Report on an announced inspection of

HMP Kennet

1–5 September 2008

by HM Chief Inspector of Prisons

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Introduction

HMP Kennet, on Merseyside, opened in 2007 and is the newest prison in England. It occupies refurbished accommodation that previously housed female patients from Ashworth High Secure Hospital. It is ironic that a secure hospital has been re-roled as a prison, given the recognition that there are too many mentally ill people in prisons who ought properly to be in scarce NHS facilities.

It was opened in response to the population crisis, but only on a temporary five-year lease. The physical fabric is weak and this restricts the type of prisoner who can be held. The lack of activity spaces will always limit its effectiveness as a training prison. Nevertheless, this first announced inspection found Kennet to be a safe and respectful establishment, beginning to focus on resettlement. Staff are to be congratulated for opening the accommodation so expeditiously and effectively

Early days in custody were well managed: staff made the best use of a tiny reception, first night arrangements were excellent and induction was comprehensive. Bullying, violence reduction and suicide prevention arrangements were all good and the segregation unit was impressive. However, some security restrictions were disproportionate and, now that the prison's difficult early opening period had been successfully navigated, it was time to review this. There was also a need for more rapid progress on the introduction of the integrated drug treatment system (IDTS).

The environment was clean and the grounds attractive – although prisoners' access to them was minimal. Living units were small and this meant that there was close interaction between staff and prisoners. Relations were mutually respectful and were supported by a developing personal officer scheme, although the incentives and earned privileges (IEP) scheme required review. Diversity arrangements were underdeveloped, provision for foreign national prisoners limited and, while race issues were well managed, the negative perceptions of black and minority prisoners needed to be addressed.

Health services were good but staff had received little training in working in a prison setting. There was also a lack of primary mental health care which was surprising for a prison only recently converted from part of the adjoining secure mental hospital.

The lack of activity spaces at Kennet meant that, without considerable investment, it would struggle to become an adequate training prison. Time out of cell was low for a prison of its type. Despite this, learning and skills provision was good and making the best of limited facilities, although there were few accredited vocational courses. Access to the library was limited and physical education was basic.

Resettlement arrangements and the offender management model were still in their infancy. There was a need for better overall strategic direction, based on a comprehensive analysis of the needs of the population. There were good counselling, assessment, referral, advice and throughcare (CARAT) services and some reintegration support was available which required better co-ordination. No offending behaviour programmes were available, although plans were in place for some support to be provided by HMP Liverpool. Work to encourage family contact was good, but the visits facility was poor.

Opening a new prison is always a huge challenge. New systems and procedures need to be established and both staff and prisoners need time to understand each other and adjust to their new setting. The risk of teething problems is significant, not least when the physical fabric

is weak, as at Kennet. Managers and staff are, therefore, to be congratulated for opening the accommodation so quickly, safely and effectively. It shows how much can be achieved in a small prison, with good staff-prisoner interaction. It would therefore be a pity if the National Offender Management Service was not to identify, and invest in, a sustainable future for Kennet.

Anne Owers January 2009
HM Chief Inspector of Prisons

Fact page

Task of establishment
HMP Kennet is a category C resettlement prison.

Brief history
In late December 2006, the National Offender Management Service acquired Ashworth East Hospital from Merseyside Care Trust on a five-year lease to help combat overcrowding in prisons in England and Wales.

Area organisation
North-West

Number held
337

Certified normal accommodation
175

Operational capacity
342 (temporarily only 341 due to safer cell installation)

Last inspection
Not applicable.

Description of residential units
The existing buildings on the site had been upgraded to meet the specifications of a modern prison. There were seven individual accommodation blocks, mostly of post-war construction, comprising predominantly double occupancy cells and a segregation unit. A wing was the induction unit. The weak accommodation fabric and wooden cell doors placed the establishment as 'poor control' category C.
The wings can accommodate:
A wing 42
C wing 39
D wing 41
E wing 56
F wing 30
G wing 67 (temporarily only 66 due to safer cell installation)
H wing 67

Healthy prison summary

Introduction

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

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

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

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

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

... not performing sufficiently well against this healthy prison test.
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

... performing poorly against this healthy prison test.
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

Safety

HP3 Reception provided a positive experience for newly arrived prisoners, despite its inadequate size. First night procedures were excellent. The induction process was comprehensive, but included periods of inactivity. Suicide and self-harm procedures and structures were good. Bullying and violence reduction procedures were thorough.

Security restrictions appeared disproportionate, particularly now that the initial risks of opening a new facility had been successfully managed. The segregation unit was impressive, with the exception of the exercise area. There was currently no detoxification offered to prisoners and progress on the introduction of the integrated drug treatment system (IDTS) was slow. Overall, the establishment was performing well against this healthy prison test.

HP4 Reception was small and not adequate to deal appropriately with the high volume of traffic, which was considerably greater than had been planned for. Despite this, the area was kept clean and tidy and the reception experience for prisoners was friendly and positive. Good use was made of the Listener orderly to welcome and settle prisoners. Efforts were being made to manage better the arrival time of escort vans, but some prisoners still spent long periods in reception and, over the lunch hour, in the healthcare holding area.

HP5 There was good provision of information in a variety of formats, and prisoners had plenty of opportunities to ask questions and raise issues, including during a detailed confidential interview. The process was prisoner focused, with a strong emphasis on ensuring safety. The first night cells on A wing were well presented and the first night procedures thorough, including contact with an Insider.

HP6 Induction was a three-day programme, which could take over a week to complete. It comprised a mixture of fixed days and a rolling programme, and there were periods of inactivity and lock-up. Prisoners were generally satisfied with the process. Prisoner feedback was obtained and analysed, but Insiders did not meet to share information or develop practice.

HP7 There were sound management structures and systems for suicide and self-harm, and continuous improvement plans had been drawn up for suicide prevention and violence reduction. Although there were separate committees for the two areas, they were managed by the same governor and the same safer custody coordinator. Ninety per cent of staff had attended safer custody and assessment, care in custody and teamwork (ACCT) training. The number of ACCT documents opened was relatively low, with only 23 opened so far in 2008. These were well managed, with entries reflecting good quality contact and support by staff from a range of disciplines. Care plans were detailed, meaningful and updated as necessary. There was an effective Listener scheme, with good succession planning, but Listeners were not sufficiently committed about the development of policies and practice.

HP8 Prisoners described Kennet as a safe prison. There was thorough interrogation of all available indicators at the monthly violence reduction meeting, and investigation reports were produced for all incidents and unexplained injuries. Since the beginning of 2008, 67 tackling anti-social behaviour (TAB) booklets had been opened on perpetrators and victims. Action plans were inadequate and largely reflected staff actions rather than setting targets for prisoners. No bullies had progressed beyond stage one of the scheme. Victims were well supported. There were no structured interventions for either group. The monitoring of prisoners subject to the TAB strategy was limited to residential areas, even if the alleged bullying took place in another location. Staff from those locations did not always contribute to reviews or to the decision to close the TAB. Although it had never been used, the bullying helpline was checked regularly and we received a prompt response to our test call.

HP9 There was good use of intelligence systems. The number of security information reports had started to reduce as systems and procedures had become established, and these were well managed, with appropriate referrals made. With the low levels of physical perimeter security, prisoner movement in the grounds was tightly controlled. This was an inefficient, resource-intensive process. It was unpopular with prisoners and many staff, and disproportionately impacted on the prison's regime.

HP10 Adjudication processes were generally sound. There were good recording systems for the issuing of documentation. Most of the completed hearings that we reviewed were well written up and provided assurances about the overall process, although some were brief, with no evidence that charges had been properly investigated. The prison had already identified this and remedial action had been taken.

HP11 Use of force was low, with only 16 occurrences so far in 2008. Paperwork was completed to a reasonable standard, and the monitoring of force was carried out appropriately by the security committee meeting. The special cell had only been used once since the prison had opened.

HP12 The segregation unit was purpose built and adequate. The unit was clean and the cells well maintained, although the exercise yards were cage-like and austere. The unit was used relatively infrequently. There had been no long-term residents since the prison had opened, and there was a clear policy for minimising the amount of time that prisoners spent in segregation. The regime in the unit was restricted, although exercise, showers and telephone calls were offered daily, and limited in-cell activities were available. The staff group had been specifically selected to work in the unit, and we observed positive interaction with prisoners. Segregation unit staff had developed a segregation unit history book, which was used for all prisoners.

HP13 There was no clinical provision for prisoners with substance misuse issues, and no secondary detoxification protocols. While preparations were underway for the establishment of a 12-place IDTS by April 2009, progress was slow and there had been little engagement with the National Treatment Agency.

HP14 The positive mandatory drug testing rate for the previous six months was 10.6%, and prisoners told us that drugs were not widely available. Hooch production and consumption was increasingly becoming a problem. The level of suspicion testing was low: only 18 tests had been carried out in the previous six months. The current policy of requiring three separate pieces of evidence to trigger a request for a suspicion test was overly restrictive.

Respect

HP15 While the physical fabric was weak, the environment was good, although prisoners had little access to the well-maintained and spacious grounds. Staff–prisoner relationships were uniformly courteous and respectful. The personal officer scheme operated well but did not extend to sentence planning. The prison had recognised problems with the incentives and earned privileges (IEP) scheme. Catering provision was reasonable, but prisoners had to dine in their cells. Diversity provision was underdeveloped. The management of race equality issues was sound, but black and minority ethnic prisoners were significantly more negative than white prisoners about a range of issues. The provision for foreign national prisoners was poor. Faith

provision was good. Responses to applications were appropriate but some responses to complaints were inadequate. Prisoners were positive about health services. Overall, the establishment was performing reasonably well against this healthy prison test.

HP16 The external areas of the prison were in good order. There was little litter around the establishment and the grounds were pleasant, although prisoners' access to the grounds was minimal. Inside the residential units, the communal areas were clean and tidy and the association areas had reasonable facilities. Cells were mostly clean and well equipped. Some toilets were only screened by a curtain, but the standard of the cells was reasonable overall. Staff did not consistently enforce the offensive display policy. Access to cleaning materials was good and prisoners appeared to take pride in keeping their living conditions in good order. Access to showers was good, and prisoners could shower daily. Showers were clean and appropriately partitioned, although there had been some problems with damp and paint peeling from the walls.

HP17 Prisoners could not wear their own clothes at all times. There had been problems with prison-issue kit.

HP18 The incentives and earned privileges (IEP) scheme was under review. The current system of red and green cards was unpopular with some prisoners and staff. We found inconsistencies in the operation of the scheme in terms of how warnings were administered. The process for organising reviews was slow and did not allow for immediate sanctions. Around two-thirds of prisoners were on the enhanced level. There were few significant distinctions between the standard and enhanced levels. Once prisoners had attained the enhanced level, their behaviour was not subsequently monitored, so they could remain on that level with no additional effort. There were no monitoring systems for prisoners on the basic level and no meaningful targets were set for them to progress. Prisoners had been included in the review process.

HP19 The staff–prisoner relationships we observed were uniformly courteous and respectful, and there was extensive use of preferred names. Staff clearly understood their importance as role models for the behaviour they expected of prisoners. Staff showed confidence in challenging inappropriate behaviour. Prisoner representatives attended a range of consultative groups about key issues, although there had been problems communicating information to the wider prisoner population.

HP20 The personal officer scheme worked reasonably well. Prisoners all knew their personal officers, and staff had a good knowledge of the prisoners in their care. Wing history files were completed to a good standard, and mostly showed regular personal officer entries which demonstrated a good awareness of a prisoner's personal circumstances. Management checks took place, but there were inconsistencies and some comprised just a routine stamp. There was, as yet, only very limited personal officer involvement in areas such as sentence planning.

HP21 The main kitchen was outside the prison, which meant that prisoners did not have the opportunity to 'work out' in an area of employment that could enable them to find work on release. The kitchen and serveries were clean and well presented, and all servery workers had received basic food hygiene training. Menus were appropriately varied and special diets were adequately catered for. All prisoners had to eat in their cells, despite scope for dining in association. 'Food focus' meetings were held regularly and twice-yearly surveys were carried out. Changes had been made as a result of these

consultation exercises, but the method for communicating this back to prisoners was poor. Prisoner feedback about food overall was reasonably positive.

HP22 There was no overarching diversity strategy, and provision in this area was currently underdeveloped. The local disability and discrimination strategy largely focused on staff needs, although the procedure for supporting prisoners with disabilities was clearly outlined. There were nine prisoners with a declared disability, and they had been appropriately interviewed by the disability liaison officer (DLO). Staff had only recently been informed of the role of the DLO, but prisoners had not. It was likely that there were further prisoners with a disability that they had not declared, and who had not therefore had their needs assessed and would not have known where to go for support. There were no distinct services available for older, gay or bisexual prisoners.

HP23 There had been a significant focus on the management, promotion and development of race equality across the establishment. The race equality action team (REAT) meeting was developing a good strategic overview of race equality. The management of racist incident report forms was good. However, black and minority ethnic prisoners were more negative than white prisoners about a wide range of issues. The REAT was aware of some of the perceptions held by black and minority ethnic prisoners and had responded appropriately by improving communication systems, publicising the work of the REAT and the REAT prisoner representatives, both to prisoners and to visitors, and monitoring the situation at REAT meetings.

HP24 The foreign nationals policy did not reflect current practices. A foreign nationals coordinator had recently been recruited. However, she was often redeployed to other tasks, which prevented her from focusing on the role and engaging with foreign national prisoners. The foreign national prisoners we spoke to expressed frustration at not being able to maintain contact with family and friends owing to the continued lack of international telephone cards and airmail letters. They also felt unsupported in dealing with the complexities of their status in the UK, compounded by the lack of specialist advice provided at the establishment.

HP25 A good range of translated information was available, but the use of translation services was minimal, despite having some foreign national prisoners who spoke little or no English. Meetings with foreign national prisoners had recently been introduced.

HP26 Applications were managed on the residential wings and the responses were appropriate. The prison had recently started to monitor the timeliness of replies. Complaint forms were available on all the wings. Although some of the responses were adequate, others did not deal with, or were dismissive about, the complaint. In some cases where interim replies were issued, there was no indication that the substantive complaint had ever been dealt with.

HP27 Faith services were well integrated into the work of the establishment. The department was well regarded by prisoners. The coordinating chaplain took a multi-faith approach regarding the statutory duties undertaken by the chaplaincy team. Corporate worship was well attended. The well-resourced multi-faith room provided a quiet and pleasant environment for worship and prisoners were allowed to take religious artefacts and literature to their cells. The chaplaincy team provided one-to-one support in addition to running a range of faith-based classes.

