

Report on an unannounced short follow-up inspection of

# **HMP Featherstone**

21–23 November 2011

by HM Chief Inspector of Prisons

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# Contents

	<b>Introduction</b>	5
	<b>Fact page</b>	7
<b>1</b>	Summary	9
<b>2</b>	Progress since the last report	15
<b>3</b>	Summary of recommendations	41
	<b>Appendices</b>	
	I Inspection team	44
	II Prison population profile	45

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# Introduction

Featherstone is a category C adult male training prison near Wolverhampton in the West Midlands. Following our last inspection in 2008, we reported that the prison was making continued progress and was a 'reasonably safe, respectful and purposeful establishment with a commendable emphasis upon resettlement', although we also recognised that there was still much more that needed to be done. This unannounced short follow-up inspection reviewed progress in implementing the recommendations we made at our last inspection. Of the 141 recommendations in 2008, 86% had either been achieved or partially achieved. We concluded that the prison was making sufficient progress against all four healthy prison tests.

Featherstone remained a safe prison. Levels of recorded violence and antisocial behaviour were low and investigations into the incidents that did occur were comprehensive. We were assured that unacceptable behaviour was taken seriously and appropriately challenged by prison staff. Monitoring of self-harm was generally better than we usually see, and the provision of peer supporters was now comprehensive. There had been reasonable progress in relation to recommendations on discipline, and the number of adjudications referred to the independent adjudicator had reduced. We were, however, concerned that handcuffs were used on some occasions when they were not required, and that prisoners were sometimes located in the care and separation unit unnecessarily.

Some cells designed for single occupancy continued to accommodate two prisoners, although house block 6 had been refurbished to a high standard. Relationships between staff and prisoners were, broadly, good, and there had been considerable efforts to consult with prisoners and to improve relationships. There had been similar efforts to consult with black and minority ethnic prisoners, although their effect on relationships remained unclear. Other aspects of diversity work were reasonable, especially those relating to older prisoners. A health care manager and deputy had been appointed since our last inspection, and there had been improvements in the provision of health services.

Shortly before this inspection, the prison had introduced a new working day that meant that most prisoners spent at least 10 hours a day out of their cells. This, combined with considerable improvements in the provision of learning and skills, meant that the overall experience for the vast majority of prisoners in this area was extremely positive. There was employment for all prisoners, and education provision had increased by almost 30% in the last two years. Attendance rates at activities were generally high, although more work was still needed to ensure all prisoners were fully occupied during sessions.

Featherstone had maintained its emphasis on resettlement and focused appropriately on the development of offender supervisor skills, introducing comprehensive quality assurance arrangements to support and facilitate one-to-one work in areas not covered by formal offending behaviour programmes. Pathway provision was good, as were pre-release assessments.

This was, overall, a good inspection and we are pleased to be able to report progress the prison has made. Featherstone demonstrates clearly the positive impact that can be made through the introduction of a properly integrated working day that fully engages prisoners. We have identified some key areas that require further work, but the governor and staff at HMP Featherstone can justifiably feel proud of the progress they have made to date.

**Nick Hardwick**  
HM Chief Inspector of Prisons

January 2012



# Fact page

## Task of the establishment

Adult male category C training prison

## Prison status

Public

## Region

West Midlands

## Number held

680

## Certified normal accommodation

663

## Operational capacity

687

## Date of last full inspection

20-24 October 2008

## Brief history

Built in 1976; house blocks 5, 6 and 7 were added later.

## Short description of residential units

House 1	Residential
House 2	Residential
House 3	Residential
House 4	Residential
House 5	Induction unit
House 6	Enhanced unit
House 7	Residential/Healthy living
Care and separation unit	Segregation

## Escort contractor

GEOAmey

## Health service commissioner and provider

Commissioner: South Staffordshire Primary Care Trust

Provider: Staffordshire and Stoke on Trent Partnership NHS Trust

## Learning and skills providers

The Manchester College

Dudley College

Stoke on Trent College





# Section 1: Summary

## Introduction

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- 1.1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.
- 1.2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the UN Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.
- 1.3 The purpose of this inspection was to follow up the recommendations made in our last full inspection of 2008 and assess the progress achieved. All full inspection reports include a summary of outcomes for prisoners against the model of a healthy prison. The four criteria of a healthy prison are:

<b>Safety</b>	prisoners, particularly the most vulnerable, are held safely
<b>Respect</b>	prisoners are treated with respect for their human dignity
<b>Purposeful activity</b>	prisoners are able, and expected, to engage in activity that is likely to benefit them
<b>Resettlement</b>	prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending.

- 1.4 Follow-up inspections are proportionate to risk. Short follow-up inspections are conducted where the previous full inspection and our intelligence systems suggest that there are comparatively fewer concerns. Sufficient inspector time is allocated to enable inspection of progress. Inspectors draw up a brief healthy prison summary setting out the progress of the establishment in the areas inspected and giving an overall assessment against the following definitions:

### **Making insufficient progress**

Overall progress against our recommendations has been slow or negligible and/or there is little evidence of improvements in outcomes for prisoners.

### **Making sufficient progress**

Overall there is evidence that efforts have been made to respond to our recommendations in a way that is having a discernible positive impact on outcomes for prisoners.

## Safety

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- 1.5 At our inspection in 2008 we found that outcomes for prisoners against this healthy prison test were reasonably good. We made 30 recommendations in this area, of which 15 had been achieved, 12 partially achieved and three had not been achieved.
- 1.6 Prisoners still spent too long in reception with some there for two hours after completing the main process before moving to the first night unit.
- 1.7 Progress against previous recommendations under violence reduction was positive. Levels of recorded violence and antisocial behaviour were low and we were assured that all were fully investigated. The violence reduction policy was concise and user-friendly but its implementation required some development. The number of prisoners on support or management plans assured us that unacceptable behaviour was taken seriously and was challenged. However, actions to support victims were limited, sanctions against perpetrators were often excessively punitive and we were given little evidence of interventions to assist prisoners modify their behaviour. Reviews were not always conducted and were often perfunctory. Records of monitoring were mostly observational and reflected limited constructive or positive engagement between staff and prisoners. There was insufficient management overview and scrutiny.
- 1.8 Self-harm monitoring documents were generally of a good standard. While they all contained some evidence of positive engagement between staff and prisoners, there remained room for further improvement. Reviews were generally timely but were not always multidisciplinary. Quality assurance processes were reasonable. Succession planning and training for Listeners were effective. Provision for prisoners with identified vulnerabilities was good and the reintegration programme particularly supportive.
- 1.9 Closed visits were applied frequently and mostly with appropriate justification and timely reviews. We were, however, concerned by the number subject to this restriction, some for a considerable time, with little evidence that this was directly related to activity during visits.
- 1.10 There had been good progress on our previous recommendations on discipline. Adjudications had increased but appeared appropriate. Those referred to the independent adjudicator were also appropriate and had reduced since the last inspection. The recorded use of force, including use of special accommodation, was low and, despite a lack of formal quality assurance, documentation was generally of a good standard. We were, however, not assured that the application of handcuffs was appropriate in all cases or that location to the care and separation (segregation) unit (CSU) was always necessary. The use of force committee had not met since July 2011 and did not always review all use of force documentation or films of planned interventions.
- 1.11 Use of the CSU was monitored but analysis of data, particularly on the length of stay, required development. Some residential personal officers visited their prisoners in the CSU but this was inconsistent and poorly recorded. Case notes did not reflect positive engagement between staff and prisoners in the CSU.
- 1.12 Substance misuse services had improved. The integrated drug treatment system (IDTS) had been established with fully trained staff.
- 1.13 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.

## Respect

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- 1.14 At our inspection in 2008 we found that outcomes for prisoners against this healthy prison test were reasonably good. We made 75 recommendations in this area, of which 51 had been achieved, 10 partially achieved and 13 had not been achieved. One recommendation was no longer applicable.
- 1.15 Some cells designed to hold one prisoner were still used to hold two, some double cells had only one chair, and toilet screening in single cells was insufficient. The offensive displays policy was consistently adhered to across the establishment, and there were now sufficient telephones. Not all prisoners could wear their own clothes, and there were no laundry facilities on five of the house blocks. A clothing exchange policy was now in place, although more work was required to ensure prisoners got adequate supplies of prison clothing. Some communal showers on house blocks 2 and 5 had insufficient privacy screening. House block 6 had been refurbished to a good standard.
- 1.16 Arrangements for the incentives and earned privileges (IEP) policy were reasonable, and there were appropriate entries from wing staff in prisoners' files on its use to motivate behaviour. Quality assurance arrangements, however, were lacking and many prisoners complained about inconsistencies in the scheme's application. Target setting for prisoners on the basic level were too general and insufficiently oriented to their individual behaviour problems.
- 1.17 Staff-prisoner relationships were generally good. Efforts since the last inspection to consult with prisoners had been effective. Our own observations and case files indicated that staff use of prisoners' first names and preferred titles was well established. Most prisoners we spoke to indicated that they had a personal officer and many said that they found them useful. Personal officer wing file entries were generally better than we often see, but quality assurance was variable.
- 1.18 The kitchen was deep cleaned twice yearly, and prisoners working on serveries wore the correct protective clothing while serving meals. Meals were served at appropriate times. Some prisoners dined in association but dining areas did not have enough tables and chairs for all prisoners to dine together. There was a monthly consultation meeting where prisoners were able to discuss issues of concern with catering staff, and menu changes were highlighted on the menu selection document.
- 1.19 The range of goods offered through the prison shop broadly reflected the diverse needs of the population, and consultation arrangements with prisoner representatives and the diversity team were good.
- 1.20 Senior managers were now allocated to specific diversity strands, which was a positive initiative. Consultation arrangements with black and minority ethnic prisoners were generally good, but while the range of support appeared appropriate it remained unclear how this work affected the views of black and minority ethnic prisoners about the establishment and, in particular, prison staff. Work with older prisoners had developed well and they now had a good range of support.
- 1.21 Prisoner applications were mostly dealt with quickly but the tracking system did not record the date they were replied to. Complaints were robustly analysed and quality assurance arrangements were good. Most complaints were investigated fully and the responses were polite and personal. A separate health care application form had been introduced.

