

Report on an unannounced short follow-
up inspection of

HMP Kennet

1–3 August 2011

by HM Chief Inspector of Prisons

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Introduction

HMP Kennet on Merseyside is a public sector category C training prison holding up to 342 adult male prisoners. At the time of this inspection it held 339 prisoners. Built on the site that formerly held female patients from the adjoining Ashworth high security hospital, Kennet opened in 2007.

Our first full announced inspection of Kennet was conducted in 2008, when we found that it was a safe and fundamentally respectful prison. Limited activity spaces, however, restricted its level of purposeful activity and although greater emphasis was beginning to be placed on resettlement, further work was required. This unannounced short follow-up inspection reviewed progress in implementing the recommendations we made at our last inspection. Of the 136 recommendations made at the last inspection, 103 had either been achieved or partially achieved and 30 were not achieved. We found that three recommendations were no longer relevant. We concluded that the prison was making sufficient progress against all four healthy prison tests.

Kennet remained a safe prison. The number of recorded fights and assaults was relatively low and the monitoring of both perpetrators and victims was meaningful. Quality assurance of adjudications was good, and recorded incidents of the use of force were low. Although the integrated drug treatment system was now well managed and arrangements to support prisoner Listeners were good, it was disappointing that prisoner movements around the prison grounds remained restricted. With the prison now well established and with other indicators and procedures for safety in place, such constraints appeared disproportionate, especially as 80% of the prisoner population were enhanced status and approximately 20% were category D.

The quality of accommodation continued to be variable and many showers remained in a poor state. Although some dining-out facilities were now available, too many prisoners still had to eat meals in their cells with unscreened toilets. Disappointingly, progress in respect of the various diversity strands had been slow. The number of foreign national prisoners had reduced since the last inspection, but there remained a need to ensure that minority groups did not experience disadvantage in their treatment.

The most significant progress achieved by the prison had been in the area of purposeful activity. The number of prisoners locked in their cells during the core day had fallen by over half, and 75% of the population were now engaged in full-time purposeful activity. Such an achievement in such a relatively short space of time is to be commended.

Resettlement was generally better integrated than at our last inspection and provision against all of the resettlement pathways were appropriate. The development of a resettlement unit was a positive initiative and ensured better pre-release planning, although the longer term role of this facility needed to be more clearly defined.

Overall, this was a good inspection and we are pleased to be able to report the progress the prison has made. We have identified some key areas that require further work but the governor and staff at HMP Kennet are to be commended for the progress they have made.

Nick Hardwick
HM Chief Inspector of Prisons

September 2011

Fact page

Task of the establishment

Category C male training prison

Prison status

Public

Region

North West

Number held

On 1 August 2011: 339

Certified normal accommodation

175

Operational capacity

342

Date of last full inspection

September 2008

Brief history

The prison is based on the former Ashworth East Hospital site and opened in June 2007. It was awarded Investor In People accreditation at the end of 2010.

Short description of residential units

A wing – first night, reception and induction unit.

C wing – longer term unit.

D wing – low risk working scheme unit.

E wing – resettlement unit.

F wing – category D transition unit.

G & H wings – drug recovery units.

Escort contractor

G4S (due to change to Geo Amey in September 2011)

Health service commissioner and provider

Liverpool Community Health Trust

Learning and skills providers

The Manchester College

Section 1: Summary

Introduction

1.1 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:

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

1.2 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

1.3 At our inspection in 2008 we found that outcomes for prisoners against this healthy prison test were good. We made 25 recommendations in this area, of which 15 had been achieved, five partially achieved and four had not been achieved. One recommendation was no longer applicable.

1.4 The prison had developed a protocol meeting with the escort contract provider and had held a series of meetings in 2010. These meetings ceased in May 2011 due to the non-attendance of the provider.

1.5 Reception was small and had a significant throughput but, despite the addition of a holding room, remained unfit for purpose. Reception staff aimed to process prisoners quickly, and most spent less than two hours there, but a small number of prisoners spoken to during the inspection told us that they had spent too long – up to five hours – in reception. New arrivals

had only a two-week window during which their property could be sent in. After this, they had to buy items through the prison shop. All prisoners went on an induction programme, but this still did not differentiate between prisoners likely to be at Kennet for a short or long period of time. The induction room was suitable and free from distraction. Insiders usually met monthly to discuss issues in their role and the wider prison regime and initiatives.

- 1.6 The numbers of recorded fights and assaults as well as perpetrators and victims subject to a tackling antisocial behaviour (TAB) monitoring were relatively low. Monitoring of perpetrators and victims was meaningful and took place in all areas of the prison. Staff from various departments contributed to the process and reviews were good. Interventions were mainly punitive but two courses, managing stress and decision making, were available on an individual needs basis.
- 1.7 Support for the 20 trained Listeners, who acted as peer supporters for prisoners in crisis, was good and they could discuss policies and local practice and offer mutual support at a specific monthly meeting. The annual Listeners' family day was a good initiative. The Listener care suite on D wing still did not meet the appropriate specification.
- 1.8 Some security arrangements were slightly more relaxed than at the last inspection, but the protocols for prisoner movements appeared risk averse and remained unnecessarily restrictive – particularly as about 80% of prisoners were enhanced status and almost one-fifth were category D.
- 1.9 There had been good progress towards our previous recommendations covering discipline. Most adjudication records showed a good level of enquiry before a finding of guilt. Where offered, mitigation was not always recorded as taken into consideration but awards were broadly fair. There was a robust quality assurance system. Recorded use of force was low and accompanying documentation was generally completed to a good standard, although a few reports had insufficient detail. There was a reasonably effective quality assurance system. Despite some efforts to improve the segregation unit exercise yards, they remained cage-like and austere.
- 1.10 The integrated drug treatment system (IDTS) was well managed. There were currently 21 prisoners being maintained or detoxified on methadone. Suspicion tests were now carried out appropriately. Although the number of prisoners on compact based drug testing (prisoners who had made a formal commitment to remain drug-free) was lower than at the last inspection, they were managed appropriately.
- 1.11 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.

Respect

- 1.12 At our inspection in 2008 we found that outcomes for prisoners against this healthy prison test were reasonably good. We made 68 recommendations in this area, of which 26 had been achieved, 23 partially achieved and 18 had not been achieved. One recommendation was no longer applicable.
- 1.13 Most cells were shared and had insufficient toilet screening, which did not afford privacy. Showers were poorly ventilated and had peeling paint because of ventilation problems. Prisoners could wear their own clothes in most areas, but only enhanced-status prisoners could wear their own clothes for visits. The quality of prison clothing varied. Staff rigorously

enforced the prison's offensive displays policy. There was consultation with prisoner representatives at a useful monthly meeting, although communication to the wider prison population was poor. There continued to be delays in the posting of outgoing mail, and prisoners who ordered newspapers usually only received them in the late afternoon. There were sufficient telephones with privacy hoods but those on F wing were still in the noisy main association area.

- 1.14 There had been good progress towards our previous recommendations on the incentives and earned privileges (IEP) scheme. It had been revised and relaunched, but there were still insufficient differences between the standard and enhanced levels. Prisoners were generally given appropriate opportunities to improve before demotion, and the few on the basic level were given reasonable and achievable targets and most returned to the standard level after a short period. The scheme was fair and consistent, and monitoring arrangements and data collation were good.
- 1.15 Staff case notes on prisoners were completed to a good standard and indicated meaningful engagement. Personal officer links with the offender management unit (OMU) and other departments were underdeveloped.
- 1.16 Catering provision was reasonable although breakfast was still served the day before it was to be consumed. Many prisoners still had to eat meals in cells where there was inadequate toilet screening, but the provision of a few tables and chairs was positive and allowed some prisoners to dine in association. Consultation on the food was reasonable but outcomes were not always effectively communicated to all prisoners. Arrangements for managing problems with the prison shop had improved and were appropriate.
- 1.17 Progress against our diversity recommendations had been limited. There was no overarching diversity strategy that covered all the strands of diversity or the provision of support for minority groups of prisoners. Strategic and day-to-day management of all aspects of diversity was uncoordinated, and all strands other than race equality, were underdeveloped. The diversity and race equality action team was reasonably well attended by staff and prisoner representatives but did not routinely monitor provision.
- 1.18 Although the number of black and minority ethnic and foreign national prisoners had reduced since the last inspection, progress towards meeting their needs had been slow. There had been some work to understand the negative perceptions of black and minority ethnic prisoners, and consultation with prisoner representatives had improved, but communication of the outcomes to prisoners was not always effective. Black and minority ethnic prisoners in our consultation groups still held some negative perceptions about their treatment. They also felt that some staff lacked cultural awareness, and that their concerns were not always taken seriously.
- 1.19 Foreign national prisoners were now held less frequently at Kennet and usually only for short periods. It was not possible, due to the low number of such prisoners, to assess the overall effectiveness of provision. The prison needed to monitor provision, however, and ensure that black and minority and foreign national prisoners held at Kennet did not receive less favourable treatment due to their low numbers.
- 1.20 There was no policy for the care and support of older prisoners and provision was poor. Additional resources had only recently been allocated to support prisoners with disabilities but further work was required to integrate this across the prison.

- 1.21 Responses to prisoner complaints were completed to a good standard and usually addressed the complaint. An apology was often offered where a complaint was upheld. One member of staff was trained in legal services provision.
- 1.22 The chaplaincy team had made considerable efforts to engage community groups, with some success, and a small group of volunteers regularly visited the prison to support chaplaincy activities. This included attendance at services and support for a bereavement course.
- 1.23 Health service provision was satisfactory. There was an up-to-date health needs assessment and prisoners were positive about their experience of health care. The dental waiting list was too long, with a routine waiting list of 150 and up to four weeks wait for an urgent appointment. We were concerned that emergency resuscitation equipment was only available when health care staff were on duty. The integrated mental health service was now provided by the primary health care staff and supported by a visiting psychiatrist. A cognitive behavioural therapist also supported prisoners with low-level primary care needs.
- 1.24 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.