HP28 The overall health service provision was satisfactory, and prisoners rated the quality of health services highly, but there was a lack of awareness among some staff of the

skills needed to provide healthcare in a custodial setting, and some misunderstanding of prison procedures. Clinical governance arrangements were underdeveloped, with no customised, specific prison and healthcare polices. Record keeping was reasonable overall, but some information was not recorded on prescription charts. Primary care was underdeveloped, although there had been some good initiatives, and a new general practice service started during the inspection. The list of medications able to be held in-possession was unsuitable. The dentist provided a good service, although there were long waiting lists for appointments. The mental health provision was reasonable, but there was a lack of primary mental health care.

Purposeful activity

HP29 There were not enough activity places for the population. The learning and skills provision was responsive to changing needs. The management of attendance was good. There was limited availability of accredited vocational courses, but the uptake was good and achievements were satisfactory. The lack of strategic investment had resulted in inadequate accommodation for learning and skills. We calculated that the weekday time unlocked was between 7.5 and eight hours. Over a third of prisoners were locked in their cells on one morning during the inspection. Access to the library was not sufficient to support learning. PE facilities were basic, but adequate and the programme offered activities for different interest groups. Overall, the establishment was not performing sufficiently well against this healthy prison test.

HP30 There were not enough activity places to purposefully occupy all prisoners full time. The management of learning and skills was satisfactory overall. The prison and education provider had responded well to the significant changes in the expected prisoner profile. There was a strong commitment to improving the provision of learning and skills, and developing new courses to meet the needs of the current prisoner population. The strategic development of learning and skills was well linked to the overall reducing reoffending strategy, and good use had been made of a recent needs analysis to inform curriculum development.

HP31 The management of attendance was good. Prisoners were not penalised financially for being unemployed. All prisoners received a full assessment of their literacy and numeracy skills which appropriately identified where support was required, although this information was not always used effectively, and target setting overall was poor.

HP32 The prison had introduced a range of provision to ensure the development of employability skills and opportunities to support personal and social skills, although social and life skills courses were underdeveloped. Some accredited programmes were offered in areas such as food preparation and cooking, and physical education (PE). The uptake of accredited programmes was good. However, some workshops were closed.

HP33 Literacy and numeracy provision was offered from entry level to level two, and was also available for those in the workshops. Achievements and standards in this area were mainly satisfactory. More able prisoners had access to distance learning or the Open University. Standards of work were mostly good. Prisoners on PE courses made good progress towards their learning goals. On computer courses, however, achievement was low. In the majority of workplaces, prisoners developed good skills and most worked towards qualifications. Progress in English for speakers of other

languages (ESOL) was satisfactory. Overall, there was insufficient good teaching, although a number of instructors were working towards achieving a recognised teaching qualification.

HP34 There was insufficient vocationally based activity to meet the needs of all prisoners, although work activities in workshops provided opportunities for prisoners to develop a range of skills in construction and industrial cleaning. There was also work available in the upkeep of the grounds and in maintenance. Attendance and punctuality at work were generally good. The process of allocating prisoners to activities was fair, although prisoners were frequently not allocated to the most appropriate activity, based on their assessed needs. The information, advice and guidance provided by the prison was of a good standard.

HP35 Learning resources to support teaching were generally satisfactory, although the lack of strategic investment had resulted in inadequate classroom accommodation, small and cramped workshops and no central point for learning and skills. There was a strong culture of mutual respect between prisoners and teachers, and the standards of behaviour were good. Pay rates did not provide disincentives for prisoners to engage with learning and skills.

HP36 Prisoners not required or not allocated to an activity were locked in their cell. On one morning during the inspection, over a third of the population was locked up. The published figure for time unlocked was around 9.5 hours, although in practice the actual average amount of time that prisoners spent unlocked was between 7.5 and eight hours, with a maximum achievable of 8.5 hours. Movements to work appeared to be timely, and we did not observe any significant slippage in the regime.

HP37 Association areas were good and well used. Exercise in the fresh air was available at the same time as association. We observed good interactions between staff and prisoners during association periods. There were no recorded cancellations of exercise or association.

HP38 The library was an adequate facility, but the hours of opening were restricted and the materials available for prisoners were too limited.

HP39 The PE facilities were basic but sufficient. Recreational PE was offered during the day, in the evening and at the weekend. A varied programme of sports, fitness and leisure pursuits was offered. The daily timetable provided opportunities for specialist groups to meet their individual needs. PE staff worked closely with health services staff, the physiotherapist and the counselling, assessment, referral, advice and throughcare (CARAT) team and provided referral PE sessions. Access to PE was reasonable; 70% of the population actively participated in some physical activity. Non-users' views were sought through frequent surveys.

Resettlement

HP40 There was no overall strategy for resettlement or offender management. There had been insufficient analysis of the needs of the population in terms of average length of stay and time left to serve in custody. Prisoners had little contact with their offender supervisor. No accredited courses were offered. Procedures for categorisation had improved, but communication about review boards was poor. There were good links

with community and voluntary services to provide help with reintegration, but sentence management work was uncoordinated. The CARAT team provided good support to prisoners with drug and alcohol problems. Work to encourage and facilitate contact between prisoners and their families was well developed, despite the inadequate visits area. Overall, the establishment was not performing sufficiently well against this healthy prison test.

HP41 The reducing reoffending strategy outlined in detail the priorities in each of the pathway areas. However, it did not outline an overall strategy for resettlement work, and did not describe the approach to offender management, which aimed to provide a case management system for all prisoners, not just those who fell within scope of phases two and three of offender management. Resettlement work was overseen by monthly alternating policy and strategy meetings, attended by key managers and staff. These meetings dealt with pathway issues in detail, but not with overall strategy or offender management issues. There had been insufficient analysis of the needs of the population in terms of average length of stay and time left to serve in custody.

HP42 All prisoners were seen during induction by a range of specialist workers to carry out an assessment of any immediate resettlement needs. An offender supervisor was allocated to all prisoners, irrespective of whether they were in scope for offender management. The offender management teams were multidisciplinary, which should have offered a coordinated approach to offender management. However, there was extensive cross-deployment of the three prison officer offender supervisors, and for some prisoners the only contact with the offender supervisor had been the initial meeting on arrival.

HP43 At the time of the inspection, there was a backlog of 83 outstanding offender assessment system (OASys) assessments, which compounded these problems, and many prisoners had little confidence in offender management arrangements. Some resettlement workers and partner organisations felt that communication between offender managers and themselves was poor. There was little engagement in sentence planning by non-offender management unit (OMU) staff or personal officers, but over three-quarters of sentence planning boards for in-scope prisoners had been attended by external offender managers, and good use of video links was made when this was not possible.

HP44 Analysis of the needs of the prisoner population had identified the need for accredited offending behaviour provision, particularly in relation to thinking skills, anger management and drug and alcohol issues. It also highlighted the need for interventions to address victim issues and domestic violence. While awareness sessions and non-accredited courses were available in some of these areas, no offending behaviour courses were offered.

HP45 Procedures for reviewing prisoners' categorisation had recently been improved and the backlog of overdue reviews had been cleared. Communication about review boards was poor. Recategorisation decisions appeared to be based solely on immigration status rather than on any other risk factors.

HP46 The prison had developed relationships with a good range of external partners, which supported work in delivering interventions in the reducing reoffending pathways. A comprehensive database was kept of all prisoners, including key housing information, and any prisoner without a release address was seen well in advance of release to explore options. Only two prisoners had been released with no fixed abode since

June 2007. Limited assistance was available for prisoners with regard to finance, benefits and debt, chiefly dealing with rent arrears and closing tenancies, although the Citizens Advice Bureau provided ad hoc support to those who indicated a need for assistance in this area. There was no formal pre-release review of prisoners' circumstances.

HP47 Services under the employment, training and education pathway were gradually being developed. There was a good understanding of the employment needs in the release areas, and employers were encouraged to build links with the prison and employ prisoners. Jobcentre Plus and IAG workers helped prisoners to obtain jobs, and the employability skills course offered useful support. There was no central coordination of the resettlement services, and prisoners did not know where or how to access support.

HP48 The mental and physical health resettlement pathway was in its infancy. Medication was provided for the first five to seven days after release and a letter was sent to general practitioners, where known. Prisoners were given details of how to access health services in the local area, and attempts were made to get prisoners other information if they were being released elsewhere. There was no palliative care policy.

HP49 The drug strategy mentioned alcohol, although without describing an alcohol strategy. General alcohol awareness groups and sessions with the CARAT team were available, although these were unlikely to meet the needs of prisoners with specific alcohol misuse issues. The drug strategy action plan did not contain specific time-bound targets; instead, key actions were marked as 'ongoing', which hindered effective progress monitoring.

HP50 The CARAT team was not resourced for any group work, but provided an effective one-to-one service, and was engaged with 84% of prisoners with declared drug-related problems. The CARAT team also provided drug awareness information for staff and for prisoners' families on family visits days. The team was in regular contact with local external agencies for links into community treatment and support. No accredited drug or alcohol programmes were offered, although following a needs assessment, there were plans to deliver a 12-place substance treatment and offender programme within the next two months. As a result of staff training and availability issues, there were only 29 compliance drug testing compacts and 11 voluntary drug testing (VDT) compacts in place.

HP51 Arrangements for booking visits were well developed, with a variety of methods for doing so. Opportunities were available for prisoners to have a visit during their first week at the establishment. Visits were available seven days a week and evening visits were offered to enhanced level prisoners each Wednesday.

HP52 The visitors' centre was welcoming, including provision for children and reasonably priced refreshments, although visitors faced a long walk, open to the elements, before reaching the visits hall. The visits hall was cramped and noisy and did not offer a suitable environment for visits to take place. Visits often did not start at the advertised time, and prisoners were held in a small holding room for long periods until their visitor arrived. Staff dealt with visitors and prisoners in a professional and friendly manner.

HP53 Work to encourage and facilitate contact between prisoners and their families was well developed. The first of several planned family days had recently been run and feedback had been positive.

HP54 The chaplaincy department followed up all prisoners who had not received a scheduled visit to ensure their well-being, and there were advanced plans to contact visitors who failed to arrive for a booked visit to see if there was any assistance they could offer.

HP55 While public protection arrangements were generally well developed, we found one example of a prisoner known to have committed an offence with a racial element not having this reflected in his cell sharing risk assessment (CSRA).

Main recommendations

HP56 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.

HP57 An overall strategy for diversity should be developed, along with corresponding services for prisoners.

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

HP59 Training should be provided for health services professionals in prison procedures.

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

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

HP62 Accredited offending behaviour programmes should be offered.

Section 1: Arrival in custody

Courts, escorts and transfers

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

1.1 The number of prisoner movements in and out of the prison was higher than had been planned for, and reception and escort staff worked well together to manage the extra demand. There was no formal mechanism whereby prison and escort staff could discuss problems or issues of common interest. Prisoners were generally satisfied with the escort arrangements.

1.2 Global Solutions Limited (GSL) provided the transport for inter-prison transfers and court escorts. The establishment's original reception criteria had excluded prisoners with outstanding court appearances, but population pressures had made this impossible to enforce, and an average of 15 court escorts took place each month, mainly to local courts. In addition, there had been an increase in the proportion of prisoners arriving at the establishment who were serving short sentences or had only a few weeks left to serve, and the general turnover of the population was higher than had been planned for. Reception and GSL staff worked well together to manage this increased demand and to minimise the impact on prisoners. Vans normally arrived at the prison at reasonable times during the day, and GSL staff told us that they were rarely kept waiting and that turnaround times were good.

1.3 There were no formal links between senior prison managers and their GSL counterparts and there had been no necessity for them to meet to discuss problems or issues of common concern since the prison had opened. Reception managers had a named contact point in GSL, but, again, had not felt the need to contact them. GSL staff did not attend or contribute to any of the prison's policy committees.

1.4 In our survey, seven of the 10 questions relating to court escorts or journeys from other prisons produced responses that were significantly better than the comparators, and only one (provision of written information about what was going to happen to the prisoner) was significantly worse. Most prisoners had only short journeys to get to the establishment, with just 2% having spent more than four hours in a van.

Recommendation

1.5 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

First days in custody

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

1.6 Reception and first night arrangements were prisoner focused. Although the reception area was inadequate to deal appropriately with the high number of prisoner movements, it was kept clean and tidy, and prisoners generally experienced reception staff as welcoming and helpful. There was good provision of information, and prisoners had many opportunities to ask questions and raise issues. Some prisoners spent too long in reception. The system by which prisoners obtained their property was inadequate. First night procedures were thorough and 94% of prisoners felt safe on their first night. The induction programme had recently moved to A wing and was running reasonably well, although it was not tailored to the different groups of prisoners.

Reception

1.7 The reception and first night arrangements were prisoner focused, with a strong emphasis on ensuring safety. Reception, first night and induction duties were covered by the same group of officers, which helped to provide consistency and continuity in the service delivered to prisoners.

1.8 The reception area had been designed to deal with an average of just 30 prisoner movements a month, and the facilities were inadequate for the actual volume of work – an average of 175 movements a month in the three months before the inspection. Despite this, the area was kept clean and tidy, and reception staff worked hard to ensure that prisoners' first impression of the establishment was friendly and positive. In our survey, 82% of prisoners said that they were treated well in reception, which was significantly better than the 71% comparator.

1.9 All prisoners were addressed as 'Mr...' or by their first or chosen name. While in reception, they were kept informed of what was going to happen to them next and had plenty of opportunities to ask questions, which were responded to politely and promptly. The prisoner orderly was regarded as a member of the reception team and was deployed effectively to welcome and settle prisoners. He offered them refreshments and stayed with them during the reception process, answering any immediate questions and providing information about the prison. He was also a trained Listener. Information was displayed on notice boards in reception, and each prisoner received a copy of the 33-page Insiders guide to Kennet, which provided basic information about the prison regime and services in an easily readable format. The guide and other information provided in reception were available in 20 languages, and we observed one non-English-speaking prisoner being issued immediately with the folder in his language.

1.10 A confidential interview and cell sharing risk assessment (CSRA) took place in the senior officer's office. Regular checks were made to ensure that prisoners had understood the information being given to them, and particular attention was paid to prisoners serving their first prison sentence. Prisoners were able to make a free short telephone call to their family or friends, were offered a good selection of advances from the prison shop (providing combinations of smokers' and non-smokers' packs and telephone credits to the value of £6)

and were offered a shower. All the survey responses relating to the availability of information and access to facilities on the day of arrival were significantly better than at comparator prisons.