- 1.22 The legal services officer saw all new arrivals individually, and prisoners who had been assisted appreciated the service. Legal services correspondence opened in error was recorded well, and although too many had been opened, there had been improvements in 2011.
- 1.23 Faith and religious services had increased since the last inspection and more faith-based provision was now available.
- 1.24 Health services had improved. A senior health care manager had been appointed, and triage, primary care and lifelong conditions care were in place. The waiting time for prisoners to see a GP for a non-urgent appointment was three days compared with over six last time. The risk assessment for in-possession medication had been revised and contained a pro forma for individual assessment. Dental and optician services had improved and were sufficient to meet demand. Health staff had personal development plans following annual appraisals, and their training was linked to the needs of patients.
- 1.25 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.

### **Purposeful activity**

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- 1.26 At our inspection in 2008 we found that outcomes for prisoners against this healthy prison test were reasonably good. We made 14 recommendations in this area, of which 12 had been achieved and two partially achieved.
- 1.27 The new working day arrangements had had a positive impact on prisoners' time out of cell, with most accessing over 10 hours a day unlocked, including full unlock over the lunch period. Prisoners on induction were locked up for a period in the morning and afternoon, which was unnecessary, but still gave them over eight hours out of cell, which was better than we often see.
- 1.28 The provision of learning and skills in the prison had improved considerably. The prison and providers worked well together to ensure prisoners could access provision that benefited them. The prison had overseen the quality of provision effectively with the aid of a learning and skills quality monitoring calendar, including annual lesson observations and inclusive self-assessment. Providers attended quarterly performance and development reviews with the prison and were members of the quality improvement group. The prison made good use of data to monitor performance.
- 1.29 The prison provided employment opportunities for all prisoners, with no waiting lists. Attendance at activities was approximately 86-90%. Disruptions during the working day had been reduced. The prison had introduced a range of strategies to reflect the world of work. However, in some workshops prisoners were not always gainfully employed, and their work ethic needed improvement.
- 1.30 The prison had worked effectively with other colleges to develop vocational provision. Accredited training opportunities, available in each workshop, gave prisoners access to a range of courses, mostly at levels 1 and 2.
- 1.31 The education contract had increased to 15,500 hours a year compared with around 11,000 in 2009. Literacy and numeracy programmes were available from entry level to level 2, and a wide range of personal development and social integration courses were available from level 1

to level 3. The provision of English for speakers of other languages (ESOL) was sufficient. Access to courses up to level 4 had improved. Prisoners had made good use of the virtual campus for learning, the development of job seeking skills and job searching activities.

- 1.32 Prisoners made good use of the library with over 14,000 visits in the 12 months to October 2011, compared with only 6,000 in 2008. Library issues had increased by about 30% a year. The stock had increased, was regularly refreshed and well managed, with losses of about 3%.
- 1.33 The range of courses in PE had increased, and literacy and numeracy had been embedded effectively into the fitness instructor level 2 course. Success rates on PE courses were high. The training of health trainers had made a positive contribution to the needs of prisoners. Refurbished showers provided some minor improvement in privacy.
- 1.34 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.

## Resettlement

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- 1.35 At our inspection in 2008 we found that outcomes for prisoners against this healthy prison test were good. We made 22 recommendations in this area, of which 18 had been achieved, one partially achieved and three had not been achieved.
- 1.36 The strategic management of resettlement was good with a comprehensive reducing reoffending action plan based on an annual needs assessments.
- 1.37 All new arrivals were seen on induction for an initial resettlement needs assessment, and given a pathway information booklet covering the resettlement pathways. All prisoners were allocated an offender supervisor and contact was generally established within 10 days to undertake OASys (offender assessment system) assessments and identify risk factors. Records showed that contact was determined according to need and risk, and appointments were pre-booked. Prisoners could also make applications to see offender supervisors at any stage. A representative from the offender supervisor team attended risk management meetings, and offender supervisors contributed to meetings for prisoners on their caseload.
- 1.38 There was comprehensive quality assurance with monthly checks by the head of offender management. Checks had identified that since September 2010 a significant number of prisoners had arrived from HMP Birmingham without initial OASys assessments, placing additional pressure on offender supervisors.
- 1.39 The role of personal officers in the work of the offender management unit had been clearly defined since the last inspection, but there was little evidence in case files that they were actively engaged in offender management, and the reports they submitted tended to be oriented to prisoner conduct rather than offending risk.
- 1.40 Pathway provision was comprehensive across all the pathways and pre-release planning arrangements were good. Pre-release questionnaires had not been in use long enough for any meaningful analysis.
- 1.41 Health services continue to be well integrated into the resettlement strategy and pre-discharge health care was good. Drug and alcohol provision was underpinned by comprehensive needs analysis. Services for prisoners with alcohol problems had increased and included one-to-one and group work with the counselling, assessment, referral, advice and throughcare service

(CARATs), which now offered provision for prisoners with only alcohol use needs. IDTS staff offered clinical management of alcohol issues and Alcoholics Anonymous attended regularly.

- 1.42 The move of the visits booking system to a new regional call centre had resulted in some problems for visitors, although they could book visits by email. Visitors still experienced delays in reaching the visits hall on time, with some arriving almost half an hour after visits had commenced. The children's play area was unsupervised and had few toys and materials available.
- 1.43 Waiting lists for accredited programmes were not long and the number of courses meant that even those on the longest waiting list could be accommodated reasonably quickly. Victim awareness provision had increased and met the needs of the current prisoner population. Probation staff undertook one-to-one intervention work in areas identified in sentence plans but not available through offending behaviour programmes, and they wrote post-programme reports for non-accredited work.
- 1.44 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.

## Section 2: Progress since the last report

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

### Main recommendations (from the previous report)

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- 2.1 **The number of adjudications referred to the independent adjudicator should be reduced. (HP44)**
- Achieved.** Between May and October 2011 there had been 881 adjudications, which was an increase since the last inspection, but the 119 (13.5%) referrals to the independent adjudicator during that period was a considerable reduction. Charges were only referred for the most serious offences, which was appropriate.
- 2.2 **All incidents of bullying should be investigated. (HP45)**
- Achieved.** A low number of violent and antisocial incidents were recorded but we were assured by the systems used that recording was accurate and that all incidents of bullying were properly investigated.
- 2.3 **There should be a strategy to address and improve prisoners' negative perceptions of staff. (HP46)**
- Achieved.** The prison had developed several strategies to address and improve prisoners' perceptions of staff. Consultation arrangements were well established with both prisoner and staff groups. Analysis of prisoner complaints (see paragraph 2.44) had also been incorporated into this process, and reports to the senior management team also informed discussions at the monthly prisoner council.
- 2.4 **A health care manager should be appointed as soon as possible. (HP47)**
- Achieved.** A health care manager and deputy were appointed following our last inspection.
- 2.5 **There should be more opportunities for prisoners to progress to higher level education. (HP48)**
- Achieved.** Opportunities for prisoners to progress to education courses up to level 4 had improved, and had been supported by the appointment of a dedicated tutor. Prisoners benefited from funding support from the Prisoners Education Trust. Since April 2011, 33 prisoners had applied to take an open or distance learning course, of whom 31 had been approved, 30 were still on the programme and 10 had successfully completed a learning programme.

## Recommendations

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### First days in custody

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- 2.6 Staff should be available to receive prisoners on to residential units as soon as they have been processed through reception. (1.15)

**Not achieved.** Prisoners we spoke to said that the reception process was completed within two hours but that they had spent protracted time in reception awaiting location on to house block 5, the first night/induction wing. Staff in reception and on the first night wing confirmed this view. During the inspection, four new prisoners arrived during the afternoon but were not located on to house block 5 until 7.30pm.

**We repeat the recommendation.**

### Accommodation and facilities

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- 2.7 Cells designed to hold one prisoner should not be used to hold two. (2.17)

**Not achieved.** Four single cells on each of house blocks 1 to 4 were designated to hold two prisoners. All house block 5 cells were doubles and of an adequate size, house block 6 had all single cells, and the small number of double cells on house block 7 were an adequate size.

