitor progress. Although the foreign national coordinator had not attended formal training, he had attended seminars in the south west region to network and share good practice.

- 3.63 There was no separate foreign national committee. The coordinator was a member of the REAT, where foreign national prisoners were a standing agenda item, and gave the meeting an overview of the number of foreign national prisoners and any concerns.
- 3.64 Some translated material was available, including information stored in a computer in the library. Most of the material related to national information rather than local policies and procedures. The library also had a limited supply of foreign language fiction. Telephone interpreting services were used and the prison had access to a volunteer interpreter who spoke several languages. The coordinator also had a list of staff willing to act as interpreters. Two foreign national prisoners we spoke to through the telephone interpreting service said they were keen to learn some English, but there was limited provision in English for speakers of other languages (ESOL) in the prison.
- 3.65 There were procedures to identify foreign national prisoners when they arrived in the prison. The custody manager maintained a database of foreign national prisoners and tracked the progress of immigration cases. This database was regularly shared with the foreign national coordinator, who interviewed each foreign national prisoner individually soon after their arrival. He obtained and retained information about their immigration status, language needs, and family issues or concerns. He also gave them information about translation services, telephone calls and letters.
- 3.66 There were foreign national notice boards on wings, and the foreign national coordinator was a visible presence in the prison. He maintained regular contact with prisoners and liaised with immigration caseworkers in the UK Border Agency (UKBA), the criminal casework directorate (CCD) and solicitors on their behalf.
- 3.67 Bi-monthly immigration surgeries took place in the prison and the foreign national coordinator and custody manager said the prison's relationship with the UKBA office in Poole was positive. The legal services department also held some information leaflets in various languages for foreign national prisoners.
- 3.68 There were three foreign national prisoner representatives and a bi-monthly foreign national prisoner forum, which was reasonably well attended. The meeting included an overview of the facilitated return and early removal schemes, and information about both schemes was available in the library in various languages.
- 3.69 Foreign national prisoners could apply for a free five-minute international telephone call each month if they had not received visits. However, prisoners had to apply each month rather than have the funds automatically credited to them.

Recommendations

- 3.70 The foreign national policy should be based on an up-to-date analysis of the needs of foreign national prisoners and include a time-bound action plan.
- 3.71 Local policy documents should be available in a range of languages.
- 3.72 Prisoners should not have to make repeat applications each month for free international telephone calls.

Applications and complaints

Expected outcomes:

Effective application and complaint procedures are in place, are easy to access, easy to use and provide timely responses. Prisoners feel safe from repercussions when using these procedures and are aware of an appeal procedure.

- 3.73 A new triplicate application form system ensured prisoners received a written receipt. Prisoners received prompt replies to applications. Formal complaints were handled in an efficient, timely manner. Replies were appropriate and provided a full response. All replies were quality assured, and there was detailed monthly monitoring.
- 3.74 The prison had recently introduced a triplicate application form system, which ensured that prisoners received a written receipt following the submission of an application. Prisoners had good access to forms. Replies to applications were provided in a timely manner. In our survey, 92% of respondents, against the comparator of 85%, said it was easy to get an application form.
- 3.75 Formal complaint forms and an extensive range of information about the complaints process were available on wings. Complaints boxes were emptied by the night orderly officer, but this practice was amended during the inspection so that boxes were emptied by staff who were responsible for administering the complaints process. Complaints were handled in an efficient manner, and the prison's monitoring showed that 98.4% were dealt with within the required timescales. Responses we sampled were appropriate and reasonably courteous, although few replies were personalised. The head of the business management unit (BMU) read all complaint replies and checked that there had been a complete response.
- 3.76 There had been 778 complaints in the year to March 2009, which was an increase from the previous year. The majority were complaints about property. BMU staff said that some complaints could have been dealt with informally or the application process. In our survey, significantly more respondents than the comparator, 59% against 27%, said they had been encouraged or made to withdraw a complaint. Records kept by the BMU showed that seven submitted complaints had been withdrawn in the year to March 2009.
- 3.77 There were effective links between the complaints clerk and the race equality officer, and complaints in which the racial element box was checked were forwarded to the REO for a response. Complaints that might have involved bullying were copied to the safer custody manager.
- 3.78 There was comprehensive monitoring of complaints by ethnicity, subject and location. In January 2009, additional sub-headings had been introduced to ensure senior managers could clearly identify areas of concern and respond accordingly.

Recommendations

- 3.79 Complaint replies should be personalised.

- 3.80 Residential staff should encourage and support prisoners to pursue informal means to deal with complaints.

Legal rights

Expected outcomes:

Prisoners are told about their legal rights during induction, and can freely exercise these rights while in prison.

- 3.81 Although the demand for legal services was low, a dedicated bail support officer saw all new arrivals. Prisoners were reasonably successful in obtaining bail, especially via the ClearSprings initiative. There was a range of legal material in the library, but the legal information leaflets available on the induction unit were not widely publicised.
- 3.82 Two legal services officers were available with one based primarily on C wing (induction). Demand for the service was not high with an estimated two to three applications a week on average. There was no log of applications or prisoners seen. We were told that most requests were for information about accessing solicitors. Information on how many prisoners were currently pursuing appeals was also not available, but was estimated to be approximately three to five.
- 3.83 A dedicated full-time bail support officer interviewed all new arrivals and, where appropriate, gave advice about bail and bail applications. In our survey, 53% of respondents, significantly above the 25% comparator, said that it was easy to obtain bail information. The primary focus of bail support was to liaise with external service and agencies to develop bail packages, primarily focused on accommodation. There were links with the ClearSprings bail and home detention curfew accommodation support service, and in the previous 12 months, 46 of the 70 cases pursued (65%) had been successful in gaining accommodation, and of these 29 (63%) had been successful in obtaining bail.
- 3.84 A reasonable range of legal material was available for reference in the library. There was also a wide range of legal services leaflets (29) on C wing, covering issues including child care proceedings, managing debt and the appeal process. Prisoners from across the establishment could access these leaflets through legal services, although they were not widely advertised and prisoners we spoke to did not know they were available.
- 3.85 In our survey, 55% of respondents, significantly better than the comparator of 42%, said that they found it easy to communicate with their solicitors. Legal visits were available every weekday morning in one of five dedicated booths.

Recommendations

- 3.86 Records of prisoners' legal applications and an appellants register should be kept.
- 3.87 The availability of legal services information leaflets should be widely advertised across the prison.

Substance use

Expected outcomes:

Prisoners with substance-related needs, including alcohol, are identified at reception and receive effective treatment and support throughout their stay in custody. All prisoners are safe from exposure to and the effects of substance use while in prison.

- 3.88 Prisoners could continue maintenance regimes under the integrated drug treatment system (IDTS), but first night treatment was inadequate. The stabilisation (drug treatment) unit had insufficient office and interviewing facilities, and IDTS and CARAT staff could not be co-located there. However, there was a high level of interaction and quality of care for prisoners on the unit.

Clinical management

- 3.89 The prison operated the integrated drug treatment system (IDTS). New arrivals received a healthcare screening. Alcohol detoxification began immediately, and those in severe withdrawal were admitted as inpatients. However, prisoners dependent on opiates did not receive treatment until they had seen the GP the following morning. We followed up three prisoners who were not even given first night symptom relief.
- 3.90 Prisoners were admitted to the first night centre, where cell doors did not have observation hatches. They usually moved on to the stabilisation (drug treatment /detoxification) unit, A4, the following day. Vulnerable prisoners were located on D wing and seen by the integrated drug treatment system (IDTS) team.
- 3.91 Between September 2008 and March 2009, 242 prisoners had commenced opiate stabilisation. There were appropriate clinical management protocols for maintenance and detoxification regimes. Most prisoners received methadone treatment, but those prescribed buprenorphine in the community could continue this.
- 3.92 A4 could accommodate 18 prisoners, and the prison expected to treat between 20 and 30 prisoners at a time. However, during the week of the inspection, the IDTS team saw 54 prisoners. Implementation of IDTS had been delayed at a category C establishment thus creating a logjam for prisoners awaiting transfer. Prisoners we spoke to did not want to transfer, as they felt safe at Dorchester and spoke highly of the care they received.
- 3.93 The IDTS team consisted of a grade 6 manager who was also a nurse prescriber, two band 5 nurses and three band 4 support workers. There was additional funding to appoint another nurse. A GP provided five sessions a week, and the prison's consultant was available for advice. The primary care trust had recently appointed a manager to support the service.
- 3.94 IDTS nurses started prisoners' care plans, which were then continued by the counselling, assessment, referral, advice and throughcare (CARAT) team. Treatment was reviewed each week. Prisoners felt well supported, and there was a high level of engagement between staff and prisoners. Prisoners could access the full range of IDTS groupwork modules, attend one-to-one IDTS gym sessions, and discuss concerns at weekly IDTS drop-in support groups.
- 3.95 Conditions on A4 were very cramped. Office and interviewing space was inadequate, and the groupwork room was small and in high demand.

- 3.96 There were satisfactory facilities and procedures for the administration of controlled drugs, but prisoners from A and B wings had a lengthy wait in a long queue along narrow corridors on the A4 landing; officers provided supervision. An IDTS nurse paired up with a health services' nurse to administer methadone on C and D wings, A1 and the segregation unit.
- 3.97 Prisoners with complex needs could access primary and secondary mental health services, and the mental health in-reach team's skill mix included dual-diagnosis expertise. Mental health nurses attended weekly IDTS reviews to coordinate care.
- 3.98 The IDTS team linked in closely with community services and attended drug intervention programme meetings to discuss throughcare arrangements.

Drug testing

- 3.99 The establishment's year-to-date random mandatory drug testing (MDT) positive rate was 6.6% against a target of 12%, which was low for a local prison and reflected proactive security measures. However, an increase in positive tests had been recorded in March 2009.
- 3.100 Random testing targets, including weekend testing, were met. Fewer than 20% of security information reports were drug related, and there had been only 12 suspicion tests in the previous six months, resulting in four positives. Finds indicated cannabis and opiates as the main drugs of use. During the inspection, an incident of injecting drug use was reported. Although this was rare, no disinfecting tablets were available to prisoners to clean equipment and reduce the risk of blood-borne virus transmission. In our survey, only 18% of respondents thought it was easy to get illegal drugs in the establishment, against the comparator of 34%.
- 3.101 Comprehensive supply reduction measures were in place, including routine and target searches conducted by two dog handlers with two active and two passive drug dogs. They also provided training for escort contractors, visited courts and encouraged intelligence sharing.
- 3.102 Security and drug treatment services linked in well. The drug strategy principal officer attended security meetings, and security staff were represented at drug strategy meetings. All prisoners testing positive were referred to the CARAT service.

Recommendations

- 3.103 Treatment for opiate-dependent prisoners should be provided on their first night.
- 3.104 Prisoners should be stabilised in an environment that allows for appropriate monitoring and observation.
- 3.105 Plans for the new healthcare building should include the co-location of integrated drug treatment system (IDTS) and counselling, assessment, referral, advice and throughcare (CARAT) services on a dedicated stabilisation unit with appropriate facilities to carry out their work.
- 3.106 Prisoners should be able to access disinfecting tablets for cleaning injecting equipment, and there should be means of safe disposal.

Good practice

- 3.107 *There was a high level of engagement with and care for prisoners on the stabilisation unit.*

Vulnerable prisoners

- 3.108 The environment on the vulnerable prisoner unit on D wing was relaxed but controlled. Staff supervision was good and prisoners said they felt safe. Although facilities were limited, prisoners had a full activity regime and spent most of the day out of their cells. Staff-prisoner relationships were good. Prisoners said that they were treated with respect and that staff were responsive to their needs.
- 3.109 There was a discrete vulnerable prisoner unit on D wing. Accommodation was provided for up to 24 prisoners in 12 double cells. At the time of inspection, there were 19 adult prisoners on the unit. Although the population was predominately prisoners with sex-related offences (90%), there were a few others who felt generally at risk from other prisoners on mainstream wings. All had requested to be accommodated there under the conditions of prison rule 45 (segregation for own protection). Decisions to segregate prisoners under rule 45 had been made appropriately, and the reasons were carefully recorded. The files we examined contained relevant documentation, including signed forms in which prisoners explained why they wanted to be considered as vulnerable. All admissions were properly authorised by a governor grade, usually the head of residence.
- 3.110 Young adult vulnerable prisoners were not accommodated on the unit. They were generally located on the first night centre on C wing until they reintegrated to B wing or transferred to another prison. However, following an assessment of risk, they could attend D wing daily for regime activities. Records showed that the number of young adult vulnerable prisoners was low (two between January and end of March 2009). At the time of inspection, one vulnerable young adult prisoner was accommodated on C wing.
- 3.111 Living conditions on D wing were adequate. Communal corridors were clean, well decorated and wide enough to ensure good sight lines for staff supervision. The general atmosphere was relaxed but controlled. Cells were small, but clean and well furnished.
- 3.112 The regime for D wing prisoners had improved since the last inspection. Education sessions were offered on the unit during four weekday afternoons, and all could attend the main education department on Friday mornings (see paragraph 5.4). Facilities for activities on the unit were limited to the landing on the lower floor, but it was appropriately set out with tables and comfortable chairs to make best use of the available space.
- 3.113 Staff-prisoner relationships were good. Prisoners said that they were treated with respect. Staff clearly knew their prisoners, and entries in wing files showed an in-depth knowledge of their personal circumstances.

Recommendation

- 3.114 Facilities for activities on the vulnerable prisoner unit should be improved.

Section 4: Health services

Expected outcomes:

Prisoners should be cared for by a health service that assesses and meets their health needs while in prison and which promotes continuity of health and social care on release. The standard of health service provided is equivalent to that which prisoners could expect to receive in the community.

- 4.1 Access to health services and the overall quality of care were good. The health services team was well managed and highly regarded by prisoners. Although the resources were not suited to the satisfactory delivery of health services, they were used well. Pharmacy services were satisfactory. Dental services were good and the provision of mental health services was excellent. An integrated drug treatment system service was managed independently from the health service.

General

- 4.2 Health services were commissioned by Dorset Primary Care Trust (PCT) and provided by Dorset County Hospital NHS Foundation Trust. Following a health needs assessment in September 2008, a comprehensive prison health development plan had been produced. The healthcare centre monitored the service using the quality outcome framework performance indicators. The prison had established good working relationships with the PCT through the partnership board, and the health services department was represented by the senior medical officer or the lead nurse manager.
- 4.3 The prison provided a primary care service equivalent to that for the general population with equitable access for prisoners. Prisoners were complimentary about the service, and rarely had to wait more than 24 hours to see the doctor.
- 4.4 The healthcare centre had been converted from a prison wing floor and was inadequate for its purpose. A new purpose-built healthcare centre was included in the current building programme. The limited resources in the current centre compromised the dignity and privacy of prisoners. The inpatient facility included a treatment room, pharmacy, general administration office and interview room. Portakabins attached to the side of the facility included staff rooms, a dental suite and an interview room linked to prison reception. A secure waiting area and doctor's office were at the front of the healthcare centre. There were displays and leaflets of health information.
- 4.5 Despite the limitations, the centre was clean and tidy, and there had been much effort to control infection. The treatment room occupied a converted cell and was small and cluttered with equipment. It had a sink and the surfaces were clean, but there was limited space for patient treatment. All clinical treatments for prisoners were carried out in the healthcare centre. Inpatient cells were clean and well decorated, with electrical sockets, televisions and screened toilets. The showers and bathing area were clean and accessible, and one cell had been modified for use by a prisoner with disabilities. The central area and large interview room were used for association and had a pool table, small library and some board games.
- 4.6 We observed some excellent care of prisoners who were treated professionally and with respect by the health services staff. There was no health services lead for the care of older prisoners, although this role was about to be implemented. At the time of our inspection, there

were five prisoners over 60. Prisoners who did not speak English had limited healthcare information in their own language. A telephone interpretation service was used when required. The planning of care was good and made use of the computerised records, but patients had little involvement in planning their own care.

Clinical governance

- 4.7 There were arrangements for clinical governance with robust structures and systems that fed into the wider governance of the PCT. Both the senior medical officer and lead nurse manager were involved with appropriate levels of accountability, but would have represented health services issues more accurately if they both attended the partnership board. There were four vacancies at the time of our inspection and the staff numbers were supplemented by the use of a local nursing agency and nursing bank.
- 4.8 The lead nurse manager was a registered nurse who was a qualified primary care nurse practitioner and nurse prescriber. She was supported by 8.5 whole-time equivalent band 5 level nurses, four of whom were agency nurses and one of whom was acting up as a deputy at band 6 level. The team had insufficient senior nursing staff to deputise for the lead nurse manager. Two nurses were mental health qualified and provided a primary mental health service. There were four healthcare assistants and two part-time administrators. Two prison officers provided discipline and support, as well as continuity of care for inpatients. There was a satisfactory level of staff to supply 24-hour care, and the skill mix enabled a good range of nurse-led clinics. Staff training was well monitored and supported, but there was no clinical supervision. All professional registrations were appropriate and in date, and monitored by the PCT.
- 4.9 General practitioner services were provided by a full-time GP employed by the prison, who held a morning weekday clinic. Out of hours cover was provided by the same service as the local community. The dental service was provided under private contract by a group practice. The current dentist had been in post for about three months, and normally attended for one half-day session a week, assisted by a qualified dental nurse. Pharmacy services were provided by a local pharmacy supplier under a service level agreement in which a pharmacist visited the prison once a month and a technician once a week. A chiropodist and optician visited regularly, and there were arrangements to loan occupational therapy equipment through the local NHS services when required.
- 4.10 Emergency equipment was held in the healthcare centre and nowhere else in the prison. At the time of our inspection, there was a trial of new resuscitation bags for the PCT, using lighter easily manoeuvrable bags with all medications carried separately. All health services staff had completed the mandatory resuscitation training, including the operation of defibrillators. All records of training and daily checks of equipment were well maintained.
- 4.11 Access to patients' clinical records was good, and most areas where health services were delivered had access to computerised records through SystmOne. Paper records were available in the general office, and archived records stored separately in secure cabinets. All records were safely stored in accordance with the Data Protection Act and Caldicott principles overseeing use and confidentiality of personal health information. However, during clinics, the pool table in the healthcare centre was used as a desk and records were left unattended, although the area was a thoroughfare for staff and patients. A well-organised administration office enabled quick and easy access to all aspects of health information.