1.11 The majority of prisoners spent less than two hours in reception, although during August 2008 there were five occasions on which a total of 15 prisoners were held in reception for unacceptably long periods of time. The most common reason for this was the arrival of the escort van after 11am, as it was not always possible to complete reception procedures before all areas of the prison were locked up (in patrol state) for the staff lunch break at 12.30pm. Prisoners still in reception at this time were normally transferred to the larger holding room in the adjacent healthcare centre and supervised by a reception officer over the lunch hour. Efforts by prison managers to negotiate more suitable arrival times for escort vans had recently produced a change to the day on which prisoners were sent to and received from the open prison at HMP Kirkham.

1.12 Prisoners' property was stored appropriately in the reception building, but there was insufficient staff time to deal with property requests. Following their arrival at the establishment, prisoners had a two-week period in which to have permitted items handed in on a visit or posted to the prison. Thereafter, each residential unit had an allocated two-week 'window' every six months when property could be exchanged or new property sent in. This often resulted in a significant volume of parcels to security clear, log and distribute, and delays were common. In our survey, 25% of prisoners, against the 32% comparator, reported problems getting their stored property. This system was unpopular. Prisoners told us that they often asked for new items, whether or not they actually needed them at that time, as they would not have another such opportunity for six months.

First night

1.13 The four dedicated first night cells on A wing were well presented, and display boards reinforced some of the information already given to prisoners. Before being locked up for the first night, prisoners received a first night interview and the CSRA was checked. Other prisoners on A wing, including a trained Insider, helped new prisoners to settle into the wing and deal with domestic matters such as filling in the menu selection form. The night duty officer was aware of the location of new arrivals and was required to check on them at hourly intervals on their first night. Overall, first night procedures were thorough, and 94% of prisoners, against a comparator of 85%, said that they felt safe on their first night.

Induction

1.14 Two months before the inspection, the induction programme had been centralised on A wing and responsibility for it had transferred from the offender management unit (OMU) to A wing staff. This transition seemed to have been managed well and prisoners we spoke to described the new arrangements as an improvement. A wing managers had scheduled a review of the induction programme, but had deferred this until after the inspection.

1.15 The three-day induction programme started on the first working day following reception, but was a mixture of fixed days and a rolling programme, and could take over a week to complete. This meant that there were periods of inactivity when prisoners were locked in their cell with nothing to do. Day one of the programme covered aspects of the prison regime and was delivered as a PowerPoint presentation. It took place in a small room on A wing, which was comfortable and quiet, but not large enough for more than four prisoners at any one time. Staff from different disciplines provided an input to this session, although during the inspection some

inputs were rescheduled or did not take place owing to staff absence. All the information obtained about the prisoner during individual interviews was recorded in one document – the 'offender initial assessment' – which was then passed to the OMU.

1.16 Prisoners were generally satisfied with the programme; 74% of those surveyed said that induction told them everything they needed to know about the prison, which compared favourably with the 63% comparator. All prisoners received the same induction, regardless of their sentence length or likely length of stay at the establishment.

1.17 The information provided on induction was repeated on display boards on all residential wings, although only in English, and prisoners knew how to access most information. Insiders were located on a number of residential wings and were available to reinforce the information provided during the first few days. There were four Insiders at the time of the inspection, with a further four about to complete their training. They did not meet together, and so did not get the opportunity to standardise and improve their own practice and contribute to developments in prison policy and practice.

Recommendations

1.18 The reception area and facilities should be upgraded and sufficient to manage the actual number of prisoner movements.

1.19 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.

1.20 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.

1.21 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.

1.22 A more suitable environment should be found in which to deliver induction to larger groups of prisoners.

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

Section 2: Environment and relationships

Residential units

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

2.1 The general environment of the prison was good. The grounds were well presented and extremely clean, although prisoner access to them was restricted. The residential units were in good order, with communal areas and cells being clean and well equipped. Prisoner representatives attended a range of consultative groups about key issues, but there had been problems communicating information from the various meetings to the wider prisoner population. Prisoners could wear their own clothes at certain times of the day, although this was mainly restricted to times when they were on their own wing. Access to showers and cleaning facilities was good. Incoming mail was dealt with on the day it was received, but there were delays in processing outgoing post. There were insufficient telephones available on some wings.

Accommodation and facilities

2.2 The external areas of the prison were in good order. There was no litter and the grounds were well kept and pleasant. Prisoners' access to the grounds, however, was minimal, and restricted by the requirement for them to be escorted by a member of staff at all times apart from at main movement times (see section on security and rules).

2.3 The residential units were small, holding between 30 and 60 prisoners. Consequently, staff/prisoner ratios on these units were higher than usual, which gave rise to indirect benefits such as close relationships and good dynamic security, as staff had a good knowledge of the prisoners in their charge.

2.4 Inside the residential units, the communal areas were clean and tidy. Cells were mostly clean and well equipped. There were different types of cell on all of the residential units. Nearly all were used for double occupancy. Doubled cells were of a satisfactory size, but in some the toilets were only screened by a curtain. There was an offensive display policy, but this was not consistently enforced by staff across the different wings. Access to cleaning materials was good and prisoners appeared to take pride in keeping their living conditions in good order, and these were also regularly checked by staff. All prisoners had privacy keys for their cells.

2.5 Association areas were well equipped with pool tables, a full-sized snooker table and table football. They were clean and bright, with ample room for the number of prisoners on each wing. We observed good staff interaction with prisoners during association, and prisoners could access showers and telephones at these times.

2.6 Prisoners were allowed to wear their own clothes in their cells and in the communal areas of the residential units during association periods. They could also wear their own clothes to the multi-faith room for communal worship, and prisoners on the enhanced regime could wear their own clothes to visits. Clothes could be laundered on the wings and these arrangements appeared satisfactory. Prisoners were given a two-week 'window' after their arrival to have

clothes sent in. This window reopened every six months (see paragraph 1.12). In the weeks before the inspection, there had been some problems accessing sufficient prison-issue clothing. Although these problems appeared to have largely been resolved, some prisoners complained that they still could not always get prison-issue clothing of the right size, and that some of the clothing was torn.

2.7 Prisoners were able to shower daily. Showers were clean and appropriately partitioned. There had been some problems with damp in the shower rooms, and in the showers on some wings there was paint peeling from the walls.

2.8 A prisoner consultative group had been set up and this was reasonably well established. Prisoner representatives attended a range of consultative groups about key issues, but some groups, such as the Listeners, were not sufficiently involved in policy-making in the relevant areas. Meetings were minuted and there was an action plan, which showed some of the actions that had been taken following prisoner consultation. A number of action points were still unresolved, however, including the issue of newspapers, which had been ongoing for several months. Copies of the minutes were sent to all residential units, but there had been problems communicating information to the wider prisoner population, which was often unaware of which issues had been raised and what had been done as a consequence.

2.9 There were no restrictions on the number of letters that prisoners could send or receive. Incoming mail was dealt with in the correspondence office and taken to wings for distribution on the day it arrived at the establishment. Outgoing mail, however, was sorted by a night operational support grade and then was not collected by the post office until 5pm on the following day, leading to an avoidable delay.

2.10 Mail was subject to a 5% random check of contents, and a 100% check of correspondence that was security targeted for public protection. There were appropriate systems to deal with Rule 39 legal correspondence and registered post.

2.11 E, G and H wings did not have at least one telephone for each 20 prisoners. Telephones on E and F wings had no privacy hood, and those on F wing were poorly positioned in the busy and noisy association area.

Recommendations

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

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

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

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

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

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

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

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

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

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

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

Staff–prisoner relationships

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

2.23 Staff–prisoner relationships were courteous and respectful. There was extensive use of preferred names. Staff understood their importance as role models. Staff set standards of behaviour early and reinforced them, and showed confidence in challenging unacceptable behaviour appropriately.

2.24 The staff–prisoner relationships we observed were uniformly courteous and respectful, and there was extensive use of preferred names. While officers we spoke to saw security as their main priority, this was in the context of providing a safe and respectful environment for all, and they clearly saw their responsibilities in terms of prisoner care.

2.25 Staff clearly understood their importance as role models for the behaviour they expected of prisoners. Staff spoke to prisoners, both during induction and subsequently, about the behaviour expected of them and the behaviour they could expect in return. Before the establishment had become operational, all staff had undertaken a two-week residential training event together, where the importance of positive role modelling was reinforced.

2.26 The language used by staff and their approach to prisoners were fair and polite. In our survey, 77% of respondents said that most staff in the prison treated them with respect. In our focus groups, the majority of prisoners said that staff–prisoner relationships were good.

2.27 All the interactions we observed were constructive. Engagement at exercise, movement and meal times was positive. The quality of the dynamic security made the highly restrictive physical security all the more noticeable (see section on security and rules). We observed staff routinely knocking before entering cells.

2.28 The lack of full-time activity for prisoners (see section on learning and skills and work activities) meant that staff had little need to motivate prisoners to go to work. However, the fact that the

majority of prisoners were in at least part-time work and attended punctually was a positive indicator of staff–prisoner engagement. During association, staff regularly walked around the residential areas and engaged with prisoners constructively.

2.29 Staff showed confidence in challenging inappropriate behaviour, both at the time of an incident and during investigations, such as into racist incident referrals and allegations of abusive language or behaviour.

Personal officers

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

2.30 The personal officer scheme worked well on a day-to-day level, and personal officers generally knew their prisoners well. Results from our survey were positive. The scheme was not sufficiently integrated into other regime areas such as sentence planning.

2.31 The personal officer scheme worked reasonably well. There was a published policy and all prisoners knew who their personal officer was, and names were displayed prominently outside cells.

2.32 Staff that we spoke to generally had a good knowledge of the circumstances of prisoners in their care. Wing history files were completed to a good standard and mostly showed reasonably regular personal officer entries. The majority of these entries included details of interactions with the prisoner and contained meaningful and relevant information. Management checks took place, although there were some inconsistencies in the frequency of these, and some simply comprised a stamp, with no evidence of quality assurance. Results from our survey reflected our own positive observations, with 75% of respondents reporting that they found their personal officer to be helpful, which was significantly better than the 65% comparator.

2.33 Personal officer work was largely 'wing based' and limited to information surrounding a prisoner's personal circumstances. There was little evidence, as yet, of personal officer involvement in other regime areas such as sentence planning, learning and skills or the offender management unit (OMU).

Recommendations

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

2.35 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).

Section 3: Duty of care

Bullying and violence reduction

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

3.1 Although there were separate policies and committees for violence reduction and bullying and self-harm and suicide prevention, the management structures and systems were sound. All available information was thoroughly interrogated and injuries to prisoners were properly investigated. The tackling anti-social behaviour (TAB) strategy was used by staff, but had some weaknesses. Prisoners described the establishment as a safe prison and this was supported by positive survey results.

3.2 The same governor (head of residence) and principal officer (safer custody manager) oversaw the safer custody agenda, which covered violence reduction, bullying, and self-harm and suicide, and one senior officer filled the full-time post of safer custody coordinator. There were separate violence reduction and suicide prevention policies and committees, to ensure that adequate attention was paid to both issues. This approach appeared to work well; the management structures and systems were sound and continuous improvement plans had been drawn up for both areas. Safer custody issues were a standing item at the prisoner consultation group and were included in the exit survey issued to all prisoners leaving the prison.

3.3 Prisoners described Kennet as a safe prison. Our survey showed that only 21% had felt unsafe at some time while at the prison and 10% felt unsafe at the moment; 12% had felt threatened or intimated by other prisoners and 10% by a member of staff. All of these figures were significantly better than the comparators. Forty-seven per cent of prisoners had reported any experiences of victimisation, which was higher than the 38% comparator. These findings mirrored those of the prison's own bullying survey, carried out in August 2008.

3.4 There was a thorough interrogation of all available indicators of violence and bullying at the monthly violence reduction meeting, and the safer custody coordinator prepared detailed investigation reports on all incidents and unexplained injuries. During induction, prisoners were informed of the expected standards of behaviour. Breaches of this were dealt with under the tackling anti-social behaviour (TAB) strategy, which was based on a three-stage system with increased monitoring and sanctions at each stage.

3.5 Since the beginning of 2008, 67 TAB booklets had been opened on perpetrators and victims; none were open at the time of the inspection. We sampled 12 closed booklets on alleged bullies and victims. No alleged bully had ever advanced beyond stage one of the scheme, but staff were confident that an initial warning had been enough to guarantee an end to any anti-social behaviour.

3.6 Action plans were supposed to identify 'changes or actions by the prisoner to positively make progress' but most of those that we read referred only to staff actions and did not set specific

targets for the prisoner. Victims were well supported, with regular contact by a range of staff, including the safer custody coordinator and chaplain. Victims were involved in the development and reviews of action plans to improve their safety. The monitoring of prisoners subject to the TAB strategy was limited to residential areas, even if the alleged bullying took place in another location such as education, the workshops or the gym. Staff from these locations were not required to contribute to reviews and were not consulted about the decision to close the TAB booklet. The lack of structured interventions to challenge bullies or support victims had been identified by the safer custody manager as a gap in provision.

3.7 Although it had never been used, the bullying helpline was checked at least twice a day by the duty officer and we received a reply to our test call on the same afternoon.

Recommendations

3.8 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.

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

3.10 There should be appropriate interventions to challenge bullies and support victims of bullying.

Self-harm and suicide

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

3.11 The comprehensive 'caring for the suicidal' policy document had recently been updated. Over 90% of staff had received relevant training. The number of prisoners subject to self-harm or suicide monitoring was relatively low and management of these cases was good. There was an effective working relationship with the local Samaritans branch and succession planning for Listeners was good. Listeners generally felt supported and respected in their role, but it was difficult for them to meet together and they made little contribution to developments in policy or practice.

3.12 The comprehensive 'caring for the suicidal' strategy had been updated in August 2008 and contained a combination of policy statements, protocols and guidance for staff. The suicide and self-harm prevention meeting was held every two months and attendance was generally consistent. The meeting reviewed all prisoners who were subject to monitoring under the assessment, care in custody and teamwork (ACCT) system, as well as analysing general data and considering more strategic issues.

3.13 Over 90% of staff had attended safer custody and ACCT training, most within the previous year, as part of their induction to the establishment. The safer custody coordinator provided regular refresher training. His office was on the induction wing, which meant that he was available to offer advice and support where necessary to newly arrived prisoners and the staff working with them.