**We repeat the recommendation.**

- 2.8 All double cells should have sufficient furniture for both occupants. (2.18)

**Partially achieved.** We found that the double cells on house blocks 1, 2 and 4 had insufficient furniture for two occupants but those on house blocks 3, 5 and 7 had sufficient furniture.

**We repeat the recommendation.**

- 2.9 All in-cell toilets should be properly screened. (2.19)

**Not achieved.** The double cells had satisfactory in-cell toilet screening, but the toilets in single cells had no screening.

**We repeat the recommendation.**

- 2.10 The flooring and paintwork in house block 6 should be maintained to a reasonable standard. (2.20)

**Achieved.** The flooring on house block 6 had been replaced in 2009, and an ongoing painting programme ensured that the unit was maintained to a reasonable standard

- 2.11 The published offensive displays policy should be consistently enforced. (2.21)

**Achieved.** There was a comprehensive offensive displays policy that was enforced by staff, and wing managers carried out weekly and monthly checks. We found no evidence of prisoners contravening the policy.

- 2.12 The number of telephones on house blocks should be increased to one per 20 prisoners. (2.22)



**Achieved.** The prison had increased the number of telephones and there were now sufficient on each house block to meet prisoner needs.

### **Clothing and possessions**

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**2.13 All prisoners should have the opportunity to wear their own clothes. (2.23)**

**Not achieved.** As at the last inspection, only prisoners on house blocks 6 and 7 could wear their own clothes.

**We repeat the recommendation.**

**2.14 Each house block should have a laundry facility. (2.24)**

**Not achieved.** House blocks 1 to 5 had no wing laundries, and prisoners told us that they often washed clothing and their duvet cover in the cell sink. We found many improvised washing lines in cells that prisoners were using to dry clothes.

**We repeat the recommendation.**

**2.15 A clothing exchange policy should be introduced. (2.25)**

**Partially achieved.** A clothing exchange policy had been implemented as part of the induction compact that prisoners were required to sign. However, the amount of clothing was insufficient to meet prisoner needs – for example, only four pairs of underwear and three T-shirts were issued weekly.

### **Hygiene**

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**2.16 Communal showers should be maintained in good condition, be well ventilated, and missing shower curtains should be replaced. (2.26)**

**Partially achieved.** Communal showers on the house blocks were cleaned to a satisfactory level. Those on house blocks 1 to 4 had insufficient ventilation and a musty smell. We found that some communal shower curtains were missing on house blocks 2 and 5.

**We repeat the recommendation.**

**2.17 All prisoners should be able to exchange sheets on a weekly basis. (2.27)**

**Achieved.** Prisoners could exchange their sheets and pillowcases weekly and their duvet cover every two weeks.

### **Staff-prisoner relationships**

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**2.18 Managers should encourage staff to address prisoners by their preferred names and titles. (2.32)**

**Achieved.** The prison directed staff to address prisoners by their title or preferred name, and our observations confirmed this. Staff entries on P-Nomis files mostly included first or preferred names or titles, although there were some exceptions to this.

## **Personal officers**

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- 2.19 **Personal officers should retain responsibility for individual prisoners as long as they are on the wing, rather than by allocation to cells. (2.39)**

**Not achieved.** Prisoners were allocated personal officers on the basis of their location. Although this meant that if a prisoner changed cell they might also change personal officer, this occurred fairly rarely. Prisoners we spoke to said that they knew who their personal officer was and that they were usually helpful.

- 2.20 **Prisoners' risk factors and sentence planning targets should be available in wing files and understood by personal officers. (2.40)**

**Not achieved.** The personal officer policy included an expectation that staff would include issues relating to sentence planning targets in their discussions with prisoners, but this appeared to be rare. Of 39 P-Nomis files that we reviewed, only one had any reference to sentence planning targets, and none of a further 19 wing files that we looked at had any information on such work or copies of sentence planning targets.

- 2.21 **Personal officers should attend sentence planning boards. (2.41)**

**Partially achieved.** Personal officers sometimes attended sentence planning boards but this was inconsistent. If they could not attend they were expected to submit a written contribution, but again only one of the files we reviewed had any evidence of this.

- 2.22 **Personal officers should attend reviews and be directly involved with their prisoners who are subject to anti-bullying or suicide prevention procedures. (2.42)**

**Not achieved.** Personal officers did not consistently attend anti-bullying or assessment, care in custody and teamwork (ACCT) self-harm monitoring reviews. Their involvement in work relating to prisoners subject to such procedures was also variable, and they were not consistently allocated a specific role in care maps or targets.

**We repeat the recommendation.**

- 2.23 **The quality assurance scheme for personal officers should be fully implemented. (2.43)**

**Partially achieved.** Senior officers were expected to undertake a 10% quality assurance check of all personal officer files each month. We saw some good examples of where this had occurred, including feedback on the quality of entries, but some files had not been reviewed for some months. The personal officer policy also indicated that reviews of case files and work with prisoners should be included in one-to-one meetings between officers and wing managers, but this appeared to be rare in practice.

**We repeat the recommendation.**

## **Bullying and violence reduction**

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- 2.24 **Staff should record evidence of direct contact with bullies and victims in intervention logs and care plans. (3.10)**

**Partially achieved.** In the six months to October 2011, antisocial behaviour management plans had been opened for 124 perpetrators and 38 support plans for victims. For many

perpetrators at stage two of the process, excessively punitive sanctions such as the removal of television and restrictions in associations, gymnasium and visits were applied. There was evidence of at least daily observations for all prisoners subject to monitoring, some of which were constructive and appropriately challenging or supportive. However, entries were mostly observational and did not always reflect positive engagement between staff and prisoners.  
**We repeat the recommendation.**

**2.25 Reviews of violence reduction logs and care support plans should be formalised and should include all staff working with the bully or victim. (3.11)**

**Partially achieved.** The monitoring documents included formalised review paperwork, although in the documents we examined reviews were not always completed. Of those that were, not all were timely and they did not always include all those staff working with the prisoner. Most reviews were perfunctory and made no reference to the prisoner's progress or how supported they felt during and at the end of the monitoring process.  
**We repeat the recommendation.**

**2.26 Safer custody and health care staff should work more closely to ensure that all unexplained injuries are evaluated. (3.12)**

**Achieved.** There were systems to ensure appropriate sharing of information between health care and the violence reduction team, and we were assured that all unexplained injuries were appropriately investigated.

**2.27 There should be regular staff training in safer custody. (3.13)**

**Not achieved.** There was no generic staff awareness training in safer custody, and in the three previous years only approximately 20% of staff had been trained in ACCT foundation or refresher training.  
**We repeat the recommendation.**

**2.28 There should be a formal induction and training programme for the safer custody coordinator.**

**Achieved.** The safer custody coordinator had received an induction and was appropriately trained for the role.

**2.29 Violence reduction paperwork should be streamlined to assist staff in its completion. (3.15)**

**Partially achieved.** A single document was used to monitor both victims and bullies. There was a concise and user-friendly violence reduction policy that covered all aspects of antisocial behaviour, including bullying. It included useful guidance for staff on investigations and use of monitoring documents for victims or perpetrators. However, completion of the documentation required improvement (see recommendations 2.24 and 2.25).

## **Vulnerable prisoners**

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**2.30 There should be regular reviews of prisoners on the reintegration programme. (3.102)**

**Achieved.** Prisoners with a range of identified vulnerabilities were now integrated and managed effectively across all residential units. There were referrals for the reintegration programme from a variety of sources, and it continued to offer supportive and constructive

regime opportunities for prisoners who might not otherwise have engaged. The programme was managed by an enthusiastic member of staff, use of peer support was good, and prisoners on the programme appreciated what was available to them. There were regular reviews of programme participants' individual circumstances.

### **Self-harm and suicide**

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**2.31 More direct contact with prisoners should be evidenced in assessment, care in custody and teamwork (ACCT) documents. (3.21)**

**Partially achieved.** There was good evidence of positive engagement between some staff and prisoners on ACCT documents. However, many entries were purely observational and required further development.

**We repeat the recommendation.**

**2.32 Night observations should take place at irregular intervals. (3.22)**

**Achieved.** All the ACCT documents we examined contained night observations completed at irregular intervals.

**2.33 ACCT reviews should be multidisciplinary. (3.23)**

**Partially achieved.** Most ACCT reviews we sampled were well attended and multidisciplinary but we found a few examples where they were not.

**We repeat the recommendation.**

**2.34 There should be formal quality assurance processes for ACCT. (3.24)**

**Partially achieved.** There was a reasonably effective quality assurance process, but there remained some issues about the recording of the quality of engagement between staff and prisoners on ACCT documents that needed to be addressed (see recommendation 2.31).

**2.35 There should be sufficient Listeners for the establishment, and succession planning arrangements for training should be scheduled. (3.25)**

**Achieved.** Succession planning and training for Listeners were effective. During the inspection there were 17 Listeners, which was sufficient for the population

### **Applications and complaints**

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**2.36 Application logs should record the date of completion. (3.62)**

**Not achieved.** Each house block had an applications log that recorded the date the application was received and the date it was sent to the relevant department for reply, but it did not record the date the application was completed. The general application form had a section for the date of completion, and this was given to the prisoner.