- 4.12 Although NICE (National Institute for Health and Clinical Excellence) guidelines were used in the development of clinical policies, we found limited evidence of the appropriate use of NHS national service frameworks and standards to influence policies and guide clinical practice. Provision for the management of communicable disease was well organised and linked to local services and the Health Protection Agency. There were protocols to ensure that patient confidentiality was maintained and information was shared with appropriate health and social care agencies.
- 4.13 There was no patients' forum and no health services representation at general prison or wing forums. Prisoners were given information during induction on how to make a complaint about their care, and further information and forms for the Patient Advice and Liaison Services were available. There was an average of 12 complaints about health services a month, which appeared to be dealt with appropriately.

Primary care

- 4.14 Health screening of new arrivals was effective and assessed immediate clinical, psychosocial and mental health needs, and appropriate action was taken as required. The interview room had sufficient privacy and was equipped with appropriate clinical equipment. There was no access to SystmOne computerised records in reception, and all data was subsequently transcribed by the night staff. Consent to obtain clinical records was not requested routinely. Although prisoners were questioned about any current prescribed medications, some prisoners requiring detoxification had their medications removed and were not given any symptomatic relief until the following day. All prisoners were seen the following day for secondary screening and given the opportunity to see the GP.
- 4.15 Health promotion information was widely available, but health services staff did not publicise national awareness campaigns. There were disease prevention programmes and prisoners had regular access to hepatitis B clinics and influenza programmes. The assessment and treatment of prisoners with blood-borne viral diseases, including hepatitis C and HIV, were satisfactory. Barrier protection was available in the healthcare centre and prisoners were informed in the induction information of their availability on request.
- 4.16 Prisoners had access to a range of specialist nurse-led clinics, including diabetes, asthma, sexual health, well man and smoking cessation. Visiting specialists provided clinics as required.
- 4.17 Prisoners who required primary care could put in a written application, usually requesting to be seen by specialist staff, or visit the healthcare centre at 7.45am or 2pm to be seen by a nurse initially. If a prisoner needed to see the GP, he was usually seen within 24 hours. Nurses did not use triage algorithms. The lead nurse manager was the only nurse qualified as a nurse prescriber. There was little wing-based nursing, but prisoners on the segregation unit received a daily visit from health staff. Prisoners with long-term conditions were well managed and their illnesses did not prevent their transfer. Continence aids were available, but there was no support from a qualified continence specialist nurse.

Pharmacy

- 4.18 The pharmacy room and the integrated drug treatment system (IDTS) rooms were constrained by the building and were small and cramped. They needed refurbishment, but were generally tidy. Prescription items were supplied in a timely manner. However, patients could not see a pharmacist as there were no pharmacist-led clinics or dedicated pharmacy staff.

- 4.19 Heat-sensitive products could not be proved to have been stored in appropriate conditions. Staff were unsure how to record the temperatures of the drugs fridges and were unaware that they should reset the maximum and minimum temperatures after daily recordings. A chlamydia urine test was stored in the drugs refrigerator.
- 4.20 Medicines were stored in locked metal cabinets in the pharmacy room. There was some separation of patient-named and stock medication, but there were a few exceptions. Internal and external medicines were separated. There were some loose foils. Weekly medicines were supplied in Henley bags, which are not recommended.
- 4.21 The keys for the controlled drugs cupboards were signed out by the responsible nurse from a sealed pouch. However, they were then left, unsealed, in the key cupboard until the methadone had been supplied, even if the nurse had left the pharmacy room to administer the methadone. Methameasure equipment (for computerised methadone dispensing) was regularly cleaned and calibrated and the cleaning recorded. The use of plastic and cylindrical measures for measuring liquids was not acceptable.
- 4.22 Prescriptions were handwritten on standard prescription and administration charts. The doctor indicated on the prescription whether the medicine should be supplied not in possession or weekly quantities of in possession. The items to be ordered were transcribed on to a separate list, which was signed by the doctor and faxed to the supplier, who had access to some of the SystmOne records. There were patients with more than one chart.
- 4.23 Controlled drugs were obtained through a signed order from a duplicate book. Records were maintained using a combination of paper and electronic controlled drug registers. A sample check of balances was correct. Special sick supplies were recorded on the front of the patient's prescription chart, and the pharmacist reviewed these records during her visits. Charts for patients on the IDTS scheme were clearly marked. Medicines that had not been issued were returned to the pharmacy supplier, as were those no longer required. These were kept in a box in the pharmacy room.
- 4.24 Patients collected their medication through the hatch in the IDTS room, where morning doses not in possession were given out with the methadone, or at the hatch in the healthcare centre, which provided only limited privacy. Prescription charts had to be transferred between the IDTS room and healthcare centre and were sometimes still in IDTS when the patient came to collect their lunchtime medications.
- 4.25 There was evidence of secondary dispensing by nursing staff when paracetamol and ibuprofen had been left in unmarked pots on the medicine trolley. Patients were given a single Zopiclone tablet (night sedation), appropriately supplied by the pharmacy, to take later, even though it had been prescribed as 'not in possession'.
- 4.26 Patients could access medication out of hours on the authority of the out of hours doctors' service, which faxed a prescription and posted this to the prison the following day. Medication could be provided from the out of hours' cupboard or the pharmacy room stock cupboard, which had the same key. There were no records of who had accessed the cupboards or what stock had been issued to whom.
- 4.27 Prisoners on long-term medication could not receive more than a week's supply. Paracetamol was only supplied in daily packs when required. There was a heavy reliance on stock rather than patient-named medication, and this was not audited. The policy for in-possession medication was not followed, and the doctor had the final say in the outcome. There did not appear to be evidence-based prescribing, and large quantities of diazepam (a tranquilliser) and

amitriptyline (an anti-depressant) were prescribed. Patient group directions were in place and were used by nursing staff, which allowed patients to have access to more potent medication than otherwise available without a prescriber.

- 4.28 Patient information leaflets were supplied with medicines. The pharmacist had talked to individual patients about their medication when requested, but this was not formalised.
- 4.29 In-possession medication was supplied for discharge or court. Methadone users were given a supply before discharge and arrangements were made for its continuation on release. Up to three days' supply could be given in exceptional circumstances and on the basis of risk, and staff were aware of the associated problems.
- 4.30 The medicines and therapeutics committee covered the prison cluster. Pharmacy data and prescribing were not reviewed.

Dentistry

- 4.31 The dental surgery was in a large Portakabin next to the healthcare centre, with shared waiting areas. The surgery was appropriately equipped. The room was cluttered with storage cartons of consumables. The X-ray machine had been faulty and unused for the past six months. This was diagnostically unacceptable. There was no radiation warning sign on the outside of the surgery door. The monitoring recording device attached to the autoclave was faulty, and the compressor was due for recertification. Waste disposal was satisfactory.
- 4.32 There had been recent additional dental sessions to reduce the waiting list. At the time of our inspection, 12 patients were awaiting appointments, the longest for one month. There was a throughput of about 12 patients a session. Urgent cases were seen at the first available session in reserved appointment slots. In the interim, appropriate analgesia was prescribed by health services staff. Referral to the district general hospital was available in cases of difficulty or trauma.
- 4.33 Dental records were securely held and duly annotated, but the dentist did not complete a paper pro forma medical history or a basic periodontal assessment for each patient. A member of the health services staff administered the dental appointments system from initial application through to completion of treatment.
- 4.34 There were the necessary equipment, materials and disposables for the assurance of satisfactory cross-infection controls, and emergency oxygen was in place.
- 4.35 The dental contract was due to go out to tender. It was not clear if the current contract had any formal limitations on the treatments offered to short-term prisoners. Private treatment (at patient cost) could be provided under the current contract, which did not appear to include oral hygiene education.

Inpatient care

- 4.36 The inpatient facility had 11 cells, three of which were double cells but rarely used for more than one patient. One cell had been modified for use by prisoners with disabilities and four were on camera, two of which were gated cells and used for close observation when required. All the cells were clean, well decorated and had electrical sockets and adequate sanitation. The cells were part of the healthcare centre and not discrete from other areas of patient

treatment or association. Five of the cells were on the certified normal accommodation, but were rarely used for prisoners without a specific healthcare need.

- 4.37 At the time of our inspection, there were five inpatients, which was the average bed occupancy. Inpatients were well supported by two full-time discipline officers, and the regime was similar to that in the rest of the prison. They had access to association facilities, but this was limited due to the multiple use of the area. Some prisoners were sometimes given day care in the healthcare centre, but the facility did not provide adequate resources for the option. Inpatients spoke highly of the health services staff and were satisfied with the level of care and treatment.

Secondary care

- 4.38 Administration staff maintained records of patients' outside appointments and cancellations. The average time from referral to appointment was six weeks, which was inside the waiting time target of 18 weeks. However, this data was misleading as 50% of patients were unable to keep their initial appointment due to custodial reasons, and records of cancellations were not collated with the current waiting list. It was, therefore, difficult to ascertain the accurate length of time that some patients had been waiting.

Mental health

- 4.39 Mental healthcare was provided by primary mental health nurses in the healthcare centre, and a secondary care in-reach team from the provider arm of the PCT based at the local mental health unit. Staff included a dual-diagnosis nurse who was also a qualified social worker with a specialist qualification in addiction. The team comprised one band 7 and two band 6 mental health nurses, one social worker, one psychologist and a clinical psychiatrist. They were supported by two administration staff and had access to SystmOne computerised records. The mental health in-reach team attended the prison on most days of the week. There was an open referral system in addition to primary mental health cover, and all cases were managed on a one-to-one basis. A range of therapies was provided, including basic assessments, ongoing treatment and short-term interventions. There were good multidisciplinary links with the offender management unit, IDTS and the community mental health teams using the care programme approach. Patients were involved in the planning of their care, and could see the psychiatrist at a weekly clinic, with additional visits if required.
- 4.40 There was mental health awareness training for all prison staff with a rolling programme delivered quarterly. The programme recognised additional mental health problems for the older prisoners. There were no counselling services other than for bereavement, and limited day care services. The lead mental health nurse attended resettlement workshops to assist the planning of patients due for release. Approximately 20 patients a year were transferred to secure mental health units, with an average waiting time of four weeks. However, at the time of our inspection, one patient had been waiting 18 months for a transfer.

Recommendations

- 4.41 Health services staff should be involved from the design stage in the building of the new healthcare centre.
- 4.42 The lead nurse manager should be a permanent member of the partnership board.

- 4.43 All clinical areas should be clean, tidy and fit for purpose.
- 4.44 Health information should be available in a range of languages, and notices should indicate the language help that is available.
- 4.45 Patients should have the opportunity to become more involved in the planning of their care.
- 4.46 All staff should have access to clinical supervision.
- 4.47 Clinical records should only be accessible to health services professionals.
- 4.48 National service frameworks and standards should be used to influence policies and guide clinical practice.
- 4.49 A prisoner health forum should be available.
- 4.50 Health services staff should have access to the computerised SystmOne for reception screening.
- 4.51 Nursing staff should use triage algorithms to ensure consistency of treatment.
- 4.52 The pharmacist should visit the prison at least once a month to make checks and to hold pharmacist-led clinics.
- 4.53 The controlled drugs cabinet key should be held securely.
- 4.54 The use of the out of hours cupboard and any medicines taken from the pharmacy room under the emergency procedure should be audited and all checks recorded.
- 4.55 Named-patient medication, rather than general stock, should be used wherever possible.
- 4.56 The in-possession risk assessments for each drug and patient should be documented and reasons for the determination recorded.
- 4.57 Prescriptions should not be transcribed, and pharmacists should dispense from original prescriptions.
- 4.58 Secondary dispensing should stop immediately.
- 4.59 Prescribing data should be used to demonstrate value for money, and to promote effective medicines management.
- 4.60 The medicines and therapeutics committee should review and adopt all pharmacy procedures and policies, and all health staff should read and sign the agreed adopted procedures.
- 4.61 The dental care available in the new dental contract should be in accordance with the requirements of the current provisions of the NHS General Dental Council contract.
- 4.62 The dental X-ray, autoclave and compressor equipment should be repaired and recertified.

- 4.63 Oral health education sessions should be commissioned.
- 4.64 Healthcare beds should not be included in the certified normal accommodation.
- 4.65 Data for prisoner attendance at outside specialist appointments should be accurately recorded.
- 4.66 Prisoners should have access to general counselling services.

Housekeeping points

- 4.67 Henley bags should not be used.
- 4.68 Medication should be stored in an orderly manner, and pharmacy staff should make frequent checks of the cupboards.
- 4.69 Methadone mixture should be measured in appropriate glass measures rather than plastic and cylindrical measures.
- 4.70 Medications stock should not include loose tablets and tablet foils.
- 4.71 All medicine refrigerators should be kept between 2° and 8° Celsius, the minimum and maximum refrigerator temperatures should be monitored and recorded daily, and when necessary should be adjusted accordingly. Medicine refrigerators should not be used for clinical samples.
- 4.72 The use of general stock should be audited so that stock supplied can be reconciled against prescriptions issued.
- 4.73 There should be thorough recording of dental medical histories and periodontal indices.

Section 5: Activities

Learning and skills and work activities

Expected outcomes:

Learning and skills provision meets the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are encouraged and enabled to learn both during and after sentence, as part of sentence planning; and have access to good library facilities. Sufficient purposeful activity is available for the total prisoner population.

- 5.1 The overall quality of learning and skills was good, and leadership and management were strong. There was a broad curriculum and range of courses, and provision was mainly full time, although there was some extended learning in the work areas. There was no formal provision in English for speakers of other languages (ESOL). Provision in learning and skills was insufficient, although participation had increased to 60% of prisoners. There was no evening or weekend provision. Attendance in some sessions was often low and they were often interrupted by other regime appointments. The range of vocational training had increased marginally, but remained narrow. There was insufficient employment for the population, and much of the work was in prison functions, such as clothing exchange, cleaning and the serveries. The library was small and poorly sited, and the book stock was inadequate.
- 5.2 The acting head of learning and skills had been recently appointed. Leadership and management of learning and skills were good. Strode College and A4E delivered the provision under Offender Learning and Skills Service (OLASS) contracts, and information, advice and guidance (IAG) was provided by Advance as part of Tribal (see paragraph 8.37).
- 5.3 The curriculum included accredited programmes, such as personal development courses, social and life skills, literacy and numeracy, information and communications technology (ICT), art, music and some short employment-related courses, including food hygiene, appointed first aid, manual handling and an accredited employment scheme.
- 5.4 The day-to-day provision of learning and skills was well managed and responsive to learner needs. Staff had clear roles and responsibilities. Learning and skills were offered mainly full time in structured classes, with additional support to prisoners in work and training areas. Vulnerable prisoners had provision on their unit and in the main education department on Friday mornings. There was some education for inpatients in healthcare. On average, there were 44 places available every morning and afternoon, although this varied from day to day. While the provision was insufficient, participation in learning and skills had improved from 53% of the population at the previous inspection to 60%. There was no evening or weekend provision.
- 5.5 Learning and skills work was fully integrated into the prison's strategic and operational management structures, including offender management, resettlement and resettlement pathways. Communications between staff were good, and meetings linked staff, providers and partners to self-assessment and quality action/development plans. The self-assessment process was satisfactory. Most provider staff contributed to the self-assessment report, and areas for development were acknowledged through a thorough improvement plan, which integrated resettlement and offender management. The self-assessment process had yet to

incorporate all areas of the prison's work. A wide range of data about learners was collected, but its use to support decision-making was underdeveloped. There was good partnership work with external agencies (see paragraph 8.39).

- 5.6 Learners engaged well with staff, and they were supported academically and pastorally. Education staff used comments books to acknowledge success as well as concerns. Senior prison staff made constructive comments and provided information about how issues had been resolved, which ensured that provider and prison staff maintained an overview of learners' involvement in learning and skills.
- 5.7 Teaching, training and learning were good, with some innovative work. In the better sessions, lessons were well planned and had a range of stimulating activities for learning. Development of skills took place in many areas, particularly in music where learners were quickly able to read and compose simple tunes. In many areas, learning was contextualised and teachers used a wide range of teaching and learning styles to support learners. There was good use of information and learning technology in many lessons.
- 5.8 Induction and the initial assessment of prisoners' literacy and numeracy needs were thorough and the results used well to assess individual needs and support. Prisoners with English language needs were offered ESOL support, and additional literacy, numeracy and language support was available in the kitchen, clothing exchange store and on the wings. The number of prisoners who required ESOL support was low at less than 10. There was insufficient formal support and no appropriate ESOL qualification.
- 5.9 The number of learners completing courses was good on most courses, and achievements and standards of work were high, particularly on literacy and numeracy courses, PE and the short employment-related programmes. Attendance was low in some classes, sometimes below 60%. There were frequent interruptions for prisoners to attend appointments, which disrupted learning. Punctuality was good.
- 5.10 The OLASS providers had introduced the recognising and recording progress and achievement (RARPA) award. This process had been well managed, and the assessment and verification processes were thorough and rigorous. Most staff and learners showed a clear and detailed understanding of RARPA. Many prisoners unable to complete programmes due to their short stay had achieved a RARPA certificate showing the skills achieved. RARPA was not seen as an alternative award for low achievers, but as an additional award to improve employability on release.
- 5.11 Although the prison had highlighted short employment-related training and basic skills as a priority, the amount of structured training was limited. However, there had been some progress in increasing the provision since the previous re-inspection by Ofsted. These included PE courses (see paragraph 5.34), an accredited barbering course, and an employment scheme that linked work in the prison to developing initiative and self-motivation skills, which led to an employer reference and RARPA certificate. However, resources were inadequate with insufficient staff to maintain regular teaching sessions. BICS industrial cleaning was successful and some learners had gone on to become trainers and assessors. All prisoners working in the kitchen were trained in food hygiene. However, work in the painting and decorating party was not formally accredited.
- 5.12 There were only approximately 52 full-time and 14 part-time work places, which was insufficient to meet the needs of the population – only about 25% of the population were in work. Most of the work was for orderlies, servery workers and cleaners. The prison was unable to extend its work for prisoners due to lack of space. The labour allocation process was

thorough and fair, although prisoners in education were paid only £6 a week while those in jobs received between £10 and £15.