Purposeful activity

- 1.25 At our inspection in 2008 we found that outcomes for prisoners against this healthy prison test were not sufficiently good. We made nine recommendations in this area, of which six had been achieved, one partially achieved and two had not been achieved.
- 1.26 The number of prisoners locked in their cells had reduced from one-third at the last inspection to 16%. The core day indicated that during the week a fully engaged prisoner could access nine hours a day out of cell and an unemployed prisoner three hours. The prison was recording over 10 hours, which was not an accurate reflection of time out of cell for the average prisoner at Kennet.
- 1.27 There had been increases in the activity spaces for prisoners, and the number of prisoners accessing full-time purposeful activity had increased to 75%. The library had made some progress but still needed to meet the needs and interests of prisoners. Analysis of library use was still underdeveloped.
- 1.28 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.

Resettlement

- 1.29 At our inspection in 2008 we found that outcomes for prisoners against this healthy prison test were not sufficiently good. We made 34 recommendations in this area, of which 19 had been achieved, eight partially achieved and six had not been achieved. One recommendation was no longer applicable.
- 1.30 There had been some strategic progress in resettlement and reducing reoffending with greater integration of offender management and public protection. The reducing reoffending strategy document was now comprehensive and covered all aspects of provision, and there had been some use of needs analyses to develop integration. The development of a resettlement unit ensured better coordination of resettlement services for all prisoners, including those at the

prison for only a short time, although the specific purpose of this unit required further evaluation and development.

- 1.31 The work of the OMU was reasonable with higher risk prisoners appropriately managed by probation offender supervisors. There was some quality assurance of the frequency and quality of probation offender supervisor contact with prisoners, sentence planning targets and engagement but this needed to be extended to officer offender supervisors. There were still problems with the cross-deployment of OMU officers to other duties, although this had reduced slightly. There was still a backlog of incomplete offender assessment system (OASys) reports but there was now a system to manage these.
- 1.32 Links between the OMU and the resettlement unit were generally good but engagement in sentence planning and review process by other departments, and in particular personal officers, required further development. The exception was the work on substance misuse by the counselling, assessment, referral, advice and throughcare (CARAT) team who made regular contributions and updated offender supervisors on progress made by prisoners in their care.
- 1.33 There was good work to support the employability of prisoners close to release, particularly through the introduction of pre-release courses and job clubs. However, there were still no facilities for prisoners for independent job search.
- 1.34 There were no structured health discharge arrangements, and only prisoners with identified chronic diseases were identified before discharge and had a discharge plan completed. Prisoners with serious and enduring mental health problems were linked with their local community mental health teams.
- 1.35 Prisoners could now access debt management support through Citizens Advice and Nacro. Basic money management courses were available through the education department, and Sefton Credit Union helped prisoners to open bank accounts before release.
- 1.36 There was a good strategic approach to substance use with up-to-date comprehensive substance misuse and alcohol policies and a joint action plan. Programmes included P-ASRO (prison addressing substance related offending) and a range of topic-specific programmes run by CARATs and some jointly with IDTS staff. There was good use of CARATs peer mentors to support prisoners. Prisoners with alcohol-only problems could access a session run jointly by IDTS and CARATs workers but there was no access to other alcohol services.
- 1.37 Although the visits hall remained at some distance for visitors to walk to, especially in poor weather, the addition of carpeting and blinds had improved the environment. Arrangements for family visits, both through the parenting course and regular chaplaincy visits, had improved and could be accessed by prisoners regardless of their IEP status. Prisoners were still required to wear bibs during visits.
- 1.38 Although the P-ASRO programme was the only accredited course, the planned introduction of the CALM (controlling anger and learning to manage it) and healthy relationships domestic violence programmes was positive and in line with identified prisoner needs. The decision making programme was also a reasonable option, although demand remained high.
- 1.39 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)

- 2.1 **The current security restrictions on prisoner movement should be reviewed to ensure that they are commensurate with the risks posed and that there are no unnecessary impediments to the functioning of the regime. (HP56)**

Partially achieved. Arrangements for prisoner movement had been reviewed but relaxed only slightly. Staff supervised main movements to and from activities, but the significant change to previous restrictions was that prisoners moved unescorted at some other times. There were, however, some delays in these movements as some areas required staff to unlock gates. Movements within the grounds were not permitted generally, which appeared risk averse and unnecessarily restrictive for the type of prison, where almost a fifth of the population were category D status and 80% were on the enhanced privilege level.
We repeat the recommendation.

- 2.2 **An overall strategy for diversity should be developed, along with corresponding services for prisoners. (HP57)**

Not achieved. There was still no overarching strategy that covered all the diversity strands or the corresponding services for prisoners. The strategy was focused predominantly on provision for staff. Separate strategy documents for prisoners with disabilities and transgender prisoners did not indicate how services would actually be provided. Strategic and day-to-day management of diversity work for prisoners was uncoordinated and lacked cohesion and prison-wide integration. With the exception of race equality and, to a degree, sexual orientation, the other diversity strands were underdeveloped.
We repeat the recommendation.

- 2.3 **The provision for foreign national prisoners requires urgent attention and services should be provided which meet the need. (HP58)**

Partially achieved. Foreign national prisoners were no longer routinely held at Kennet. The few who had arrived in the previous six months remained for only a short period before they were transferred to another prison, usually the 'hub' for foreign prisoners at HMP Risley. Despite this, the prison had a comprehensive policy that outlined the care and support for foreign national prisoners. Identification of foreign national prisoners appeared effective and we were advised there were systems to highlight and deal with any needs or services they required. We were assured that if resources were available they were sufficient to meet any need. However, we could not accurately gauge the effectiveness of the policy and systems due to the small number of foreign national prisoners actually held.

- 2.4 **Training should be provided for health services professionals in prison procedures. (HP59)**

Achieved. All new health care staff had prison-specific training on appointment. They were also offered regular refreshers, and specific needs were identified and staff attended training

as required. We spoke to one newly appointed member of staff who had undertaken prison-specific training, including security, during their first week.

2.5 A sufficient number of activity places should be provided for the prison population and vocational opportunities maximised. (HP60)

Achieved. The prison had created 60 more activity places since the last inspection, and there were now enough for most of the population. The number of prisoners who accessed activities full time had increased to 75% from 53% in 2008. The prison had introduced two new vocational courses in tiling and painting and decorating in addition to those in plastering, joinery and brickwork. The tiling programme had replaced industrial cleaning as part of the strategy to develop independent business skills and employability. The prison had also delivered a business course to develop prisoners' enterprise skills. The space for vocational training had also been developed, including the imaginative use of external marquees to double the spaces available in the bricklaying programme. The library, kitchens and laundry had also been used effectively to create new activity places, and two prisoners were employed to support some of the projects headed by the equalities officer. All vocational spaces were full, and the prison tended to oversubscribe spaces to maximise capacity.

2.6 An appropriate visiting area should be provided for prisoners and their families. (HP61)

Not achieved. The visits hall was some distance from the visitors' centre and the gate where visitors booked in. Attempts to raise funds for a new visits area closer to the gate had been unsuccessful. The prison had pushchairs for young children and wheelchairs for visitors with mobility problems, as well as umbrellas for visitors, although the walk to the visits hall was still a problem in poor weather.

We repeat the recommendation.

2.7 Accredited offending behaviour programmes should be offered. (HP62)

Partially achieved. The prison ran only P-ASRO (prison addressing substance related offending), which replaced the 'Stop' drug treatment programme in April 2011 – 62 prisoners were scheduled to complete the programme in the year to March 2012. Recent negotiations with Merseyside probation service had resulted in an agreement to introduce pilot controlling anger and learning to manage it (CALM) and the healthy relationships domestic violence programmes. Although not part of the nationally accredited programmes, the prison also ran a decision making programme once a month, with allocation determined by offender management staff and prioritised for those with the highest level of need. Prisoners assessed as low- or medium-risk were less likely to get a place. Further staff were being recruited as facilitators to double the frequency of the programme.

Recommendations

Courts, escorts and transfers

2.8 A protocol should be agreed with Global Solutions Limited (GSL) that allows its representatives to contribute formally to any review of relevant policies or practices and provides a formal mechanism for matters of common concern to be discussed and any problems resolved. (1.5)

Partially achieved. The prison had organised and hosted regular meetings with the escort contractor to highlight issues that arose. However, these meetings had stopped in May 2011

due to the escort providers' non-attendance.
We repeat the recommendation.

First days in custody

- 2.9 **The reception area and facilities should be upgraded and sufficient to manage the actual number of prisoner movements. (1.18)**

Not achieved. The reception facilities had remained the same, except for the addition of a second holding room. In June 2011 the prison had recorded 162 receptions, which included transfers in and prisoners returning from release on temporary licence, court and hospital. The reception area was designed to accommodate 30 reception movements per month and although the second holding room was an improvement, the overall facility remained too small for the number of prisoners dealt with.

We repeat the recommendation.

- 2.10 **The reasons for prisoners being held in reception for long periods should be addressed so that prisoners only spend more than two hours in reception in exceptional circumstances. (1.19)**

Partially achieved. Reception staff aimed to process prisoners and move them to the first night and induction (A) wing as soon as possible to undertake first night procedures there. They told us that if the prison was near to capacity, some prisoners could spend protracted time in reception while cells were vacated on A wing to accommodate them. Most prisoners we spoke to had spent less than two hours in reception but some said that they had spent up to five hours there before they were moved to A wing.

We repeat the recommendation.