**We repeat the recommendation as a housekeeping point.**

**2.37 Applications should be responded to promptly. (3.63)**

**Partially achieved.** There was no record of the time taken for a response to an application (see above). Prisoners had mixed experiences on the time taken for responses to applications,

although some indicated that three days was not unusual.  
**We repeat the recommendation.**

**2.38 There should be separate health care application forms. (3.64)**

**Achieved.** A separate health care application form had been introduced and each house block had a dedicated posting box for health care applications.

**2.39 Prisoners should be informed of the required timescale for responses to complaints. (3.65)**

**Achieved.** Notices displayed on each house block informed prisoners of the required timescales for responses to complaints, and they were also given this information during their induction.

**2.40 Complaints should not be marked as closed until final responses have been received from all departments involved. (3.66)**

**Achieved.** We reviewed 50 completed complaint forms and found that all were only marked as closed once all the relevant information had been collated and a satisfactory response written.

**2.41 Responses to complaints should be personalised and polite, and attempt to resolve the issues raised. (3.67)**

**Achieved.** In all the complaint forms we reviewed the responses by staff were personalised, often with use of the prisoner's first name, polite and addressed the issues raised.

**2.42 Prisoners should be advised of the primary care trust complaints processes. (3.68)**

**Achieved.** Notices in a variety of languages displayed in the health care waiting room informed prisoners of the primary care trust complaints process. A patient leaflet also contained the relevant information.

**2.43 Quality assurance of complaints should be more robust and independent. (3.69)**

**Achieved.** A robust quality assurance system had been introduced. Heads of departments reviewed 10% of responses to complaints in their departments each month, and there was a record of the check. The quality checks were meaningful with detailed written information, including where staff had been advised of the required standard. The quality assurance looked at whether the complaints were fully answered, answered on time, and the responses were decent.

**2.44 There should be a more detailed analysis of complaints, and areas that are frequently highlighted, such as property, should be improved. (3.70)**

**Achieved.** The prison had a comprehensive database that recorded all relevant information for analyses. A performance report compiled monthly detailed all aspects of complaints, including subject matter and the ethnicity and house blocks of complainants.

### **Legal rights**

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**2.45 The legal services officer should see all new arrivals. (3.78)**

**Achieved.** Prisoners told us that they saw the legal services officer during their induction. Those requiring assistance were signposted during induction, and prisoners who had required further intervention told us that they appreciated the service.

**2.46 Staff should only open mail from solicitors or legal advisers in the presence of the prisoner. (3.79)**

**Partially achieved.** Mail from solicitors or legal advisers was usually given to prisoners unopened if the envelope was clearly marked as legal mail. Any legal correspondence opened by mistake was logged, the error recorded, and a letter of apology sent to the prisoner. In 2010, 27 clearly marked letters from legal advisers had been opened in error, which had reduced to seven in 2011.

**We repeat the recommendation.**

**Faith and religious activity**

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**2.47 The chaplaincy should provide more faith-based activity in addition to weekly services. (5.42)**

**Achieved.** There had been an increase in faith-based provision beyond the main services. A Muslim study group was run three times a week, and Anglican, Catholic, Buddhist and Sikh groups also met weekly.

**Substance use**

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**2.48 Integrated drug treatment system (IDTS) nurses should have access to regular clinical supervision and undertake training in the management of substance misuse. (3.92)**

**Achieved.** IDTS nurses were expected to receive clinical supervision regularly, and there was a primary care trust (PCT) list of staff offering supervision. The receipt of clinical supervision was checked during management supervision. IDTS nurses were trained to Royal College of General Practitioners (RCGP) level 1 certificate in the management of drug misuse and the GP to level 2. All nurses received PCT mandatory and update training, as appropriate.

**2.49 The level of clinical input should be increased to meet current and future demand for the service. (3.93)**

**Achieved.** IDTS staffing had been enhanced with three further nurses and care assistants. The service manager said there were sufficient staff to meet the current workload, provided that efficient caseload management was maintained. There were 70 patients in clinical management, of whom 66 were on opiate-substitute reduction.

**2.50 IDTS staff should have easy access to patients' full clinical records. (3.94)**

**Achieved.** We observed IDTS staff accessing SystemOne (the electronic clinical records).

**2.51 Clinical reviews should be carried out in a suitable environment, such as the GP surgery room in the health services department. (3.95)**

**Achieved.** The IDTS department had been reconfigured so that there were separate rooms for administration, treatment, consultations and a waiting area. The GP and waiting rooms were

used in the afternoons for consultation. Staff said that the environment suited their requirements.

**2.52 The IDTS team should have administrative support and access to an IT system to improve record keeping and service monitoring. (3.96)**

**Achieved.** The introduction of SystmOne had reduced the administrative burden on staff, as it enabled efficient record keeping and service monitoring. Additional administrative support was available from the PCT.

### **Race equality**

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**2.53 The prison should investigate the reasons for the negative perceptions by black and minority ethnic prisoners of their treatment by staff, and put in place a strategy to address these perceptions. (3.45)**

**Partially achieved.** The prison had made considerable efforts to engage with black and minority ethnic prisoners and understand some of their negative views identified at the last inspection. Consultation groups had met regularly and prisoner equality representatives had been identified on each house block. Four full-time representatives also worked closely with the equality team. There were fortnightly representatives meetings and representatives also attended the monthly equality committee. Since May 2011, the allocation of a senior manager to each diversity strand had ensured appropriate focus on all aspects of diversity, and there was evidence that the prison took forward and addressed issues raised by prisoners. However, the impact of these developments on the views of black and minority ethnic prisoners was unclear, as there had been no local questionnaires or surveys since the last inspection. A measuring the quality of prison life (MQPL) survey in 2011 had showed that, while there was improvement in the views of black and minority ethnic compared with white prisoners, their views were worse in several areas.

#### **Further recommendation**

**2.54 The prison should continually assess the views of black and minority ethnic prisoners to ensure their concerns are being addressed.**

### **Foreign nationals**

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**2.55 The role of the legal services officer and the legal services available should be explained during induction. (3.54)**

**Achieved.** Information on the provision for foreign national prisoners was provided during induction by the foreign national prisoner liaison, who was also the legal services officer.

### **Older prisoners**

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**2.56 There should be an assessment of the impact of local policies on older prisoners. (3.32)**

**Achieved.** In 2010, there had been 13 impact assessments, including one covering age, and in 2011, approximately 46 policies were due to be screened to establish their potential impact

on minority groups. The age assessment did not indicate any significant negative experiences for older prisoners.

- 2.57 **There should be a protocol or strategy, based on a comprehensive needs analysis, for the management of older prisoners. (3.33)**

**Achieved.** Although there was no specific strategy, there had been significant work on the needs of prisoners over 50. A prisoner representative had been identified for this group and saw all older prisoners weekly, relaying concerns to the wider equality group and, where appropriate, acting as an advocate for them. There were a range of appropriate services in place for older prisoners.

## **Health services**

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### **General**

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- 2.58 **Health services staff need to be integrated into the prison so that they are aware of how their systems, processes and actions impact on the regime and individual prisoners. (4.51)**

**Achieved.** Health services staff attended several key prison meetings, including ACCT meetings, the prisoner council, operational group, resettlement, senior management team and security meetings. Attendance at some meetings was intermittent. Prison staff also attended several regular health care meetings. We observed the weekly multiagency safety and health (MASH) meeting, which representatives from health attended and contributed to appropriately.

- 2.59 **The action points identified in the infection control audit of May 2008 should be undertaken expeditiously. (4.52)**

**Achieved.** Actions had been completed following our last inspection. There had been an infection control audit in May 2011, which had demonstrated 93% compliance with required standards, a sharps audit (not yet available), and a patient environment action team inspection, which also showed 93% compliance with required standards. There was a daily schedule of cleaning, and clinical and environmental standards of cleanliness were high

- 2.60 **The hatch where prisoners receive their medications should be redesigned to ensure confidentiality for prisoners and visibility for staff to observe prisoners taking their medications. (4.53)**

**No longer relevant.** The medications hatch had been removed. All administration of medicines took place from wing treatment rooms.

- 2.61 **Prisoners should be given information about prison health services, including how to access them, in a format that they can understand. (4.57)**

**Achieved.** New arrivals were given a patient information leaflet, which was also available in the health centre waiting room. This was in English but copies in other languages could be printed from the PCT computerised information system as required. A video about health services was shown during induction as well as in the health waiting area.



- 2.62 All resuscitation equipment should be checked regularly and should be available for use at all times by suitably trained staff. (4.59)

**Achieved.** Resuscitation equipment, including oxygen, was available in the health centre and six treatment rooms, and was checked daily. Automated external defibrillators (AEDs) were sited in the health centre and in the uniformed staff office. Uniformed officers were being trained in the use of AEDs at the time of our visit.

### **Clinical governance**

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- 2.63 There should be a training needs analysis and relevant training provided to ensure that staff have the relevant skills and competences to meet the needs of the population. (4.58)

**Achieved.** Health staff were subject to annual appraisal that resulted in individual development plans, and they confirmed that mandatory, updating and new training was available to them. The aggregated training needs reflected the therapeutic requirements of the population, as indicated in the 2010 health needs analysis.