Library

- 5.13 The library was managed by Dorset County Council library services. It was on a fourth floor landing, which made access for prisoners with mobility problems difficult. There was one full-time librarian, one part-time librarian and two orderlies.
- 5.14 Prisoner access to the library was generally good. It was open for 2.5 hours on four mornings and four afternoons a week, and for 1.75 hours on two evenings a week. Vulnerable prisoners could visit the library for an hour on one evening a week. There were no specific timetable slots for the library, and prisoners could visit it on a wing-by-wing informal basis.
- 5.15 There was no induction to the library. An information sheet was available in the first night centre, but it was unclear how effective this was in informing prisoners about the library. About 73% of prisoners were registered with the library, but it was unclear how many used the library regularly; in our survey, 58% of respondents said they visited the library at least once a week, significantly better than the comparator of 35%. However, the library was not promoted well across the prison, and at the time of the inspection only 244 items were out on loan.
- 5.16 There was a range of fiction and non-fiction books and a few books to support vocational subjects. A recent prisoner survey had highlighted that the stock was too heavily weighted towards fiction. There were no textbooks, and the materials to support literacy and numeracy were inadequate. Easy-read books and newspapers were available, and music CDs could be ordered, but there were only three magazines.
- 5.17 Prison handbooks were available in several languages, but there were few other materials for prisoners whose first language was not English. Most, but not all, Prison Service Orders were held, and there was a significant number of items missing from the mandatory items list. Some material was available in the first night centre, and in healthcare and the segregation unit.

Recommendations

- 5.18 Evening and weekend education classes should be provided.
- 5.19 There should be more structured support for prisoners who need English for speakers of other languages (ESOL), and appropriate accredited awards.
- 5.20 There should be better use of data about learners to support continuous improvement.
- 5.21 There should be more short courses in literacy and numeracy.
- 5.22 There should be increased resources for all short employment-related training and basic skills courses.
- 5.23 Painting and decorating work should be accredited.
- 5.24 There should be more part-time work.
- 5.25 Pay rates for prisoners should provide equity between participation in education and work.

- 5.26 A formal library induction should be included in the induction programme.
- 5.27 The use of the library should be monitored.
- 5.28 The library should be better promoted across the prison.
- 5.29 All items on the mandatory items list should be available in the library.

Housekeeping point

- 5.30 The range of magazines in the library should be increased.

Physical education and health promotion

Expected outcomes:

Physical education and PE facilities meet the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

- 5.31 Physical education provision was good and adequately staffed, and was used by almost half the population. Recreational PE was offered during the day and at weekends, and the daily timetable included remedial PE and sessions for prisoners on drug treatment programmes. There was a range of accredited PE courses. There were no outdoor facilities.
- 5.32 There was an adequate number of staff to manage the physical education department. However, there was a shortage of staff with specialist PE qualifications, such as GP referral and fitness industry instructor/assessors, which limited availability. Four gym orderlies were employed.
- 5.33 There was a weekly PE induction, led by PE officers and assisted by gym orderlies. Almost half the population, 48%, used the PE provision, and prisoners could access PE for between 6.25 and 8.75 hours a week for a range of activities. There was a balance of social and competitive sports and leisure activities. Facilities included a sports hall with two badminton courts, which was also suitable for indoor football and basketball. The large weights room had free weights as well as 16 cardiovascular machines. A table tennis table was also available. There were no outdoor PE facilities. The daily timetable offered specialist sessions, such as remedial PE and sessions for prisoners on drug treatment programmes. PE was available at weekends and supported by sports and games prison officers, subject to operational needs.
- 5.34 There were regular charity events for local and national charities. The PE department had good community links with a special needs group who visited the gymnasium each month and had sessions led by prisoners. There were also good links with local emergency services who took part in regular football competitions involving prisoners.
- 5.35 There was a range of accredited courses, including, first aid at work, Heartstart and introductions to fitness training and sports-specific skills training. Gym orderlies could pursue YMCA qualifications in fitness instruction at levels one to three. Key skills, computer skills and careers advice and guidance were also available. There was a focus on healthy lifestyles, with displays in the gymnasium and leaflets for prisoners.

- 5.36 Non-user and user views were sought in six-monthly surveys and were used to develop the PE programmes.
- 5.37 Prisoners had access to clean kit on each visit to the gym, but the small changing area and shower facilities were inadequate. There had been no serious accidents or complaints. Minor accidents were investigated by the senior officer and reports were completed.

Recommendations

- 5.38 The PE staff should include those trained in specialist skills, such as GP referral and fitness industry instructor/assessor awards, to allow a wider range of activities and courses to be delivered.
- 5.39 The gym changing and shower facilities should be improved.

Faith and religious activity

Expected outcomes:
All prisoners are able to practise their religion fully and in safety. The chaplaincy plays a full part in prison life and contributes to prisoners' overall, care, support and resettlement.

- 5.40 There was an active chaplaincy that supported the wider work of the prison, notably through one-to-one engagement with prisoners. Facilities were good and attendance at services reasonable, and prisoners had positive perceptions of the chaplaincy.
- 5.41 The chaplaincy team was led by a full-time coordinating chaplain and included sessional chaplains representing various Christian denominations and world faiths. Approximately 26 sessional hours were available, and this included the recent addition of 10 hours for a new Muslim chaplain, an increase on the current four hours. The coordinating chaplain had been in post for several years and was well known around the establishment. He was also the longest standing member of the senior management team and the chaplaincy representative on management meetings in the prison.
- 5.42 Regular weekly services included separate ecumenical services for the main prison and vulnerable prisoners each Sunday, and separate Catholic Masses on Saturdays. Muslim prayers were held each Friday. Attendance at formal services was good, with between 30 and 40 prisoners attending the various Christian services each week. On at least two Sundays a month, Christian services were supported by community-based church groups who assisted the chaplain in leading worship through, for example, music. There were few Muslim prisoners (two during our inspection), but as many as 10 had attended Muslim prayers in the past.
- 5.43 A small number of faith-based groups included a weekly Bible study group, a Catholic prayer group, weekly Islamic instruction and a regular monthly meeting for the prison's six Buddhists. The chaplain said that a key focus of the team was one-to-one work with prisoners, and it took referrals from other departments. Bereavement counselling from trained counsellors was offered, and individuals were supported in linking up with churches on resettlement. The chaplain had also founded the Footprints mentoring scheme, in which 25 mentors supported recently released prisoners in the Dorchester catchment area, although this was no longer a specifically faith-based scheme (see paragraph 8.88).

- 5.44 New arrivals were given information about the chaplaincy, and in our survey, 69% of respondents confirmed that they were given this information when they first arrived, significantly better than the 50% comparator. Similarly, 63% of respondents, significantly better than the comparator of 48%, said that they were able to see a religious leader within their first 24 hours.
- 5.45 The chaplaincy centre was excellent and included a comfortable and welcoming chapel, a properly furnished meeting room, and a small but well-equipped world faith room. There was creative use of IT and media to support the team's work.

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in out of cell activities, and the prison offers a timetable of regular and varied extra-mural activities.

- 5.46 The prison slightly over-reported the overall time prisoners spent out of cell. The actual experience of individuals varied greatly but too many prisoners, notably on B wing, spent too long in cell. Access to evening association was poor, but access to exercise was good.
- 5.47 The prison had been reporting a year-to-date outturn for time unlocked of 7.8 hours a day. This was well in excess of the local target of 5.7 hours, but was probably an inaccurate figure because of over-reporting of some prisoner activities. Time out of cell fell short of our expectation of 10 hours. The actual experience of individuals varied greatly across the prison. On A wing, prisoners could have between about 5.5 and 7.5 hours, depending on their individual engagement with the regime or employment status, although these figures increased by 1.25 hours on Thursdays, the only day A wing prisoners were scheduled evening association. During the day, those not employed were permitted to associate on the wing.
- 5.48 On B wing, the largest wing and where most prisoners were convicted, access to unlock was more restricted and could vary between about 2.75 and 6.5 hours depending on their engagement with the regime. Prisoners here could also have an additional 1.25 hours evening association on only one evening a week, with half the wing unlocked on Monday and Tuesday evenings in turn. Although more limited than A wing arrangements, all B wing prisoners were similarly unlocked at 8.15am and could have an hour's association every afternoon if they were not employed. However, a random roll check undertaken during the main part of the day revealed that 57 prisoners, all but five on B wing, were locked in cell. This equated to about 30% of the population at the time.
- 5.49 Time out of cell for vulnerable prisoners were similarly limited, although equitable, with typically 5.5 hours each day and one evening association period available on Wednesdays. Vulnerable prisoners held on the induction wing and awaiting a place on D wing were allowed to associate and exercise with the wider vulnerable population.
- 5.50 Despite the restrictions imposed by the environment and the routine, staff showed a willingness to maximise time out of cell where they could, and were generally comfortable with prisoners being out. Full association was available on all wings during the day on Fridays and at weekends, although purposeful activity was limited. Despite this, in our survey, only 20% of respondents said they were able to associate more than five times a week, significantly worse

than the comparator of 49%, and only 12% believed they spent more than 10 hours a day out of cell.

- 5.51 Access to exercise in the open air was good, with an hour on each wing every day. The prison had a single stark exercise yard, to which had been added benches and plants. The timings of exercise periods were not unreasonable and take up was fair.

Recommendations

- 5.52 The prison should record accurately the time that prisoners spend out of cell.
- 5.53 All prisoners should have 10 hours a day out of their cell.

Section 6: Good order

Security and rules

Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour. Categorisation and allocation procedures are based on an assessment of a prisoner's risks and needs; and are clearly explained, fairly applied and routinely reviewed.

- 6.1 The security department was well managed and properly integrated with other departments. There were effective systems to process information, and good communication between the security department and the rest of the prison. Risk management systems were effective and intelligence was shared with local police. Despite a major refurbishment programme, the prison regime was not hampered by unnecessarily restrictive approaches to security.

Security

- 6.2 The security committee was properly constructed and attended by representatives from appropriate internal departments and external agencies. Meetings were monthly and were chaired by the deputy governor, and were generally well attended. The standing agenda was comprehensive and included security reports from all residential areas. The security manager presented an analysis of security information reports (SIRs). The committee was particularly focused on safer custody issues. Representatives from the violence reduction and drug strategy committee attended all meetings. Security objectives were agreed through the appropriate consideration of intelligence, and progress was monitored and recorded.
- 6.3 The security department was managed effectively by a principal officer responsible to a senior operational governor. Elements of dynamic security were underpinned by good staff-prisoner relationships (see section on staff-prisoner relationships).
- 6.4 There were effective systems to process information and to use intelligence to inform risk assessments. The large number of SIRs (over 300 from January to March 2009) were processed and categorised by a nominated security collator. Information was communicated to all staff through monthly bulletins and published security assessments.
- 6.5 There were well-managed security arrangements to deal with the substantial building programme currently under way, and there were no obvious weakness or anomalies in physical and procedural security. Although many areas in the prison grounds were surrounded by secure temporary fencing, this did not impede prisoner access to a full regime. Despite the limitations caused by this major refurbishment programme, the prison operated a modified free-flow system to allow supervised prisoner movement during the beginning and end of planned regime activities. Supervision was unobtrusive and allowed prisoners to walk freely within limited areas.
- 6.6 Residential staff conducted routine cell searches. The establishment met its targets for searching all cells every quarter and all areas monthly. A list of cells for searching was sent to

residential managers, and progress against targets was monitored by the security department and reported to the security committee.

Rules

- 6.7 Prison Service and local rules were published and displayed on notice boards on all residential units. Prisoners were required to sign compacts that acknowledged their receipt and understanding of the published rules.

Categorisation

- 6.8 Categorisation and recategorisation processes were managed from the offender management unit. Most prisoners were category C, with only five category B and five category D. We were told that there were few recategorisation boards due to the high turnover of prisoners, but when they did take place, written reports were sought from key staff. Prisoners could make written contributions to the process, but were not invited to attend boards. They were personally advised of decisions by staff. There were approximately 15 transfers a week.

Recommendation

- 6.9 Prisoners should be able to attend categorisation boards.

Discipline

Expected outcomes:

Disciplinary procedures are applied fairly and for good reason. Prisoners understand why they are being disciplined and can appeal against any sanctions imposed on them.

- 6.10 The number of formal adjudications seemed proportionate. Hearings were conducted fairly and punishments were appropriate and consistent. Incidents involving the use of force were low. Paperwork was completed correctly and gave assurances that force was used as a last resort. De-escalation was used to good effect and encouraged by managers. Living conditions on the segregation unit were generally good, and prisoners had daily access to showers and telephones. Education staff provided in-cell education activities. The average stay for prisoners was relatively short, and reintegration planning had been introduced.

Disciplinary procedures

- 6.11 There had been 95 adjudications between January and March 2009, which was an increase of 10 on the same period in 2008. The hearings we observed were well conducted. The adjudication room had comfortable chairs for the adjudicating governor, the prisoner and assisting senior officer. The prisoner was put at his ease, and the adjudicator took time to ensure that he fully understood the process before moving on. All prisoners were offered the opportunity to seek legal advice. The prisoner was given the opportunity to challenge the evidence and put across his version of events throughout the hearing. Where there was a finding of guilt the prisoner was given written details of the award and the appeal process.

- 6.12 Monthly statistics on the number and nature of adjudications were presented to the senior management team. Results of proven offences were noted, categorised and communicated to adjudicators to identify trends and deal with problem areas as they arose.
- 6.13 Records of adjudications showed that hearings were conducted fairly and charges were fully investigated. Punishments were fair and there were examples where adjudicating governors had dismissed cases due to a lack of evidence or anomalies in process.
- 6.14 Adjudication standardisation meetings took place quarterly and were usually chaired by the governor. They were well attended by adjudicating governors. The minutes indicated good discussion of appropriate issues. Punishment tariffs had been published and were used consistently at formal hearings.
- 6.15 There was no evidence that unofficial or collective punishments were used either individually or systematically.

The use of force

- 6.16 The incidence of the use of force was low for the prison's population. There had been nine incidents between January and the end of March 2009, compared with 12 for the same period in 2008.
- 6.17 There were rigorous monitoring arrangements with strong links to violence reduction, the security committee and the senior management team. Incidents were discussed at the monthly security committee and violence reduction committee meetings. Information, including the nature of the incident, its location and the ethnicity of the prisoners involved, was collated each month and presented for analysis. The minutes showed good standards of debate on relevant issues, and trends were identified and appropriate action taken.
- 6.18 Planned intervention was well organised, properly carried out and documentation was completed correctly. Proper authority was recorded and all incidents were appropriately supervised by senior staff. Statements by the staff involved gave assurance that intervention were used properly and only when necessary. There were many examples to show that de-escalation was used to good effect during difficult situations, and there was evidence that managers encouraged such responses.
- 6.19 Health services staff attended planned interventions, and saw prisoners involved in spontaneous incidents soon after. We found accident report forms with documentation in all cases.
- 6.20 Use of the special cell on A wing was low at four cases in 2009 to date. This number included two dirty protest incidents involving the same prisoner. Conditions in the cell were stark, but it was clean and well ventilated. Proper authority for its use was sought in all cases. Special accommodation documents showed that it was only used for extreme cases, and prisoners were removed to ordinary location as quickly as possible.

Segregation unit

- 6.21 The small segregation unit consisted of four ordinary cells and an unfurnished cell used as a holding room. There was also a prisoner shower, staff office (also used as an adjudication room) and a kitchen servery. Cells were clean, adequately furnished and had electricity. The

communal corridor was clean and well maintained , the shower was screened and worked properly, and notice boards displayed up-to-date information.

- 6.22 Prisoner safety had a high priority, and staff interviewed all newly arriving prisoners in private to identify immediate needs. Prisoners arriving on to the unit were searched thoroughly and respectfully. They were only strip searched following an assessment of risk, authorised by the senior officer in charge.
- 6.23 A published regime programme included daily showers, exercise and access to telephones. Prisoners could continue to attend communal education following assessments of risk, and could also attend daily education sessions in the classroom on the unit. Longer stay prisoners who complied with the conditions of their compacts could have a television in their cell. Prisoners had daily access to a governor and chaplain in private.
- 6.24 At the time of inspection, there were four prisoners in the segregation unit. All were segregated under prison rule 45 for good order or discipline. Relationships between staff and prisoners were good. Officers dealt with difficult individuals respectfully, using appropriate levels of care. All prisoners were allocated a personal officer, and officer entries in personal files showed that levels of engagement were high and that they knew the personal circumstances of their prisoners. There was extensive use of preferred names and titles, and all residents we spoke to said that staff were kind and helpful.
- 6.25 Planning to return longer stay prisoners to normal prison location had been introduced. Individual care plans were drawn up, behaviour improvement targets were set and reviewed, and prisoners were moved back to ordinary location quickly, usually within three weeks.
- 6.26 Governance and management arrangements of segregation were generally good. The unit was effectively administered day to day by trained officers who reported to a residential governor. There were daily visits from governor grades, and the segregation of prisoners was properly authorised in all cases.
- 6.27 The prison was part of a south west area disruptive prisoner strategy in which prisoners in other prisons who displayed particularly difficult behaviour were sent to Dorchester for 28 days. Movement of prisoners in these cases was approved and organised from area office and authorised by the area manager. The policy had been implemented three times in the first quarter of 2009. All transfers were properly authorised and individual reintegration plans had been drawn up. There were no prisoners segregated under this protocol during our inspection.

Incentives and earned privileges

Expected outcomes:

Incentives and earned privilege schemes are well-publicised, designed to improve behaviour and are applied fairly, transparently and consistently within and between establishments, with regular reviews.