- 2.11 **The property 'window' system should be reviewed to ensure that prisoners are able to obtain new property at a time when they need to do so and without unnecessary delays. (1.20)**

Not achieved. New arrivals had a two-week window in which they could have property handed in on a visit. Many prisoners told us that they only received visits at the weekend, when property was not allowed to be handed in, and as a result many missed the two-week window. Once this period had closed, prisoners had to buy items through the prison shop catalogue system and had no other avenue to have their personal property sent in.

We repeat the recommendation.

- 2.12 **The induction programme should be tailored to the needs of different groups of prisoners, to reflect better the needs of different prisoner groups and properly target resources. (1.21)**

Not achieved. The induction programme was the same for all new arrivals and did not differentiate between their sentence length or likely length of stay at the establishment. The four-day programme started the first working day following reception and was a mix of fixed days and a rolling programme that could take up to two weeks to complete. Prisoners on induction spent long periods locked in their cells between the core induction modules.

We repeat the recommendation.

- 2.13 **A more suitable environment should be found in which to deliver induction to larger groups of prisoners. (1.22)**

Achieved. A more suitable induction room, away from the main association area, had been identified and was used, providing an induction free from disturbance. It could hold up to 12 prisoners comfortably, and on average no more than eight prisoners were on induction. The room was well laid out with a variety of media and relevant posters and information.

2.14 There should be opportunities for Insiders to meet together to improve their own practice and contribute to developments in prison policy and practice. (1.23)

Achieved. There was a bimonthly Insiders (peer supporters available to guide and support newly arrived prisoners) meeting, although it was often held monthly. It discussed all aspects of the regime, policies, the role of Insiders and new initiatives. It was attended by every Insider and formal minutes were taken.

Residential units

2.15 Toilets in double cells should be properly screened or the cells should not be used for double occupancy. (2.12)

Not achieved. Most cells were single cells that had been authorised to be used for double occupancy. Cells were bigger than we normally see and an adequate size to hold two prisoners. With the exception of E and F wings, in-cell toilets were still only screened with a shower curtain. Although E and F cells had a separate toilet, there was no door on the room and shower curtains were also used for privacy.

We repeat the recommendation.

2.16 The problems with damp in the showers should be eradicated and peeling paint repaired. (2.13)

Not achieved. Although showers on all the wings were clean and had private cubicles, they were poorly ventilated and most had damp on the ceilings and peeling paint.

We repeat the recommendation.

2.17 Prisoners on standard and enhanced regimes should be able to wear their own clothes at all times when not at work. (2.14)

Partially achieved. Prisoners were allowed to wear their own clothes in their cells, on the wings during recreational periods and to attend corporate worship. However, only enhanced prisoners could wear their own clothes to attend visits.

2.18 The offensive displays policy should be consistently applied across all wings. (2.15)

Achieved. The offensive displays policy was incorporated into the overall decency policy and was adhered to consistently across all wings. Staff were aware of the policy and enforced it rigorously.

2.19 Prisoners should be provided with prison-issue clothing of the correct size and in good repair. (2.16)

Partially achieved. Prison-issue clothing exchange took place each Friday and the prison maintained an adequate stock in a variety of sizes. The quality of the clothes varied and prisoners told us that once they got a set of clothing in good repair they tended to keep it and wash it in their cells.

We repeat the following part of the recommendation: Prisoners should be provided with prison-issue clothing in good repair.

2.20 Prisoner representatives should be encouraged to play a larger role in the development of policy and practice. (2.17)

Achieved. A monthly prisoner focus group was attended by staff and prisoner representatives. Policy and practice was a standing agenda item, and we found evidence that staff explained national policies and that the meeting discussed local practice before an implementation date had been agreed.

2.21 Prisoner issues discussed at meetings, and the action taken as a result, should be better publicised and communicated to the wider prison population. (2.18)

Not achieved. Issues and actions arising from the monthly prisoner focus group meetings were noted on to a matrix. We saw this matrix on wing notice boards but some were up to three months out of date. Most prisoners we spoke to said that they were unaware of the issues that had recently arisen or the actions taken at these meetings.

We repeat the recommendation.

2.22 Ongoing issues surrounding the delivery of newspapers should be resolved. (2.19)

Not achieved. Prisoners' newspapers were delivered to the prison in the morning and held in reception for wing staff to pick them up. Staff told us there was no set time when they would pick the papers up and it depended on their workload. Many prisoners we spoke to said that they only received their newspaper at 4pm, and very rarely before lunch. We saw a prisoner sent to pick up the D wing newspapers at 3pm.

We repeat the recommendation.

2.23 Outgoing letters should be sorted and available for collection by the post office within 24 hours of being handed to staff. (2.20)

Partially achieved. Outgoing mail was collated and sorted by the night staff and placed into the correspondence office for the day staff to deal with. A further collection of mail from the wings took place at 9am each day. Both of these collections were picked up by Royal Mail at 5pm. Any letter posted by a prisoner after 9am was not collected by the post office till 5pm the following day. Letters posted by prisoners between unlock at 8.15am and 9am were sorted and available for collection the same day.

2.24 Adequate numbers of telephones, at a ratio of one to 20 prisoners, should be available on E, G and H wings. (2.21)

Partially achieved. Both E and G wings had four telephones each for 56 and 67 prisoners respectively, which was within our ratio of one to 20 prisoners. Although H wing had only three telephones for 67 prisoners, prisoners on the wing said that there was no problem with accessing them.

2.25 Privacy hoods should be fitted to telephones on E and F wings, and telephones on F wing relocated away from the main association area. (2.22)

Partially achieved. Privacy hoods had been installed on all telephones on E and F wings, but the two telephones on F wing were still in the main association room, which did not provide privacy for prisoners using the telephone.

We repeat the following part of the recommendation: Telephones should be relocated away from the main association area.

Personal officers

- 2.26 There should be better consistency in the quality assurance process for checking personal officer entries to wing history files. (2.34)

Achieved. Electronic case history notes were completed to a very good standard and most had reasonably regular entries from personal officers and other wing staff. Most entries indicated good staff interactions with prisoners and were meaningful and relevant. Management checks were consistent and evidenced good quality assurance.

- 2.27 There should be more integration between personal officers and other regime activities such as sentence planning, learning and skills and the offender management unit (OMU). (2.35)

Not achieved. Personal officers dealt with day-to-day issues for prisoners and rarely contributed to sentencing planning. Links with offender management were informal and underdeveloped. We could find no evidence of personal officer links with learning and skills. We repeat the recommendation.

Bullying and violence reduction

- 2.28 Prisoners subject to observation under the tackling anti-social behaviour (TAB) strategy should be monitored in all areas of the prison, and especially the locations where alleged bullying has taken place. (3.8)

Achieved. Between January and July 2011, 13 perpetrator TAB documents and eight victim TABs had been opened, and there had been three recorded incidents of assault and 12 recorded fights. We reviewed a quarter of the closed TAB documents and found that the monitoring of prisoners, both perpetrators and victims, was good and indicated meaningful engagement across all areas of the prison, such as visits, work, education and those where the alleged antisocial incident had taken place.

- 2.29 Staff from relevant areas should contribute to reviews of the TAB action plan and be consulted about any decision to close a TAB booklet. (3.9)

Achieved. In all cases where a TAB document had been opened, there was an initial review within 72 hours and then every seven days thereafter. The TAB documents we sampled showed good quality reviews supported by information from a variety of staff and departments.

- 2.30 There should be appropriate interventions to challenge bullies and support victims of bullying. (3.10)

Achieved. As well as punitive interventions for bullies, such as incentives and earned privileges (IEP) review, reallocation of labour, wing moves, adjudications and transfers out, the prison also reviewed the individual needs of bullies and victims and signposted those who were suitable to a local managing stress and/or decision making course.

Self-harm and suicide

- 2.31 Listeners should be enabled to meet together on a regular basis, in addition to their meeting with the Samaritans, in order to provide mutual support and discuss issues relevant to their work. (3.20)

Achieved. There were 20 trained Listeners (peer supporters for prisoners in crisis) who met together before their monthly meeting with the Samaritans to discuss mutual support and relevant issues. This meeting was informal but was chaired by the suicide prevention coordinator, and Listeners told us that it was useful. They also said that the prison and the suicide prevention coordinator supported them in their role. The prison also held an annual Listeners family day, which the Listeners appreciated.

- 2.32 Listeners should be consulted on developments in policy and practice in the area of self-harm and suicide prevention. (3.21)

Achieved. Listeners attended the suicide and self-harm prevention meeting, which the prison held every two months, which discussed issues and any policy changes. The suicide prevention coordinator also discussed any policy changes with Listeners at the monthly informal meeting. Listeners we spoke to cited times when they had been influential in policy changes and the prison had listened to and acted on their suggestions.

- 2.33 The care suite on D wing should meet the appropriate specifications. (3.22)

Not achieved. The care suite cell on D wing was still only equipped with two beds – one for the Listener in residence and one for the prisoner in crisis. The prison had provided a sofa for the cell to be used as a listening suite during the day, but this did not meet the appropriate specification for use during the night state.

We repeat the recommendation.

Applications and complaints

- 2.34 All responses to complaints should address the issue raised by the complainant and offer an apology where the complaint is upheld. (3.90)

Achieved. There had been 405 complaints by prisoners in the first six months of 2011. We reviewed 50 completed forms and found that in all cases the replies addressed the complaints made by prisoners, and there were examples of upheld complaints where the respondent had offered an apology. Replies were courteous and preferred names were often used.

Legal rights

- 2.35 Legal services staff should receive initial and refresher training relevant to their role. (3.96)

Partially achieved. One member of staff had received training in legal services before the Prison Service had suspended the national training package. The prison had identified a number of staff to attend the national training once it was resumed.