- 2.64 There should be a comprehensive information-sharing policy. (4.60)

**Achieved.** A comprehensive set of PCT policies about the acquisition, use and storage of clinical information included information sharing with other agencies.

- 2.65 All health care professionals should have access to a prisoner's full clinical records when planning prescribing care. (4.61)

**Achieved.** SystmOne had been introduced since our last inspection and was available in all consultation and treatment rooms. We observed health care staff accessing SystmOne during their interactions with patients.

- 2.66 Nurses should have access to a prisoner's prescription chart when they administer homely remedies. (4.62)

**Achieved.** The SystmOne e-prescribing module was used, prescriptions were available on the system, and we observed nurses referring to them during medicines administration. Paper copies of prescription charts were made in case of electronic failures. Prescription charts were used when administering simple remedies.

- 2.67 The system for prisoners to complain about health services should be clear to prisoners and staff. (4.63)

**Achieved.** Information about how to make complaints about health care was displayed in reception and in the health care waiting room in several languages, and was repeated in the patient information leaflet. Staff we spoke with knew how to advise prisoners to make complaints.

- 2.68 There should be a lead nurse with sufficient seniority and knowledge to be responsible for older prisoners. (4.69)

**Achieved.** There was a lead senior nurse for the 41 prisoners (5%) over 50 at the time of our inspection. They were offered annual well man checks and signposted to other clinics as

required. A template for well man assessment was available on SystmOne. The lead nurse worked closely with the prison lead for older prisoners.

## **Primary care**

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### **2.69 Prisoners should be able to receive medications without gaps or delays. (4.65)**

**Achieved.** Medications ordered before 11am were available to prisoners by 3pm. Those ordered after 11am were available the next day. Urgent medications could be supplied within one hour, by courier, from the local community pharmacy. It was rare for prisoners on medication to arrive from sending prisons without seven days' supply. When this occurred, staff contacted the sending prison and checked SystmOne entries before arranging an urgent appointment with a GP for prescribing.

### **2.70 Appointments for triage should be based on clinical need not allocated per house block. (4.66)**

**Achieved.** Nurses collected applications for health care each morning and prioritised them for triage or routine appointments. Triage appointments were allocated in the next GP session. Prisoners could approach nurses on the wings during medication administration and request an appointment. We observed nurse appointments offered within two hours. Appointments were not allocated by house block.

### **2.71 The process for obtaining a health services appointment should be clear. (4.67)**

**Achieved.** The system for obtaining a health services appointment was explained at reception and during induction, and reiterated in the patient information leaflet. There was a health care applications box on each wing and dedicated health application forms, although these could be improved by having a pictorial element.

### **2.72 Prisoners with lifelong conditions should be monitored in line with evidence-based practice. (4.68)**

**Achieved.** Relevant National Institute for Health and Clinical Excellence (NICE) and prescribing guidance was available in health care. Guidance for common lifelong conditions, such as asthma, diabetes and circulatory problems, had been translated into templates on SystmOne. Monitoring occurred as per NICE guidance, and SystmOne was used to flag up when a patient was due to be recalled for a follow-up appointment.

### **2.73 The new optician should start work expeditiously, and prisoners should not have to wait lengthy periods for an appointment. (4.70)**

**Achieved.** There were optician clinics every two weeks, with no prisoners on the waiting list at the time of our visit. Before October 2011, the average waiting time had been 30 days with a minimum of five days and a maximum of 107.

### **2.74 Prisoners should have access to genitourinary medicine services in line with NHS targets. (4.71)**

**Achieved.** There were genitourinary clinics every two weeks. There were two patients waiting to see the specialist nurse or consultant at the time of our visit.

## Pharmacy

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- 2.75 Patient-named medication should be kept in an orderly fashion in the treatment room cupboard, and must remain in original manufacturers' packaging. (4.54)

**Achieved.** Named-patient medications were retained in the original manufacturers' packaging, and were stored alphabetically and tidily in medicine cupboards.

- 2.76 Prisoners should be able to consult a pharmacist. (4.72)

**Achieved.** There were two pharmacy clinics a month where there were medication reviews. The pharmacist prioritised cases to be reviewed and worked in association with the physiotherapist and GP with a special interest in pain management to monitor the prescribing of opiate-based analgesia. The pharmacy technician was also available to prisoners.

- 2.77 Medicines not in possession should be administered directly from the original dispensed container, and nurses should not remove them from their containers in advance. (4.73)

**Achieved.** We observed that medicines not in possession were stored in medicine cupboards in dispensed containers. We were assured that administration of medicines occurred directly from the dispensed containers.

- 2.78 Prescribed medication should generally be supplied in possession, and the in-possession policy should assess the individual patient as well as the medication prescribed. (4.74)

**Achieved.** It was usual for around 85% of patients to have their medications in possession. The in-possession medication policy was thorough. The risk assessment was focused on individual personal factors and consideration of the medicine products involved.

- 2.79 Prisoners suspected of passing their medication to another should be subject to a formal adjudication process. (4.75)

**Achieved.** Patients suspected of passing their medication to another were reviewed by the GP. If necessary, the in-possession compact was used to trigger a formal adjudication.

- 2.80 There should be a regular audit of medication administered out of hours to ensure that all clinical information is recorded in the patient's clinical records. (4.76)

**Not achieved.** There had been no audit of medication administered out of hours. We repeat the recommendation.

## Dentistry

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- 2.81 There should be a dedicated decontamination unit in the room that currently houses the washer/disinfector. (4.55)

**Achieved.** There was appropriate decontamination equipment in the decontamination room.

- 2.82 **The cabinetry in the dental surgery should be replaced to meet current infection control guidelines. (4.56)**

**Achieved.** The cabinets used to store clinical equipment and supplies had been replaced, although some used for non-clinical purposes remained. The clinical cabinetry complied with required infection control standards.

- 2.83 **Arrangements for the disposal of hazardous waste from the dental surgery should be clarified. (4.64)**

**Achieved.** Hazardous dental waste was kept in the decontamination area for disposal, and was removed quarterly by a specialist waste management contractor. The PCT had audited the dental environment in 2010 and there was 93% compliance with required standards, including those for the disposal of hazardous waste.

- 2.84 **There should be sufficient dentistry sessions to meet the needs of the population, and there should be cover for the dentists' absences. (4.77)**

**Achieved.** There were three dental clinics a week, which were sufficient to meet regular demand. An additional dental session was held when demand increased. There were 117 patients waiting to see the dentist at the time of our visit and an average waiting time of 56 days – ranging between five and 98 days. Urgent cases could be seen at the next dental session. There was cover for the absence of the dentists.

### **Mental health**

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- 2.85 **The Partnership Board should challenge the Mental Health Trust's apparent rules about the working practices of their staff, to ensure that maximum clinical time is spent on interaction by mental health staff with patients. (4.78)**

**Achieved.** The Partnership Board and mental health provider had resolved the previous working practices issue relating to access to prisoners. Mental health in-reach team members entered the prison wings and other departments, as necessary, to undertake their duties and carried keys to enable movement around the prison.

### **Time out of cell**

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- 2.86 **All prisoners should be allowed 10 hours or more out of their cell every day. (5.48)**

**Achieved.** The prison had recently introduced a new core working day. This involved prisoners being unlocked at breakfast for activities, returning to the wings at lunchtime but remaining unlocked until afternoon movement to activities. As a result, most prisoners had over 10 hours a day out of their cell. Prisoners on induction in house block 5 were locked up for a period during the morning and afternoon, which resulted in only eight hours out of cell, although this was more than we often see on induction wings at similar establishments.

## **Learning and skills and work activities**

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### **Leadership and management**

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- 2.87 **There should be better punctuality and movement of prisoners to learning, skills and work, together with the reinforcement of the work ethic in all areas. (5.20)**

**Partially achieved.** The prison provided full employment for prisoners with 694 work opportunities, and the working week has been increased from 25 to 32.5 hours. Attendance rates were 86-90%. An in-house certificate, the 'passport to employment', was being introduced to recognise improvements in employability skills, and covered timekeeping, teamwork, communication skills, and standards of work. Disruptions to prisoners working in the workshops due to appointments and other activities had been reduced, and the prison had introduced an activity management policy, including use of activity management plans, to support prisoners displaying unacceptable behaviour in the workplace. A revised pay structure rewarded prisoners' achievement of literacy and numeracy and vocational qualifications, as well as objectives in their sentence plan. It was too soon to judge the effectiveness of these changes. Not all workshops provided sufficient purposeful activity to fill the working day, and some prisoners were unclear of their obligation to improve their work ethic.

**We repeat the recommendation.**

- 2.88 **Quality assurance and improvement strategies and processes should be improved and implemented. (5.21)**

**Achieved.** The prison had introduced a quality improvement strategy. Quality improvement activities were managed well and staff made effective use of a learning and skills quality monitoring calendar. All tutors and instructors took part in an annual cycle of lesson observations, overseen by the prison. Provider self-assessment reports were shared with the prison and used to complete a composite report. The prison made good use of data to monitor performance. Providers attended quarterly performance and development reviews with the prison, which addressed course performance and other quality issues, such as actions arising from internal and external verifier reports. Learning and skills team meetings addressed quality improvement issues, which were overseen by the prison's quality improvement group, attended by all providers.