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- 6.28 There was a lack of differential between the standard and enhanced levels of the incentives and earned privileges scheme, which affected its effectiveness as a motivational tool. Although statutory reviews took place within the required timescales, the records of reviews were poor. The basic regime was limited, but was not overused. Monitoring and quality assurance arrangements were weak.
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- 6.29 The incentives and earned privileges (IEP) scheme was explained in a policy document last updated in September 2008. It was based on the usual three IEP levels – basic, standard and enhanced. At the time of inspection, 63% of prisoners were on the standard level and 37% were enhanced. There were no prisoners on the basic level. The scheme was publicised on residential units, and the induction and needs assessment document included a compact outlining the qualification criteria for each level.
- 6.30 New arrivals were allowed to retain their previous enhanced status if this could be evidenced, or otherwise joined the scheme on the standard level. All prisoners were reviewed 28 days after their arrival, which allowed short-term prisoners to be considered for the enhanced level. Thereafter, statutory reviews were only conducted annually, which did not seem appropriate considering the average length of stay in the prison. Prisoners who were not upgraded to enhanced at the first statutory review could apply to be reviewed after three months and at subsequent three-month intervals. Reviews took place within the required timescale.
- 6.31 Incentives for enhanced prisoners included two privileged visits a month, an increase in their private cash entitlement, and access to a limited range of items on the facilities list. Although the IEP policy stated that enhanced prisoners could have access to community work and community visits, in practice these seldom took place. Enhanced prisoners could also work in key orderly jobs, although there were insufficient jobs for all 79 prisoners on the enhanced level. The lack of meaningful differential between the enhanced and standard levels limited the scheme's effectiveness as a motivational tool. This was commented upon by prisoners during the inspection and was also regularly raised at the monthly prisoner forum.
- 6.32 Demotion in the scheme was normally the result of a pattern of behaviour, although a single serious incident could trigger an IEP review. Prisoners could be issued with behaviour warnings for a range of reasons, including failure to adhere to wing rules, to attend work or adhere to sentence planning targets, proven adjudications or generally poor behaviour that failed to meet the criteria for their regime level. Behaviour warnings remained active for a two-month period and an extra-ordinary IEP review board was convened if a prisoner received three or more behaviour warnings or three proven adjudications.
- 6.33 Each prisoner had a booklet in their wing file in which behaviour warnings and IEP reviews were recorded. The review booklets and files showed that the IEP scheme was not often used actively to motivate better behaviour.
- 6.34 Records of IEP reviews did not include who chaired the board or who attended, and it was not clear what information other than that in the wing file was considered during the board. Although there was a checklist of other departments and staff to be consulted – for example, the gym or work places – we were told that these consultations were verbal and not recorded in the review document. It was not clear if prisoners had attended the board or had had an opportunity to contribute.
- 6.35 The published regime for prisoners on basic was limited, but it was used only infrequently. We examined the file of one prisoner who had previously been on the basic level. The demotion had been appropriately authorised by a principal officer. There was a daily record of the prisoner's behaviour, although most entries were observational and there appeared to be no improvement targets. However, the prisoner was moved to the standard level at the first review that took place within the required timescale.
- 6.36 The monitoring arrangements described in the policy did not appear to be applied. The absence of robust quality assurance arrangements and effective monitoring meant that senior

managers did not have the information to be assured that the scheme operated equitably and effectively across the prison.

Recommendations

- 6.37 The range of privileges available to enhanced prisoners should be increased.
- 6.38 Records of incentives and earned privileges (IEP) reviews should clearly indicate who attended the board and all the information considered in reaching a decision.
- 6.39 Prisoners should be able to attend and contribute to IEP reviews.
- 6.40 Daily entries in basic-level prisoner monitoring logs should evidence engagement with prisoners and record progress against behaviour improvement targets.

Section 7: Services

Catering

Expected outcomes:

Prisoners are offered varied meals to meet their individual requirements and food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.

- 7.1 The quality of the food was good and this was reflected in responses to our survey and comments by prisoners. The kitchen was well managed and maintained to a high standard. All prisoner kitchen workers were appropriately trained, and the catering manager made reasonable attempts to respond to the needs of prisoners.
- 7.2 The kitchen was about five years old and large, very clean and well ordered. All food was appropriately stored and high standards of hygiene were maintained. Specific equipment for cooking and storing halal food were identified. Along with the catering manager there were four other staff.
- 7.3 The catering manager had recently increased the number of prisoners working in the kitchen to 14, on a part-time basis, with seven on duty at any time. All prisoners working in the kitchen were expected to complete the basic food hygiene course through the education department. Further training was undertaken on the job and coordinated by the catering manager. Further training, such as to national vocational qualification, was not practicable because of the short stay of most prisoners.
- 7.4 All prisoners were served two hot meals a day, about half of which were made in house. Lunch was usually served at about 11.45am and the evening meal at 4.45pm, which were early. Breakfast packs were given out the night before. At weekends, the evening meal was served at 4.15pm and given that many prisoners ate their breakfast pack on the evening they received it, many went a significant period between meals.
- 7.5 The menu operated on a three-week cycle and usually offered four options, including vegetarian and halal meals. Special dietary arrangements, whether for medical or religious reasons, were catered for.
- 7.6 The food servery for main location prisoners was on A1 landing, next to the kitchen. As a consequence, there were few problems about temperatures. The same prisoners who made the food also served it, and one of the catering staff supervised the process. The system was well managed and ordered. However, there was no dining area and prisoners had to return to their cells to eat their meals. D wing had its own servery and prisoners working there were managed by prison staff from the wing. They were required to undertake the same food hygiene qualifications as prisoners on main location.
- 7.7 There was a food survey every six months and the results were published on all wings. The most recent survey had been in February 2009, but had received only 15 responses, which we were told was common. The catering manager was seen around the prison regularly, and prisoners said that he was happy to speak to them if they had an issue. Although he did not attend all prisoner forums, he did attend regularly and when requested. Following some recent concerns from black and minority ethnic prisoners about the variety of food to meet their

cultural needs, the catering manager had attended the race relations forum and had already started to add a number of requested meal options.

- 7.8 Prisoners spoke positively about the quality of the food. In our survey, 74% of respondents, against a comparator of only 23%, said that the food was good. The food we sampled during the inspection was of a good standard.

Recommendations

- 7.9 The lunch meal should not be served before midday and the evening meal not before 5pm.
- 7.10 Prisoners should be given breakfast in the morning and not be issued with breakfast packs the night before.
- 7.11 Prisoners should be able to dine out of their cells.

Prison shop

Expected outcomes:

Prisoners can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely, from an effectively managed shop.

- 7.12 The contract to run the prison shop had recently been taken over by a new supplier and, to date, prisoners were reasonably positive about the goods available. However, new arrivals had delays in ordering from the shop, and there were no surveys of prisoners' views of the shop, although such matters were discussed at wing forums.
- 7.13 The prison shop had been taken over by DHL and Booker in the week before the inspection, and it was not yet clear how this change of contract would affect prisoners, if at all. The new shop list had been published and was reasonably extensive with 356 items. In our survey, 55% of respondents, significantly better than the 44% comparator, said that it sold a wide enough range of goods to meet their needs, although the survey pre-dated the change of provider.
- 7.14 New arrivals could receive a basic smoker's or non-smoker's reception pack and telephone credits. However, since the shop orders were taken only once a week, on Monday mornings, and delivered the following Thursday, if prisoners arrived on a Monday they could wait a week and a half to access the shop. In our survey, only 12% of respondents, significantly below the 21% comparator, said they had been able to access the shop within 24 hours of arrival. Further reception packs could be provided, but there were no clear criteria and prisoners were limited to two packs each.
- 7.15 Orders were delivered to prisoners' cell doors. We were told that this system worked reasonably well and that there were few complaints from prisoners.
- 7.16 Prisoners could order goods from catalogues, although the range was limited. Where a delivery charge was made, this was divided between the number of prisoners making orders that week. As a consequence, the charge to prisoners varied, depending on numbers. Newspapers and magazines could be ordered through the library.

- 7.17 There were no regular surveys of prisoners' view of the shop. Although the shop was a regular topic of discussion at prisoner forums, there was no evaluation of how prisoners viewed the service.

Recommendations

- 7.18 All new arrivals should have access to the prison shop within their first 24 hours.
- 7.19 Prisoners should not be charged a delivery/administration fee for catalogue orders.
- 7.20 There should be a survey of prisoners' views of the prison shop at least annually.

Section 8: Resettlement

Strategic management of resettlement

Expected outcomes:

Resettlement underpins the work of the whole establishment, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need.

- 8.1 The reducing reoffending strategy was due to be updated. Information was gathered on the needs of prisoners and used to inform the strategy. A reducing reoffending committee met regularly. There was no attention to the specific needs of young adult prisoners. The prison had a wide range of partnerships with voluntary and community sector agencies, but needed to ensure they were aware of the reducing reoffending agenda.
- 8.2 The prison had a reducing reoffending strategy for 2008-9, which was due to be refreshed. It was based on a needs analysis drawn from prisoners' information gathered on induction relating to the seven resettlement pathways. The strategy indicated that the three areas of greatest need were lack of employment, problems with alcohol and drugs, and accommodation issues.
- 8.3 The strategy included a separate section on each of the seven pathways, but these were not consistent and some merely reported progress against the 2007/8 report without setting any new targets for the current year. The identity of the designated pathway leads was not clear from the strategy, and some staff were unclear about who was leading this work. The needs of young adult prisoners were not specifically addressed.
- 8.4 A reducing reoffending committee met quarterly. Meetings were generally well attended, but notes suggested an ad hoc approach to the development and review of work on the pathways, rather than reviewing planned activities regularly and holding pathway leads to account for progress. The meetings lacked a business-oriented approach.
- 8.5 The lead governor for this area represented the prison at regional reducing reoffending meetings, and regional representatives had also attended the quarterly meeting in the prison.
- 8.6 The prison worked with a broad range of voluntary and community sector agencies to assist the resettlement of prisoners. There was no opportunity for these agencies to meet periodically to be updated on the strategic management of resettlement in the prison.

Recommendations

- 8.7 The reducing reoffending strategy should include an action plan for the year ahead on each of the resettlement pathways, which is reviewed by the reducing reoffending committee.
- 8.8 Pathway leads should be publicised to staff.
- 8.9 The reducing reoffending strategy should address the needs of young adult prisoners.

- 8.10 The prison should meet providers of resettlement services periodically to ensure they are briefed on the reducing reoffending strategy.

Offender management and planning

Expected outcomes:

All prisoners have a sentence or custody plan based upon an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in custody. Prisoners, together with all relevant staff, are involved with drawing up and reviewing plans.

- 8.11 There were no custody planning arrangements for remand prisoners. Sentenced prisoners were allocated to a personal officer or an offender supervisor depending on the length of their sentence. Prisoners supervised by offender supervisors had good levels of contact, which were recorded on an electronic log. The management of public protection required urgent attention to ensure satisfactory governance. Public protection processes were satisfactory. Discharge boards had been introduced and worked well. The management of life-sentenced prisoners was underdeveloped.

Sentence planning and offender management

- 8.12 There was a well-established offender management unit (OMU), staffed by a mix of uniformed and probation staff. All prisoners' needs were assessed on arrival using an initial needs assessment, aggregate information was stored on a database, and the document was copied into wing history files. Apart from a few remand prisoners allocated to an offender supervisor because of risk of harm, there was no formal custody planning for the remand population. Under a recently introduced scheme, prisoners serving sentences of 12 months or less were allocated to a personal officer to address outstanding resettlement issues. Prisoners serving over 12 months and young adults were allocated to an offender supervisor from the OMU regardless of whether they were in scope for the offender management or not.
- 8.13 Figures for offender assessment system (OASys) assessments indicated that there was no backlog.
- 8.14 Contact levels between offender supervisors and prisoners appeared to be high. The prison had introduced an electronic contact log in the OMU with hyperlinks to key documents, including OASys, sentence plans and related correspondence. Approximately 60 prisoners were in scope for offender management, including 56 for phase two and four for phase three. Offender supervisors held caseloads of up to 30 prisoners. Relationships with offender managers in the community were generally good, and the prison was about to pilot a video technology scheme to further improve the level of contact between offender managers and prisoners. In our survey, 49% of respondents, against a comparator of 37%, said they had a sentence plan. Prisoners were invited to participate in sentence planning reviews and received a copy of their sentence plan. The prison did not keep a central register of how many sentence planning boards were projected for the year.
- 8.15 The average length of stay at Dorchester was six weeks, and this high turnover limited the opportunities for prisoners to engage in meaningful work to reduce reoffending.
- 8.16 Observation, classification and allocation (OCA) staff were also located in the OMU. The prison reported difficulties in transferring prisoners to other establishments to fulfil sentence

planning requirements. Short-term holds were put on some prisoners to ensure that they could meet short duration drug programme or other objectives.

- 8.17 Use of release on temporary licence was extremely low and had been granted to only two prisoners in the previous six months. In the same period, 61 prisoners had applied for home detention curfew but only 10 prisoners had been granted this as many prisoners were transferred while the process was underway.
- 8.18 Weekly discharge boards had been introduced in 2008. They targeted prisoners who were approximately seven to 10 days from release and provided an opportunity to ensure they understood their licence conditions. Staff from accommodation, information, advice and guidance (IAG), OMU and health services attended and checked that prisoners release plans were finalised. IAG staff ensured that prisoners were signposted to appropriate learning opportunities in the community. The boards also covered practical issues, such as ensuring prisoners had adequate clothing and finalising travel arrangements. Prisoners were positive about the discharge boards, especially those who had previously been in Dorchester before they were introduced. There was an average of 10 discharges a week.
- 8.19 There was a small population of sex offenders, most of whom were on D wing. Two offender supervisors had specific responsibility for them, along with some other vulnerable prisoners. Most sex offenders were in denial of their offence, but staff undertook some low level work on relationships to maintain a degree of motivation. Convicted sex offenders were usually moved on to Channings Wood or Dartmoor, and efforts were made to move them within two months of sentence.

Public protection

- 8.20 The governance of public protection was poor. OMU staff were uncertain about the responsibility for this area. There was no designated public protection coordinator role and there was a lack of ownership for this function.
- 8.21 Public protection processes operated reasonably well, despite the lack of management oversight. Telephone and mail monitoring took place in the security department, and individuals were reviewed regularly. There were monthly risk management meetings, which were reasonably well attended, but meetings did not always ensure that all previously agreed actions had been concluded.
- 8.22 Staff from the OMU contributed to multi-agency public protection arrangements (MAPPA), and were represented at MAPPA 3 meetings in the community, or submitted written reports. At the time of the inspection, 20 prisoners were subject to MAPPA and 19 awaited a designated MAPPA level. There had been recent training in using the Violent and Sexual Offenders Register (VISOR), and there were terminals in the OMU and security department.

Indeterminate-sentenced prisoners

- 8.23 There were five life-sentenced prisoners, of whom three were subject to licence recall. These prisoners were located throughout the prison and were not always able to have a single cell. A lifer manager had been identified and he met prisoners individually when necessary. Lifers were not necessarily allocated to staff trained in working with lifers, although some staff were waiting for places on the new lifer training programme. A lifer clerk in the OMU was responsible for organising key meetings and coordinating reports for parole hearings. The

prison said there were some delays in moving lifer prisoners on to more suitable establishments. There were no specific forums or special visits for lifers and their families.

- 8.24 Four prisoners were serving indeterminate sentences for public protection (IPP) and had been allocated to offender supervisors. One had a tariff of 24 months and the longest tariff was four years. One of these prisoners was already past his tariff date.

Recommendations

- 8.25 There should be custody planning arrangements for remand prisoners.
- 8.26 The recently introduced personal officer scheme should be formally evaluated after an introductory period to ensure it meets the needs of prisoners in relation to sentence planning and delivery.
- 8.27 A public protection policy should be developed, and a clear policy lead should be identified for public protection work.
- 8.28 Release on temporary licence should be used to support the development of resettlement plans.
- 8.29 Life-sentenced prisoners should be allocated to staff who have received specific lifer training.
- 8.30 Life-sentenced prisoners should be moved to suitable establishments at the earliest opportunity.
- 8.31 There should be forums and events for life-sentenced prisoners.

Housekeeping points

- 8.32 A central log of sentence planning meetings should be maintained.
- 8.33 Notes from the risk management meeting should indicate whether actions have been carried out.

Resettlement pathways

Expected outcomes:

Prisoners' resettlement needs are met under the seven pathways outlined in the Reducing Reoffending National Action Plan. An effective multi-agency response is used to meet the specific needs of each individual offender in order to maximise the likelihood of successful reintegration into the community.

Reintegration planning

- 8.34 There were links with accommodation providers, but 12% of prisoners were still released without accommodation. The information, advice and guidance (IAG) service reached most

prisoners and worked well with external agencies, and the number of prisoners released into education and training had increased. There was a reasonable range of services to assist prisoners with financial problems. The medical discharge clinic only took place on the day before release.

Accommodation

- 8.35 A full-time housing officer was in post, but her role spread across strategic, operational and administrative tasks. Six prisoner Insiders had received basic training from Shelter in directing prisoners to specialist services and the housing officer. Shelter provided a service to a small caseload of prisoners with complex accommodation problems, including repossession and eviction. Although the prison had better links with a range of accommodation providers, in the previous three months, 12% of prisoners had been released with no fixed accommodation, which was similar to the last inspection.
- 8.36 Mentors from the Footprints project (see paragraph 8.88) also offered prisoners support on finding accommodation on release.

Education, training and employment

For further details, see Learning and skills and work activities in Section 5

- 8.37 The prison provided a small number of vocational training opportunities and short courses with an employment focus. The information, advice and guidance (IAG) service was well managed and connected with 97% of the population. All prisoners received good quality IAG during their induction and before release, and had effective follow-up sessions. Advisers used a wide range of effective techniques and materials to help prisoners reach realistic decisions, and supported them from entry to exit or transfer.
- 8.38 There was no pre-release course, but prisoners were helped with CV writing, disclosure and job preparation through IAG and the OMU. The extra mile project funded by the Learning and Skills Council, which gave prisoners help, advice and guidance about employment on release, worked well. Although it had not been able to meet its target of 30% of released prisoners into employment, the programme had exceeded its target of 2% into education or training by 6%.
- 8.39 Partnership working with external organisations included voluntary agencies, Jobcentre Plus, police, probation service and local authorities. There were frequent meetings with agencies, which included prisoners. Prisoners could meet appropriate agency representatives to raise and resolve issues. Several prisoners had successfully achieved work with employers through this route.

Finance, benefit and debt

- 8.40 The Citizens Advice Bureau had recently started a one-day financial literacy course, which was offered each week. Prisoners who attended the course expressed satisfaction with the teaching and content, which was rooted in real life scenarios. The prison could also refer prisoners with more complex debt problems to specialist advisers from Shelter who attended the prison monthly and saw between six and eight prisoners on each occasion. There was also a 'through the gate' service for prisoners whose problems had not been resolved in custody. Jobcentre Plus staff visited the prison each week to close down claims and make Fresh start appointments for prisoners due for discharge.