Faith and religious activity

- 2.36 **Formal links should be developed with faith groups in the community, and external groups encouraged to lead worship and activities as part of the life of the prison. (5.43)**

Achieved. The chaplaincy team had made considerable efforts to engage community groups with activities at Kennet. Despite slow progress, between 10 and 12 volunteers regularly attended the prison to take part in activities. As well as acting as prison visitors and assisting with prison fellowship activities, they engaged with different faith services, helped with music groups and assisted in the initial delivery of the bereavement course 'living with loss', which had been well received by prisoners, with a further course planned for 2011.

Substance use

- 2.37 **Links with the National Treatment Agency should be improved to support the introduction of the integrated drug treatment system (IDTS). (3.104)**

Achieved. IDTS had been introduced in 2009. There had been good engagement beforehand and ongoing close links with the national treatment agency were established. Two band six nurses, both with Royal College of General Practitioners relevant training, spent approximately 80% of their time on IDTS. A GP from a specialist community substance use organisation provided one session a week and all the substance use prescribing. There were close working links between IDTS and the visiting psychiatrist. Counselling, assessment, referral, advice and throughcare service (CARATS) staff attended the weekly IDTS clinic session and reviewed clients jointly. There were 21 prisoners on methadone during the inspection.

- 2.38 **An operational staff awareness training programme should be established to ensure successful integration of the forthcoming IDTS programme into the prison regime. (3.105)**

Achieved. IDTS was well embedded into the prison regime and IDTS staff worked closely with discipline staff on medication rounds. Before it had started, 72% of discipline staff had received specific IDTS awareness training, as had managers and the senior management team, and there had been updates and briefings. Since its inception, the substance misuse team had run broader substance awareness staff training. There was an IDTS awareness leaflet for staff and prisoners.

- 2.39 **Staff training and availability issues should be addressed so that the target figure for voluntary drug testing (VDT) compacts can be achieved as soon as possible. (3.106)**

Achieved. Compact based drug testing (CBDT) was now used instead of VDT. There was a target of 35 tests a month, which was a reduction from the 150 compacts before April 2011. This reduction had been achieved through more rigorous criteria to ensure that CBDT was available to support prisoners trying to remain drug free, those who were currently attending or had just completed P-ASRO and/or in essential work roles that required the prisoner to be drug free. Prisoners were asked to apply for CBDT with justification about why they should be considered.

- 2.40 **The requirement for three separate pieces of evidence to trigger a suspicion test should be reviewed to ensure that appropriate levels of suspicion testing take place. (3.107)**

Achieved. A proportionate risk based/quality of intelligence approach was used. There had been five suspicion tests during July 2011. There had been three positive tests out of 34 random tests during July 2011 (two for buprenorphine/opiates and one illicit dihydrocodeine); two prisoners were on frequent testing. During August 2011, there had already been one positive test for cannabis and one positive for benzodiazepines (for which no prisoner was prescribed).

2.41 Privacy screens should be fitted to all VDT testing suites on the wings. (3.108)

Achieved. All CBDT testing took place on F wing. The testing room was small but clean, and a privacy screen next to the toilet enabled privacy but provided appropriate testing conditions. There was also a curtain for the glass in the door.

Diversity

2.42 A new disability liaison officer should be recruited as soon as possible, and interim measures to cover the work should be taken. (3.32)

Partially achieved. Work profiles introduced in the previous month had given one officer 16 hours a week to cover work with prisoners with disabilities, foreign national prisoners and other equality work. The officer identified for this work had received no training for the role. The senior officer responsible for race equality and the identified officer were expected to cover for each other's absences. It was too soon to gauge the effectiveness of these arrangements.

2.43 Activities should be available specifically for prisoners over 50 and links should be made with relevant voluntary and community sector organisations which provide information, advice and guidance to older people. (3.33)

Not achieved. Apart from a dedicated gym session for prisoners over 35, services and support for older prisoners were limited and required further development. There was no policy for the care and support of older prisoners.
We repeat the recommendation.

2.44 Services should be made available for gay, bisexual and transgender prisoners. (3.34)

Partially achieved. Despite attempts to promote disclosure, few prisoners disclosed that they were gay, bisexual or transgender. For the few who did there were no specific support groups. Other support included posters advertising the Lesbian and Gay Foundation helpline telephone number, which had been added to all personal identification number (PIN) telephone accounts, and some gay literature in the library. There was no formally identified member of staff who prisoners could turn to for support.
We repeat the recommendation.

Race equality

2.45 External community representatives should form part of the membership of the race equality action team (REAT). (3.53)

Achieved. A member of the Sefton Community Volunteer Service (CVS) attended the REAT and, more recently, the diversity and race equality action team (DREAT) and was able to signpost appropriate services in the community when issues were raised. Sefton CVS had

sometimes invited appropriate community groups, notably Sefton Equalities Partnership, to the meeting to advise on issues that had been raised.

2.46 The REAT should explore the poor perceptions of black and minority ethnic prisoners and take action where appropriate. (3.54)

Partially achieved. The race equality officer, now equalities officer, had held a focus group with black and minority ethnic prisoners to explore results from a wider survey about their perceptions of the management of racist incidents and behaviour at Kennet. This did not, however, explore their wider poor perceptions. Ethnic monitoring data and the content of racist incident reports were discussed with the black and minority ethnic prisoner representatives before the REAT/DREAT meeting where action was taken to address any highlighted concerns. In our consultation groups, black and minority ethnic prisoners still held some negative perceptions about their treatment and believed there was a lack of cultural awareness from some staff and that their concerns were not always taken seriously.

We repeat the recommendation.

2.47 The race equality officer should meet regularly with black and minority ethnic prisoner representatives or, in the absence of a meeting, should develop a method of gathering and sharing information with them. (3.55)

Achieved. There were only 14 black and minority ethnic prisoners but they met the equalities officer monthly. Minutes of these meetings recorded good attendance and appropriate discussions, and any issues were taken to the bimonthly DREAT meeting for further discussion and action if required.

2.48 Any action taken as a result of ethnic monitoring data indicating inequality of treatment should be fed back at the next REAT meeting and should be communicated to prisoners. (3.56)

Partially achieved. Where ethnic monitoring data indicated potential inequality of treatment, the DREAT looked into and discussed this. Prisoner representatives were given minutes of this meeting, but we were not assured that they were effectively communicated to other prisoners.

Foreign nationals

2.49 In the absence of a foreign nationals committee, the strategic management of foreign national prisoners should be a standing agenda item at the REAT meeting. (3.72)

Partially achieved. The foreign national policy included terms of reference and standing agenda for a foreign national committee meeting, but this had not taken place in the previous six months. Although foreign national prisoners were an agenda item at the DREAT meeting, no discussion had been recorded. Very few foreign nationals had been located at Kennet recently.

2.50 The foreign nationals coordinator should receive adequate time to undertake the role and to meet this group of prisoners regularly. (3.73)

Achieved. The role of the foreign national coordinator had been held by several staff since the last inspection. The current coordinator had only recently taken on this responsibility and had been allocated four hours a week for this. This was sufficient to meet the needs of the few foreign national prisoners held, but required monitoring to ensure that it continued to meet their

needs. Due to the absence of or very few foreign national prisoners, there had been no regular meetings for some time.

- 2.51 **The foreign nationals meeting should have clear terms of reference, outlining the membership of the meeting and the aims and objectives, and foreign national prisoners should be consulted. (3.74)**

Partially achieved. The foreign national policy outlined the terms of reference and aims of the foreign national prisoner meeting, including consultation arrangements, but had not met even when there had occasionally been foreign national prisoners in the prison.

- 2.52 **Arrangements should be made by the establishment for prisoners to access UK Border Agency (UKBA) staff when they attend the establishment. (3.75)**

Partially achieved. Appropriate arrangements were in place and UKBA staff had attended Kennet monthly when foreign national prisoners were routinely held. UKBA staff had not, however, visited for some time and we were not assured that the needs of the few prisoners occasionally held were adequately met.

- 2.53 **Independent immigration and advice services should be sought to provide a surgery to the foreign national prisoners. (3.76)**

Partially achieved. Sefton CVS and Sefton Equalities Partnership provided signposting to independent immigration and advice services for foreign national prisoners, although these services had not been used for some time for the few foreign national prisoners held.

- 2.54 **Translation services should be used to communicate with prisoners who speak little or no English, and the use of the Big Word should be monitored by the REAT. (3.77)**

Partially achieved. The Big Word interpreting service had been used appropriately – but not frequently and not for some time – to communicate with prisoners who spoke little or no English. The frequency of its use was not routinely monitored by the DREAT to ensure it was sufficient.

Health services

- 2.55 **There should be a clear action plan with target dates for the development of services to meet the needs of the prison population, as identified in the health needs assessments. (4.47)**

Achieved. There had been a full health assessment in 2009, which had been updated in November 2010 by a public health specialist. The assessment was comprehensive and identified the needs of the prison population against current services, and a set of recommendations had identified specific issues for action. There was also a health delivery plan dated October 2010, which mapped progress against the initial assessment.

- 2.56 **The mental health providers should be represented on the partnership board. (4.48)**

No longer relevant. The only contracted-out part of the service was the weekly psychiatrist session. Other mental health services were provided by clinical staff employed by the health care provider.

2.57 Health promotion materials, including oral health, should be appropriate to the environment and client group. (4.49)

Partially achieved. A wide range of health promotion literature was available in the main health care department and covered issues relevant to the population, such as chronic diseases and sexually transmitted diseases. There was no specific oral health promotion literature. There had been support for topic-specific health promotion days in the previous year.

2.58 The treatment room doors should allow adequate supervision and confidential discussion. (4.50)

Partially achieved. Doors to all the wing health care rooms had been replaced with stable doors, which enabled the top half to be opened for administering medications. However, the location of these rooms in small corridors or off the wing association rooms meant that there was little confidentiality, and nurse supervision of prisoners taking their medications was difficult. Officers generally responded to nurses who requested support or asked for distance to enable medical confidentiality.

We repeat the recommendation.