3.14 The number of ACCT documents opened was relatively low – 23 so far in 2008 – and there were none open at the time of the inspection. We reviewed 12 of the closed ACCT documents and found that they were generally well managed. The safer custody coordinator did not routinely take the role of case manager, but chaired reviews in the absence of other managers. Care plans were detailed, meaningful and updated as necessary, even though few ACCT documents remained open for more than two weeks. Regular written entries reflected good quality contact and support by staff from a range of disciplines, and management checks highlighted aspects of both good and inadequate practice. The safer custody coordinator interviewed the prisoner seven to 10 days after the closure of an ACCT document and ongoing support was provided if necessary.

3.15 There was a positive and effective working relationship between the prison and the local branch of the Samaritans. The Samaritans representative met regularly with the safer custody coordinator, trained and supported the Listeners, ran training sessions for staff on the role of the Samaritans and Listeners, and attended the suicide and self-harm prevention meeting. Prisoners had access to dedicated Samaritans telephones on all wings, although the low use of these had prompted a new promotion campaign to raise prisoner awareness.

3.16 At the time of the inspection, there were 20 trained Listeners, as the latest training course had just finished. Through monitoring the earliest release dates of Listeners, the safer custody coordinator was able to ensure that there was adequate succession planning and that the number of available Listeners never fell below 10. Listeners were located on most wings, and distinctive T-shirts allowed them to be identified in work and activity areas. Due to the relatively open and relaxed atmosphere in the prison, the majority of contacts between prisoners and Listeners took place on an informal basis rather than by prisoners asking staff to facilitate access to a Listener. This had been recognised by those managing safer custody, and the Samaritans had altered their monitoring system to include these informal contacts. In the previous six months, over 100 contacts had been recorded.

3.17 We met nine Listeners, including their collator. They commended the support given by the Samaritans and generally felt that prison staff respected their role. Some lack of understanding, particularly among new staff, had been rectified by the Samaritans' short training sessions. Listeners told us that difficulties with external relationships and poor communication within the prison, especially about sentence planning and recategorisation, were the most common reasons for prisoners wanting to speak to a Listener.

3.18 The restrictions on movement around the prison grounds (see section on security and rules) made it difficult for Listeners to meet and, apart from their monthly meeting with the Samaritans, they did not meet together either to provide support or to discuss matters of policy or practice. One Listener attended the suicide and self-harm prevention meeting, but due to the structure of the agenda was not present for all of the meeting. Listeners felt that the flow of information at this meeting was only one way, that they did not have a substantial input to strategic issues and that the level of consultation was limited. Managers acknowledged this to be the case.

3.19 Two cells – on C and D wings – were designated as care suites, to be used if a prisoner wanted access to a Listener overnight. These cells were supposed to be occupied by two

Listeners and be equipped with an extra bed. The care suite on C wing met these criteria, but the cell on D wing did not. In any event, no prisoner had ever requested access to a Listener overnight, although there were protocols for such an eventuality and night staff were aware of them.

Recommendations

3.20 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.

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

3.22 The care suite on D wing should meet the appropriate specifications.

Good practice

3.23 *The safer custody coordinator monitored the earliest release dates of Listeners to ensure that there was adequate succession planning and that the number of available Listeners did not fall below the desired level.*

Diversity

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

3.24 The establishment did not have an overarching diversity strategy. There was a disability liaison officer (DLO) who had been in post for six weeks, but was soon to leave the establishment, and much of the work of the DLO was underdeveloped. There had been little opportunity to promote the DLO role to prisoners and staff. There were 18 (5%) prisoners over the age of 50 but there were no distinct services for older prisoners, and no services to address issues of sexuality.

3.25 The establishment did not have an overarching diversity strategy. There was a detailed disability and discrimination strategy. However, this mainly focused on staff needs, although it did contain a brief procedure for supporting prisoners with disabilities. All new staff were required to undertake a diversity and race relations induction, which was delivered by the diversity manager. During the inspection, we observed the induction and it clearly outlined how race equality and diversity was managed and the standards expected from all staff who worked at the establishment. Each member of staff was given a comprehensive induction document which outlined the relevant legislation.

3.26 There was a quarterly diversity and equality action team (DEAT) meeting, but, again, this focused mainly on staff issues. The DLO was a member of the DEAT, but was unaware of this meeting, although we were told by the diversity manager that this was the forum in which diversity issues for prisoners were discussed and developed.

3.27 We were told by the diversity manager that the disability discrimination strategy had been prepared during the planning stages of the opening of the establishment, and that it was unlikely that staff or prisoners had contributed to the content or were aware of the document. The DLO had been in post for six weeks, but was soon to leave the establishment. As a consequence, much of the work of the DLO was underdeveloped. The DLO was supposed to be detailed five hours a week; his substantive post was in the offender management unit (OMU). However, in reality he rarely received the allocated time and consequently tried to fit in meetings with prisoners with a declared disability when he could.

3.28 At the time of the inspection, there were nine prisoners who had declared a disability. In our survey, 13% of respondents said that they considered themselves to have a disability, which was comparable to the percentage in other category C establishments.

3.29 The establishment had one adapted cell, located on F wing, which was occupied by a prisoner who had declared a physical disability. Prisoners with a disability were identified through the reception process. The information was then passed to the DLO, who met each prisoner to undertake a questionnaire. The disability questionnaire assessed what services or assistance the prisoner required in order to participate in the daily regime and to make arrangements for emergency situations. Each of the nine prisoners with a disability had completed the questionnaire and the DLO had updated wing history sheets with relevant information about his meeting with each of them. None of the prisoners wanted a personal evacuation plan and signed a document to confirm this. The contents of the questionnaire were forwarded to the healthcare department, health and safety representative, the relevant manager on the wing where the prisoner was located and the fire officer. Any prisoner who declared a learning difficulty was referred to the special educational needs coordinator.

3.30 Due to the DLO's imminent departure, no further action was taken and there were no follow-up meetings with the prisoners. A staff notice about the role of the DLO had recently been circulated, although no notice had been sent to prisoners about the DLO or how to access him. It was likely that there were further prisoners with a disability which they had not declared, and who had not therefore had their needs assessed and would not have known where to go for support.

3.31 There were 18 (5%) prisoners over the age of 50 but there were no distinct services for older prisoners. The establishment defined 'older prisoners' as those who were 65 and over, of which there were none at the establishment at the time of the inspection. Similarly, there were no services to address issues of sexuality, and the diversity manager acknowledged that diversity arrangements were underdeveloped. As part of the establishment's community engagement strategy, links had been made with Sefton Equalities Partnership, which signposted the establishment to specialist organisations with which they could forge links to meet the needs of the prison population.

Recommendations

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

3.33 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.

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

Housekeeping point

3.35 The role of the disability liaison officer should be publicised across the establishment.

Good practice

3.36 *The race equality and diversity induction for all staff who worked at the establishment was a good introduction to the establishment's equality policies.*

Race equality

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

3.37 There had been a significant focus on the management, promotion and development of race equality across the establishment. However, in our survey black and minority ethnic prisoners responded significantly more negatively than white prisoners on a range of issues. The establishment had been visited by the race equality area group (REAG) in July 2008. The race equality action team (REAT) had taken steps to enhance prisoner perceptions by improving communication, although action had only started to be taken recently and had not yet made a significant impact. The race equality officer (REO) was competent and thorough in the management of racist incidents, and prisoners were aware of his role and how to access him. The responses to racist incident report forms (RIRFs) were detailed and courteous and offered an avenue of appeal if the complainant disagreed with the findings. Minutes of the REAT meetings, the timetable for impact assessments and the race equality action plan (REAP) were kept in information boxes held by the prisoner race representatives.

Race equality

3.38 There had been a significant focus on the management, promotion and development of race equality across the establishment. The REAT had been set up in November 2007 and was chaired by the deputy governor. The membership of the REAT included the relevant heads of department and up to 11 prisoner race representatives. Although a representative from the voluntary and community sector groups with which the prison had forged links had been identified as a member of the meeting, no one from these groups had attended the REAT in the previous three months.

3.39 The REAT, including four prisoner race representatives, had received REAT training, and the full-time REO had undertaken the relevant training at a previous establishment. A deputy REO had recently been appointed, but had not yet taken up the post. Only 17% of the 370 staff had received diversity training, although this was mitigated to some extent by the fact that over 40% of the staff were new to the Prison Service and would have received it in their initial training. The diversity manager and the REO delivered diversity training to staff, and had trained 70 staff since June 2008.

3.40 The REAT monitored the REAP, which was comprehensive and covered actions derived from impact assessments, audit requirements, inspectorate expectations and other targets set. The plan was updated quarterly by the REO and progress was reported to the Governor.

3.41 Black and minority ethnic prisoners made up 10% (33) of the population. During the inspection, we observed good interaction between staff and all prisoners. However, in our survey, black and minority ethnic prisoners responded significantly more negatively than white prisoners on a range of issues. For example, 85% of black and minority ethnic prisoners surveyed (compared with 95% of white prisoners) said that they felt safe on their first night, and 57% of black and minority ethnic prisoners (compared with 80% of white prisoners) said that most staff in the prison treated them with respect. Additionally, black and minority ethnic prisoners responded significantly more negatively than white prisoners regarding being victimised, both by prisoners and by staff. We met over half of the black and minority ethnic prisoners and they did not raise any issues concerning overt racism by staff. However, they perceived themselves to be treated differently owing to their ethnicity and said that they were more likely to be searched and less likely to be employed in positions of responsibility.

3.42 Some of the issues raised by black and minority ethnic prisoners were discussed and scrutinised using ethnic monitoring data. At the REAT meeting in June 2008, it had been highlighted that there was an under-representation of black and minority ethnic prisoners as wing cleaning orderlies. Action had been taken to inform the head of learning and skills, who had responsibility for the allocations board, and at the July 2008 REAT meeting a new system had been introduced whereby all prisoners were allocated jobs through the allocations board, rather than by staff on the wings, to avoid the bias that may have been operating previously.

3.43 Ethnic monitoring data had not been discussed at the August 2008 REAT meeting, and it was difficult to ascertain whether the matter had been resolved, although we were told by the REO and prisoners that there had been recent recruitment of a black and minority ethnic orderly in the gym and working in the grounds. However, there was no evidence that the prisoner race representatives, or the wider prisoner population (particularly black and minority ethnic prisoners), were adequately briefed regarding the action that was taken so that they could be confident that the establishment was addressing issues of inequality.

3.44 The establishment had been visited by the REAG in July 2008 and, although the overall report regarding the management of race equality was positive, it had highlighted that communication with black and minority ethnic prisoners was poor, and that black and minority ethnic prisoners, particularly the prisoner race representatives, were negative about the lack of communication and decision making. The REAG had found no evidence to support these prisoners' perceptions, but acknowledged that the establishment needed to address the concerns of black and minority ethnic prisoners.

3.45 We met nine prisoner race representatives. They were committed to ensuring equality of treatment at the establishment, but expressed feelings of frustration about the REAT meetings and the establishment as a whole. Only one of the prisoner representatives, out of 11, had attended the August 2008 REAT meeting, and some of them said that they could not motivate themselves to attend these meetings because of the lack of progress being made with issues raised there. The REO normally met the representatives before each REAT meeting. This allowed the representatives to raise issues on behalf of black and minority ethnic prisoners on their wings and for the REO to feed back on developments. However, the REO had not met with the representatives since May 2008, which would have compounded their negative feelings about the REAT meeting and their perception that progress was slow.

3.46 The REAT had taken steps to improve communication since the REAG's visit, and had publicised the work of the REAT on residential wings, with pictures of all the prisoner representatives displayed on the wings (with the exception of H wing). Additionally, each of the prisoner representatives held an information box which contained minutes of the REAT meetings, the timetable for impact assessments and the REAP. Staff were aware of where the information boxes were located and this was publicised on the wings. The visitors' centre also had an information box. However, action had only started to be taken recently, and the chair of the REAT was aware that this needed to be sustained and developed to manage the poor perceptions of black and minority ethnic prisoners.

Managing racist incidents

3.47 The REO was competent and thorough in the management of racist incidents, and prisoners we spoke to were aware of his role and how to access him. A total of 23 RIRFs had been submitted and investigated in 2007, and 44 in the year up to 10 August 2008. Of the 33 RIRFs submitted in the previous six months, 22 had been reported by staff and 11 by prisoners. Although significantly more RIRFs were submitted by staff, the majority were on behalf of prisoners who were reluctant to do so, or related to incidents that they had observed between prisoners which potentially had a racist element to them. Thirty-one of the 33 RIRFs had been investigated promptly and to an excellent standard by the REO and all were commented on in detail by the deputy governor, in his role as the chair of the REAT. Two were dealt with appropriately by other managers in the absence of the REO. Either the reporter of the incident or all parties involved were informed in writing of the outcome of the RIRF. These responses were detailed and courteous and offered an avenue of appeal if the complainant disagreed with the findings.

3.48 The REO was alert to potential links between incidents. Investigations were discussed at the REAT meeting, and the REO kept a log of all the RIRFs submitted, including details of the complainant, race and location. When patterns emerged, action was taken. In April 2008, there had been a series of incidents on E wing and action had been taken to split up suspected perpetrators. All actions involved challenging the perpetrators and were aimed at changing behaviour. Only in two cases was the perpetrator moved out of the prison. Safeguarding measures were available, both to staff and to prisoners, and on completion of an investigation the REO assessed whether support or relocation to another wing or establishment was required. With the complainant, he then completed a safeguarding form which was shared with relevant staff.

3.49 The RIRFs were quality checked by the chair of the REAT, the Governor and the area manager at regular intervals throughout the year. The REO had also formed links with the equality and human rights lead at Ashworth Hospital, who had audited 12 RIRFs in 2008 and provided feedback, which was positive overall.

Race equality duty

3.50 The establishment had completed the 10 mandatory impact assessments and had worked hard to include prisoners and staff in this process. The outcome of the impact assessments had been communicated to staff and prisoners through the REAT information box on each wing.

3.51 The REO had developed a racist offender compact, which was used for any prisoner who had current or past convictions of racially motivated offences or who had displayed racist or discriminatory behaviour while at the establishment. The REO met such prisoners and they

were required to sign the form, agreeing to abide by the Prison Service race equality policy. The compact also identified staff who needed to be informed, and reviewed these prisoners' current location and the steps that needed to be taken to manage them. At the time of the inspection, there were 11 prisoners subject to this compact.

3.52 At the time of the inspection, the establishment was in the process of putting together activities for Black History Month. It had previously provided a workshop and had made links with well known community figures, who had come into the establishment to work with any prisoners who wished to participate. Further similar events were being planned for 2008.

Recommendations

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

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

3.55 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.

3.56 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.