- 8.41 In our survey, 53% of respondents, against a comparator of 44%, said that they knew who to contact in the prison about claiming benefits on release, and only 30%, against a comparator of 57%, felt they would have problems with money or finances on release.

Mental and physical health

- 8.42 Discharge planning was satisfactory and health services were involved in the resettlement workshop where prisoners were identified for release. Despite early notification, preparations for release did not begin until the day before release, when prisoners were seen at the discharge clinic. Those on medication were given up to three days' supply, except for controlled drugs, including methadone, when there was a risk assessment and negotiations with the patient's future prescriber. Letters were provided for the prisoner's future GP outlining his care and treatment by the healthcare centre. The letterhead included the PCT logo but also referred to the prison, which compromised the prisoner's confidentiality.
- 8.43 The care programme approach was used for prisoners with enduring mental health problems, and there were links to providers in the community. Palliative care, although rarely required, was supported with the cooperation of services in the community.

Recommendations

- 8.44 The housing officer should be given support with strategic and administrative tasks to increase the availability of services to prisoners.
- 8.45 There should be more support for prisoners designated as without fixed accommodation on reception.
- 8.46 The discharge policy should allow sufficient time for the adequate preparation of prisoners before their release.

Housekeeping point

- 8.47 Medical discharge letters should not include the prison title in the letterhead.

Drugs and alcohol

- 8.48 Drug and alcohol services were well managed and coordinated. Prisoners could access a wide range of support, including one-to-one and groupwork sessions, the short duration programme, a 'tackling drugs through PE' course and self-help groups. The drug strategy group was actively developing alcohol services.

- 8.49 Drug strategy meetings took place monthly and were chaired by the head of reducing reoffending. Meetings were well attended by staff from relevant departments and services. A dedicated principal officer was responsible for coordinating the different strands of the strategy.
- 8.50 There was a comprehensive drug and alcohol strategy document, which was informed by a detailed annual needs analysis. The policy contained targets and performance measures, but it had no action plan. However, it included a staff training plan and a race equality impact assessment. There was a wide range of joint working protocols, and integration between

services was evident. There were strong links with local drug action teams (DATs) and community agencies.

- 8.51 In our survey, 49% of respondents said they had a drug problem on arrival, against a comparator of 25%, and 31% an alcohol problem, against 20%. However, 91% of these respondents said they had received help while in the prison, against a comparator of 66%, and 87%, against 77%, thought the intervention had been useful.
- 8.52 The counselling, assessment, referral, advice and throughcare (CARAT) service included a manager, five full-time equivalent CARAT workers and three integrated drug treatment system (IDTS) support workers from Avon and Wiltshire Partnership Trust, as well as two CARAT officers. The IDTS support workers were based with the IDTS nurses on A4, the stabilisation unit.
- 8.53 The CARAT team was well integrated, had appropriate supervision arrangements, and all staff had access to further training. However, there were difficulties because the CARAT and IDTS teams were not yet co-located, and there needed to be a centralised filing system, additional office space, and better interviewing and groupwork facilities. (See recommendation 3.105.)
- 8.54 The CARAT team offered daily induction input and gave new arrivals written and verbal information, including harm reduction advice. The service was well advertised and easily accessible to prisoners. It met the key performance target of 650 triage assessments a year, and all assessments took place within the required period.
- 8.55 The team's open caseload averaged 100, with a further 11 files suspended. Prisoners could undertake structured one-to-one work supplemented with in-cell packs, as well as the full range of short IDTS groupwork modules. Eight groups ran each month and there were additional sessions for vulnerable prisoners according to need. Prisoners could also attend weekly Alcoholics Anonymous, Narcotics Anonymous and Cocaine Anonymous self-help groups. There were separate AA groups for vulnerable prisoners.
- 8.56 The education department had recently piloted an alcohol awareness programme developed by an external provider, but there was no funding to continue this. The CARAT remit did not include ongoing work with alcohol-only clients, but a part-time alcohol worker (funded by the local DAT) was due to commence work at the prison.
- 8.57 The CARAT service was represented at a range of multi-agency meetings, including discharge boards. It had good links with the OMU and safer custody work, and the manager attended the governor's daily briefing meeting for senior managers.
- 8.58 Weekly CARAT meetings facilitated information sharing and included the drug strategy principal officer and short duration drug programme (SDP), IDTS, health services and OMU staff. Case files showed good quality care planning and cross-referrals between services. The team worked closely with SDP staff and referred prisoners to other establishments in the south west for longer-term interventions, such as 12-step programmes. Prison liaison workers from local drug intervention programme (DIP) teams visited weekly, and effective throughcare arrangements were evident.
- 8.59 The SDP was well established and managed. Since April 2008, 120 prisoners had started and 84 completed the programme, against targets of 120 and 78. The team consisted of a treatment manager, two civilian and two officer facilitators, who were all directly employed by the prison. The drug strategy principal officer was programme manager, and the CARATs lead

was the throughcare and continuity manager. The team was well integrated into the prison and received good establishment support.

- 8.60 The SDP was open to young adults and 21 had participated in the last 12 months. Participants could access two dedicated 'tackling drugs through PE' sessions a week, and two mentors offered peer support.
- 8.61 Throughcare arrangements were good. SDP and CARAT staff attended meetings with DIP teams and community agencies, and all local DIPs had appointed prison liaison workers who visited the establishment each week.
- 8.62 All SDP participants were drug tested twice during the programme. Voluntary drug testing was available to all prisoners whatever their location, and the scheme was coordinated by a CARAT officer. The establishment met its target of 100 compacts and undertook the required level of testing. There was a separate compliance testing compact for key workers.

Recommendations

- 8.63 The drug and alcohol strategy document should include a detailed annual action plan.
- 8.64 A drug awareness programme should be provided.
- 8.65 Facilities for interviewing and groupwork should be improved.

Good practice

- 8.66 *The establishment had developed strong links with local drug action teams and community agencies, and was actively addressing the need for alcohol services.*

Children and families of offenders

- 8.67 Prisoners had good access to mail and telephones, although the number of telephones was low. Visits took place on only five days a week, which meant remand prisoners were unable to receive their daily entitlement. Families complained of difficulties in booking visits. Facilities for visitors had improved with the refurbishment of the visitors' centre, but the current temporary visits room was cramped and unsuitable for children. A productive partnership with Barnardo's had improved family visits for prisoners with children.
- 8.68 Access to telephones was generally good but varied between wings. The least restricted access was on C wing and in healthcare. Prisoners on A, B and D wings had at least 5.5 hours for access each weekday and at least 4.5 hours at weekends. In our survey, only 22% of respondents, against a comparator of 33%, said they had difficulties in getting access to telephones. The provision of telephones was lower than our expectation of one to every 20 prisoners.
- 8.69 In our survey, only 19% of respondents, against a comparator of 44%, said they had problems with receiving and sending mail. Prisoners' families expressed frustration to inspectors that they were unable to send postage stamps to prisoners, and believed this practice to be inconsistent with other prisons.

- 8.70 Visits were scheduled for five days a week, with two one-hour sessions on each day. This meant that remand prisoners were unable to receive daily visits. Prisoners' families said it was difficult to get through to the telephone booking line to book visits. When we tried to get through, we found the line was frequently engaged. Visitors were unable to book visits by email or in person while visiting the prison.
- 8.71 Visitors waited in a newly refurbished visitors' centre, which was accessible to people with mobility needs. It was clean and bright, and a new kitchen was about to be installed to provide refreshments. There were some toys for children, and a range of informative leaflets for visitors. The external toilet with disabled access was not as well maintained as the internal toilets.
- 8.72 Visitors were currently searched before admission to the prison in the gate lodge, due to the ongoing building work. This process lacked privacy and dignity, but was properly handled by staff. The admission and searching process resulted in shorter visits.
- 8.73 The new visits facility was nearing completion and temporary arrangements were in place during our inspection. There were eight tables for domestic visits, but these were cramped and in close proximity. There were limited facilities for children, with only one high chair and a very small range of toys. There were separate facilities for two visits for vulnerable prisoners, as well as two closed visits booths and five legal visits booths. All visiting facilities were clean and well decorated.
- 8.74 A tea bar facility was available, staffed by the Friends of Dorchester. This provided hot and cold drinks and a range of confectionery. There were no healthy snacks or provisions for babies. Visitors with babies reported that they were not permitted to take nappies through to the visits room, and the prison did not provide a supply for baby changing.
- 8.75 The prison had developed a partnership with Barnardo's and jointly funded a part-time post to improve links with children and families. This partnership had improved facilities for children's visits, and monthly visits for children had been established in 2008. Monthly visits usually included a theme, such as storytelling or cake making, and were held in the education department. Between four and 18 children had attended each event, which had been welcomed by prisoners and their families. Staff supervising family visits confirmed that they had not had any safeguarding children awareness training.
- 8.76 The Barnardo's worker had also conducted a visitors' survey in the past six months and been able to assist the prison in developing its plans for the new visits facility. These included the retention of a tea bar in preference to vending machines, and increasing the size of the proposed children's play area. In our survey, 57% of respondents, against a comparator of 41%, said they had been helped to maintain contact with family and friends while in Dorchester.

Recommendations

- 8.77 There should be at least one telephone for every 20 prisoners.
- 8.78 The prison should introduce daily visits for remand prisoners.
- 8.79 The visits booking system should be improved and extended to meet the needs of prisoners' families.

- 8.80 The prison should supply babies' nappies during visits.
- 8.81 The length of visits should be extended to improve the quality of the visit for prisoners and their families.
- 8.82 Visits should last for the specified period of time.
- 8.83 There should be regular visitors' surveys when the new visits facility is opened.
- 8.84 Staff involved in the supervision of visits should receive training in safeguarding children.

Housekeeping points

- 8.85 The cleaning rota for the visitors' centre should routinely include the external disabled-access toilet.
- 8.86 There should be more healthy snacks available in the visitors' tea bar.

Attitudes, thinking and behaviour

- 8.87 The short duration programme (SDP) was the only accredited intervention for prisoners (see paragraph 8.59-60). The prison had introduced the changing directions project in October 2008 in recognition of the need for shorter local courses to address the most pressing problems for prisoners. The course offered three modules, which could be completed as a short programme or on a stand-alone basis. Since its introduction, 58 prisoners had completed modules in accommodation, budgeting and employment and training. A healthy living module had also been recently introduced. Sentenced and remand prisoners could self-refer to the project during induction or later. The project was run by an offender supervisor, the housing officer and an IAG worker. The recent introduction of the CAB module on financial literacy (see paragraph 8.40) meant that the budgeting module was being replaced. An evaluation report indicated that 87% of participants had found the workshops helpful, and 79% believed the project would reduce their chances of offending.
- 8.88 The Footprints project offered one-to-one mentoring for prisoners resettling in the Bournemouth area. Prisoners were met by a volunteer coordinator in Dorchester before their release, and were able to receive a significant amount of support on release, including regular face-to-face or telephone contact. There were currently 14 trained mentors, who also offered assistance with practical problems such as finding accommodation. Mentors were recruited from the local volunteers' bureau and churches. Several ex-prisoners had also trained to become mentors.
- 8.89 A prison dialogue group met weekly. The aim was to bring together prisoners and agencies that had responsibility for their supervision and resettlement. There was a high level of support from statutory and voluntary agencies who had a rota to chair the meetings. A similar dialogue group was available to released ex-prisoners in the Bournemouth area.

Section 9: Recommendations, housekeeping points and good practice

The following is a listing of recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report.

Main recommendations

To the governor

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- 9.1 A log should be kept to record cases where prisoners at risk of suicide or self-harm have their clothing removed when placed in the special accommodation in the healthcare centre, and there should be appropriate safeguards in accordance with an agreed protocol and published policy. (HP48)
 - 9.2 The prison should draw up a prisoner diversity policy and establish a diversity committee focused on prisoner issues, which is attended by key staff responsible for delivering equality of opportunity, including health services and activity providers. (HP49)
 - 9.3 Cells designed for one prisoner should not hold two. (HP50)
 - 9.4 The physical condition of A and B wings should be improved. (HP51)
 - 9.5 There should be sufficient work and education places for the prisoner population. (HP52)
 - 9.6 Prisoners should have access to association every evening. (HP53)

Recommendation

To the director general, NOMS

-
- 9.7 Life-sentenced prisoners should be moved to suitable establishments at the earliest opportunity. (8.30)

Recommendations

To the governor

First days in custody

-
- 9.8 Reception should be refurbished to provide appropriate facilities. (1.21)
 - 9.9 Night staff should be made aware of the location and special needs of all new arrivals. (1.22)

Residential units

-
- 9.10 All cells should be clean, properly furnished and have toilet screening. (2.15)
 - 9.11 Young adults should not be required to wear distinguishing clothes. (2.16)
 - 9.12 All prisoners should be permitted to wear their own clothes. (2.17)
 - 9.13 There should be facilities on residential units for prisoners to wash their clothes. (2.18)

- 9.14 Communal showers should be kept clean and in working order. (2.19)

Personal officers

- 9.15 The published personal officer policy should provide clear guidance to staff on how to use the information provided by the offender management unit and the personal officer checklist to support prisoners and help them prepare for release. (2.32)
- 9.16 Residential managers should provide ongoing support and training for personal officers to ensure they understand and can meet the requirements of the personal officer policy effectively. (2.33)
- 9.17 A quality assurance scheme for personal officer work should be incorporated into the policy and implemented. (2.34)

Bullying and violence reduction

- 9.18 Information collected monthly by the safer custody team should be analysed over time to identify patterns and trends. (3.9)
- 9.19 There should be interventions to support prisoners subject to anti-bullying victim logs, and to address and challenge the inappropriate behaviour of bullies. (3.10)

Self-harm and suicide

- 9.20 Information collated by the suicide and self-harm coordinator should be evaluated for trends over time and used to inform strategic development. (3.20)
- 9.21 There should be an effective quality assurance scheme for assessment, care in custody and teamwork (ACCT) documentation, and areas of concern should be taken forward with clearly identified objectives. (3.21)
- 9.22 A clear policy on the use and availability of the Listener suite should be publicised across the establishment and to all staff. (3.22)
- 9.23 All staff should receive ACCT foundation training and refresher courses after three years. (3.23)

Diversity

- 9.24 The disability liaison officer should be allocated enough time to carry out all their duties. (3.31)
- 9.25 All new arrivals should be assessed to establish whether they have a disability. Initial assessments should be forwarded to the disability liaison officer and reviewed at least annually. (3.32)
- 9.26 The disability policy should be informed by an up-to-date needs analysis and underpinned by an action plan. (3.33)

- 9.27 All prisoners with disabilities and older prisoners with identified needs should have a care plan that is informed by health services and residential staff, and about which they should be consulted. (3.34)
- 9.28 All staff should be familiar with the location and content of evacuation plans for prisoners with disabilities and older prisoners. (3.35)
- 9.29 Support forums for prisoners with disabilities should be facilitated. (3.36)
- 9.30 Designated liaison officers should be appointed for each of the diversity strands. (3.37)
- 9.31 There should be regular monitoring of prisoners from minority groups to ensure they have equitable access to amenities and activities. (3.38)

Race equality

- 9.32 The number of black and minority ethnic staff in contact roles should be increased. (3.53)
- 9.33 The membership of the race equality action team (REAT) should include the catering manager, the head of healthcare and the head of learning and skills. (3.54)
- 9.34 All racist incident complaints should be investigated, even if the complainant is no longer in the prison. (3.55)
- 9.35 There should be appropriate interventions for prisoners who demonstrate racist behaviour. (3.56)
- 9.36 There should be a planned calendar of events to celebrate and promote cultural, racial and ethnic diversity, to which all departments should contribute. (3.57)
- 9.37 There should be an annual race equality survey to inform and develop the race equality action plan and policy. (3.58)

Foreign national prisoners

- 9.38 The foreign national policy should be based on an up-to-date analysis of the needs of foreign national prisoners and include a time-bound action plan. (3.70)
- 9.39 Local policy documents should be available in a range of languages. (3.71)
- 9.40 Prisoners should not have to make repeat applications each month for free international telephone calls. (3.72)

Applications and complaints

- 9.41 Complaint replies should be personalised. (3.79)
- 9.42 Residential staff should encourage and support prisoners to pursue informal means to deal with complaints. (3.80)

Legal rights

- 9.43 Records of prisoners' legal applications and an appellants register should be kept. (3.86)
- 9.44 The availability of legal services information leaflets should be widely advertised across the prison. (3.87)

Substance use

- 9.45 Treatment for opiate-dependent prisoners should be provided on their first night. (3.103)
- 9.46 Prisoners should be stabilised in an environment that allows for appropriate monitoring and observation. (3.104)
- 9.47 Plans for the new healthcare building should include the co-location of integrated drug treatment system (IDTS) and counselling, assessment, referral, advice and throughcare (CARAT) services on a dedicated stabilisation unit with appropriate facilities to carry out their work. (3.105)
- 9.48 Prisoners should be able to access disinfecting tablets for cleaning injecting equipment, and there should be means of safe disposal. (3.106)

Vulnerable prisoners

- 9.49 Facilities for activities on the vulnerable prisoner unit should be improved. (3.114)

Health services

- 9.50 Health services staff should be involved from the design stage in the building of the new healthcare centre. (4.41)
- 9.51 The lead nurse manager should be a permanent member of the partnership board. (4.42)
- 9.52 All clinical areas should be clean, tidy and fit for purpose. (4.43)
- 9.53 Health information should be available in a range of languages, and notices should indicate the language help that is available. (4.44)
- 9.54 Patients should have the opportunity to become more involved in the planning of their care. (4.45)
- 9.55 All staff should have access to clinical supervision. (4.46)
- 9.56 Clinical records should only be accessible to health services professionals. (4.47)
- 9.57 National service frameworks and standards should be used to influence policies and guide clinical practice. (4.48)
- 9.58 A prisoner health forum should be available. (4.49)