2.59 There should be a dedicated decontamination area in the dental surgery to comply with infection control guidance. (4.51)

No longer relevant. All reusable instruments were now taken to Southport Hospital for decontamination and sterilisation. There had been some problems in the timing of these pick-ups and returns but these had been resolved.

2.60 There should be a review of dental staffing to ensure that staff with the right skills are available to provide a comprehensive service to prisoners within acceptable timescales. (4.52)

Not achieved. There were still only two dental sessions a week. The dental provider had changed recently and there was an NHS dentist from Sefton Primary Care Trust (PCT). The dental waiting list was four weeks for urgent and emergency treatments and we were told that prisoners with immediate needs would be fitted into the next session. There were 150 prisoners on the routine waiting list and it was unclear when they would be seen. The PCT had planned a dental audit to understand the list and how it was managed.

We repeat the recommendation.

2.61 There should be a lead nurse, with sufficient seniority and knowledge, with responsibility for the overall care of older prisoners. (4.53)

Achieved. The deputy head of health care, who had a background in public health, took the lead for older prisoners. There were regular, well-advertised well man clinics, which incorporated care for prisoners with issues related to ageing. The prison had effective links with relevant external NHS services, such as occupational therapy and local memory clinics.

2.62 A medicines and therapeutics committee should be formed independently of the prison governance committee, and should meet regularly. All stakeholders should attend the meetings. (4.54)

Partially achieved. A committee had been formed with appropriate representation and had met regularly in 2010 but the last meeting had been in December 2010; it was not clear

whether this was related to the change of health care provider.
We repeat the recommendation.

2.63 The duty times of health services personnel should ensure maximum potential contact with prisoners. (4.55)

Achieved. The nurse shift times had not changed but prisoners said they could access health care staff readily when they needed to. Nursing staff were available from 7.30am until 9pm Monday to Thursday and until 6pm on Fridays, and from 9am to 6pm at weekends. The Sefton PCT GP out-of-hours service was available between 5pm and 8am on weekdays and between 5pm and 9am at the weekends. Since the introduction of IDTS and the need to have two registered nurses to check controlled drugs, there was a potential issue with lighter staffing at weekends, but we were assured there was a contingency plan for staff absence.

2.64 All health services staff should have annual resuscitation training and other professional updates and training as required in order to provide a comprehensive range of services. (4.56)

Not achieved. A significant proportion of health care staff had not received recent resuscitation training. Some staff had accessed some professional training or development within the last year but this was very patchy.
We repeat the recommendation.

2.65 Resuscitation equipment should be readily available for use at all times, and staff should know how to access and use it effectively. (4.57)

Not achieved. There were resuscitation equipment bags in the main health care department and the treatment rooms on A, C, F and G wings. However, only health care staff had access to the treatment rooms, which meant that when there were no nursing staff on site, no other staff could access resuscitation equipment. None of the discipline staff we spoke to had received first aid or basic life support training, and only 13 discipline staff had received any sort of first aid training in the last year.
We repeat the recommendation.

2.66 All health services policies should be relevant and useable in a custodial setting. (4.58)

Partially achieved. The recent transition from the previous provider Sefton PCT to Liverpool Community Health Trust meant that policies were being transferred and formally accepted. There was a good range of standard operating procedures and policies, which had been amended to reflect the prison context, but some policies lacked sufficient detail to give clear guidance to staff.

2.67 There should be an information sharing policy. (4.59)

Not achieved. Prisoners were asked individually to consent to health care staff requesting their previous medical records or history. There was no policy or process to ask for their consent to information sharing across the prison or with external agencies.
We repeat the recommendation.

2.68 All health services staff should be trained to use the electronic clinical information system. (4.60)

Achieved. SystemOne was well embedded and all staff had been trained in its use and seemed

comfortable with it. Records showed appropriate recording and clear evidence of who had completed the record. A refresher course for new staff was due at the end of our inspection week. The administration manager had completed more in-depth training to enable her to use the system for appointments and waiting lists. The Trust also visited regularly to pick up data to generate performance reports.

2.69 Staff should ensure that all interventions with patients are recorded in the relevant documents. (4.61)

Achieved. SystemOne records were complete and it was evident who had made the entry and when. Discipline staff told us that nurses made entries in prison records, such as ACCT self-harm monitoring documents.

2.70 Prisoners should have access to disease prevention programmes and screening programmes that mirror national and local campaigns. (4.62)

Achieved. There had been support for a number of health promotion campaigns, such as 'stop smoking' and 'healthy prison' days.

2.71 Triage algorithms should be developed and used to ensure consistency of advice and care administered. (4.63)

Not achieved. Nurses carried out triage to determine advice, treatments and referrals but they did not use protocols. Some nursing staff had a background in accident and emergency medicine, but nurses had not been trained in treating minor illnesses.

We repeat the recommendation

2.72 Medication administration times should be reviewed to ensure that they reflect clinical need, rather than the convenience of staff or regime. (4.64)

Achieved. A significant proportion of prisoners had their medication in possession. Supervised medication was administered at approximately 8.30am and 4.50pm. If prisoners had to have more frequent supervised medication, individual arrangements were made with wing staff to ensure that nurses could take it to them. IDTS medication was administered at approximately 1.50pm each day.

2.73 Medicines administered by health services staff should be taken by the patient in the presence of the nurse. Medicines should not be removed from their containers and supplied to patients for later use. (4.65)

Partially achieved. All supervised medication was administered appropriately except for night sedation, which nurses gave to prisoners in individual doses in a paper cup to take later. This was unsafe and not compliant with Nursing and Midwifery Council standards.

We repeat the recommendation.

2.74 The in-possession policy should be reviewed, and robust, documented risk assessments should be carried out on all occasions for both the medicine and the patient. (4.66)

Not achieved. The in-possession medication policy did not include an appropriate risk assessment of the individual prisoner or a drug-related risk assessment precluding the use of specified medication.

We repeat the recommendation.

- 2.75 **The out-of-hours procedure should be reviewed to avoid prisoners being left without treatment for minor ailments when the health care department is closed. Reception packs, including common medicines such as paracetamol, should be introduced. (4.67)**

Partially achieved. There was no out-of-hours access to pain relief for prisoners on supervised medication except through calling the out-of-hours service, which meant that prisoners who developed pain at night could be without any pain relief for several hours. Prisoners on in-possession medication could request a pack of 16 paracetamol or 12 ibuprofen. Special sick prescribing enabled prisoners to request simple analgesia when nurses were on duty.

We repeat the recommendation.

- 2.76 **All medication administered by a health professional should be recorded on a patient's prescription chart. (4.68)**

Achieved. We saw several prescription charts and medication administered was appropriately recorded, including notes of when prisoners refused or did not appear for their medication.

- 2.77 **Prisoners should be able to see a pharmacist. (4.69)**

Achieved. A pharmacist visited once a fortnight and prisoners could request to see them, but there was little take up. All named-patient medicines were dispensed with patient information leaflets.

- 2.78 **Comprehensive details of secondary care appointments should be kept so that it is possible to audit waiting times and cancellations. (4.70)**

Achieved. There were good records of prisoners who had been referred for secondary care appointments, including referral dates and dates of appointments. Very few appointments were cancelled due to security or prison constraints, although this was partly because health care administration and nursing staff ensured that the prison was fully aware of the clinical priorities. There had been an incident in the last year when a patient with a cardiac appointment had almost missed his appointment until the consultant's secretary telephoned to ask where he was; health care had not been made aware that he had not gone out. The prisoner was then taken out for the appointment and was seen on that day.

- 2.79 **The mental health services provided should include comprehensive primary care services and day services for prisoners who require additional therapeutic support for emotional, behavioural and mental health problems. (4.71)**

Achieved. The mental health service had been taken in house and was now provided by two designated registered nurses mental health (RNMHs) in the health care team. A visiting psychiatrist provided one session a week, and there was cover for his leave. A cognitive behavioural therapist was available two days a week, which was a useful addition to primary mental health services.

- 2.80 **Discipline staff should have mental health awareness training to recognise and take appropriate action when a prisoner has mental health problems. (4.72)**

Not achieved. Only 13 discipline staff had received any mental health awareness training in

the previous year. There was no formal process for mental health professionals to deliver training, although there had been some discussions about this.

We repeat the recommendation.

Time out of cell

2.81 The amount of time that prisoners who are not engaged in activities spend locked in their cells during the core day should be reduced. (5.48)

Achieved. At the last inspection we found that over one-third of prisoners were locked in their cells during the core day. We carried out a random roll check during this inspection and found that the proportion of prisoners locked in their cells had reduced to 16%.

2.82 Time out of cell should be calculated and recorded accurately. (5.49)

Not achieved. The prison had been recording over 10 hours a day out of cell for prisoners in the year to date. However, its own core day for Monday to Thursday indicated that a fully engaged prisoner could attain only nine hours a day out of cell and an unemployed prisoner three hours. The core day for Friday showed that a fully engaged prisoner could reach 7.5 hours and an unemployed prisoner 4.5 hours out of cell. The core day for the weekend indicated that all prisoners could have 6.75 hours out of cell.

We repeat the recommendation.

Learning and skills and work activities

2.83 The closed workshops should be re-opened. (5.18)

Achieved. The British Institute of Cleaning Sciences (BICS) workshop was closed at the last inspection but had been replaced by a tiling workshop. The painting and decorating workshop had been reopened in October 2008. The prison had also undertaken a thorough analysis of prisoner needs in the region to align its provision and had identified that the provision of low-level qualifications, such as National Open College Network (NOCN) awards, was not sufficient to meet the needs of all prisoners arriving from other custodial establishments, and had promptly introduced diploma qualifications at levels 1 and 2. The prison and The Manchester College were working very well together to extend the joinery workshops for the required equipment and tools to deliver the level 3 qualification in bricks and plastering.