Good practice

3.57 *The safeguarding checklist ensured that staff and prisoners' overall safety was paramount to the investigation and not overlooked.*

3.58 *The racist offender compact ensured that prisoners convicted of racially motivated offences or displaying racist behaviour were aware of the standards expected of them and the consequences for non-compliance.*

Foreign national prisoners

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

3.59 There were 19 (5%) foreign national prisoners at the establishment at the time of the inspection, and a foreign nationals policy had been devised in August 2008, but did not reflect current practices. There was no strategic management or overview of foreign national prisoners. The management of this group of prisoners was restricted to practical issues at the REAT monthly meeting. Foreign national prisoners were frustrated about their treatment at the establishment, particularly concerning the lack of international telephone cards and airmail letters. There was a good range of translated information, but little use of translation services.

The UK Border Agency (UKBA) had attended the establishment three times, but a recent arrangement had been made for them to attend every month. There were no independent immigration advice and support agencies in attendance.

3.60 At the time of the inspection, there were 19 (5%) foreign national prisoners at the establishment, of 13 different nationalities. The average length of stay of the foreign national prisoners at the establishment was nine months; two of the prisoners had been at the establishment since it opened in June 2007. A foreign nationals policy had been devised in August 2008. The policy document mainly focused on the duties of the foreign nationals coordinator. It defined who the foreign national prisoners were and the different options open to prisoners to return to their country of origin. It also outlined how the establishment was trying to improve and develop services for foreign national prisoners. However, it did not detail what services they could expect, such as accessing international telephone calls, and did not explain some of the distinct needs of foreign national prisoners or their potential vulnerabilities, and how these would be managed.

3.61 There was no strategic management or overview of foreign national prisoners. The management of this group of prisoners was restricted to discussions at the REAT meeting regarding practical issues, such as organising international telephone cards and arranging for attendance of UKBA at the establishment.

3.62 The prisoner race representatives met the REO and raised issues on behalf of foreign national prisoners. Foreign national prisoners were not a standing agenda item at the REAT meeting, and at the August 2008 REAT meeting an issue regarding international telephone cards was raised under 'any other business' and was the only discussion about foreign national prisoners recorded in the minutes.

3.63 Before the recruitment of the foreign nationals coordinator in July 2008, the REO had undertaken some tasks concerning foreign national prisoners, albeit informally. The current foreign nationals coordinator also worked as the observation, classification and allocation clerk in the OMU and, although dedicated time should have been assigned to her foreign national prisoner role, her work in the OMU took precedence, in addition to redeployment to other work across the establishment. The foreign nationals coordinator was therefore not fully conversant with the foreign nationals policy, and the policy did not reflect current practices.

3.64 The lack of dedicated time meant that the coordinator had little contact with foreign national prisoners. An example of this was that two foreign national prisoners, who had arrived at the establishment on 13 August 2008 (while the coordinator was on leave), had still not been seen by the coordinator when we checked on 2 September.

3.65 During the inspection, we met over half of the foreign national prisoners and they expressed their frustrations about their treatment at the establishment. One of the main issues was the fact that they had been waiting for new international telephone cards to become available, but felt as though there had been no progress. Accessing cheaper international telephone cards had been discussed at the REAT meeting on three occasions (June, July and August 2008) but at the time of the inspection this card was still not available. Consequently, some prisoners with limited private cash were unable to maintain contact with family and friends. Additionally, the foreign nationals coordinator told us that there were no airmail letters available at the establishment, which further confounded these prisoners' ability to maintain contact with family and friends.

3.66 Foreign national prisoners were aware of their entitlements and knew who the foreign nationals coordinator was. Some of the foreign national prisoners received visits, although not each

month. No record was kept by the coordinator of those prisoners who received a free telephone call in lieu of visits, and the system for accessing the free calls was overly bureaucratic and might have excluded some who were eligible. Prisoners had to apply each month for the telephone call and were not always able to make calls at a time convenient to the recipient.

3.67 The foreign national prisoners we spoke to felt that they were treated differently because of their status and said that their applications to be recategorised were rejected because they were foreign national prisoners, rather than being considered on an individual basis (see section on security and rules).

3.68 A foreign nationals meeting had been held on 7 August 2008, and 14 foreign national prisoners had attended. The meeting had been chaired by the governor of the OMU and attended by the foreign nationals coordinator and an administrative officer. There had been no terms of reference for the meeting, and as a result some of the requests that the prisoners made, such as more access to the gym and more activities in the afternoon, were not possible to achieve, as the regime was the same for all prisoners. A questionnaire had been given to the prisoners who attended the meeting, but only one had been returned. The questionnaire was useful, as it allowed foreign national prisoners to write down their specific needs and request services that could assist them. We were told by the foreign nationals coordinator that the missing questionnaires would be collected, so that the information could be used to determine the type of meetings that would be held in the future and to develop services for this group of prisoners.

3.69 UKBA had attended the establishment three times in the year to date, and an arrangement had recently been made for them to attend every month. UKBA attended during the inspection and, although we were told that all foreign national prisoners could access UKBA, they arrived with a list of particular prisoners they wanted to see. Some of the foreign national prisoners we spoke to said that they were unaware that UKBA had attended the establishment during that week.

3.70 There was no independent immigration advice and support agency in attendance. Many of the foreign national prisoners said that they had no assistance to secure legal representation. One prisoner told us how vulnerable he felt, as his release date was imminent and he was not aware of whether he would remain at the establishment or be released. One foreign national prisoner had been held on an immigration warrant (IS91) since June 2008 and he was seeking asylum. The population management unit had been informed about the prisoner, and regular checks were made regarding transferring him to a more appropriate establishment.

3.71 There was a good range of translated information at the establishment and we observed prisoners unable to speak English being able to participate in some aspects of the regime. There was also a list of the languages that prisoners spoke, but none relating to staff. Translation services were particularly underused, and we saw records which indicated that the Big Word had only been used twice in 2008, despite the fact that the establishment held some foreign national prisoners who spoke little or no English. The use of translation services was not monitored.

Recommendations

3.72 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.

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

3.74 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.

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

3.76 Independent immigration and advice services should be sought to provide a surgery to the foreign national prisoners.

3.77 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.

Housekeeping point

3.78 A list of staff and prisoners who are willing to act as interpreters should be publicised across the establishment.

Applications and complaints

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

3.79 Overall, prisoners' perceptions of the applications and complaints procedures were positive, although black and minority ethnic prisoners were significantly more negative than their white counterparts about accessing applications and complaints forms. Prisoners' applications were managed and monitored well, although for nearly a third of the applications submitted in July 2008, the pink copy of the form had not been returned to the log book to confirm that the application had been dealt with. Complaints forms could be obtained in over 20 languages and in a range of formats, and were available on the wings. In the previous five months, 95% of stage one complaints had been responded to within three working days. Some responses to complaints did not address the issue and others were dismissive about the complaint.

3.80 Overall, prisoners' perceptions of the applications and complaints procedures were positive. In our survey, of the 99% of respondents who had made an application, 78% felt that it had been dealt with fairly and 66% felt that it had been dealt with promptly, both being significantly better than the comparators (58% and 53%, respectively). However, black and minority ethnic prisoners responded significantly more negatively than white prisoners regarding accessing applications and complaints forms.

3.81 Prisoners' applications were managed and monitored well. Carbon copy application forms had to be completed by prisoners before morning activities. The boxes were emptied by casework officers after the morning activity movements. Casework staff were responsible for recording the applications in the log books and either dealing with the applications themselves or forwarding them to the appropriate department.

3.82 Prisoners received the green copy as receipt of their application, the yellow copy was placed in their wing file and the pink and yellow copies were sent to the relevant department to complete. When completed, the pink copy was supposed to be returned to the log book for audit purposes and the white copy returned to the prisoner. However, in practice, this was not always the case; during the inspection, prisoners complained about not receiving a response to their applications. The deputy head of residence had carried out an analysis of the applications system; in July 2008, of the 1,303 applications that had been submitted, nearly a third (384) had not had a completed pink copy returned to the log book to confirm that the application had been dealt with. The majority of unanswered applications were from reception (94), followed by the OMU (65). Both of these areas received the most applications during that month – 131 and 117, respectively. Although, in practice, some prisoners had received a reply to their application verbally, there was no way of confirming that the application had been dealt with, which undermined the system. A notice had been distributed to casework officers regarding their responsibilities, and the establishment showed a commitment to improving the applications system and continued to monitor the promptness of responses to applications. The applications we looked at were mainly courteous in their response and dealt with the issues.

3.83 Applications and complaints boxes were readily available on the wings, as were the forms. In our survey, 96% of respondents said that it was easy to get an application form and 95% a complaint form, both of which were significantly better than the comparators (90% and 86%, respectively). Prisoners were informed about the applications and complaints systems during their induction (see section on first days in custody).

3.84 Complaints forms could be obtained in over 20 languages and in a range of formats (Braille, large-print and audio), and were available on the wings. In our survey, prisoners responded significantly more negatively than the comparator about how easy it was to see the independent monitoring board (IMB): 21% compared with 41%. There were posters and information across the wings highlighting how to contact the IMB, and 45 applications had been received in 2007. Although IMB members regarded this figure as low, they explained it as being due to the establishment's high-quality staff dealing with prisoners' problems.

3.85 Complaints forms were collected by night staff and sent to the complaints clerk, who logged the complaints and presented them to the senior management team for their morning meeting. The functional heads then passed on the complaint to the designated senior staff member to deal with. The complaints clerk kept records of all complaints forms and maintained a database which recorded essential information about the complaints they received and the location and ethnicity of the complainant. In the previous five months (April to August 2008), 399 complaints had been received and 95% of stage one complaints had been responded to within three working days. In our survey, 57% of respondents felt that their complaints were dealt with fairly and promptly, which was significantly better than the comparators of 36% and 39%, respectively.

3.86 The highest number of complaints concerned a variety of issues regarding prisoners' return to closed conditions, their categorisation and transfers to other establishments; these made up a quarter of all complaints in the previous five months, followed by regime and activities.

3.87 There was a quality checking process, which was undertaken by the head of the performance development unit. A random sample of complaints were looked at each month and overall comments made about the timeliness of the response, whether the response had addressed the issue, if it had been resolved and if the response had been respectful. The monthly managers' checks we looked at found that the responses to complaints had been of a good

standard and there were no further issues. The senior management team analysed the complaints data at performance meetings and responded to any developing trends.

3.88 We randomly sampled completed complaints forms, and the majority of responses were adequate; complaints which had the racial element box ticked had been referred to the REO and any other relevant departments. Some prisoners had not completed the complaint on the correct form and in some instances they were returned to the prisoner to complete on the correct form; this delayed responding to the prisoner's complaint. Some responses to complaints did not address the issue, and for one particular complaint regarding verbal abuse by a member of staff (which had been upheld), the response was dismissive in its tone and told the prisoner that 'the matter was closed', without acknowledging his concerns.

3.89 When an interim reply had been sent to the prisoner, there was no subsequent record that the substantive complaint had been dealt with.

Recommendation

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

Housekeeping point

3.91 Applications should be responded to in writing, regardless of whether information has been passed to prisoners verbally.

Legal rights

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

3.92 There was one untrained legal services officer, who saw prisoners mainly on application. He held a number of reference books and other resources. A reasonable number of legal visit sessions were provided and problems with legal correspondence being opened had been addressed.

3.93 There was one designated legal services officer, who was based in the public protection team in the OMU. He was not trained for this role, but the officer who covered for his absences, including during the inspection, had completed legal aid training in 1999. The legal services officer had an input in the induction programme and thereafter saw prisoners mainly on request. He kept a separate contact log for each case, and since October 2007 had assisted 24 prisoners. The most common requests were for help in dealing with outstanding fines or with finding or contacting a solicitor. Issues relating to foreign national prisoners were referred to the foreign nationals coordinator, and prisoners on recall were dealt with by their offender supervisor (see section on offender management and planning).

3.94 The legal services officer held a number of reference books and other resources; although a wider range was available in the prison library, prisoner access to the latter was poor (see section on learning and skills and work activity).

3.95 Prisoners were allowed up to five legal telephone numbers on their PIN telephone account. Seven legal visits sessions were provided each week and the two legal visits rooms could be booked for up to two hours. When we enquired, the next available slot was a week away. We received no complaints about legal visits and 60% of prisoners surveyed said that it was easy for them to communicate with their legal representative, which was significantly better than the 49% comparator. However, 41% said that their legally privileged correspondence had been opened in their absence. The complaints forms that we saw concerning this issue were apologetic, and additional staff training and guidance had been provided.

Recommendation

3.96 Legal services staff should receive initial and refresher training relevant to their role.

Substance use

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

3.97 There were no clinical drug treatment services. An integrated drug treatment system (IDTS) was planned, but progress was slow. There were few voluntary drug testing (VDT) compacts in place, and while numbers were increasing, the rate of increase was slowed by staff shortages. The majority of VDT suites were not adequately equipped.

3.98 There was no provision of services for opiate stabilisation, maintenance or detoxification. New arrivals presenting with such needs would routinely be returned to the sending establishment. However, there were plans for an IDTS to be introduced, to provide such services for up to 12 prisoners at any one time, by April 2009. While preparations were underway, it was clear that there was still much to do in a short space of time. Offers of guidance and advice from the area National Treatment Agency lead had not been embraced and an active steering committee had not yet been convened. There was a lack of awareness of the purpose of an IDTS among operational staff, and no awareness training programme was planned. However, all counselling, assessment, referral, advice and throughcare (CARAT) team members had previously worked in establishments which ran the IDTS.

3.99 There were no protocols to allow for the secondary detoxification of existing prisoners if they developed a clinical need during their time at the establishment.

3.100 Blood-borne virus clinics were held every Friday, where prisoners could access information and advice, hepatitis B vaccinations and blood tests. Information regarding these services was displayed in key locations. There was a protocol for referring prisoners to the local acute trust for treatment.

3.101 The average random mandatory drug testing positive rate for the previous six months was 10.6%, including diluted samples and refusals. In July 2008, this figure was 2.9%. Progress had clearly been made in reducing drug availability, and the view among staff and prisoners was that drugs were not widely available. This view was also confirmed in our survey, in which 15% of respondents said that drugs were easy or very easy to obtain at the establishment,

against the 31% comparator. Conversely, the production and consumption of hooch was increasingly becoming a problem, with four finds in the previous month.