- 9.59 Health services staff should have access to the computerised SystmOne for reception screening. (4.50)
- 9.60 Nursing staff should use triage algorithms to ensure consistency of treatment. (4.51)
- 9.61 The pharmacist should visit the prison at least once a month to make checks and to hold pharmacist-led clinics. (4.52)
- 9.62 The controlled drugs cabinet key should be held securely. (4.53)
- 9.63 The use of the out of hours cupboard and any medicines taken from the pharmacy room under the emergency procedure should be audited and all checks recorded. (4.54)
- 9.64 Named-patient medication, rather than general stock, should be used wherever possible. (4.55)
- 9.65 The in-possession risk assessments for each drug and patient should be documented and reasons for the determination recorded. (4.56)
- 9.66 Prescriptions should not be transcribed, and pharmacists should dispense from original prescriptions. (4.57)
- 9.67 Secondary dispensing should stop immediately. (4.58)
- 9.68 Prescribing data should be used to demonstrate value for money, and to promote effective medicines management. (4.59)
- 9.69 The medicines and therapeutics committee should review and adopt all pharmacy procedures and policies, and all health staff should read and sign the agreed adopted procedures. (4.60)
- 9.70 The dental care available in the new dental contract should be in accordance with the requirements of the current provisions of the NHS General Dental Council contract. (4.61)
- 9.71 The dental X-ray, autoclave and compressor equipment should be repaired and recertified. (4.62)
- 9.72 Oral health education sessions should be commissioned. (4.63)
- 9.73 Healthcare beds should not be included in the certified normal accommodation. (4.64)
- 9.74 Data for prisoner attendance at outside specialist appointments should be accurately recorded. (4.65)
- 9.75 Prisoners should have access to general counselling services. (4.66)

Learning and skills and work activities

- 9.76 Evening and weekend education classes should be provided. (5.18)
- 9.77 There should be more structured support for prisoners who need English for speakers of other languages (ESOL), and appropriate accredited awards. (5.19)
- 9.78 There should be better use of data about learners to support continuous improvement. (5.20)

- 9.79 There should be more short courses in literacy and numeracy. (5.21)
- 9.80 There should be increased resources for all short employment-related training and basic skills courses. (5.22)
- 9.81 Painting and decorating work should be accredited. (5.23)
- 9.82 There should be more part-time work. (5.24)
- 9.83 Pay rates for prisoners should provide equity between participation in education and work. (5.25)
- 9.84 A formal library induction should be included in the induction programme. (5.26)
- 9.85 The use of the library should be monitored. (5.27)
- 9.86 The library should be better promoted across the prison. (5.28)
- 9.87 All items on the mandatory items list should be available in the library. (5.29)

Physical education and health promotion

- 9.88 The PE staff should include those trained in specialist skills, such as GP referral and fitness industry instructor/assessor awards, to allow a wider range of activities and courses to be delivered. (5.38)
- 9.89 The gym changing and shower facilities should be improved. (5.39)

Time out of cell

- 9.90 The prison should record accurately the time that prisoners spend out of cell. (5.52)
- 9.91 All prisoners should have 10 hours a day out of their cell. (5.53)

Security and rules

- 9.92 Prisoners should be able to attend categorisation boards. (6.9)

Incentives and earned privileges

- 9.93 The range of privileges available to enhanced prisoners should be increased. (6.37)
- 9.94 Records of incentives and earned privileges (IEP) reviews should clearly indicate who attended the board and all the information considered in reaching a decision. (6.38)
- 9.95 Prisoners should be able to attend and contribute to IEP reviews. (6.39)
- 9.96 Daily entries in basic-level prisoner monitoring logs should evidence engagement with prisoners and record progress against behaviour improvement targets. (6.40)

Catering

- 9.97 The lunch meal should not be served before midday and the evening meal not before 5pm. (7.9)
- 9.98 Prisoners should be given breakfast in the morning and not be issued with breakfast packs the night before. (7.10)
- 9.99 Prisoners should be able to dine out of their cells. (7.11)

Prison shop

- 9.100 All new arrivals should have access to the prison shop within their first 24 hours. (7.18)
- 9.101 Prisoners should not be charged a delivery/administration fee for catalogue orders. (7.19)
- 9.102 There should be a survey of prisoners' views of the prison shop at least annually. (7.20)

Strategic management of resettlement

- 9.103 The reducing reoffending strategy should include an action plan for the year ahead on each of the resettlement pathways, which is reviewed by the reducing reoffending committee. (8.7)
- 9.104 Pathway leads should be publicised to staff. (8.8)
- 9.105 The reducing reoffending strategy should address the needs of young adult prisoners. (8.9)
- 9.106 The prison should meet providers of resettlement services periodically to ensure they are briefed on the reducing reoffending strategy. (8.10)

Offender management and planning

- 9.107 There should be custody planning arrangements for remand prisoners. (8.25)
- 9.108 The recently introduced personal officer scheme should be formally evaluated after an introductory period to ensure it meets the needs of prisoners in relation to sentence planning and delivery. (8.26)
- 9.109 A public protection policy should be developed, and a clear policy lead should be identified for public protection work. (8.27)
- 9.110 Release on temporary licence should be used to support the development of resettlement plans. (8.28)
- 9.111 Life-sentenced prisoners should be allocated to staff who have received specific lifer training. (8.29)
- 9.112 There should be forums and events for life-sentenced prisoners. (8.31)

Resettlement pathways

- 9.113 The housing officer should be given support with strategic and administrative tasks to increase the availability of services to prisoners. (8.44)
- 9.114 There should be more support for prisoners designated as without fixed accommodation on reception. (8.45)
- 9.115 The discharge policy should allow sufficient time for the adequate preparation of prisoners before their release. (8.46)
- 9.116 The drug and alcohol strategy document should include a detailed annual action plan. (8.63)
- 9.117 A drug awareness programme should be provided. (8.64)
- 9.118 Facilities for interviewing and groupwork should be improved. (8.65)
- 9.119 There should be at least one telephone for every 20 prisoners. (8.77)
- 9.120 The prison should introduce daily visits for remand prisoners. (8.78)
- 9.121 The visits booking system should be improved and extended to meet the needs of prisoners' families. (8.79)
- 9.122 The prison should supply babies' nappies during visits. (8.80)
- 9.123 The length of visits should be extended to improve the quality of the visit for prisoners and their families. (8.81)
- 9.124 Visits should last for the specified period of time. (8.82)
- 9.125 There should be regular visitors' surveys when the new visits facility is opened. (8.83)
- 9.126 Staff involved in the supervision of visits should receive training in safeguarding children. (8.84)

Housekeeping points

Staff-prisoner relationships

- 9.127 Staff entries in wing files should use prisoners' preferred titles. (2.24)

Diversity

- 9.128 The race equality and diversity booklet should include information about the role of the disability liaison officer. (3.39)

Health services

- 9.129 Henley bags should not be used. (4.67)
- 9.130 Medication should be stored in an orderly manner, and pharmacy staff should make frequent checks of the cupboards. (4.68)
- 9.131 Methadone mixture should be measured in appropriate glass measures rather than plastic and cylindrical measures. (4.69)
- 9.132 Medications stock should not include loose tablets and tablet foils. (4.70)
- 9.133 All medicine refrigerators should be kept between 2° and 8° Celsius, the minimum and maximum refrigerator temperatures should be monitored and recorded daily, and when necessary should be adjusted accordingly. Medicine refrigerators should not be used for clinical samples. (4.71)
- 9.134 The use of general stock should be audited so that stock supplied can be reconciled against prescriptions issued. (4.72)
- 9.135 There should be thorough recording of dental medical histories and periodontal indices. (4.73)

Learning and skills and work activities

- 9.136 The range of magazines in the library should be increased. (5.30)

Offender management and planning

- 9.137 A central log of sentence planning meetings should be maintained. (8.32)
- 9.138 Notes from the risk management meeting should indicate whether actions have been carried out. (8.33)

Resettlement pathways

- 9.139 Medical discharge letters should not include the prison title in the letterhead. (8.47)
- 9.140 The cleaning rota for the visitors' centre should routinely include the external disabled-access toilet. (8.85)
- 9.141 There should be more healthy snacks available in the visitors' tea bar. (8.86)

Examples of good practice

- 9.142 There was a high level of engagement with and care for prisoners on the stabilisation unit. (3.107)

9.143 The establishment had developed strong links with local drug action teams and community agencies, and was actively addressing the need for alcohol services. (8.66)

Appendix I: Inspection team

Nigel Newcomen	Deputy Chief Inspector
Martin Lomas	Team leader
Keith McInnis	Inspector
Marie Orrell	Inspector
Gordon Riach	Inspector
Andrea Walker	Inspector
Catherine Nichols	Researcher
Rachel Murray	Research trainee

Specialist inspectors

Mick Bowen	Health services inspector
Sigrid Engelen	Substance use inspector
Susan Melvin	Pharmacy
John Reynolds	Dental
Bob Cowdrey	Ofsted lead inspector
Martyn Rhowbotham	Ofsted inspector

Appendix II: Prison population profile

(i) Status	Number of prisoners	%
Sentenced	130	59
Convicted but unsentenced	30	14
Remand	52	24
Detainees (single power status)	3	1
Detainees (dual power status)	5	2
Total	220	100

(ii) Sentence	Number of sentenced prisoners	%
Less than 6 months	42	19
6 months-less than 12 months	15	7
12 months-less than 2 years	12	5
2 years-less than 4 years	37	17
4 years-less than 10 years	18	8
10 years and over (not life)	3	1
Life	3	1
Total	130	58

(iii) Length of stay - <i>Information not supplied</i>		
(iv) Main offence	Number of prisoners	%
Violence against the person	37	17
Sexual offences	19	9
Burglary	33	15
Robbery	26	12
Theft and handling	9	4
Fraud and forgery	6	3
Drugs offences	27	12
Other offences	54	25
Offence not recorded/Holding warrant	9	4
Total	220	101

(v) Age	Number of prisoners	%
18 to 21	20	9
21 to 29	80	36
30 to 39	63	29
40 to 49	44	20
50 to 59	8	4
60 to 69: maximum age - 69	5	2
Total	220	100

(vi) Home address	Number of prisoners	%
Within 50 miles of the prison	172	78
Between 50 and 100 miles of the prison	15	7
Over 100 miles from the prison	33	15
Total	220	100

(vii) Nationality	Number of prisoners	%
British	189	86
Foreign nationals	31	14
Total	220	100

(viii) Ethnicity	Number of prisoners	%
<i>White:</i>		
British	189	86
Other White	6	3
<i>Mixed:</i>		
Other mixed	4	2
<i>Asian or Asian British:</i>		
Indian	1	0
Pakistani	1	0
Other Asian	3	1
<i>Black or Black British:</i>		
Caribbean	7	3
African	6	3
Other Black	2	1
<i>Chinese or other ethnic group:</i>		
Other ethnic group	1	0
Total	220	99

(ix) Religion	Number of prisoners	%
Baptist	1	0
Church of England	35	16
Roman Catholic	25	11
Other Christian denominations	3	1
Muslim	2	1
Buddhist	6	3
Other	6	3
No religion	142	65
Total	220	100

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

A voluntary, confidential and anonymous survey of a representative proportion of the prisoner population was carried out for this inspection. The results of this survey formed part of the evidence base for the inspection.

Choosing the sample size

The baseline for the sample size was calculated using a robust statistical formula provided by a government department statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on 3 March 2009, the prisoner population at HMP Dorchester was 204. The sample size was 101. Overall, this represented 50% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a LIDS prisoner population printout using a stratified systematic sampling method. This basically means every second person is selected from a LIDS list, which is printed in location order, if 50% of the population is to be sampled.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Four respondents refused to complete a questionnaire.

Methodology

Every attempt was made to distribute the questionnaires to each respondent on an individual basis. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time;
- to seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- to seal the questionnaire in the envelope provided and leave it in their room for collection.

Respondents were not asked to put their names on their questionnaire.

Response rates

In total, 94 respondents completed and returned their questionnaires. This represented 46% of the prison population. The response rate was 93%. In addition to the four respondents who refused to complete a questionnaire, one questionnaire was not returned and two were returned blank.

Comparisons

The following details the results from the survey. Data from each establishment has been weighted, in order to mimic a consistent percentage sampled in each establishment.

Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation as to which respondents are included in the filtered questions. Otherwise, percentages provided refer to the entire sample. All missing responses are excluded from the analysis.

The following analyses have been conducted:

- The current survey responses in 2009 against comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 37 local prisons since April 2003.
- A comparison within the 2009 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2009 survey between those who consider themselves to have a disability and those who do not.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading, and where there is no significant difference there is no shading. Orange shading has been used to show a significant difference in prisoners' background details.

Summary

In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example 'Not sentenced' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data is excluded). The actual numbers will match up as the data is cleaned to be consistent.

Percentages shown in the summary may differ by 1% or 2 % from that shown in the comparison data as the comparator data has been weighted for comparison purposes.

Section 1: About you

In order for us to ensure that everyone is treated equally within this prison, we ask that you fill in the following information about yourself. This will allow us to look at the answers provided by different groups of people in order to detect discrimination and to investigate whether there are equal opportunities for all across all areas of prison life. Your responses to these questions will remain both anonymous and confidential.

Q1.2 How old are you?

<i>Under 21</i>	12%
<i>21 - 29</i>	35%
<i>30 - 39</i>	27%
<i>40 - 49</i>	18%
<i>50 - 59</i>	2%
<i>60 - 69</i>	4%
<i>70 and over</i>	1%

Q1.3 Are you sentenced?

<i>Yes</i>	51%
<i>Yes - on recall</i>	14%
<i>No - awaiting trial</i>	18%
<i>No - awaiting sentence</i>	15%
<i>No - awaiting deportation</i>	2%

Q1.4 How long is your sentence?

<i>Not sentenced</i>	37%
<i>Less than 6 months</i>	16%
<i>6 months to less than 1 year</i>	8%
<i>1 year to less than 2 years</i>	8%
<i>2 years to less than 4 years</i>	16%
<i>4 years to less than 10 years</i>	10%
<i>10 years or more</i>	2%
<i>IPP (indeterminate sentence for public protection)</i>	2%
<i>Life</i>	1%

Q1.5 Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?

<i>Not sentenced</i>	38%
<i>6 months or less</i>	38%
<i>More than 6 months</i>	25%

Q1.6 How long have you been in this prison?

<i>Less than 1 month</i>	38%
<i>1 to less than 3 months</i>	28%
<i>3 to less than 6 months</i>	15%
<i>6 to less than 12 months</i>	11%
<i>12 months to less than 2 years</i>	4%
<i>2 to less than 4 years</i>	3%
<i>4 years or more</i>	1%

Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)			
	Yes	8%		
	No	92%		
Q1.8	Is English your first language?			
	Yes	91%		
	No	9%		
Q1.9	What is your ethnic origin?			
	White - British.....	81%		
	Asian or Asian British - Bangladeshi	1%		
	White - Irish.....	2%		
	Asian or Asian British - Other.....	0%		
	White - Other.....	2%		
	Mixed Race - White and Black Caribbean.....	1%		
	Black or Black British - Caribbean ...	4%		
	Mixed Race - White and Black African.....	1%		
	Black or Black British - African.....	1%		
	Mixed Race - White and Asian	1%		
	Black or Black British - Other	0%		
	Mixed Race - Other.....	1%		
	Asian or Asian British - Indian.....	0%		
	Chinese	1%		
	Asian or Asian British - Pakistani	2%		
	Other ethnic group.....	1%		
Q1.10	What is your religion?			
	None	48%		
	Hindu	0%		
	Church of England.....	20%		
	Jewish	0%		
	Catholic.....	17%		
	Muslim	6%		
	Protestant.....	1%		
	Sikh	0%		
	Other Christian denomination	2%		
	Buddhist.....	4%		
Q1.11	How would you describe your sexual orientation?			
	Heterosexual/ Straight.....	97%		
	Homosexual/Gay.....	2%		
	Bisexual	1%		
	Other	0%		
Q1.12	Do you consider yourself to have a disability?			
	Yes	24%		
	No	76%		
Q1.13	How many times have you been in prison before?			
	0	1	2 to 5	More than 5
	24%	13%	23%	40%
Q1.14	Including this prison, how many prisons have you been in during this sentence/remand time?			
	1	2 to 5	More than 5	
	59%	30%	10%	
Q1.15	Do you have any children under the age of 18?			
	Yes	48%		
	No	52%		

Section 2: Courts, transfers and escorts

Q2.1 We want to know about the most recent journey you have made either to or from court or between prisons? How was ...

	Very good	Good	Neither	Bad	Very bad	Don't remember	N/A
The cleanliness of the van	15%	58%	8%	8%	8%	4%	0%
Your personal safety during the journey	16%	54%	11%	6%	9%	3%	0%
The comfort of the van	6%	23%	10%	32%	25%	2%	1%
The attention paid to your health needs	9%	32%	22%	14%	15%	5%	2%
The frequency of toilet breaks	7%	11%	15%	28%	23%	2%	14%

Q2.2 How long did you spend in the van?

Less than 1 hour	Over 1 hour to 2 hours	Over 2 hours to 4 hours	More than 4 hours	Don't remember
32%	45%	13%	5%	4%

Q2.3 How did you feel you were treated by the escort staff?

Very well	Well	Neither	Badly	Very badly	Don't remember
17%	60%	12%	5%	1%	4%

Q2.4 Please answer the following questions about when you first arrived here:

	Yes	No	Don't remember
Did you know where you were going when you left court or when transferred from another prison?	85%	14%	1%
Before you arrived here did you receive any written information about what would happen to you?	17%	76%	8%
When you first arrived here did your property arrive at the same time as you?	88%	8%	4%

Section 3: Reception, first night and induction

Q3.1 In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you)

<i>Didn't ask about any of these</i>	16%	Money worries.....	26%
<i>Loss of property</i>	20%	Feeling depressed or suicidal.....	65%
<i>Housing problems</i>	42%	Health problems.....	66%
<i>Contacting employers</i>	24%	Needing protection from other prisoners.....	27%
<i>Contacting family</i>	65%	Accessing phone numbers	63%
<i>Ensuring dependants were being looked after</i>	31%	Other.....	12%

Q3.2 Did you have any of the following problems when you first arrived here? (Please tick all that apply)

<i>Didn't have any problems</i>	33%	<i>Money worries</i>	19%
<i>Loss of property</i>	14%	<i>Feeling depressed or suicidal</i>	18%
<i>Housing problems</i>	24%	<i>Health problems</i>	27%
<i>Contacting employers</i>	5%	<i>Needing protection from other prisoners</i>	4%
<i>Contacting family</i>	22%	<i>Accessing phone numbers</i>	14%
<i>Ensuring dependants were looked after</i>	6%	<i>Other</i>	2%

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	95%	3%	2%
When you were searched, was this carried out in a respectful way?	90%	7%	3%

Q3.4 Overall, how well did you feel you were treated in reception?