2.84 It should be ensured that the pay scheme is not a disincentive for prisoners to engage in purposeful activity. (5.19)

Achieved. The previous pay policy had awarded £5 reward to prisoners who successfully achieved their qualification. The prison revised the policy in 2009 to offer an attendance bonus instead that would be available to all prisoners attending activities, not just those achieving an educational award. Prisoners engaged in part-time or full-time purposeful activity now received a weekly bonus for good attendance (taking into account authorised absences, such as medical and legal appointments). This pay reward initiative had been successful in keeping prisoners engaged in activity after they had undertaken their visit or gone to the chaplaincy, as previously they had tended to return to their cell. In the previous week, attendance in educational and vocational training had been 90% and for all activities, including work, had been 92%. This had been an improvement from the attendance rates of 78% in 2008.

2.85 The use of the library and study facilities should be improved. (5.20)

Partially achieved. The number of visits to the library had increased from approximately 120 to 450 a week in March 2010 following a new timetable. However, the library IT systems were not effective for gathering and analysing data to identify the actual number of prisoners using the library or the stock loss levels. There was equal access to the library for all wings and opening hours had increased in the evenings, but it continued to be closed on Mondays and it no longer operated on alternate Saturdays as no officers were available. The library was still on the same small site with limited space for study activities, but it had used the space well to allow four prisoners at a table and another four at the computers. Visits to the library by learners from different classes had increased and they visited three mornings a week for skills for life sessions, IT, art, creative writing and some vocational training. Some drugs and alcohol awareness sessions also took place in the library.

2.86 The library service provided should be based on identified user need. (5.21)

Not achieved. The library had not yet implemented an effective system to identify users' needs. There had been a survey in 2009 but only 10 prisoners took part, which were too few to draw meaningful conclusions. Prisoner surveys were not always analysed and there was no identification of satisfaction among library users. Prisoner suggestions were not implemented to improve the service and meet the needs of prisoners.

We repeat the recommendation.

2.87 The available display space should be increased, including lockable cabinets for CDs. (5.22)

Achieved. The shelving space for displaying books had been increased and there were now lockable facilities for some legal reference books and the audio CDs. The library's small site made it difficult to display all the stock available. Stock and duplicated items were also housed in small libraries on the wings.

2.88 Library-based computer facilities should be provided. (5.23)

Achieved. Prisoners visiting the library now benefited from four computers and one printer. They could access several encyclopaedia and knowledge reference resources, as well as awareness modules from the Driving Standards Agency and the European Computer Driving Licence (ECDL). Prisoners, particularly learners undertaking an advanced level qualification, could also use the computers for word processing.

Discipline

2.89 Adjudication hearings should be properly recorded and show that there has been a fair and thorough examination of the evidence. (6.26)

Achieved. Adjudication records that we sampled demonstrated a reasonable to good level of exploration of the evidence, particularly before a finding of guilt. Where offered, mitigation was not always recorded as having been taken into consideration but awards were broadly fair.

2.90 Adjudications documentation should be regularly checked for quality by senior managers and the findings of these checks recorded and circulated to relevant staff. (6.27)

Achieved. There was a robust and formal quality assurance system. Where highlighted,

issues or concerns were fed back to individual adjudicators. Quality assurance was discussed at the well-attended adjudication strategy meetings.

2.91 The segregation unit exercise yards should be improved and made less austere. (6.28)

Partially achieved. Despite some efforts to improve the three segregation unit exercise yards, they remained austere and cage-like. There were, however, concrete seats in two of the yards and the third had a basketball hoop. The unit had two exercise bikes that prisoners could use on the unit or, weather permitting, on the exercise yard.

We repeat the recommendation.

2.92 Quality checks of use of force documents should be recorded and the findings communicated to relevant staff. (6.29)

Achieved. Use of force documentation was generally completed to a good standard, although we found a few examples where insufficient detail was recorded. The prison had introduced a 'confidential report' to check the quality of the low number of use of force documents. Of the 11 incidents between January and July 2011 where documentation was completed, three did not have one of these attached. Where the quality check had been completed, shortfalls were appropriately identified and highlighted who should communicate any required feedback to the author.

Incentives and earned privileges

2.93 The incentives and earned privileges (IEP) scheme should be revised and relaunched. It should ensure greater distinction between standard and enhanced levels, and proper monitoring and target setting for those on basic. (6.42)

Partially achieved. The IEP scheme had been revised and relaunched but the distinctions between privileges for standard and enhanced prisoners remained similar to the last inspection and were still mainly limited to access to private cash and visits. Prisoners told us that the distinction was not worth having. Prisoners on basic were monitored through a form that recorded the decision making behind the original reason to demote, and set mostly appropriate targets relating to the original reason for the demotion. Daily monitoring arrangements were limited to mainly observational comments from staff that indicated limited engagement and support for prisoners on the basic regime. Where there was improvement, prisoners were moved back to the standard regime reasonably quickly. The records we reviewed showed that no one remained on basic for longer than three weeks, with many for shorter periods.

2.94 The IEP scheme should be consistently applied to ensure that good and poor behaviour is recognised and acted on quickly. (6.43)

Achieved. The IEP scheme was applied fairly and consistently. Records of warnings were maintained. Warnings were issued appropriately and prisoners generally had the opportunity to improve their behaviour before any demotion. Reviews were mostly timely and responsive to issues as they arose.

2.95 Recording and monitoring of data should give a true reflection of the number of prisoners on each privilege level. (6.44)

Achieved. During the inspection, 267 prisoners were on the enhanced level, one on basic and the remainder on standard. The senior officer responsible for the scheme maintained accurate

data on privilege levels and gave the residential governor a monthly report on any trends or concerns.

Catering

2.96 Breakfast should be served on the day it is eaten. (7.7)

Not achieved. Breakfast continued to be served the day before it was due to be consumed. We repeat the recommendation.

2.97 Outcomes of consultation with prisoner representatives should be clearly communicated directly to all prisoners. (7.8)

Partially achieved. There was consultation on food through a quarterly food focus group with prisoner representatives but there had been no meeting in February 2011 and there were no minutes, or very out-of-date ones, on wing noticeboards. The twice yearly food survey was last completed in October 2010. The findings were distributed to prisoner representatives and wing staff but were not consistently communicated to other prisoners. We repeat the recommendation.

2.98 Prisoners should be permitted to dine in association. (7.9)

Partially achieved. There were opportunities for some prisoners on each wing to dine in association but there were insufficient tables and chairs for all. Where there was demand for dining in association a rota was operated and some prisoners still had to eat in their cells with poorly screened toilets.

Prison shop

2.99 Refunds for unreceived goods and unwanted substituted goods should be paid promptly. (7.15)

Achieved. The prison had introduced an appropriate system of receipting any shortfalls in delivered products, managed through the finance department. The system worked reasonably well.

2.100 There should be no routine administration charge for catalogue orders. (7.16)

Not achieved. Prisoners were no longer charged an administration fee for catalogue orders but were charged a delivery cost which, in effect, amounted to the same thing, although it could be higher than the original fee of 50p. Not all catalogues charged a delivery fee but where they did the cost was divided by the number of orders made in that batch. We repeat the recommendation.

2.101 Catalogue goods should be issued to prisoners promptly. (7.17)

Achieved. Catalogue orders were received in reception from where prisoners collected them. The system worked reasonably well and there were no significant delays.

2.102 The range of goods available in the canteen under the new contract should be increased to a level similar to that in the previous contract. (7.18)

Not achieved. The prison was still part of the national contract for shop provision. The number of items available at the time of the inspection was 349, comparable to similar category C establishments. The prisoner consultation committee regularly reviewed shop issues and the product range. When the new contract was initially introduced the prison had received many complaints but these had subsequently diminished. Although we received many complaints during the inspection about the price of shop items, the range was generally appropriate.

Strategic management of resettlement

- 2.103 **The reducing reoffending strategy should outline the overall resettlement strategy and how offender management arrangements support work in the resettlement pathways. (8.6)**

Achieved. The reducing reoffending strategy, along with a delivery framework and action plan, was dated May 2010 although it had not been signed off by the senior management team until September 2010. The document included all key aspects of work, including the role and operation of the offender management unit (OMU). The document preceded the introduction of the resettlement unit on D wing in October 2010 and made only passing reference to this initiative (see below).

- 2.104 **The monthly resettlement meetings should address all resettlement issues, including overall strategy and offender management. (8.7)**

Achieved. There were two meeting schedules – the reducing reoffending policy committee was scheduled to meet bimonthly, but often met more frequently, and the pathways forum met quarterly. Minutes from meetings indicated reasonably comprehensive coverage of both strategic and operational functions. Both groups met together in June 2011 to review overall progress and the reducing reoffending action plan.

- 2.105 **Resettlement provision should be developed to meet the needs of prisoners at all stages of their sentence, and in particular those who arrive at the prison within months of their release from custody. (8.8)**

Achieved. The prison's most recent prisoner needs analysis had been completed in September 2010, drawing on offender assessment system (OASys) assessments information, public protection data and basic skills assessments completed on all prisoners as part of their induction. While prisoners with a short time left to serve were unlikely to gain a place on the decision making course (see paragraph 2.7), other courses were available through the resettlement unit. All prisoners were expected to move to the resettlement unit on D wing in the last eight weeks of their sentence, or straight from induction if they had less time to serve. The unit delivered a range of resettlement services oriented to resettlement pathways and employability skills, with related activities available every evening between Monday and Thursday. Although the unit was a positive initiative, there were some problems. Some prisoners were moved there 12 weeks or more before their release to free up spaces elsewhere, and the move caused frustration for some prisoners who did not need such input, especially if they were well established on another wing. A comprehensive review of the unit's function was planned.