3.102 There were 29 compliance drug testing compacts and 11 VDT compacts in place. This figure was set to increase by 10 a month, up to a total of 150 compacts. Staff shortages had meant that a previous attempt to establish a far greater number of compacts in a shorter space of time had been scrapped. The level of suspicion testing was low: only 18 tests had been carried out in the previous six months. The current policy of requiring three separate pieces of evidence to trigger a request for a suspicion test was overly restrictive.

3.103 There were dedicated rooms for VDT on five wings, which were generally clean and tidy, but privacy screens were only present in one suite.

Recommendations

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

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

3.106 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.

3.107 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.

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

Section 4: Health services

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

4.1 Most prisoners rated the overall quality of health services as good or very good, and praised the health services staff. However, the workforce lacked awareness of the skills required to provide health services in a custodial environment. There were no prison healthcare policies to underpin the services provided, and no audit or monitoring of systems. Emergency equipment was not available for use when health services staff were off duty. There was no lead nurse for older people and no sexual health or genito-urinary medicine provision. The monitoring of those with life-long conditions was good. Pharmacy services were basic and we had concerns about medicines management. There was only minimal primary mental health provision and none during the inspection, owing to staff absences.

General

4.2 Health services were commissioned and provided by Sefton Primary Care Trust (PCT). There had been at least three health needs assessments carried out in the previous 18 months; the latest was in draft form. However, there was no clear plan for the development of services to meet the perceived needs of the prison population. Quality outcomes measures were recorded and reported to the PCT. It appeared that the PCT had not sought advice from PCTs with experience of commissioning services in prisons, in order to mirror best practice.

4.3 There was a prison health partnership agreement and the partnership board met quarterly. It was unclear why the mental health trust that provided secondary mental health services was not represented on the partnership board.

4.4 The healthcare department was in the activities centre. While not purpose built, it was adequate, although the mental health in-reach team did not have a base and the holding room had uncomfortable wooden benches. The plasma screen television in the holding room displayed health education information; some of this was good, but some of the information displayed was inappropriate for a prison setting. There was a general practitioner (GP) surgery, a treatment room, a couple of other consulting rooms and office accommodation for the administrative staff and the healthcare manager. The department had been subject to infection control audits by the PCT.

4.5 The main pharmacy room was situated in the healthcare centre; this was used as a hub to receive dispensed medicines from the community pharmacy and distribute them to the treatment rooms. The pharmacy room was also used to store a small stock of 'special sick' medicines and a few pre-packs for supply under patient group directions (PGDs). There were treatment rooms on each of the seven wings, which were used for the storage and supply of medication. The ungated doors of the treatment rooms were equipped with small hatches, sited high up in the door, through which medicines were administered and supplied. This provided an unsatisfactory interface which did not enable adequate supervision and provided little scope for confidential discussion. The rooms we visited during the inspection were clean and most were tidy.

4.6 All of the treatment rooms were equipped with lockable metal cupboards which were used to store dispensed medicines awaiting supply. Within the cupboards, in-possession medicines were kept in polythene bags to ensure separation from medicines for administration. The cupboards were fairly full, although this issue was being addressed by the provision of extra cupboards. The medicines were labelled in accordance with Medicines Act requirements and no date-expired medicines were found. Refrigerator temperatures were not recorded daily.

4.7 The dental surgery was light and spacious, but lacked means of ventilation. The dental chair, operating light and cabinetry were modern and in good working order. There was no telephone in the dental surgery. Radiography was digital, and management was satisfactory. However, there was no quality assurance programme and staff did not know who the radiation protection adviser was.

4.8 There were sufficient hand instruments and hand pieces, but there was no mercury spillage kit. 'Clean' and 'dirty' areas were not demarcated. 'Disposashield' products were not used, other than for the X-ray sensor. There was a washer/disinfector situated in an adjacent store room off the main corridor with keypad entry. The dental surgery assistant therefore had to carry trays of soiled instruments from the ultrasonic bath in the surgery to the washer/disinfector through a door with keypad entry and then back into the surgery for autoclaving.

4.9 We witnessed a good rapport between prisoners and health services staff.

4.10 There were three prisoners over the age of 60 at the time of the inspection, but there was no lead nurse for older people.

4.11 Prisoners had three options for making a complaint about the healthcare department: they could use the Prison Service request complaint forms; confidential access to the Governor, which was then sent directly to Setfon Primary Care Trust to respond to; or prisoner advice and liaison services (PALS), by which prisoners could make a free telephone call about their complaint. At the time of the inspection, there had been no complaints made through the PALS complaints line. The informative 'insider guide to HMP Kennet', which prisoners received on arrival at the establishment, did not contain any reference to health services. A separate health services leaflet had recently been produced, but lacked some information. For example, while it gave prisoners information about how to comment or complain about health services through PALS, it did not inform them that the telephone number was free to use on the PIN telephone system, so an otherwise good initiative was not advertised. The leaflet was only available in English.

4.12 In our survey, 64% of prisoners rated the overall quality of health services as good or very good, which was significantly better than the 48% comparator. Prisoners we spoke to praised the health services staff.

Clinical governance

4.13 A governance committee met bi-monthly. It incorporated the prison medicines and therapeutics committee, but was not attended by any medical or pharmacy staff.

4.14 The healthcare manager was a registered mental health nurse (RMN), band 8a; her deputy was a band 7 registered general nurse (RGN). There were six other nurses in total, five of whom were band 5 RGNs, while the sixth was a band 6 RMN. There was an operational support manager, a clerical assistant and a pharmacy technician. All of the staff were directly employed by the PCT. There was also a part-time phlebotomist/healthcare assistant. Nursing

staff worked traditional nursing shifts: 7.30am to 3.30pm or 1pm to 9pm on Monday to Thursday; 10am to 6pm on Fridays; and 9am to 6pm at weekends and public holidays. This was not in line with the prisoners' core day and had some consequences for the ability to provide a comprehensive service. There was no healthcare cover at night, except for the local GP on-call service.

4.15 GP cover had previously been provided by long-term locum staff, but a local GP practice took over this role during the inspection. Their induction had been cursory and it was not clear that they were aware of the issues facing medical staff providing care within a custodial setting. This deficit was compounded by the fact that the majority of the other health services staff had not worked in a custodial setting before working at the establishment, and did not demonstrate 'jail craft' awareness.

4.16 Staff had access to PCT training, but not all had received adequate resuscitation training within the previous 12 months. In addition, some were waiting for courses such as immunisation and vaccination training, which were run infrequently; this too hampered their ability to provide a full range of services. While the management of prisoners with life-long conditions was good (see below), none of the staff had the relevant qualifications.

4.17 Resuscitation equipment, including automated external defibrillators, was kept in the healthcare department and in some of the treatment rooms around the site. There were no documented checks of the equipment. We found one bag which was sealed, but the seal was not easy to break, which would have been a hindrance during a clinical emergency. There were notices on the wing treatment room doors stating that the emergency equipment was only accessible to health services staff, as the equipment was not replicated on the wings. Staff we spoke to, nursing and discipline staff alike, were at best unsure and at worst unaware of how to access emergency equipment if it was required.

4.18 While staff told us that they could obtain occupational therapy equipment if required, there was no written policy. There were no prison-specific healthcare policies (except medicines management). Staff relied on Sefton PCT policies available on the intranet, which did not mention Kennet and would not have been applicable to the prison setting. There was therefore no policy for the outbreak of a communicable disease. The prison's own contingency plan for an outbreak of pandemic 'flu was vague, in terms of the responsibilities of the health services staff, and appeared to have been written without consulting relevant staff. There was no information sharing policy.

4.19 The prison 'core day' had been altered in recent months (see section on time out of cell), so that prisoners had less time out of their cells each day. This appeared to have had a direct impact on the delivery of health services – for example, the dentist told us that his clinic times had been curtailed – but it was not evident that health services staff had been involved in the implementation of the new regime.

4.20 Staff used an electronic clinical information system (SystmOne). Hard copies of clinical records were kept securely in line with data protection and Caldicott guidelines. Nursing staff recorded adequate information on the system, but it was not always clear who had made the clinical entry. Not all staff had received training on using the system. Nursing staff told us that they would not write in a prisoner's assessment, care in custody and teamwork (ACCT) document; they would only record their interventions on SystmOne. This was not in line with the multidisciplinary approach to the care of a prisoner at risk of suicide or self-harm.

4.21 Prescriptions were written on standard HR013 prescription and administration charts, which were faxed through to the pharmacy. The pharmacy maintained full computerised patient

medication records for all prescribed medication. The pharmacist audited dispensed faxes against the actual prescriptions during her regular visits to the prison. The prescription and administration charts were used to record all medicines supplied and administered, and all of the records we checked appeared to be in order. Special sick supplies were recorded in registers, which were maintained in the main pharmacy room and in the treatment rooms. This information was not recorded on the prescription charts, so no formal audit of special sick supplies could be undertaken, and there was also the potential for other medications to be prescribed that would interact with medications supplied as special sick. The need to record this information on prescription charts was not mentioned in the medicines policy.

4.22 The dentist used SystmOne to record treatment, but did not use medical history sheets or personal dental treatment plan forms FP17DC. No documentation relating to the dentist's registration, indemnity, hepatitis B status and continuing professional development was available, and no policies relating to dental provision and care.

Primary care

4.23 When prisoners arrived at the establishment they were seen by one of the nurses, who carried out a health screen and, if necessary, referred the prisoner to the GP. Any long-term conditions were noted. Prisoners were given a leaflet about the health services provided.

4.24 Hepatitis B vaccinations were administered at a weekly clinic, but meningitis C vaccinations were not available. Prisoners were not able to obtain barrier protection, and no sexual health or genito-urinary medicine services were provided. The primary care phlebotomist ran a phlebotomy clinic each morning and nursing staff saw patients as required for general advice or dressings.

4.25 Prisoners were able to submit application forms to see a GP, nurse or other allied health professional. Forms were only collected two or three times a week; this was made clear in the health services leaflet. The forms were numbered, so a form could be traced in the event of a discrepancy. There was no formal triage undertaken and no triage algorithms in use, but nursing staff reviewed the application forms.

4.26 There were no waiting lists maintained by administrative staff; the only allied health professional that maintained a list was the dentist. For all other appointments, the administrative staff merely added the patient into the next available appointment slot. During the inspection, the next appointment for a GP, who attended on Mondays, Wednesdays and Fridays, was eight days away, while the next appointment for physiotherapy was in four weeks' time. An optician and podiatrist visited fortnightly and a dietician attended monthly.

4.27 Prisoners were brought over to the department during the morning for their appointments, but some complained about the time they had to wait to be escorted to and from the department.

4.28 Smoking cessation services visited the prison weekly. Prisoners were able to self-refer to the service and there was a caseload of approximately 28 prisoners. No group work was undertaken, although peer supporters, known as 'champions', were given additional training and advice to facilitate peer support groups. The average 'quit rate' in the previous 11 months had been 60%, which was higher than the rate in the community.

4.29 Prisoners with life-long conditions had individualised care plans; however, it was unclear how clinics were organised, as it appeared to be on an ad hoc basis. The community diabetes specialist nurse had been into the establishment to see the eight diabetic prisoners being held

at the time of the inspection. However, prisoners with respiratory conditions had been seen by primary care staff who did not have the relevant post-registration qualifications and were not able to carry out the full range of tests, such as spirometry.

4.30 Prisoners could be referred to the gym for exercise. However, while the gym staff were clear that any health services professional could refer the majority of patients, nurses thought that only the GP could refer; this potentially increased the number of patients seen by the GP and increased the waiting time for a GP appointment.

Pharmacy

4.31 All prescribed medicines were dispensed by the local pharmacy for named patients. Medicines were then either supplied in-possession or administered by nursing staff. There was an in-possession policy, but it gave little guidance, other than a list of medicines considered unsuitable for in-possession supply, and patients were not always formally risk assessed before being supplied in-possession. In-possession supply of co-codamol 8/500 tablets was permitted, but there had been no audit to determine whether this had created a problem of bullying. Co-codamol 30/500 tablets were not permitted because of a perceived risk of dealing. There was no evidence of any clinical audit. In-possession checks were carried out at weekends by nursing staff, who visited prisoners to check their supplies of medications against their prescriptions and test them for carbon monoxide if they were undertaking the smoking cessation programme. The documented checks were signed by the prisoner, a discipline officer and the nurse.

4.32 The healthcare centre provided a service only during the daytime and evening. No medicines were available for supply when the healthcare centre was closed. If a prisoner needed medical attention during this time, a duty doctor had to be called. Medicines were administered and supplied from the treatment rooms during two daily treatment sessions, which started at approximately 8am and 5pm during the week, but were later in the morning and earlier in the evening at weekends and public holidays. This necessitated all medicines that were not in-possession to be prescribed as a twice-daily dose. Hypnotics were administered during the evening treatment sessions, which meant that the patient would receive the medicine too early. To avoid this, night-time doses were sometimes given loose to the patient for later use.

4.33 The treatment sessions involved two or three nurses visiting all seven treatment rooms in turn. This was onerous for the nurses and also meant that the timing of the medication supply on each wing was variable. Prisoners we spoke to complained that they were unable to leave the association area during the evening to have a shower or make a telephone call for fear of missing the medication round. Similarly, some had to go to work in the mornings without receiving their medications because the nurse was late to their wing.

4.34 There was a special sick policy, with a limited range of medicines available for supply without consultation with the doctor. These included paracetamol and ibuprofen, but prisoners were not given a pack at reception when they arrived. A few PGDs were available to enable the nurses to supply more potent medicines, but not all nurses had been deemed competent to use the PGDs. This included an independent nurse prescriber, who had also been informed that he could not prescribe medications to prisoners; this appeared to be a waste of his clinical skills. We questioned the reasoning behind the decision, and it was changed during the inspection.

4.35 A pharmacist was contracted to visit the prison for three hours a week, but this included travelling time and she lived some considerable distance from the establishment. Prisoners were not able to see the pharmacist.

Dentistry

4.36 The dentist worked for two sessions a week. Cover for absence was provided by two other practitioners. Chair-side assistance was provided by three qualified and registered dental surgery assistants, employed by the PCT, who worked on a rota of one week at a time.

4.37 Applications for dental care were triaged on paper by the dentist at the end of each clinical session and appointments booked electronically by him accordingly. Appointment slots during each session were allocated to emergencies. At the time of the inspection, the first available of these was at least six weeks away and the first available 'routine' appointment was February 2009. However, patients submitting an application or presenting at the healthcare desk with an acute problem would be seen at the next available session. The dentist spent some administration time at the end of each session reorganising appointments in order to slot in more urgent work. There was therefore no formal 'waiting list'. Prisoners who had already been allocated a routine appointment would often submit further applications.