### **Vocational training**

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- 2.89 **The range of planned formal nationally recognised accredited skills training programmes should be implemented. (5.19)**

**Achieved.** The range of vocational provision had improved considerably since the last inspection. Most of this was provided by Stoke on Trent College and Dudley College as part of their core curriculum. Accredited qualifications were available in each workshop and offered full time. Prisoners were required to achieve a level 1 in literacy and numeracy before they could enrol on any vocational course. Courses ranged from level 1 to level 3, although the majority were at level 2. The wide range of provision included qualifications in recycling, barbering, construction (only at level 1), industrial cleaning, horticulture, hard landscaping, IT, music, art and design, warehousing and distribution, performing manufacturing operations, fabrication and welding, and motor vehicle mechanics.

## **Education**

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**2.90 The range and levels of education courses should be improved. (5.17)**

**Achieved.** Education provision, delivered by The Manchester College, had increased to 15,500 hours a year compared with 11,000 in 2009, and amounted to about half the learning and skills provision in the prison. The range and level of education courses had improved since the last inspection. Literacy and numeracy were available from entry level to level 2.

**2.91 There should be more English for speakers of other languages (ESOL) provision to meet the needs of the population. (5.18)**

**Achieved.** ESOL provision at entry levels 1, 2 and 3 was available five mornings a week and was sufficient to meet the needs of the population.

## **Library**

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**2.92 The library should be better promoted across the prison, and included in the induction programme. (5.22)**

**Achieved.** All new arrivals now visited the library as part of their induction. Prisoners' use of the library had increased considerably since the last inspection from 6,000 visits in 2008 to over 14,000 in the 12 months to October 2011, with the number increasing each month. Library issues had increased by about 30% a year. In the library's last prisoner survey, over 50% of prisoners said they visited it every week. The library offered a range of activities to encourage use, including a chess club, reading club and a craft workshop. It also offered the Toe-by-Toe reading programme and supported prisoners who took part in Storybook Dads.

**2.93 The library should be better integrated into learning and skills activities. (5.23)**

**Achieved.** Library staff attended learning and skills team meetings and worked effectively with tutors to identify reading lists suitable for prisoners as part of their learning and research. Relevant books were provided in the library. Some tutors took their prisoners to the library for research activities, and tutors of literacy, numeracy and ESOL held weekly lessons in the library and encouraged prisoners to use the resources as part of their learning. Prisoners made effective use of the computers in the library for e-learning.

**2.94 The library should increase the quantity and quality of book stock. (5.24)**

**Achieved.** The quantity, quality and management of library stock had improved, and about 20% of the stock was refreshed each year. There were more than 10 library items per prisoner, which adequately met needs. Inter-library loans were used effectively to supplement the stock. Library losses had reduced considerably and were about 3% a year. The book rooms in the workshops had been closed.

## **Physical education and health promotion**

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**2.95 The PE department should develop better links to education to improve integration of literacy, numeracy and language development for prisoners on all courses. (5.33)**

**Achieved.** Literacy and numeracy at levels 1 and 2 had been successfully embedded into the CYQ (Central YMCA Qualifications) fitness Instructor course at level 2. Most prisoners achieved both literacy and numeracy awards.

**2.96 The prison should provide teacher training for PE staff. (5.34)**

**Achieved.** The prison had provided all PE instructors with the opportunity to achieve their initial award for teaching in the adult learning sector, and one was working towards a Certificate in Education.

**2.97 The range of key skills qualifications should be expanded and achievements on the CYQ fitness instructor programme should be increased. (5.35)**

**Achieved.** Achievement rates on the CYQ fitness instructor programme were high. The 16-week programme was offered twice a year, and learners successfully achieved several additional qualifications, including safeguarding children, industrial cleaning and first aid at work. The range of courses had been extended since the last inspection and included a health trainers' course, supported by the local PCT. Health trainers made a positive contribution in the prison by supporting prisoners in smoking cessation, and fitness and weight loss.

**2.98 Showers in the PE department should be equipped with privacy screening. (5.36)**

**Partially achieved.** The changing area and shower facilities had been refurbished. Each shower had been partitioned, which provided some improvement in privacy, although they did not have front doors. Line of sight supervision in this facility was poor.

## **Security and rules**

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**2.99 The number of prisoners on closed visits should be monitored and reviewed at the security committee meeting. (6.11)**

**Partially achieved.** Closed visits were applied frequently. Although most were justified, it was inappropriate that some were not based on intelligence or events related directly to visits. Reviews were timely but some prisoners remained on closed visits for too long in the absence of sufficient intelligence to support this. Closed visits was a standing agenda item at the security committee meeting but was generally not recorded as discussed, and there was no analysis of data on closed visits at this meeting.

**We repeat the recommendation.**

**2.100 Prisoners should sign a compact during their induction programme that includes clear guidance on the prison rules. (6.12)**

**Achieved.** Prison rules were explained during the induction programme and were reinforced through a compact, which all prisoners signed.

## **Discipline**

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### **Disciplinary procedures**

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**2.101 The adjudications standardisation meeting should develop clear guidance regarding cases referred to the independent adjudicator to ensure that referrals are consistent**

**and proportionate, and acknowledge the impact of awards on prisoners individually and generally. (6.30)**

**Achieved.** A published tariff document offered guidance to adjudicators on when it was appropriate to refer cases to the independent adjudicator. The records we examined assured us that only the most serious charges were now referred, and that awards were broadly appropriate and consistent. Independent adjudications were discussed at both the adjudication standardisation and senior management team performance meetings.

### **The use of force**

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- 2.102 The use of force committee should review all use of force incidents to consider the legitimacy of the action, and to act on any lessons learned or training needs identified. (6.31)**

**Partially achieved.** We were advised that use of force documentation was reviewed by the use of force committee, but this had not met since July 2011, its minutes did not always indicate such review, and there was no formal quality assurance procedure.

- 2.103 All planned removals should be videoed and viewed by the use of force committee to monitor the practice of staff and identify areas for improvement. (6.32)**

**Partially achieved.** Most planned interventions were now recorded, except for incidents that happened during the night when staff resources were minimal. Recordings were not reviewed by the use of force committee.

**We repeat the recommendation.**

- 2.104 A member of health care staff should see all prisoners involved in a use of force incident as soon as possible after force is removed, and record their findings on the injury to inmate form (F213). (6.33)**

**Achieved.** Health care staff saw all prisoners involved in use of force incidents, and F213s were properly and fully completed in all cases.

- 2.105 Where handcuffs are used, the evidence to support their use should be clearly recorded on the use of force paperwork. (6.34)**

**Partially achieved.** Force had only been used against prisoners on 29 occasions between May and October 2011, which was low. Use of force documentation was generally completed to a good standard. However, handcuffs were still applied too frequently (in 23 of the 29 incidents) and the documentation suggested that this was often unnecessary.

**We repeat the recommendation.**

### **Segregation unit**

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- 2.106 Personal officers should visit their prisoners while they are in the care and separation unit (CSU), and these visits should be recorded in their CSU file. (6.35)**

**Partially achieved.** There was evidence that some personal officers visited their prisoners while they were located in the CSU. These visits were, however, inconsistent and not always recorded appropriately.

**We repeat the recommendation.**



- 2.107 **Wing file entries for prisoners in the CSU should demonstrate positive engagement by staff. (6.36)**

**Not achieved.** Staff made daily entries in P-Nomis case notes but these were mainly observational and did not indicate positive engagement with prisoners.

- 2.108 **Clear records of the use of the CSU, including the number of prisoners located there, the reasons why and the length of their stay, should be collated, monitored and analysed by the senior management. (6.37)**

**Partially achieved.** A meeting to monitor use of the CSU had been reintroduced in September 2011. Some data were analysed but required further development, including the average length of stay.

**We repeat the recommendation.**

### **Incentives and earned privileges**

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- 2.109 **Entries in wing history sheets should consistently demonstrate the use of the incentives and earned privileges (IEP) scheme as a motivational tool to encourage prisoners to engage with regime interventions and sentence plan targets. (6.48)**

**Partially achieved.** From our review of prisoner P-Nomis files, it was apparent that staff regularly used the IEP scheme to encourage and motivate behaviour. Files regularly included both positive and negative comments, although references to sentence planning were rare.

- 2.110 **Prisoners on the basic level of the scheme should be set behaviour improvement targets, and staff should demonstrate they are actively monitoring behaviour through daily wing file entries. (6.49)**

**Partially achieved.** Targets set for basic level prisoners were poor. They were too general and did not relate to the prisoner's specific issues or behavioural problems. However, wing file entries on P-Nomis were more detailed. It remained unclear as to whether prisoners knew what they needed to do to progress to the standard level.

**We repeat the recommendation.**

- 2.111 **Prisoner applications for the enhanced unit should be logged and tracked to ensure they are processed in a timely manner. (6.50)**

**Achieved.** All prisoners applying for a move to house block 6 (enhanced unit) were required to go through an application process that included a review by the security department. An up-to-date tracking system was used to monitor progress.

- 2.112 **Prisoners on house block 6 who receive an adjudication should not be removed automatically. (6.51)**

**Not achieved.** Prisoners subject to an adjudication were still removed from the house block, although they could apply to return after a period of usually around three months.