Offender management and planning

- 2.106 **With the exception of operational emergencies, officer offender supervisors should not be cross-deployed to other duties. (8.20)**

Not achieved. OMU officer staff, including offender supervisors, were regularly redeployed to cover sickness etc elsewhere. It was hoped that the establishment of new staffing profiles in July 2011 would diminish such cross-deployment, and there were indications that it was less than previously. However, officer offender supervisors were still expected to cover some operational duties, including prisoner movements, at various points through the day and occasional late shifts and night duties. Over 100 staffing hours had been lost from the OMU in the two weeks before our inspection, and this cross-deployment still affected the completion of some core offender management tasks (see paragraph 2.108).

We repeat the recommendation.

2.107 The allocated offender supervisor should see prisoners on their caseload within a few days of arrival at the prison, and then at least monthly. (8.21)

Partially achieved. All new arrivals were expected to be seen by their offender supervisor within 10 days and this was generally achieved, with many prisoners seen within 48 hours. However, our review of contact logs showed that subsequent contact varied considerably. In some cases there had been no contact for several months, while in others prisoners were seen regularly. All high-risk prisoners were allocated to one of the three probation offender supervisors and were generally seen frequently.

We repeat the recommendation.

2.108 A plan should be developed and implemented to clear the backlog in offender assessment system (OASys) assessments. (8.22)

Not achieved. At the last inspection, there had been a backlog of 83 outstanding OASys assessments. At this inspection there were still 65 late and out-of-date OASys assessments, 43 of which were the responsibility of the establishment (that is, not phase two or three cases). Recent improvements had reduced the backlog but it still remained significant.

We repeat the recommendation.

2.109 Communication between the offender management unit (OMU) and resettlement workers should be improved to facilitate better coordination. (8.23)

Achieved. Links between resettlement staff on D wing and offender supervisors in the OMU were reasonably good. Information was exchanged as part of the eight-week pre-release assessment to ensure that appropriate information was utilised. Further reviews on the resettlement unit at six and two weeks pre-release also drew on work by offender management staff.

2.110 Relevant resettlement workers and personal officers should attend sentence planning boards, or at least provide written contributions. (8.24)

Not achieved. Sentence planning boards were generally chaired by offender managers for prisoners in scope of offender management (phases two and three, along with life-sentenced prisoners) and by offender supervisors for all other prisoners. Such meetings rarely included other departmental representatives. Requests for information were distributed but there were often no responses or little information returned directly relevant to sentence planning. Although we saw evidence of progress reports from the CARAT team to offender supervisors where drug work had been identified as a sentence planning target, personal officers or other staff rarely made such contributions.

We repeat the recommendation.

2.111 Targets set at sentence planning boards should focus on identified criminogenic needs and outline the behaviours and attitudes to be changed. (8.25)

Partially achieved. The senior probation officer reviewed sentence planning documentation completed by probation offender supervisors, including targets, links to criminogenic factors and risk factors needing to be addressed, as part of an overall quality assurance scheme. Casework supervision was also provided. There were no similar checks of such work undertaken by officer offender supervisors or any casework supervision. Recent attempts to run joint officer and probation offender supervisor practice meetings had been positive but, due to shift patterns, some officers had not attended regularly. Examples that we reviewed demonstrated some appropriate and specific recommendations, but this was not consistent. **We repeat the recommendation.**

2.112 Release on temporary licence (ROTL) should be used to facilitate resettlement work for those prisoners who are eligible. (8.26)

Partially achieved. At the last inspection no prisoners were being released on temporary licence. At this inspection, we found that there had been some use of such licences but the number remained low. The prison had opened a dedicated category D unit on F wing and in the previous seven months 449 licences had been granted for prisoners on the unit, although for only nine prisoners. Almost 90% of all temporary licences were granted for prisoners to work in the kitchen, which was outside the prison gates, although home and town leaves had also been facilitated. **We repeat the recommendation.**

2.113 A resettlement board should be run six to eight weeks before release to ensure that work has been completed and, where possible, any gaps are filled. (8.27)

Achieved. Resettlement staff saw prisoners approximately 12 weeks before release to assess their needs before they were moved to D wing around eight weeks before release (although some prisoners were moved much earlier than this, see paragraph 2.105). There were further reviews at eight, six and two weeks before release.

2.114 The cell sharing risk assessment (CSRA) should be reviewed in all cases where a racial element is evident in a prisoner's offending behaviour or if racist, homophobic or other problematic behaviour subsequently manifests itself. (8.28)

Achieved. The public protection department reviewed the cases of all new arrivals to identify those with current or previous convictions requiring child protection and/or harassment monitoring, along with multi agency public protection arrangements (MAPPA) cases. Where such cases included racial factors, information was forwarded to the equalities officer who then liaised with wing staff regarding the CSRA. Case administrators undertook the same role for other cases. Although no such cases had been identified recently, the equalities officer told us that a number had been identified in the past.

Categorisation

2.115 Prisoners should be given more information regarding categorisation decisions, with a clear account of what they need to do to improve their prospects on future categorisation boards. (6.11)

Achieved. Prisoners sitting recategorisation boards were given both verbal and written feedback on the outcomes. The written feedback we reviewed showed that individual prisoners

were informed of the reason why they had not been successful and, in most cases, told what they needed to do to increase their likelihood of success.

2.116 Foreign national prisoners should receive comprehensive reasons for a refusal to recategorise them to category D, including matters other than immigration issues. (6.12)

Achieved. Foreign national prisoners were considered for recategorisation, and received the same feedback as other prisoners when they were unsuccessful (see above), but there were also checks to establish whether or not UKBA was considering their deportation.

Resettlement pathways

2.117 OMU staff should routinely notify the housing worker of early conditional licence decisions. (8.42)

No longer applicable. The prison no longer released prisoners under early conditional release licence. However, links between the Nacro housing worker and offender management staff were good.

2.118 Prisoners should have better access to job search activities. (8.43)

Partially achieved. The prison now ran a job club, and staff from Jobcentre Plus were based in the resettlement unit. Each prisoner received comprehensive support on employability. They had a skills analysis, and the employment adviser researched the available job vacancies and discussed them with the prisoner. Twenty per cent of prisoners who engaged in job search activity obtained employment within 26 weeks of their release. However, prisoners still had little opportunity for independent research for employment. The prison was planning to address this through future virtual campus facilities, which would allow prisoners to access some job websites independently.

2.119 Jobcentre Plus staff should be available at a central location. (8.44)

Achieved. At the last inspection, there had been no central office for employment advice and the employment adviser had to go on to the wings to promote the service. The employment adviser was now accessible on wing E, with privacy for appointments, face-to-face job searches and access to the latest advertised job vacancies. The quality of the intervention now resembled that of the employment service in the community.

2.120 More pre-release courses should be made available. (8.45)

Achieved. The opening of the new resettlement unit had been accompanied by a comprehensive improvement plan that had increased job search activities and courses to increase prisoners' employability skills and opportunities. The new resettlement pre-release course strategy had been fully implemented by October 2010. Courses available included: accredited literacy and numeracy, delivered as a refresher course; business planning; accredited creative communication skills; accredited IT; accommodation management; introduction to volunteering; support for prisoners of Irish background; mentoring support (through the gate); job search; and drug and alcohol awareness refresher courses. Courses met the needs of different groups.

2.121 The links between learning and skills and the OMU should be improved. (8.46)

Achieved. The learning and skills strategy was now effectively linked to the prison's

resettlement objectives, and communications had been strengthened. The careers, information and advice support coordinator received appropriate and timely information about the sentence planning targets set for each prisoner by their offender supervisors. The learning and skills team had worked well with the offender management team to plan and deliver the appropriate units and modules on the personal and social development course to meet prisoners' needs. Information on each prisoner's assessed risk was shared with the learning and skills team. A useful database allowed all parties to obtain information on the progress made by prisoners, as well as to prioritise those in the most urgent need of attending courses to meet their sentence planning targets. The learning and skills team used the database particularly well to obtain details about any identified additional learning needs for prisoners, which allowed them to plan specific individual support.

2.122 Health services should be featured in the resettlement strategy, and health services staff should work closely with other areas of the prison regime and external agencies to ensure the integration of prisoner-focused care. (8.47)

Partially achieved. The resettlement strategy included health services. There was no structured health care approach to prisoners leaving the prison except for those with chronic diseases. Prisoners were seen briefly in reception before they left and a discharge template completed. Those not registered with a GP were given details of local services and how to register. Prisoners on prescribed medication were given seven days' supply.

We repeat the following part of the recommendation: Health services staff should work closely with other areas of the prison regime and external agencies to ensure the integration of prisoner-focused care.

2.123 There should be a palliative care and end-of-life policy. (8.48)

Partially achieved. The prison adhered to the Trust policy but it had not been adapted for prison-specific issues. There were links with local palliative care services but these had not been formalised and included within a policy or pathway.

2.124 Specialist debt management advice should be provided. (8.49)

Achieved. Support for prisoners with debt problems had expanded since the last inspection. The prison had employed a partnership coordinator from Sefton CVS who was able to access a range of community support, including debt management from Citizens Advice (CAB). The CAB attended the prison on a needs basis, but approximately fortnightly. Prisoners were informed of this service during induction and while on the resettlement unit.

2.125 A budgeting and finance course should be offered. (8.50)

Achieved. The prison delivered a basic money management programme through the social and personal development course in the education department. Further banking and financial advice was available monthly on the resettlement unit from the Sefton Credit Union.

2.126 Prisoners should be assisted in opening bank accounts while still in custody. (8.51)

Achieved. Basic bank accounts could be opened pre-release through the Sefton Credit Union.

2.127 The establishment should develop a substance use strategy that incorporates both drugs and alcohol. This strategy should contain time-bounded action plans. (8.59)

Achieved. There was a comprehensive and up-to-date substance misuse policy and separate

alcohol policy with a joint action plan. There were time-specific action plans and evidence of action taken.