4.38 A full range of NHS treatment was offered, routinely including dentures, root canal treatments, and crowns and veneers. There was an emphasis on completion of courses of treatment where possible, although this was hindered by the lack of availability of early appointments. On average, 10 patients were treated each session. Few patients failed to attend. However, as there was no dedicated prison officer to escort prisoners, they were brought 'en masse' at the beginning of each session and returned similarly at the end, resulting in long waits for all. This was compounded by the fact that the dentist did not have keys, so although he could escort a patient back to the waiting room, he could not open the door and get the next patient unless another member of staff was present This delayed his clinic. However, we were given assurances during the inspection that this would be reviewed and that the dentist would be issued with keys once he had undergone the relevant security training.

4.39 The delivery of dental health education was minimal owing to time constraints, although smoking cessation advice was seen to be offered during the inspection by the dentist. There were no dental health information leaflets available. Toothbrushes, toothpaste and flossettes were available for purchase in the prison shop.

4.40 The prison dentist was on call for out-of-hours emergencies between 8am and 6pm on Monday to Friday. Outside of these hours, emergencies were seen at a dental access centre or a local hospital accident and emergency department. Treatment on referral was provided through the same local hospital dental department. The dentist had recently organised completion of a course of orthodontic treatment by an outside specialist. Patients were treated with care and courtesy.

Secondary care

4.41 Health services were allocated two or three outside hospital appointments a day. No records were kept of appointments that were cancelled and rebooked, so it was impossible to identify whether prisoners were being seen within NHS target waiting times.

Mental health

4.42 The mental health in-reach team was provided by Merseycare NHS Trust. There was one full-time band 6RMN, and a band 7 RMN attended three days a week. They were managed by the criminal justice liaison manager, who also oversaw the team at HMP Liverpool. A clinical psychiatry consultant provided one session a week. The team received referrals from a variety of sources, which were discussed at the single point referral meeting that was held weekly. Patients were either accepted for care by the team or referred to the primary care RMN, the GP or the counsellor. The counsellor provided one session a week for those with low level mental health issues. However, during the inspection, neither the primary care RMN nor the counsellor were available owing to annual leave and sickness, so, effectively, there was no primary mental health service available to prisoners. There was a list of at least 20 patients who had been referred to the counsellor; we found examples of patients who had been referred who had waited three months to be seen.

4.43 The mental health in-reach team had an active caseload of 14 patients with severe and enduring mental health issues. They carried out assessments in line with the care programme approach and provided one-to-one support.

4.44 The team used their own clinical records, but also recorded their interactions on SystmOne, although the counsellor did not.

4.45 No day care services were available to prisoners who required additional therapeutic support for emotional, behavioural and mental health problems. Few discipline staff had received mental health awareness training.

4.46 Merseycare NHS Trust staff had recently undertaken a scoping exercise to determine the mental health needs of prisoners at the establishment. It had identified that, of the 173 patient records reviewed, 16 had been referred to the single point referral meeting, but a further 43 (24.8% of the sample and approximately 12% of the total population at the establishment) currently had, or had previously had, a mental health need that warranted further assessment. One issue of particular note was that many of the prisoners transferred to the establishment had previously been under the care of the primary care psychology service at HMP Liverpool, but such a service was not available at Kennet, so there was no continuity of care for these prisoners.

Recommendations

4.47 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.

4.48 The mental health providers should be represented on the partnership board.

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

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

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

4.52 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.

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

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

4.55 The duties times of health services personnel should ensure maximum potential contact with prisoners.

4.56 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.

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

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

4.59 There should be an information sharing policy.

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

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

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

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

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

4.65 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.

4.66 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.

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

4.68 All medication administered by a health professional should be recorded on a patient's prescription chart.

4.69 Prisoners should be able to see a pharmacist.

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

4.71 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.

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

Housekeeping points

4.73 The information given to prisoners about health services should be comprehensive and include all relevant information.

4.74 The minimum and maximum temperatures of refrigerators used to store heat-sensitive medications should be recorded daily.

4.75 The medicines and therapeutics committee should develop and implement a prescribing formulary for the prison.

4.76 There should be a telephone in the dental surgery.

4.77 Copies of documentation relating to staff, policies and equipment maintenance should be retained in the dental surgery.

4.78 Signed, dated initial medical history sheets, which could be completed at triaging, should be used and retained by the dentist.

Good practice

4.79 *The numbering of the application forms was a simple, but effective initiative so that the form could be traced in the event of a discrepancy.*

4.80 *The in-possession checks and tests for carbon monoxide carried out at weekends by nursing staff were an example of auditing compliance with medications.*

Section 5: Activities

Learning and skills and work activities

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

5.1 Overall, the management and quality of learning and skills provision were satisfactory. Prisoners were able to develop good employability and personal and social skills. Teaching and learning were generally satisfactory. Most prisoners were able to access education, which was offered on a part-time basis and included literacy and numeracy classes for those attending vocational training programmes. The curriculum was sufficient to meet the needs of prisoners, but provision beyond level two was poor. A high degree of mutual respect was apparent between staff and prisoners. Attendance and punctuality, both in education classes and workshops, were good. There were insufficient places available in workshops for the size of the prison population. Most activities had some accreditation available. Work activities provided good opportunities to develop employability skills.

5.2 The management of learning and skills was satisfactory. The prison had a strong commitment to improving the provision of learning and skills and, with the education provider, was working hard to develop new courses to meet the needs of the current prisoner population. The strategic development of learning and skills was well linked to the overall reducing reoffending strategy. The prison had made good use of a recent needs analysis to inform curriculum development. The management of attendance in learning and skills was good, with an attendance officer who worked effectively with each wing. We welcomed the fact that prisoners were not penalised financially for being unemployed through lack of activity places. As the number of work spaces increases to match the population, this will have to be reviewed to ensure that there are no disincentives for engagement in purposeful activity.

5.3 The establishment made good use of data to set targets to improve performance. A comprehensive management information system had been introduced and staff used data well to monitor and review trends in participation, retention and achievements. Equality data were collected, but mainly used for contract compliance.

5.4 All prisoners received a full assessment of their literacy and numeracy skills, which appropriately identified where support was required. However, this information was not always used effectively by teachers to set challenging targets to support individual learning. Target setting overall was poor. There were effective procedures to identify dyslexia and there was good access to specialist support.

5.5 The establishment had introduced a range of provision, with a strong focus on the development of good employability skills. Education was provided by Mercia, a private provider, through a learning and skills council-funded offender learning and skills service contract. The most recent data indicated that all of the annual 30,325 contracted teaching hours were delivered. The education department was open from 9–11.45am and from 2–

4.45pm on weekdays; no provision was available in the evening or at the weekend, or on Friday afternoon. In education, 60 part-time places were available each morning and each afternoon. In vocational training and work, 103 full-time places were available, with a further additional 27 part-time places, both in the morning and the afternoon.

5.6 Courses included information and communications technology, catering, literacy, numeracy, English for speakers of other languages (ESOL) and business administration. However, the range of courses in personal development and social integration was limited. There were also courses available in citizenship, drug and alcohol awareness, thinking skills in the workplace and art. In addition, a range of short accredited programmes was offered in food preparation, cooking and PE. An employability skills course was available for prisoners before release. Uptake of accredited programmes in education and vocational training was good. At the time of the inspection, two workshops were closed.

5.7 Literacy and numeracy provision was offered from entry level one to level two. Literacy and numeracy in workshop activities was available in designated learning areas. The Listener and mentor programmes were effective in helping prisoners to progress, raising their confidence and self-esteem. More able prisoners had access to distance learning or the Open University.

5.8 Standards of work in education classes were good. However, on some computer courses achievement was low. Skill development in employability training was good, as was the standard of work in art and creative writing. Prisoners on creative writing courses produced a high-quality prison magazine. In work, prisoners developed good skills and most worked towards accredited qualifications. Achievements and standards on literacy and numeracy programmes were mainly satisfactory, with some high achievement at levels one and two. Progress on the ESOL course was satisfactory and appropriately met the needs of the current prisoner population.

5.9 Teaching and learning were generally satisfactory. Attendance and punctuality in classes were good. In the best classes, prisoners were clear about what they had to achieve within each session. In other sessions, lesson plans and schemes of work had an insufficient range of learning activities, and lesson plans took no account of individual learning styles. Many tutors did not have a teaching qualification, although several were working towards achieving a recognised qualification. Staff development was taking place to improve the overall quality of teaching.

5.10 Learning resources to support teaching were generally satisfactory. However, classroom accommodation and workshops were generally small and cramped, particularly in art, with no central point for learning and skills. Prisoners' physical access to learning environments was generally good. The promotion of equality of opportunities was adequately promoted at induction, although there was little reinforcement within learning sessions. There was a strong culture of mutual respect between prisoners and teachers, and the standards of behaviour were good.

5.11 Although most prisoners were involved with some purposeful activity, with few unemployed, the prison provided insufficient vocational workshop places for the current prison population. Vocational training in workshops provided opportunities for prisoners to develop a range of construction skills, such as in brickwork, joinery, painting and decorating and plastering, and training in industrial cleaning was also available. Prisoners were also able to work towards achieving a construction skills certificate, and pass rates on these courses were high. In addition to the workshops, additional opportunities for work were available, such as in the launderette, amenities, maintenance and waste management. There were no recognised qualifications available in some of these areas, but prisoners were able to develop good

practical skills through effective engagement with experienced staff. However, many of these skills were not sufficiently well recorded or recognised. Attendance and punctuality at work were good.

5.12 All prisoners were given clear guidance at induction about how to apply for learning and skills and work. There were no waiting lists, but it was not always possible to allocate prisoners to their chosen programme. Prisoners selected three options and, where possible, were allocated to their first choice. An activity allocation board met every week to allocate prisoners; although the process was fair, prisoners were not always allocated to the most appropriate activity. Data were not sufficiently well analysed to identify the length of time it took for a prisoner to access his first choice of course. However, most prisoners were satisfied with their choice of activity. The information, advice and guidance provided by the establishment was of a good standard and prisoners had good opportunities to access this service.

5.13 All prisoners received a standard rate of pay, with no difference between education and work. Prisoners in education received a bonus for achieving a qualification or completing their course.

Library

5.14 The library was an adequate facility. The service was provided by Sefton Borough Council on a temporary contract basis. A part-time librarian worked at the establishment for 28 hours a week. The library stock provided a satisfactory range of fiction, non-fiction, easy reader and audio books. In addition, it held a suitable range of legal books, including appropriate reference material. Prison Orders were available. However, the library did not offer large-print books, music CDs, newspapers or books in foreign languages. The number of books supporting educational and vocational programmes was limited. The planning of provision was not based on a survey of prisoners' preferences.

5.15 Access to the library was poor. It was open Tuesday, Wednesday, Thursday and Friday mornings and Tuesday and Friday afternoons. It was also open on alternate Tuesday evenings and Saturday mornings. It was closed all day Monday. Approximately a third of prisoners were library members. Each wing had three timetabled periods in the library each week. However, attendance was erratic, with significant periods when no prisoners used the library. In response, the librarian had started offering general 'drop-in' sessions. In the most recent four-month period, between mid-July and mid-August 2008, 243 prisoners had attended the library.

5.16 The library provided an outreach service to the segregation unit. Links with the education department were not sufficiently well developed and did little to support or promote literacy within the prison. There were no facilities to provide an inter-library loan service. The prison was negotiating with Sefton Borough Council to recruit additional library staff to extend and develop the library provision.

5.17 The library was newly decorated and well maintained. However, space for individual study was limited and for group activities was unsatisfactory. There was no access to computer facilities. Ineffective use was made of space to display stock.

Recommendations

5.18 The closed workshops should be re-opened.

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

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

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

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

5.23 Library-based computer facilities should be provided.

Physical education and health promotion

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

5.24 Recreational PE was available during the day and at evenings and weekends. PE was available to all prisoners and access was good. PE programmes broadly reflected the nature of the prison population. Facilities included cardiovascular and resistance equipment. A range of outdoor activities was available but indoor activities were restricted by the small sports hall. PE had good links with the healthcare department.

5.25 Access to PE was good. The opening hours of the gym were well advertised on the residential units. Recreational PE was offered during the day, in the evenings and at weekends. Prisoners participated in PE frequently on two or more occasions each week. Evening and weekend timetables reflected the needs of the specific wings. A varied programme of sports, fitness and leisure pursuits was offered. The range of competitive sports was limited. Accredited courses were available in PE and achievement was good.

5.26 The daily timetable provided opportunities for specialist groups of prisoners to meet their individual needs, particularly the unemployed and servery and cleaning orderlies. PE staff worked closely with the health services team, physiotherapist, and the counselling, assessment, referral, advice and throughcare (CARAT) team, and provided referral PE sessions. Specialist sessions for prisoners over 40 and senior leisure were available

5.27 Facilities comprised a small weights room and cardiovascular area, a small sports hall and an external artificial-surface five-a-side pitch. None of the internal facilities were purpose built. Access for prisoners with restricted mobility was good.

5.28 PE opportunities were well promoted through the wing notice boards and the prison newsletter. All prisoners received a full PE induction, at which PE kit was issued and protocols were explained. On-site laundry facilities were used and managed by the PE orderlies. Seventy per cent of the prison population actively participated in some form of physical activity. Non-users' views were sought through frequent surveys.

5.29 Prisoners had access to adequate shower and toilet facilities, with private showers provided in the team changing area, and were encouraged to shower after every session. There had been

no serious accidents and/or complaints. Minor issues were investigated by the senior officer. The accident book and report forms were located at the entry point to the PE department.

Housekeeping point

5.30 More competitive team activities should be developed.

Faith and religious activity

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

5.31 The chaplaincy team was well integrated across the establishment. The Anglican coordinating chaplain encouraged an inclusive and multi-faith approach. Prisoners could wear their own clothes to attend corporate worship. The well resourced multi-faith room provided a large, quiet and pleasant environment for worship and allowed prisoners to take religious artefacts and literature to their cells. The chaplaincy team worked with staff to ensure that Muslim prisoners' period of fasting was respected and supported. Muslim prisoners we spoke to spoke positively about their experience of Ramadan.

5.32 The chaplaincy team was well integrated across the establishment and comprised four directly employed chaplains, who worked between four and five days a week at the establishment and represented the main faiths at the prison. Sessional chaplains were available for the remainder of the religions represented at the establishment. Nearly 40% of the population was Roman Catholic, followed by 32% Anglican and 4% Muslim. The Anglican coordinating chaplain encouraged an inclusive and multi-faith approach to the statutory duties undertaken by the chaplaincy team.