- 2.113 **There should be a robust quality assurance and monitoring system for the IEP scheme. (6.52)**

**Not achieved.** There was no quality assurance of the IEP scheme. Prisoners told us that they felt there were inconsistencies in the way in which IEP was applied.  
**We repeat the recommendation.**

## **Catering**

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**2.114 The kitchen should be deep cleaned at the earliest opportunity. (7.9)**

**Achieved.** The kitchen was deep cleaned twice yearly under a schedule introduced since our last inspection. The last deep clean had taken place in August 2011.

**2.115 Lunch should be served from noon onwards. (7.10)**

**Achieved.** Food was collected from the kitchens at 11.45am and was served on the wings from noon onwards.

**2.116 Milk for cereal should be issued on the day of use and stored in chilled conditions. (7.11)**

**Not achieved.** Milk for cereal was issued on the day before use and was not stored in chilled conditions in the kitchens or on the wings.  
**We repeat the recommendation as a housekeeping point.**

**2.117 Catering staff should provide feedback to prisoners when menus change as a result of consultation. (7.12)**

**Achieved.** There was a monthly meeting where prisoner representatives received feedback from the catering staff. Menu changes resulting from consultation were highlighted on the menu selection document.

**2.118 Prisoners and staff working behind servery counters should wear hats and protective clothing. (7.13)**

**Achieved.** Workers on serveries wore the correct protective clothing and hats while serving meals.

**2.119 Dining areas should be laid out in a way that encourages prisoners to dine in association. (7.14)**

**Not achieved.** We observed few prisoners dining in association. Not all dining areas had sufficient tables and chairs for all prisoners, and others had tables and chairs in corridors on landing spurs, which was not conducive to dining out of cell.  
**We repeat the recommendation.**

## **Prison shop**

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**2.120 The range of goods available in the prison shop should reflect the diverse needs of the prisoner population. (7.19)**

**Achieved.** The range of goods in the prison shop reflected the diverse needs of the population, and there was good consultation through the prisoner representatives and the diversity committee.

## **Strategic management of resettlement**

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- 2.121 Initial resettlement assessments should be copied to the offender management unit (OMU). (8.8)

**Achieved.** All prisoners were seen on induction for an initial resettlement needs assessment. A copy of this was sent to their offender supervisors.

- 2.122 New arrivals should be given written information on the provision available under each resettlement pathway. (8.9)

**Achieved.** An information booklet covering the resettlement pathways was given to all new arrivals. It included current development objectives (as distinct from individual targets) under the pathways, provision to meet them and identified the pathway lead. New arrivals told us that they had received the booklet during their induction. A new version included a diary for prisoners to record their contact with the different resettlement service providers.

- 2.123 Pre-release questionnaires should be analysed and their results used to inform the needs analysis and resettlement strategy. (8.10)

**Not achieved.** Use of the pre-release questionnaires had been suspended as they were completed on the day of release and had insufficient information to give any useful indicators for the needs analysis and strategy. The questionnaires had recently been reintroduced and were completed one week before release with the resettlement peer supporter. Basic statistics were collected but the questionnaires had not been in use long enough for any meaningful analysis.

## **Offender management and planning**

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- 2.124 Offender supervisors working within the geographical area teams should be allocated specific cases for whom they are responsible. This should include indeterminate-sentenced prisoners. (8.23)

**Achieved.** Prisoners, including indeterminate-sentenced prisoners, were allocated to individual offender supervisors, who had an identified caseload of about 80 prisoners each.

- 2.125 There should be an effective quality assurance scheme for the offender management unit (OMU), which extends across all its work. (8.24)

**Achieved.** There was a comprehensive quality assurance framework with monthly checks by the head of offender management that covered all aspects of OMU work. There were further assurance checks at monthly resettlement meetings. The checks had identified that since September 2010, 169 prisoners had arrived from HMP Birmingham without their initial OASys (offender assessment system) assessment completed. Many prisoners arrived from Birmingham with insufficient information to carry out a meaningful OASys assessment, which had resulted in a significant additional workload for the offender supervisors.

## Further recommendation

**2.126** The deputy director of custody should ensure that prisoners arriving at Featherstone from HMP Birmingham have a completed OASys (offender assessment system) assessment.

**2.127** Offender supervisors should engage with prisoners to assess and address identified risk factors, and this should be reflected in records of contact. (8.25)

**Achieved.** Offender supervisors contacted all new arrivals and generally met them within 10 days to carry out an OASys assessment, which included assessing and identifying risk factors and interventions to address them.

**2.128** Contact between offender supervisors and prisoners should be regular and as frequent as their need determines. (8.26)

**Achieved.** The records we examined showed that contact was regular and determined according to the prisoner's need and risks. Appointments were booked so prisoners knew when contact would take place. Prisoners could also make applications to see offender supervisors at any stage in their sentence if the need arose.

**2.129** The role of personal officers in relation to the OMU should be clearly defined, especially for prisoners not subject to offender supervisor support. (8.27)

**Achieved.** The personal officer role in relation to OMU had been clearly defined. Information had been issued to staff and prisoners to assist them make the distinction between the offender supervisor and personal officer roles. Personal officer involvement in sentence planning and offender management processes was limited. The case files we examined showed that reports submitted by personal officers tended to be oriented to the prisoner's conduct rather than offending risk.

**2.130** Information from the risk management meetings should be clearly relayed to offender supervisors. (8.28)

**Achieved.** A representative from the offender supervisor team attended the risk management meetings. Offender supervisors were advised of the prisoners under consideration at the meetings and made contributions about any prisoners on their caseload. The representative who attended the meeting provided feedback on outcomes or actions for completion.

**2.131** There should be appropriate psychology staff support to enable necessary one-to-one work. (8.29)

**Achieved.** Any interventions identified in sentence plans that were not provided through offending behaviour programmes were undertaken by probation staff in one-to-one work. They were appropriately qualified for the work and therefore support from a psychologist was not necessary.

## Resettlement pathways

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### Mental and physical health

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- 2.132 There should be a formal arrangement to ensure the continuing care of prisoners requiring 24-hour health services on release. (8.43)

**Achieved.** Prisoners requiring 24-hour health care were transferred to HMPs Birmingham or Hewell. Those being released early on compassionate grounds were assessed by the PCT consultant nurse for palliative care who arranged individual packages of local care. The MASH team had arranged for a local authority assessment of the personal care needs of a prisoner with failing health who required support and who wished to stay at the prison as he regarded it as his home.

#### Good practice

- 2.133 *The multiagency safety and health (MASH) team, which responded to the needs of vulnerable prisoners and those with health and social care needs in the prison, had ensured the multiagency coordination of care and engagement of the local authority for a social care assessment.*

### Drugs and alcohol

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- 2.134 The drug strategy coordinator post should be permanent. (8.61)

**Achieved.** Although there was no drug strategy coordinator post, the role had been permanently incorporated into the portfolio of the deputy head of offender management.

- 2.135 A comprehensive annual needs analysis should inform an integrated drug and alcohol strategy policy, which should include up to date action plans. (8.62)

**Achieved.** There was an annual and comprehensive drugs needs analysis and there had been an alcohol needs analysis in September 2010. These informed the substance misuse policy and strategy (drugs and alcohol) dated March 2011. A revised substance misuse analysis was in preparation at the time of our visit.

- 2.136 The establishment and the national interventions group should address the currently insufficient level of services for prisoners with alcohol problems. (8.63)

**Achieved.** Services for prisoners with alcohol problems had increased significantly. Prisoners could undertake one-to-one and group work with the counselling, assessment, referral, advice and throughcare service (CARATs), whose remit now included alcohol-only provision. IDTS staff offered clinical management of alcohol issues and Alcoholics Anonymous attended regularly. Two alcohol and violence reduction (AVR) programmes had been run in the previous year, and the prison had secured funding to introduce a course designed to address alcohol issues.

- 2.137 Prisoners participating in the P-ASRO (prison addressing substance related offending) programme should have access to dedicated PE sessions and be made aware of the peer support scheme. (8.64)

**Achieved.** Prisoners on P-ASRO programmes had priority access to the gym during the evenings and at weekends. On completion of the programme, their original gym sessions were restored. Peer support, arranged through CARATs, was available from P-ASRO graduates and other trained prisoners.

### **Children and families of offenders**

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- 2.138 Visitors should be able to book future visits while they are at the prison or by email. (8.77)

**Partially achieved.** The visits booking system had changed to a new contractor that provided a central booking service for several prisons in the West Midlands. There was no facility for visitors to book visits while at the prison but they could book visits by email.

- 2.139 Facilities for disabled visitors should be more widely promoted. (8.78)

**Achieved.** Staff in the visitors' centre knew about the facilities such as disabled parking spaces and lift access and were able to explain these to visitors.

- 2.140 The prison should improve the speed at which visitors are taken across from the visitors' centre to the visits hall. (8.79)

**Not achieved.** Visitors still experienced delays in reaching the visits hall on time. On the day we inspected visits, the last visitors were admitted to the hall at 2.55pm for a visit that commenced at 2.30pm.