Very well	Well	Neither	Badly	Very badly	Don't remember
16%	66%	11%	4%	1%	2%

Q3.5 On your day of arrival, were you offered information on the following? (Please tick all that apply)

<i>Information about what was going to happen to you</i>	71%
<i>Information about what support was available for people feeling depressed or suicidal</i>	67%
<i>Information about how to make routine requests</i>	62%
<i>Information about your entitlement to visits</i>	73%
<i>Information about health services</i>	74%
<i>Information about the chaplaincy</i>	69%
<i>Not offered anything</i>	11%

Q3.6 On your day of arrival, were you offered any of the following? (Please tick all that apply)

<i>A smokers/non-smokers pack</i>	97%
<i>The opportunity to have a shower</i>	66%
<i>The opportunity to make a free telephone call</i>	62%
<i>Something to eat</i>	92%
<i>Did not receive anything</i>	1%

Q3.7 Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply)

<i>Chaplain or religious leader</i>	63%
<i>Someone from health services</i>	87%
<i>A listener/Samaritans</i>	38%
<i>Did not meet any of these people</i>	3%

Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?	
	Yes.....	12%
	No	88%
Q3.9	Did you feel safe on your first night here?	
	Yes	88%
	No	9%
	<i>Don't remember.</i>	3%
Q3.10	How soon after your arrival did you go on an induction course?	
	<i>Have not been on an induction course</i>	30%
	<i>Within the first week</i>	45%
	<i>More than a week</i>	13%
	<i>Don't remember.</i>	12%
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	32%
	Yes.....	42%
	No	13%
	<i>Don't remember.</i>	14%

Section 4: Legal rights and respectful custody

Q4.1	How easy is to?	Very easy	Easy	Neither	Difficult	Very difficult	N/A
	Communicate with your solicitor or legal representative?	17%	38%	13%	13%	10%	8%
	Attend legal visits?	18%	40%	21%	5%	3%	14%
	Obtain bail information?	12%	41%	11%	16%	5%	15%
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	<i>Not had any letters</i>	22%					
	Yes.....	33%					
	<i>No</i>	45%					
Q4.3	Please answer the following questions about the wing/unit you are currently living on:						
		Yes	No	<i>Don't know</i>	N/A		
	Are you normally offered enough clean, suitable clothes for the week?	73%	25%	2%	0%		
	Are you normally able to have a shower every day?	82%	16%	2%	0%		
	Do you normally receive clean sheets every week?	87%	8%	4%	1%		
	Do you normally get cell cleaning materials every week?	75%	23%	2%	0%		
	Is your cell call bell normally answered within five minutes?	57%	27%	13%	3%		

	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	85%	12%	1%	1%
	Can you normally get your stored property, if you need to?	28%	35%	30%	7%
Q4.4	What is the food like here?				
	Very good	Good	Neither	Bad	Very bad
	16%	58%	16%	6%	3%
Q4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?				
	<i>Have not bought anything yet</i>				
	Yes				
	No				
Q4.6	Is it easy or difficult to get either				
	Very easy	Easy	Neither	Difficult	Very difficult
					Don't know
	A complaint form	43%	37%	5%	2%
	An application form	49%	43%	2%	3%
Q4.7	Have you made an application?				
	Yes				
	No				
Q4.8	Please answer the following questions concerning applications (<i>If you have not made an application please tick the 'not made one' option</i>)				
		Not made one	Yes	No	
	Do you feel <i>applications</i> are dealt with fairly?	23%	64%	14%	
	Do you feel <i>applications</i> are dealt with promptly? (within seven days)	24%	55%	21%	
Q4.9	Have you made a complaint?				
	Yes				
	No				
Q4.10	Please answer the following questions concerning complaints (<i>If you have not made a complaint please tick the 'not made one' option</i>)				
		Not made one	Yes	No	
	Do you feel <i>complaints</i> are dealt with fairly?	78%	8%	14%	
	Do you feel <i>complaints</i> are dealt with promptly? (within seven days)	79%	10%	11%	
	Were you given information about how to make an appeal?	78%	8%	14%	
Q4.11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?				
	<i>Not made a complaint</i>				
	Yes				
	No				

Q4.12	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?					
<i>Don't know who they are</i>	Very easy	Easy	Neither	Difficult	Very difficult	
43%	7%	20%	16%	10%	3%	
Q4.13	Please answer the following questions about your religious beliefs?					
			Yes	No	<i>Don't know/ N/A</i>	
Do you feel your religious beliefs are respected?			54%	12%	33%	
Are you able to speak to a religious leader of your faith in private if you want to?			61%	5%	34%	
Q4.14	Can you speak to a listener at any time, if you want to?					
Yes	No		<i>Don't know</i>			
65%	7%		28%			
Q4.15	Please answer the following questions about staff in this prison?					
			Yes	No		
Is there a member of staff you can turn to for help if you have a problem?			86%	14%		
Do most staff treat you with respect?			93%	7%		

Section 5: Safety

Q5.1	Have you ever felt unsafe in this prison?					
Yes	21%					
No	79%					
Q5.2	Do you feel unsafe in this prison at the moment?					
Yes	10%					
No	90%					
Q5.3	In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply)					
<i>Never felt unsafe</i>	82% <i>At meal times</i> 2%					
<i>Everywhere</i>	6% <i>At health services</i> 2%					
<i>Segregation unit</i>	1% <i>Visit's area</i> 2%					
<i>Association areas</i>	2% <i>In wing showers</i> 4%					
<i>Reception area</i>	1% <i>In gym showers</i> 2%					
<i>At the gym</i>	1% <i>In corridors/stairwells</i> 2%					
<i>In an exercise yard</i>	3% <i>On your landing/wing</i> 4%					
<i>At work</i>	1% <i>In your cell</i> 3%					
<i>During Movement</i>	2% <i>At religious services</i> 0%					
<i>At education</i>	4%					
Q5.4	Have you been victimised by another prisoner or group of prisoners here?					
Yes	18%					
No	82%					

Q5.5	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)	
	<i>Insulting remarks (about you or your family or friends).....</i>	9% <i>Because you were new here</i> 2%
	<i>Physical abuse (being hit, kicked or assaulted).....</i>	4% <i>Because of your sexuality.....</i> 0%
	<i>Sexual abuse</i>	1% <i>Because you have a disability.....</i> 2%
	<i>Because of your race or ethnic origin.....</i>	3% <i>Because of your religion/religious beliefs.....</i> 3%
	<i>Because of drugs</i>	3% <i>Being from a different part of the country than others.....</i> 2%
	<i>Having your canteen/property taken.....</i>	5% <i>Because of your offence/ crime.....</i> 3%
Q5.6	Have you been victimised by a member of staff or group of staff here?	
	<i>Yes.....</i>	16%
	<i>No</i>	85%
Q5.7	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)	
	<i>Insulting remarks (about you or your family or friends).....</i>	5% <i>Because of your sexuality.....</i> 1%
	<i>Physical abuse (being hit, kicked or assaulted).....</i>	4% <i>Because you have a disability.....</i> 1%
	<i>Sexual abuse</i>	1% <i>Because of your religion/religious beliefs.....</i> 1%
	<i>Because of your race or ethnic origin.....</i>	3% <i>Being from a different part of the country than others.....</i> 3%
	<i>Because of drugs</i>	3% <i>Because of your offence/ crime.....</i> 3%
	<i>Because you were new here</i>	1%
Q5.8	If you have been victimised by prisoners or staff, did you report it?	
	<i>Not been victimised.....</i>	78%
	<i>Yes.....</i>	12%
	<i>No</i>	11%
Q5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	
	<i>Yes.....</i>	15%
	<i>No</i>	85%
Q5.10	Have you ever felt threatened or intimidated by a member of staff/group of staff in here?	
	<i>Yes.....</i>	14%
	<i>No</i>	86%

Section 6: Health services

Q6.1	How easy or difficult is it to see the following people:	<i>Don't know</i>	Very easy	Easy	Neither	Difficult	Very difficult
	The doctor	15%	10%	40%	13%	19%	3%
	The nurse	13%	19%	51%	11%	5%	1%
	The dentist	27%	5%	26%	17%	18%	7%
	The optician	38%	5%	26%	10%	15%	7%
Q6.2	Are you able to see a pharmacist?						
	Yes.....						56%
	No.....						44%
Q6.3	What do you think of the quality of the health service from the following people:	<i>Not been</i>	Very good	Good	Neither	Bad	Very bad
	The doctor	8%	28%	44%	10%	6%	5%
	The nurse	6%	34%	46%	9%	5%	0%
	The dentist	41%	12%	17%	16%	10%	5%
	The optician	55%	11%	16%	13%	3%	3%
Q6.4	What do you think of the overall quality of the health services here?	<i>Not been</i>	Very good	Good	Neither	Bad	Very bad
	5%	20%	55%	10%	7%	3%	
Q6.5	Are you currently taking medication?						
	Yes.....						63%
	No.....						38%
Q6.6	If you are taking medication, are you allowed to keep possession of your medication in your own cell?						
	<i>Not taking medication.</i>						39%
	Yes.....						16%
	No.....						45%
Q6.7	Do you feel you have any emotional well being/ mental health issues?						
	Yes.....						31%
	No.....						69%
Q6.8	Are your emotional well-being/ mental health issues being addressed by any of the following? (Please tick all that apply)						
	<i>Do not have any issues / Not receiving any help.</i>						83%
	Doctor.....						13%
	Nurse.....						9%
	Psychiatrist.....						6%
	Mental Health In Reach team.....						12%
	Counsellor.....						1%
	Other.....						3%

Q6.9	Did you have a problem with either of the following when you came into this prison?	Yes	No
	Drugs	49%	51%
	Alcohol	31%	69%
Q6.10	Have you developed a problem with either of the following since you have been in this prison?	Yes	No
	Drugs	6%	94%
	Alcohol	1%	99%
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?	.....	.....
	Yes	49%	
	No	15%	
	<i>Did not / do not have a drug or alcohol problem</i>	36%	
Q6.12	Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, whilst in this prison?	.....	.....
	Yes	58%	
	No	6%	
	<i>Did not / do not have a drug or alcohol problem</i>	36%	
Q6.13	Was the intervention or help you received, whilst in this prison, helpful?	.....	.....
	Yes	51%	
	No	8%	
	<i>Did not have a problem/Have not received help</i>	41%	
Q6.14	Do you think you will have a problem with either of the following when you leave this prison?	Yes	No
	.....	.....	Don't know
	Drugs	10%	69%
	Alcohol	7%	69%
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?	.....	.....
	Yes	52%	
	No	14%	
	N/A	34%	

Section 7: Purposeful activity

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply)	.....
	Prison job	31%
	Vocational or skills training	16%
	Education (including basic skills)	52%

Offending behaviour programmes	10%
<i>Not involved in any of these</i>	30%

Q7.2 If you have been involved in any of the following, whilst in prison, do you think it will help you on release?

	<i>Not been involved</i>	Yes	No	<i>Don't know</i>
Prison job	32%	40%	18%	9%
Vocational or skills training	37%	42%	11%	11%
Education (including basic skills)	22%	57%	8%	13%
Offending behaviour programmes	44%	35%	9%	11%

Q7.3 How often do you go to the library?

<i>Don't want to go</i>	9%
<i>Never</i>	11%
<i>Less than once a week</i>	18%
<i>About once a week</i>	35%
<i>More than once a week</i>	23%
<i>Don't know</i>	3%

Q7.4 On average how many times do you go to the gym each week?

<i>Don't want to go</i>	0	1	2	3 to 5	More than 5	<i>Don't know</i>
	17%	25%	6%	7%	26%	15%

Q7.5 On average how many times do you go outside for exercise each week?

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	<i>Don't know</i>
	13%	8%	29%	21%	21%

Q7.6 On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc)

<i>Less than 2 hours</i>	25%
<i>2 to less than 4 hours</i>	20%
<i>4 to less than 6 hours</i>	18%
<i>6 to less than 8 hours</i>	14%
<i>8 to less than 10 hours</i>	5%
<i>10 hours or more</i>	11%
<i>Don't know</i>	7%

Q7.7 On average, how many times do you have association each week?

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	<i>Don't know</i>
	2%	3%	30%	32%	20%

Q7.8 How often do staff normally speak to you during association time?

<i>Do not go on association</i>	8%
<i>Never</i>	8%
<i>Rarely</i>	9%
<i>Some of the time</i>	44%
<i>Most of the time</i>	19%
<i>All of the time</i>	12%

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?	
	<i>Still have not met him/her</i>	44%
	<i>In the first week</i>	24%
	<i>More than a week</i>	18%
	<i>Don't remember</i>	14%
Q8.2	How helpful do you think your personal officer is?	
	<i>Do not have a personal officer</i>	
	<i>Very helpful</i>	
	<i>Helpful</i>	
	<i>Neither</i>	
	<i>Not very helpful</i>	
	<i>Not at all helpful</i>	
	47%	12%
	23%	15%
	2%	0%
Q8.3	Do you have a sentence plan/OASys?	
	<i>Not sentenced</i>	38%
	<i>Yes</i>	30%
	<i>No</i>	31%
Q8.4	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/OASys</i>	73%
	<i>Very involved</i>	6%
	<i>Involved</i>	10%
	<i>Neither</i>	2%
	<i>Not very involved</i>	6%
	<i>Not at all involved</i>	4%
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/OASys</i>	72%
	<i>Yes</i>	14%
	<i>No</i>	14%
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/OASys</i>	71%
	<i>Yes</i>	13%
	<i>No</i>	16%
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?	
	<i>Not sentenced</i>	39%
	<i>Yes</i>	32%
	<i>No</i>	29%
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?	
	<i>Yes</i>	31%
	<i>No</i>	69%
Q8.9	Have you had any problems with sending or receiving mail?	
	<i>Yes</i>	18%
	<i>No</i>	71%
	<i>Don't know</i>	10%

Q8.10	Have you had any problems getting access to the telephones?				
	Yes.....	22%			
	No.....	76%			
	<i>Don't know</i>	2%			
Q8.11	Did you have a visit in the first week that you were here?				
	<i>Not been here a week yet</i>	16%			
	Yes.....	18%			
	No.....	66%			
	<i>Don't remember</i>	0%			
Q8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)				
	<i>Don't know what my entitlement is</i>	26%			
	Yes.....	63%			
	<i>No</i>	12%			
Q8.13	How many visits did you receive in the last week?				
	<i>Not been in a week</i>				
	0	1 to 2	3 to 4	5 or more	
	16%	60%	21%	2%	0%
Q8.14	Have you been helped to maintain contact with your family/friends whilst in this prison?				
	Yes.....	57%			
	No.....	43%			
Q8.15	Do you know who to contact to get help with the following within this prison: (please tick all that apply)				
	<i>Don't know who to contact</i>	34%	<i>Help with your finances in preparation for release</i>	24%	
	<i>Maintaining good relationships</i>	30%	<i>Claiming benefits on release</i>	53%	
	<i>Avoiding bad relationships</i>	24%	<i>Arranging a place at college/continuing education on release</i>	23%	
	<i>Finding a job on release</i>	37%	<i>Continuity of health services on release</i>	33%	
	<i>Finding accommodation on release</i>	42%	<i>Opening a bank account</i>	24%	
Q8.16	Do you think you will have a problem with any of the following on release from prison? (please tick all that apply)				
	<i>No problems</i>	33%	<i>Help with your finances in preparation for release</i>	30%	
	<i>Maintaining good relationships</i>	19%	<i>Claiming benefits on release</i>	25%	
	<i>Avoiding bad relationships</i>	16%	<i>Arranging a place at college/continuing education on release</i>	12%	

<i>Finding a job on release</i>	44%	<i>Continuity of health services on release</i>	15%
<i>Finding accommodation on release</i>	43%	<i>Opening a bank account</i>	21%

Q8.17 Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?