2.128 Services should be established to address the treatment needs of those prisoners presenting with alcohol as their sole substance misuse issue. (8.60)

Partially achieved. Health care staff assessed new arrivals for their alcohol use. Prisoners with alcohol-only problems could go on the IDTS/CARATs alcohol awareness session. Some CARATs staff were due to attend training to support prisoners with alcohol-only problems.

2.129 Family visits days should be open to all prisoners, subject to risk assessment, regardless of incentives and earned privileges (IEP) status. (8.76)

Achieved. There were regular family days, usually monthly, facilitated through the chaplaincy. Further family days were also provided at the conclusion of the parenting course. All prisoners could attend these visits, subject to risk, regardless of their IEP status.

2.130 Provision should be made for prisoners to receive incoming telephone calls from children, and regarding child welfare issues. (8.77)

Not achieved. There was no mechanism for prisoners to receive incoming calls from children, except in exceptional circumstances and with the agreement of a governor.

2.131 Seating should be provided in the prison visits waiting area. (8.78)

Achieved. Seating was available in the small waiting area next to the visits hall for visitors.

2.132 Sound insulation in the current visits hall should be introduced. (8.79)

Achieved. Although the visits hall remained small, the noise level had been diminished by the addition of carpeting and blinds at the window.

2.133 A positive drug dog indication alone (without supporting intelligence) should not result in a closed visit being offered. (8.80)

Achieved. There was a proportionate and individualised response when the drug dog indicated on a visitor. Following the receipt of advice from the security department and duty manager, we were assured that closed visits were only offered where there was additional intelligence to support this.

2.134 Prisoners attending visits should not be required to wear a bib. (8.81)

Not achieved. Prisoners still had to wear a bib during visits.
We repeat the recommendation.

Section 3: Summary of recommendations

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

Main recommendations	To the governor
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- | | |
|-----|---|
| 3.1 | The current security restrictions on prisoner movement should be reviewed to ensure that they are commensurate with the risks posed and that there are no unnecessary impediments to the functioning of the regime. (2.1) |
| 3.2 | An overall strategy for diversity should be developed, along with corresponding services for prisoners. (2.2) |
| 3.3 | An appropriate visiting area should be provided for prisoners and their families. (2.6) |

Recommendations	To the governor
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Courts, escorts and transfers

- | | |
|-----|---|
| 3.4 | A protocol should be agreed with Global Solutions Limited (GSL) that allows its representatives to contribute formally to any review of relevant policies or practices and provides a formal mechanism for matters of common concern to be discussed and any problems resolved. (2.8) |
|-----|---|

First days in custody

- | | |
|-----|---|
| 3.5 | The reception area and facilities should be upgraded and sufficient to manage the actual number of prisoner movements. (2.9) |
| 3.6 | The reasons for prisoners being held in reception for long periods should be addressed so that prisoners only spend more than two hours in reception in exceptional circumstances. (2.10) |
| 3.7 | The property 'window' system should be reviewed to ensure that prisoners are able to obtain new property at a time when they need to do so and without unnecessary delays. (2.11) |
| 3.8 | The induction programme should be tailored to the needs of different groups of prisoners, to reflect better the needs of different prisoner groups and properly target resources. (2.12) |

Residential units

- | | |
|------|--|
| 3.9 | Toilets in double cells should be properly screened or the cells should not be used for double occupancy. (2.15) |
| 3.10 | The problems with damp in the showers should be eradicated and peeling paint repaired. (2.16) |
| 3.11 | Prisoners should be provided with prison-issue clothing in good repair. (2.19) |

- 3.12 Prisoner issues discussed at meetings, and the action taken as a result, should be better publicised and communicated to the wider prison population. (2.21)
- 3.13 Ongoing issues surrounding the delivery of newspapers should be resolved. (2.22)
- 3.14 Telephones should be relocated away from the main association area. (2.25)

Personal officers

- 3.15 There should be more integration between personal officers and other regime activities such as sentence planning, learning and skills and the offender management unit (OMU). (2.27)

Self-harm and suicide

- 3.16 The care suite on D wing should meet the appropriate specifications. (2.33)

Diversity

- 3.17 Activities should be available specifically for prisoners over 50 and links should be made with relevant voluntary and community sector organisations which provide information, advice and guidance to older people. (2.43)
- 3.18 Services should be made available for gay, bisexual and transgender prisoners. (2.44)
- 3.19 The REAT should explore the poor perceptions of black and minority ethnic prisoners and take action where appropriate. (2.46)

Health services

- 3.20 The treatment room doors should allow adequate supervision and confidential discussion. (2.58)
- 3.21 There should be a review of dental staffing to ensure that staff with the right skills are available to provide a comprehensive service to prisoners within acceptable timescales. (2.60)
- 3.22 A medicines and therapeutics committee should be formed independently of the prison governance committee, and should meet regularly. All stakeholders should attend the meetings. (2.62)
- 3.23 All health services staff should have annual resuscitation training and other professional updates and training as required in order to provide a comprehensive range of services. (2.64)
- 3.24 Resuscitation equipment should be readily available for use at all times, and staff should know how to access and use it effectively. (2.65)
- 3.25 There should be an information sharing policy. (2.67)
- 3.26 Triage algorithms should be developed and used to ensure consistency of advice and care administered. (2.71)

- 3.27 Medicines administered by health services staff should be taken by the patient in the presence of the nurse. Medicines should not be removed from their containers and supplied to patients for later use. (2.73)
- 3.28 The in-possession policy should be reviewed, and robust, documented risk assessments should be carried out on all occasions for both the medicine and the patient. (2.74)
- 3.29 The out-of-hours procedure should be reviewed to avoid prisoners being left without treatment for minor ailments when the health care department is closed. Reception packs, including common medicines such as paracetamol, should be introduced. (2.75)
- 3.30 Discipline staff should have mental health awareness training to recognise and take appropriate action when a prisoner has mental health problems. (2.80)

Time out of cell

- 3.31 Time out of cell should be calculated and recorded accurately. (2.82)

Learning and skills and work activities

- 3.32 The library service provided should be based on identified user need. (2.86)

Discipline

- 3.33 The segregation unit exercise yards should be improved and made less austere. (2.91)

Catering

- 3.34 Breakfast should be served on the day it is eaten. (2.96)
- 3.35 Outcomes of consultation with prisoner representatives should be clearly communicated directly to all prisoners. (2.97)

Prison shop

- 3.36 There should be no routine administration charge for catalogue orders. (2.100)

Offender management and planning

- 3.37 With the exception of operational emergencies, officer offender supervisors should not be cross-deployed to other duties. (2.106)
- 3.38 The allocated offender supervisor should see prisoners on their caseload within a few days of arrival at the prison, and then at least monthly. (2.107)
- 3.39 A plan should be developed and implemented to clear the backlog in offender assessment system (OASys) assessments. (2.108)
- 3.40 Relevant resettlement workers and personal officers should attend sentence planning boards, or at least provide written contributions. (2.110)

- 3.41 Targets set at sentence planning boards should focus on identified criminogenic needs and outline the behaviours and attitudes to be changed. (2.111)
- 3.42 Release on temporary licence (ROTL) should be used to facilitate resettlement work for those prisoners who are eligible. (2.112)

Resettlement pathways

- 3.43 Health services staff should work closely with other areas of the prison regime and external agencies to ensure the integration of prisoner-focused care. (2.122)
- 3.44 Prisoners attending visits should not be required to wear a bib. (2.134)

Appendix I: Inspection team

Keith McInnis	Team leader
Kevin Parkinson	Inspector
Kellie Reeve	Inspector

Specialist inspectors

Nichola Rabjohns	Health services inspector
Maria Navarro	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.

Status	21 and over	%
Sentenced	331	97.6
Recall	8	2.4
Total	339	100

Sentence	21 and over	%
6 months to less than 12 months	8	2.4
12 months to less than 2 years	34	10
2 years to less than 4 years	111	32.7
4 years to less than 10 years	158	45.4
10 years and over (not life)	24	7.1
ISPP	3	0.8
Life	1	0.3
Total	339	

Age	Number of prisoners	%
21 years to 29 years	145	42.7
30 years to 39 years	114	33.6
40 years to 49 years	53	15.6
50 years to 59 years	24	7.1
60 years to 69 years: <i>maximum age=65</i>	3	0.8
Total	339	

Nationality	21 and over	%
British	337	99.4
Foreign nationals	2	0.6
Total	339	100

Security category	21 and over	%
Category C	284	83.8
Category D	55	16.2
Total	339	100

Ethnicity	21 and over	%
<i>White</i>		
British	315	92.9
Other white	2	0.6
<i>Mixed</i>		
White and black Caribbean	4	1.2
White and black African	2	0.6
<i>Asian or Asian British</i>		
Bangladeshi	1	0.3
Other Asian	1	0.3

<i>Black or black British</i>		
African	1	0.3
Other black	5	1.5
Not stated	7	2.1
Total	339	

Religion	21 and over	%
Church of England	94	27.7
Roman Catholic	140	41.3
Other Christian denominations	8	2.4
Muslim	1	0.3
Sikh	1	0.3
Hindu	1	0.3
Buddhist	1	0.3
Jewish	1	0.3
Other	1	0.3
No religion	91	26.8
Total	339	

Sentenced prisoners only

Length of stay	21 and over	
	Number	%
Less than 1 month	24	7.1
1 month to 3 months	97	28.6
3 months to 6 months	105	31
6 months to 1 year	83	24.5
1 year to 2 years	28	8.3
2 years to 4 years	2	0.6
Total	339	

Main offence	21 and over	%
Violence against the person	69	20.4
Burglary	30	11.5
Robbery	36	10.6
Theft and handling	7	2.1
Fraud and forgery	3	10.2
Drugs offences	168	49.6
Other offences	26	7.7
Total	339	