**We repeat the recommendation.**

- 2.141 The children's play area in the visits hall should be supervised by play workers, routinely available to child visitors, and include a range of books and games for older children. (8.80)

**Not achieved.** The children's play area was unsupervised and limited in its toys and materials for children of all ages. Children could play with the toys but could not take them back to tables, and prisoners could not go into the play area. Funding had been secured to improve the area.

**We repeat the recommendation.**

### **Attitudes, thinking and behaviour**

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- 2.142 The number of accredited offending behaviour programmes should be extended to meet the needs of the population. (8.87)

**Achieved.** The number of accredited programmes had been increased. Waiting lists for programmes were not long and the number of courses provided meant that those on the longest waiting list, for the thinking skills programme, could get on a course within 12 months, which was not an excessive wait.

**2.143 There should be detailed post-programme reports for non-accredited programmes that outline details of progress and identify further work, where appropriate. (8.88)**

**Achieved.** Probation staff carried out post-programme reports for non-accredited programmes. They covered all aspects of the work and, where necessary, identified further work.

**2.144 Victim awareness provision should be extended to meet prisoner need. (8.89)**

**Achieved.** Victim awareness provision had increased and met the needs of the current prisoner population.





## Section 3: Summary of recommendations

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

<b>Recommendation</b>	<b>To NOMS</b>
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|-----|--|
| 3.1 | The deputy director of custody should ensure that prisoners arriving at Featherstone from HMP Birmingham have a completed OASys (offender assessment system) assessment. (2.126) |
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<b>Recommendations</b>	<b>To the governor</b>
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<b>First days in custody</b>
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- |     |   |
|-----|---|
| 3.2 | Staff should be available to receive prisoners on to residential units as soon as they have been processed through reception. (2.6) |
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<b>Residential units</b>
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|-----|---|
| 3.3 | Cells designed to hold one prisoner should not be used to hold two. (2.7)   |
| 3.4 | All double cells should have sufficient furniture for both occupants. (2.8)   |
| 3.5 | All in-cell toilets should be properly screened. (2.9)  |
| 3.6 | All prisoners should have the opportunity to wear their own clothes. (2.13)   |
| 3.7 | Each house block should have a laundry facility. (2.14)   |
| 3.8 | Communal showers should be maintained in good condition, be well ventilated, and missing shower curtains should be replaced. (2.16) |

<b>Personal officers</b>
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|------|---|
| 3.9  | Personal officers should attend reviews and be directly involved with their prisoners who are subject to anti-bullying or suicide prevention procedures. (2.22) |
| 3.10 | The quality assurance scheme for personal officers should be fully implemented. (2.23)  |

<b>Bullying and violence reduction</b>
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|------|--|
| 3.11 | Staff should record evidence of direct contact with bullies and victims in intervention logs and care plans. (2.24)                                  |
| 3.12 | Reviews of violence reduction logs and care support plans should be formalised and should include all staff working with the bully or victim. (2.25) |

- 3.13 There should be regular staff training in safer custody. (2.27)

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### **Self-harm and suicide**

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- 3.14 More direct contact with prisoners should be evidenced in assessment, care in custody and teamwork (ACCT) documents. (2.31)
- 3.15 ACCT reviews should be multidisciplinary. (2.33)

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### **Applications and complaints**

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- 3.16 Applications should be responded to promptly. (2.37)

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### **Legal rights**

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- 3.17 Staff should only open mail from solicitors or legal advisers in the presence of the prisoner. (2.46)

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### **Diversity**

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- 3.18 The prison should continually assess the views of black and minority ethnic prisoners to ensure their concerns are being addressed. (2.54)

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### **Health services**

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- 3.19 There should be a regular audit of medication administered out of hours to ensure that all clinical information is recorded in the patient's clinical records. (2.80)

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### **Learning and skills and work activities**

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- 3.20 There should be better punctuality and movement of prisoners to learning, skills and work, together with the reinforcement of the work ethic in all areas. (2.87)

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### **Security and rules**

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- 3.21 The number of prisoners on closed visits should be monitored and reviewed at the security committee meeting. (2.99)

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### **Discipline**

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- 3.22 All planned removals should be videoed and viewed by the use of force committee to monitor the practice of staff and identify areas for improvement. (2.103)
- 3.23 Where handcuffs are used, the evidence to support their use should be clearly recorded on the use of force paperwork. (2.105)
- 3.24 Personal officers should visit their prisoners while they are in the care and separation unit (CSU), and these visits should be recorded in their CSU file. (2.106)

- 3.25 Clear records of the use of the CSU, including the number of prisoners located there, the reasons why and the length of their stay, should be collated, monitored and analysed by the senior management. (2.108)

### **Incentives and earned privileges**

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- 3.26 Prisoners on the basic level of the scheme should be set behaviour improvement targets, and staff should demonstrate they are actively monitoring behaviour through daily wing file entries. (2.110)
- 3.27 There should be a robust quality assurance and monitoring system for the IEP scheme. (2.113)

### **Catering**

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- 3.28 Dining areas should be laid out in a way that encourages prisoners to dine in association. (2.119)

### **Resettlement pathways**

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- 3.29 The prison should improve the speed at which visitors are taken across from the visitors' centre to the visits hall. (2.140)
- 3.30 The children's play area in the visits hall should be supervised by play workers, routinely available to child visitors, and include a range of books and games for older children. (2.141)

## **Housekeeping points**

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### **Applications and complaints**

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- 3.31 Application logs should record the date of completion. (2.36)

### **Catering**

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- 3.32 Milk for cereal should be issued on the day of use and stored in chilled conditions. (2.116)

## **Example of good practice**

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- 3.33 The multiagency safety and health (MASH) team, which responded to the needs of vulnerable prisoners and those with health and social care needs in the prison, had ensured the multiagency coordination of care and engagement of the local authority for a social care assessment. (2.133)

## Appendix I: Inspection team

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Keith McInnis	Team leader
Karen Dillon	Inspector
Kevin Parkinson	Inspector
Kellie Reeve	Inspector
Paul Tarbuck	Health services inspector
Simon Cutting	Ofsted inspector

## Appendix II: Prison population profile

Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

Population breakdown by:

Status	21 and over	%
Sentenced	630	93.6
Recall	41	6.1
Convicted unsentenced	1	0.1
Detainees	1	0.1
<b>Total</b>	<b>673</b>	<b>100</b>

Sentence	21 and over	%
Unsentenced	1	0.1
12 months to less than 2 years	5	0.7
2 years to less than 4 years	180	26.8
4 years to less than 10 years	379	56.3
10 years and over (not life)	31	4.6
Life	77	11.4
<b>Total</b>	<b>673</b>	<b>100</b>

Age	Number of prisoners	%
21 years to 29 years	293	43.5
30 years to 39 years	239	35.5
40 years to 49 years	100	14.9
50 years to 59 years	33	4.9
60 years to 69 years	7	1
70 plus years: <i>maximum age=72</i>	1	0.1
<b>Total</b>	<b>673</b>	<b>100</b>

Nationality	21 and over	%
British	607	90.2
Foreign nationals	65	9.7
Not stated	1	0.1
<b>Total</b>	<b>673</b>	<b>100</b>

Security category	21 and over	%
Uncategorised unsentenced	1	0.1
Uncategorised sentenced	2	0.3
Category B	3	0.4
Category C	641	95.2
Category D	5	0.7
Other	21	3.1
<b>Total</b>	<b>673</b>	<b>100</b>

Ethnicity	21 and over	%
<i>White</i>	<i>417</i>	
British	393	58.4
Irish	6	0.9
Other white	18	2.7
<i>Mixed</i>	<i>46</i>	
White and black Caribbean	36	5.3
White and black African	2	0.3
White and Asian	5	0.7
Other mixed	3	0.4
<i>Asian or Asian British</i>	<i>90</i>	

Indian	32	4.8
Pakistani	38	5.6
Bangladeshi	3	0.4
Other Asian	17	2.5
<i>Black or black British</i>	<i>105</i>	
Caribbean	78	11.6
African	13	1.9
Other black	14	2.1
<i>Chinese or other ethnic group</i>	<i>6</i>	
Chinese	1	0.1
Other ethnic group	5	0.7
<i>Not stated</i>	<i>9</i>	<i>1.3</i>
<b>Total</b>	<b>673</b>	<b>100</b>

Religion	21 and over	%
Baptist	1	0.1
Church of England	148	22
Roman Catholic	106	15.8
Other Christian denominations	67	10
Muslim	109	16.2
Sikh	12	1.8
Hindu	2	0.3
Buddhist	11	1.6
Other	10	1.5
No religion	184	27.3
Not stated	23	3.4
<b>Total</b>	<b>673</b>	<b>100</b>

#### Sentenced prisoners only

Length of stay	21 and over	
	Number	%
Less than 1 month	57	8.5
1 month to 3 months	107	15.9
3 months to 6 months	149	22.1
6 months to 1 year	179	26.6
1 year to 2 years	135	20.1
2 years to 4 years	41	6.1
4 years or more	4	0.6
<b>Total</b>	<b>672</b>	<b>100</b>

#### Unsentenced prisoners only

Length of stay	21 and over	
	Number	%
1 year to 2 years	1	100
<b>Total</b>	<b>1</b>	<b>0.1</b>