<i>Not sentenced</i>	38%
<i>Yes</i>	34%
<i>No</i>	28%

Thank you for completing this survey



Prisoner survey responses HMP Dorchester 2009

Prisoner survey responses (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
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	Percentages which are not highlighted show there is no significant difference		

Number of completed questionnaires returned	94	4013
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SECTION 1: General information

2	Are you under 21 years of age?	12%	4%
3a	Are you sentenced?	64%	66%
3b	Are you on recall?	14%	9%
4a	Is your sentence less than 12 months?	24%	18%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	2%	3%
5	Do you have six months or less to serve?	38%	32%
6	Have you been in this prison less than a month?	38%	14%
7	Are you a foreign national?	7%	13%
8	Is English your first language?	91%	90%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	15%	26%
10	Are you Muslim?	6%	12%
11	Are you homosexual/gay or bisexual?	4%	3%
12	Do you consider yourself to have a disability?	25%	16%
13	Is this your first time in prison?	24%	27%
14	Have you been in more than 5 prisons this time?	11%	9%
15	Do you have any children under the age of 18?	49%	57%

SECTION 2: Transfers and escorts

For the most recent journey you have made either to or from court or between prisons:

1a	Was the cleanliness of the van good/very good?	73%	49%
1b	Was your personal safety during the journey good/very good?	71%	58%
1c	Was the comfort of the van good/very good?	29%	11%
1d	Was the attention paid to your health needs good/very good?	41%	28%
1e	Was the frequency of toilet breaks good/very good?	19%	12%
2	Did you spend more than four hours in the van?	5%	5%
3	Were you treated well/very well by the escort staff?	77%	67%
4a	Did you know where you were going when you left court or when transferred from another prison?	85%	72%
4b	Before you arrived here did you receive any written information about what would happen to you?	17%	14%
4c	When you first arrived here did your property arrive at the same time as you?	88%	81%

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SECTION 3: Reception, first night and induction

1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	20%	16%
1c	Housing problems?	42%	38%
1d	Problems contacting employers?	24%	18%
1e	Problems contacting family?	65%	54%
1f	Problems ensuring dependants were looked after?	31%	16%
1g	Money problems?	26%	24%
1h	Problems of feeling depressed/suicidal?	65%	59%
1i	Health problems?	66%	63%
1j	Problems in needing protection from other prisoners?	27%	28%
1k	Problems accessing phone numbers?	63%	41%
2	When you first arrived:		
2a	Did you have any problems?	67%	77%
2b	Did you have any problems with loss of property?	14%	11%
2c	Did you have any housing problems?	23%	23%
2d	Did you have any problems contacting employers?	5%	7%
2e	Did you have any problems contacting family?	22%	32%
2f	Did you have any problems ensuring dependants were being looked after?	6%	8%
2g	Did you have any money worries?	19%	26%
2h	Did you have any problems with feeling depressed or suicidal?	18%	24%
2i	Did you have any health problems?	27%	25%
2j	Did you have any problems with needing protection from other prisoners?	4%	9%
2k	Did you have problems accessing phone numbers?	14%	28%
3a	Were you seen by a member of health services in reception?	95%	85%
3b	When you were searched in reception, was this carried out in a respectful way?	90%	67%
4	Were you treated well/very well in reception?	82%	57%
5	On your day of arrival, were you offered any of the following information:		
5a	Information about what was going to happen to you?	71%	42%
5b	Information about what support was available for people feeling depressed or suicidal?	67%	42%
5c	Information about how to make routine requests?	62%	32%
5d	Information about your entitlement to visits?	73%	41%
5e	Information about health services?	74%	54%
5f	Information about the chaplaincy?	69%	50%

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SECTION 3: Reception, first night and induction continued

6	On your day of arrival, were you offered any of the following:		
6a	A smokers/non-smokers pack?	97%	75%
6b	The opportunity to have a shower?	66%	33%
6c	The opportunity to make a free telephone call?	62%	55%
6d	Something to eat?	93%	82%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	63%	48%
7b	Someone from health services?	87%	68%
7c	A listener/Samaritans?	38%	31%
8	Did you have access to the prison shop/canteen within the first 24 hours?	12%	21%
9	Did you feel safe on your first night here?	88%	73%
10	Have you been on an induction course?	70%	74%

For those who have been on an induction course:

11	Did the course cover everything you needed to know about the prison?	62%	56%
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SECTION 4: Legal rights and respectful custody

1	In terms of your legal rights, is it easy/very easy to:		
1a	Communicate with your solicitor or legal representative?	55%	42%
1b	Attend legal visits?	58%	62%
1c	Obtain bail information?	53%	25%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them	33%	44%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	73%	50%
3b	Are you normally able to have a shower every day?	82%	79%
3c	Do you normally receive clean sheets every week?	87%	82%
3d	Do you normally get cell cleaning materials every week?	75%	64%
3e	Is your cell call bell normally answered within five minutes?	57%	36%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	86%	63%
3g	Can you normally get your stored property, if you need to?	28%	29%
4	Is the food in this prison good/very good?	74%	23%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	55%	44%
6a	Is it easy/very easy to get a complaints form?	80%	79%
6b	Is it easy/very easy to get an application form?	92%	85%
7	Have you made an application?	78%	82%

Key to tables

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SECTION 4: Legal rights and respectful custody continued

For those who have made an application:

8a	Do you feel applications are dealt with fairly?	82%	53%
8b	Do you feel applications are dealt with promptly? (within 7 days)	72%	49%
9	Have you made a complaint?	22%	50%

For those who have made a complaint:

10a	Do you feel complaints are dealt with fairly?	35%	32%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	48%	35%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	59%	27%
10c	Were you given information about how to make an appeal?	8%	28%
12	Is it easy/very easy to see the Independent Monitoring Board?	27%	30%
13a	Do you feel your religious beliefs are respected?	54%	53%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	61%	57%
14	Are you able to speak to a Listener at any time, if you want to?	65%	62%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	86%	64%
15b	Do most staff, in this prison, treat you with respect?	93%	67%

SECTION 5: Safety

1	Have you ever felt unsafe in this prison?	21%	40%
2	Do you feel unsafe in this prison at the moment?	10%	20%
4	Have you been victimised by another prisoner?	18%	23%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks made about you, your family or friends?	9%	12%
5b	Hit, kicked or assaulted you?	5%	8%
5c	Sexually abused you?	1%	1%
5d	Victimised you because of your race or ethnic origin?	4%	4%
5e	Victimised you because of drugs?	4%	3%
5f	Taken your canteen/property?	6%	5%
5g	Victimised you because you were new here?	2%	5%
5h	Victimised you because of your sexuality?	0%	1%
5i	Victimised you because you have a disability?	2%	2%
5j	Victimised you because of your religion/religious beliefs?	4%	3%
5k	Victimised you because you were from a different part of the country?	2%	5%
5l	Victimised you because of your offence/crime?	4%	9%

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SECTION 5: Safety continued

6	Have you been victimised by a member of staff?	16%	27%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks made about you, your family or friends?	6%	14%
7b	Hit, kicked or assaulted you?	5%	5%
7c	Sexually abused you?	1%	1%
7d	Victimised you because of your race or ethnic origin?	4%	5%
7e	Victimised you because of drugs?	4%	5%
7f	Victimised you because you were new here?	1%	6%
7g	Victimised you because of your sexuality?	1%	1%
7h	Victimised you because you have a disability?	1%	2%
7i	Victimised you because of your religion/religious beliefs?	1%	4%
7j	Victimised you because you were from a different part of the country?	4%	4%
7k	Victimised you because of your offence/crime?	4%	9%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	52%	31%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	15%	25%
10	Have you ever felt threatened or intimidated by a member of staff in here?	14%	26%
11	Is it easy/very easy to get illegal drugs in this prison?	18%	34%

SECTION 6: Health services

1a	Is it easy/very easy to see the doctor?	50%	28%
1b	Is it easy/very easy to see the nurse?	70%	49%
1c	Is it easy/very easy to see the dentist?	31%	9%
1d	Is it easy/very easy to see the optician?	30%	12%
2	Are you able to see a pharmacist?	56%	50%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:			
3a	The doctor?	78%	46%
3b	The nurse?	85%	59%
3c	The dentist?	49%	33%
3d	The optician?	62%	37%
4	The overall quality of health services?	78%	41%

Key to tables

	Any percent highlighted in green is significantly better		HMP Dorchester
	Any percent highlighted in blue is significantly worse		prisons comparator
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		

Health services continued

5	Are you currently taking medication?	62%	45%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	27%	64%
7	Do you feel you have any emotional well being/mental health issues?	31%	32%
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?		42% 31%
8b	A doctor?		39% 29%
8c	A nurse?		30% 10%
8d	A psychiatrist?		19% 15%
8e	The mental health in-reach team?		39% 38%
8f	A counsellor?		4% 7%
9a	Did you have a drug problem when you came into this prison?		49% 25%
9b	Did you have an alcohol problem when you came into this prison?		31% 20%
10a	Have you developed a drug problem since you have been in this prison?		6% 12%
10b	Have you developed an alcohol problem since you have been in this prison?		1% 5%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?		77% 80%
12	Have you received any help or intervention whilst in this prison?		91% 66%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?		87% 77%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)		31% 31%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)		30% 26%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
15	Can help you contact external drug or alcohol agencies on release?		79% 55%
SECTION 7: Purposeful activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?		32% 48%
1b	Vocational or skills training?		16% 9%
1c	Education (including basic skills)?		52% 30%
1d	Offending behaviour programmes?		11% 11%

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
Purposeful activity continued					
2ai	Have you had a job whilst in prison?	67%	65%		
For those who have had a prison job whilst in prison:					
2aii	Do you feel the job will help you on release?	59%	38%		
2bi	Have you been involved in vocational or skills training whilst in prison?	63%	54%		
For those who have had vocational or skills training whilst in prison:					
2bii	Do you feel the vocational or skills training will help you on release?	67%	47%		
2ci	Have you been involved in education whilst in prison?	78%	64%		
For those who have been involved in education whilst in prison:					
2cii	Do you feel the education will help you on release?	73%	57%		
2di	Have you been involved in offending behaviour programmes whilst in prison?	56%	50%		
For those who have been involved in offending behaviour programmes whilst in prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	63%	46%		
3	Do you go to the library at least once a week?	58%	35%		
4	On average, do you go to the gym at least twice a week?	48%	42%		
5	On average, do you go outside for exercise three or more times a week?	42%	40%		
6	On average, do you spend ten or more hours out of your cell on a weekday?	12%	9%		
7	On average, do you go on association more than five times each week?	20%	49%		
8	Do staff normally speak to you most of the time/all of the time during association?	30%	17%		
SECTION 8: Resettlement					
1	Do you have a personal officer?	56%	38%		
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	68%	64%		
For those who are sentenced:					
3	Do you have a sentence plan?	49%	37%		
For those with a sentence plan:					
4	Were you involved/very involved in the development of your plan?	56%	59%		
5	Can you achieve some/all of your sentence plan targets in this prison?	50%	60%		
6	Are there plans for you to achieve some/all your targets in another prison?	44%	46%		
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	53%	23%		
8	Do you feel that any member of staff has helped you to prepare for release?	31%	15%		
9	Have you had any problems with sending or receiving mail?	19%	44%		
10	Have you had any problems getting access to the telephones?	22%	33%		
11	Did you have a visit in the first week that you were here?	19%	36%		
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	63%	64%		

Key to tables

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		Any percent highlighted in orange shows a significant difference in prisoners' background details		
		Percentages which are not highlighted show there is no significant difference		
		Resettlement continued		
13	Did you receive one or more visits in the last week?		23%	39%
14	Have you been helped to maintain contact with family/friends whilst in this prison?		57%	41%
15	Do you know who to contact within this prison to get help with the following:			
15b	Maintaining good relationships?		30%	19%
15c	Avoiding bad relationships?		24%	14%
15d	Finding a job on release?		37%	39%
15e	Finding accommodation on release?		42%	42%
15f	With money/finances on release?		24%	29%
15g	Claiming benefits on release?		53%	44%
15h	Arranging a place at college/continuing education on release?		23%	29%
15i	Accessing health services on release?		33%	35%
15j	Opening a bank account on release?		24%	31%
16	Do you think you will have a problem with any of the following on release from prison?			
16b	Maintaining good relationships?		19%	16%
16c	Avoiding bad relationships?		16%	15%
16d	Finding a job?		44%	56%
16e	Finding accommodation?		43%	50%
16f	Money/finances?		30%	57%
16g	Claiming benefits?		25%	39%
16h	Arranging a place at college/continuing education?		13%	37%
16i	Accessing health services?		15%	25%
16j	Opening a bank account?		21%	44%
For those who are sentenced:				
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?		55%	49%



Key questions (disability analysis) HMP Dorchester 2009

Prisoner survey responses (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		23	71
1.3	Are you sentenced?	66%	65%
1.7	Are you a foreign national?	4%	9%
1.8	Is English your first language?	92%	91%
1.9	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories.	22%	13%
1.10	Are you Muslim?	8%	5%
1.12	Do you consider yourself to have a disability?		
1.13	Is this your first time in prison?	22%	25%
2.1d	Was the attention paid to your health needs good/very good?	37%	43%
2.3	Were you treated well/very well by the escort staff?	73%	78%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	80%	86%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	61%	66%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	75%	62%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	65%	66%
3.2a	Did you have any problems when you first arrived?	70%	66%
3.3a	Were you seen by a member of healthcare staff in reception?	96%	94%

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.3b	When you were searched in reception, was this carried out in a respectful way?	80%	93%
3.4	Were you treated well/very well in reception?	73%	84%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	85%	87%
3.9	Did you feel safe on your first night here?	77%	91%
3.10	Have you been on an induction course?	77%	67%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	58%	54%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	70%	74%
4.3b	Are you normally able to have a shower every day?	92%	78%
4.3e	Is your cell call bell normally answered within five minutes?	58%	56%
4.4	Is the food in this prison good/very good?	78%	73%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	52%	55%
4.6a	Is it easy/very easy to get a complaints form?	86%	77%
4.6b	Is it easy/very easy to get an application form?	85%	94%
4.9	Have you made a complaint?	30%	19%
4.13a	Do you feel your religious beliefs are respected?	54%	54%
4.13b	Are you able to speak to a religious leader of your faith in private if you want to?	69%	59%
4.14	Are you able to speak to a Listener at any time, if you want to?	60%	67%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	96%	82%
4.15b	Do most staff, in this prison, treat you with respect?	96%	92%

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.1	Have you ever felt unsafe in this prison?	26%	19%
5.2	Do you feel unsafe in this prison at the moment?	8%	10%
5.4	Have you been victimised by another prisoner?	36%	11%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4%	3%
5.5i	Victimised you because you have a disability?	9%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	4%	3%
5.6	Have you been victimised by a member of staff?	23%	14%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4%	3%
5.7h	Victimised you because you have a disability?	0%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	4%	0%
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	23%	12%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	19%	12%
5.11	Is it easy/very easy to get illegal drugs in this prison?	15%	18%
6.1a	Is it easy/very easy to see the doctor?	33%	55%
6.1b	Is it easy/ very easy to see the nurse?	57%	74%
6.2	Are you able to see a pharmacist?	40%	62%
6.5	Are you currently taking medication?	92%	53%
6.7	Do you feel you have any emotional well being/mental health issues?	50%	25%
7.1a	Are you currently working in the prison?	18%	37%

Key to tables

	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
7.1b	Are you currently undertaking vocational or skills training?	22%	15%
7.1c	Are you currently in education (including basic skills)?	52%	53%
7.1d	Are you currently taking part in an offending behaviour programme?	26%	5%
7.3	Do you go to the library at least once a week?	66%	55%
7.4	On average, do you go to the gym at least twice a week?	30%	55%
7.5	On average, do you go outside for exercise three or more times a week?	31%	46%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	23%	8%
7.7	On average, do you go on association more than five times each week?	14%	22%
7.8	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	19%	35%
8.1	Do you have a personal officer?	70%	52%
8.9	Have you had any problems sending or receiving mail?	22%	17%
8.10	Have you had any problems getting access to the telephones?	22%	22%
8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	56%	65%



Key question responses ethnicity HMP Dorchester 2009

Prisoner Survey Responses (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

			Black and minority ethnic prisoners	White prisoners
	Any percent highlighted in green is significantly better			
	Any percent highlighted in blue is significantly worse			
	Any percent highlighted in orange shows a significant difference in prisoners' background details			
	Percentages which are not highlighted show there is no significant difference			
Number of completed questionnaires returned		14	79	
1.3	Are you sentenced?	64%	65%	
1.7	Are you a foreign national?	36%	3%	
1.8	Is English your first language?	54%	97%	
1.9	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories.			
1.10	Are you Muslim?	31%	1%	
1.12	Do you consider yourself to have a disability?	36%	23%	
1.13	Is this your first time in prison?	36%	22%	
2.1d	Was the attention paid to your health needs good/very good on your journey here?	31%	42%	
2.3	Were you treated well/very well by the escort staff?	64%	79%	
2.4a	Did you know where you were going when you left court or when transferred from another prison?	71%	88%	
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	46%	69%	
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	77%	64%	
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	62%	68%	
3.2a	Did you have any problems when you first arrived?	93%	61%	
3.3a	Were you seen by a member of healthcare staff in reception?	93%	95%	

Key to tables

	Any percent highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.3b	When you were searched in reception, was this carried out in a respectful way?	85%	91%
3.4	Were you treated well/very well in reception?	79%	82%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	86%	87%
3.9	Did you feel safe on your first night here?	86%	90%
3.10	Have you been on an induction course?	71%	69%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	62%	55%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	71%	73%
4.3b	Are you normally able to have a shower every day?	79%	82%
4.3e	Is your cell call bell normally answered within five minutes?	71%	53%
4.4	Is the food in this prison good/very good?	64%	76%
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	29%	60%
4.6a	Is it easy/very easy to get a complaints form?	93%	77%
4.6b	Is it easy/very easy to get an application form?	79%	95%
4.9	Have you made a complaint?	43%	18%
4.13a	Do you feel your religious beliefs are respected?	50%	55%
4.13b	Are you able to speak to a religious leader of your faith in private if you want to?	77%	58%
4.14	Are you able to speak to a Listener at any time, if you want to?	50%	68%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	93%	84%

Key to tables

	Any percent highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.15b	Do most staff, in this prison, treat you with respect?	93%	93%
5.1	Have you ever felt unsafe in this prison?	21%	21%
5.2	Do you feel unsafe in this prison at the moment?	14%	9%
5.4	Have you been victimised by another prisoner?	29%	15%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	21%	0%
5.5i	Have you been victimised because you have a disability? (By prisoners)	0%	3%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	7%	1%
5.6	Have you been victimised by a member of staff?	29%	14%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	14%	1%
5.7h	Have you been victimised because you have a disability? (By staff)	0%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	7%	0%
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	15%	14%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	15%	14%
5.11	Is it easy/very easy to get illegal drugs in this prison?	7%	19%
6.1a	Is it easy/very easy to see the doctor?	43%	51%
6.1b	Is it easy/ very easy to see the nurse?	54%	73%
6.2	Are you able to see a pharmacist?	33%	61%

Key to tables

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	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
6.5	Are you currently taking medication?	57%	64%
6.7	Do you feel you have any emotional well being/mental health issues?	31%	32%
7.1a	Are you currently working in the prison?	15%	33%
7.1b	Are you currently undertaking vocational or skills training?	23%	15%
7.1c	Are you currently in education (including basic skills)?	46%	53%
7.1d	Are you currently taking part in an offending behaviour programme?	15%	10%
7.3	Do you go to the library at least once a week?	43%	60%
7.4	On average, do you go to the gym at least twice a week?	46%	48%
7.5	On average, do you go outside for exercise three or more times a week?	50%	40%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	8%	11%
7.7	On average, do you go on association more than five times each week?	23%	19%
7.8	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	21%	31%
8.1	Do you have a personal officer?	71%	53%
8.9	Have you had any problems sending or receiving mail?	15%	18%
8.10	Have you had any problems getting access to the telephones?	31%	21%
8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	54%	65%