5.33 All the chaplains had contact with a range of prisoners, regardless of their faith or denomination, and prisoners had the opportunity to attend corporate worship according to their faith. In our survey, 61% of prisoners said that they felt that their religious needs were respected, which was significantly better than the 55% comparator. The timings of religious services and classes were well publicised across the wings.

5.34 Corporate worship took place mainly during the weekend, and Hindu, Jewish and Sikh prayers between Monday and Thursday. Between 30 and 40 prisoners attended corporate worship each week and they were able to wear their own clothes. Prisoners attending chapel were sensitively searched and staff were vigilant to security issues.

5.35 Chaplaincy groups, which comprised faith-based classes, including yoga following Hindu prayers, were run after the main service and approximately 10 prisoners attended each of the groups. The groups formed part of the core day, which enabled prisoners to attend during main movements, although this also meant that if prisoners had visits, they were unable to attend a group. The coordinating chaplain said that this rarely happened and that it was important for the chaplaincy groups to form part of prisoners' day-to-day activities.

5.36 Prisoners were informed of the faith provision at the establishment as part of their induction programme. They were shown a PowerPoint presentation in a group work room in the chapel and given information about the full range of work that the chaplaincy team undertook.

5.37 Statutory duties were shared among the chaplaincy team and daily visits were made to each of the residential wings and the segregation unit. The chaplaincy team also made daily visits to all prisoners who were on open assessment, care in custody and teamwork (ACCT) documents, and had recently begun to visit victims of bullying placed on a tackling anti-social behaviour (TAB) booklet every other day, as well as a one-off visit to perpetrators. The chaplaincy team also contributed written information for home detention curfew and release on temporary licence (ROTL) boards.

5.38 The chaplaincy team held regular meetings, which were well attended. Each of the chaplains also had responsibility for prison-based meetings, such as security and safer custody meetings, and fed back any developments into the chaplaincy meetings.

5.39 The multi-faith room provided a large, quiet and pleasant environment for worship and was well resourced, allowing prisoners to take religious artefacts and literature back to their cells. There were also resources set aside for faiths that were not currently at the establishment but could potentially be, such as pagan artefacts and literature. The multi-faith room had kitchen facilities, a large group room and an interview room. The room contained clean, purpose-built washing facilities that were used by Muslim prisoners.

5.40 There was a comprehensive policy for breaking bad news to prisoners, and staff were conversant with this and consulted with the chaplaincy team about prisoners who required support. At such times, they permitted prisoners to contact family members and spend quiet time in the chapel. All of these interventions were well documented. The chaplaincy team saw 70–80 prisoners each week, providing individual support. In our survey, 65% of respondents said that they were able to speak to a religious leader of their faith in private if they wanted to, which was comparable to other category C establishments.

5.41 The chaplaincy facilitated the celebration of all major religious festivals. During the inspection, Ramadan was underway and the Muslim chaplain and the rest of the chaplaincy team had produced an information pack for staff and Muslim prisoners which outlined fasting times, useful information regarding fasting and the festival of Eid. The chaplaincy team had also worked with the catering department to produce a Ramadan menu, and with other staff to ensure that Muslim prisoners' period of fasting was respected and supported. Muslim prisoners we spoke to spoke positively about their experience of Ramadan.

5.42 The chaplaincy team was able to facilitate linking prisoners with faith communities on release on an individual basis, but had not established community connections.

Recommendation

5.43 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.

Time out of cell

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

5.44 Time out of cell had been over-reported and most prisoners spent only about eight hours a day out of their cells. Many prisoners worked or attended education classes part time, and over a third of prisoners were locked in their cell at any point during the core day. Prisoners had good access to daily exercise and association, and there were no recorded instances of cancellation of these activities.

5.45 The prison had recorded a year-to-date average time out of cell of 10.2 hours a day, against a target of 8.4 hours. The target had recently been reduced from 10 hours a day following the introduction of the national new core day. In reality, there was some over-recording, and the true average figure was 7.65 hours a day, with a maximum of 8.5 hours achievable with a full regime with no cancellations. We did not observe any significant slippages in the regime, and movements to work were timely.

5.46 Many prisoners were involved in part-time activity and therefore could spend significant amounts of time locked in their cells during the core day. A roll check we carried out one morning showed that over a third of prisoners were locked in their cells.

5.47 Prisoners were able to participate in over an hour and a half of association and exercise during the evenings on Monday to Thursday, and during the day on Friday and at weekends. The doors to the exercise yards were opened during association, and occasionally at other times during the day if prisoners requested it. There was no evidence that association or exercise was routinely cancelled. In our survey, 89% of prisoners, against the 74% comparator, said that they had association more than five times a week. Seventy-one per cent of prisoners, against the 49% comparator, said that they went outside for exercise three or more times a week.

Recommendations

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

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

Section 6: Good order

Security and rules

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

6.1 The security department was adequately managed and good links had been made with other departments in the prison. Formal links had been made with the safer custody, violence reduction and drug strategy committees. Security information and intelligence were processed effectively, with good communication with the rest of the prison. The low levels of physical security had resulted in tightly controlled prisoner movement, which impacted adversely on some aspects of the regime. Security categorisation reviews were timely, although methods to communicate the results to prisoners were poor.

Security

6.2 The security department was adequately managed by a senior governor grade, with a principal officer having day-to-day responsibility. There was a security committee, and meetings were well attended. Good links had been made with key functions in the prison, such as safer custody, violence reduction and drug strategy committees, with clear flows of information between them.

6.3 There were effective systems to receive, analyse and use intelligence to inform risk assessments and other security-related matters. Over 1,800 security information reports (SIRs) had been received since January 2008, and this showed a month-on-month reduction since the prison had fully opened and procedures had become established. Night staff routinely photocopied residential unit observation books to cross-reference the entries with SIRs and other intelligence. Information was processed and categorised by nominated collators and was communicated to staff through the security committee meeting and detailed monthly intelligence reports. Risk assessment processes to assign prisoners to work were not overly restrictive and used information about a prisoner's current custodial behaviour, as well as historical information, to inform these assessments.

6.4 The fabric and design of the residential buildings and low levels of perimeter security had resulted in the security department introducing measures to protect vulnerable areas. This had led to tighter control of prisoner movements. There was a closely controlled free-flow system to supervise prisoner movement at the start and completion of activities. Prison staff were positioned at strategic points on the route, and prisoners were clearly aware of the staff presence. Outside these times, prisoners were escorted everywhere by staff. This procedure had adversely impacted on some aspects of the prison regime. We saw evidence of missed appointments, where there had not been staff available to escort prisoners to where they needed to be. Although these restrictions appeared to be disproportionate to the risks created by the prison population (see section on categorisation), the low reported levels of drug

availability and drug dealing among prisoners was probably due in part to these tighter controls on movement.

Rules

6.5 Prison Service and local rules were explained to all prisoners on induction and were included in prisoner compacts. They were also clearly displayed on all residential units.

Categorisation

6.6 All prisoners received at the establishment were judged to be at the lower end of the risk scale for category C prisoners. This was due, in part, to the security concerns regarding the fabric and design of the residential buildings. For instance, no prisoners would be accepted who had been involved in incidents at height. The admissions criteria were published and communicated to sending establishments.

6.7 Categorisation reviews were held in accordance with published timescales, and more often when there was a perceived change in risk. Written contributions from appropriate departments, such as offender managers and security and residential staff, were requested for the categorisation boards. Recommendations from the board were passed to a governor for a final decision, based on the board report. The board reports that we saw included insufficient detail, although decisions in most cases appeared to be fair.

6.8 Foreign national prisoners were considered for recategorisation to category D. However, the decision on whether or not to recategorise them appeared to be based on immigration status, rather than on other risks. If the UK Border Agency (UKBA) stated that they had an interest in a prisoner, the recategorisation board documentation recorded this. Therefore, even if a prisoner was suitable for category D, without the immigration matters being taken into consideration, he was automatically considered as ineligible. Letters sent to prisoners informing them of the decision were unclear about the issues for not granting category D and always referred to immigration matters.

6.9 Prisoners were informed of board decisions and the appeals procedure by a generic letter, which contained little information on why the decision had been made and what the prisoner needed to do to improve their prospects on future boards. A new letter had been introduced, but this also lacked clear information.

6.10 Those who had been recategorised to category D were transferred quickly to suitable open conditions.

Recommendations

6.11 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.

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

Good practice

6.13 *Night staff routinely photocopied residential unit observation books to cross-reference the entries with security information reports and other intelligence received.*

Discipline

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

6.14 There had been 425 formal adjudications in the year to date. Hearings were held in a separate area and were well conducted. Steps were taken to ensure that prisoners fully understood the procedures and they were given the opportunity to seek legal advice. Some records of hearings were poor and did not show that charges had been fully investigated. The use of force was low and the documentation was completed to a good standard. Proper authorisation was sought and control and restraint (C&R) techniques were used appropriately. The segregation unit was well maintained and staff–prisoner relationships were good. Entries in the locally designed segregation history books were detailed and frequent. Prisoners located on the segregation unit were not routinely strip searched.

Adjudications

6.15 There had been 425 formal adjudications between January and August 2008. Many of these charges related to possession of unauthorised articles (mainly mobile telephone equipment and hooch), threatening, abusive or insulting words or behaviour, and disobeying lawful orders.

6.16 The adjudication room was separate from the segregation unit and was well lit, comfortable and well decorated.

6.17 All documentation for adjudications was issued to prisoners on the night before the hearing, and the process was explained to each prisoner, who would sign a log to say that he understood and had received all the necessary documents. The hearings we observed were conducted well. The prisoner was made to feel at ease and first names were used. Each step of the process was explained before moving on and ample opportunity was given for the prisoner to seek legal advice. In cases where the charge was referred to an independent adjudicator, the prisoner was offered a free telephone call to his legal representative. Prisoners were able to challenge all aspects of the evidence and give their version of events. In instances of a finding of guilt, the appeals process was explained and the prisoner was given a written record of the punishment.

6.18 We examined a number of adjudication records and found the quality in many cases to be poor. Some of the accounts were not descriptive, and did not reflect a full account of the hearing. In one instance, the adjudicating governor had only written 'happy with evidence' in the body of the report. This had been recognised by the establishment and remedial action taken.

6.19 Adjudication standardisation meetings took place quarterly, chaired by the Governor. The minutes reflected discussions on appropriate issues, but failed to include mention of quality checks, which had been carried out twice in recent months. A published tariff was used consistently.

Use of force

6.20 There had been 16 incidents involving the use of force between January and August 2008. Only eight of these involved the use of full control and restraint (C&R) techniques. Spontaneous interventions were well recorded, with injury report forms completed in all cases, irrespective of whether or not injuries had been sustained. Prisoners involved in the use of force were all seen by health services staff immediately after the incident. There was evidence of the use of de-escalation and of appropriate use of ratchet handcuffs when prisoners were moved a long distance to the segregation unit.

6.21 Use of force was monitored at the security committee meeting and a full account of all incidents was recorded in the monthly intelligence report. Formal analysis was carried out at the violence reduction meeting. A senior manager carried out quality checks of documentation, although these were not fully recorded or communicated to staff.

Segregation unit

6.22 The segregation unit was purpose built and adequate for the size of the establishment. It was clean and the cells were well maintained, although the exercise yards were cage-like and austere. The accommodation consisted of two safer custody cells with cameras, two special accommodation cells with cameras and eight ordinary cells. The two special cells were small, with no plinths for mattresses. There had been only one prisoner located in special accommodation since the prison had opened. Most cells were adequate in size, with natural light and integral sanitation. In-cell electricity was in all the cells and prisoners could be issued with a television after 72 hours if their behaviour was appropriate. There were two holding rooms for prisoners awaiting adjudication. These were small, with bare walls and a small bench in each, and were observed by cameras. There were several notice boards on the unit, containing detailed and up-to-date information.

6.23 The unit was used infrequently, and the three prisoners located there at the time of the inspection were relocated back to their units within that week. There had been no long-term residents in the unit since the prison had opened. There was a clear policy for minimising the amount of time that prisoners spent in segregation. Prisoners located on to the unit were not routinely strip searched, but searched according to a risk assessment. Segregation unit staff had developed a segregation unit history book, which was used for all prisoners. This included the safety algorithm, risk assessments, daily record sheets, review pages and other relevant information. Entries in the book were detailed and showed that staff had a thorough knowledge of the prisoners in their care.

6.24 All staff selected to work on the unit had been appointed by the Governor. They had received specialist training in conflict management, pro-social modelling, adjudications and mental health. They were a dedicated group, who dealt with prisoners respectfully and with regard to their individual circumstances. Staff–prisoner relationships were positive and prisoners confirmed that they were treated well by staff.

6.25 The segregation unit regime was restricted to activities that took place within the unit, although exercise, showers and telephone calls were offered daily. Some exercise equipment was

available to prisoners, and limited in-cell education and work was provided. There were no facilities to offer association.

Recommendations

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

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

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

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

Housekeeping point

6.30 Plinths for mattresses should be provided in the special accommodation.

Good practice

6.31 *Entries in the locally developed offender segregation history book were detailed and showed that staff had a thorough knowledge of the prisoners in their care.*

6.32 *The system for issuing adjudication documents to prisoners was thorough and took into account a prisoner's ability to read and understand the paperwork.*

Incentives and earned privileges

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

6.33 The incentives and earned privileges (IEP) scheme was well publicised to staff and prisoners but not fully understood by them. There were insufficient differentials between the standard and enhanced levels, and prisoners and staff reported that the system of issuing red and green cards was unpopular. There were some inconsistencies in the operation of the scheme, and the review process was slow at times and did not allow for immediate sanctions.

6.34 The IEP scheme was well publicised in all residential areas. At the time of the inspection, 64% of the population were on the enhanced level, 36% on standard and none on basic.

6.35 Newly arrived prisoners would be placed on the IEP level that they had gained at their previous establishment. Prisoners on the standard level could be considered for enhanced status after three months. Prisoners who applied before this time were advised to wait until the three-

month period had ended, even if they had been on standard at their previous establishment for longer than this.

6.36 The policy document stated that progress or demotion on the scheme would depend on patterns of behaviour. It further explained that gaining between two and eight red cards (for poor behaviour) or six green cards (for positive behaviour) over a prescribed period would result in reviews. However, staff and prisoners were not clear about what triggered a review, and they felt that the administration of the cards was patronising and inconsistently applied. Some staff did not use the cards, making entries in prisoner wing history sheets instead. This resulted in some reviews not taking place as required by the publicised scheme.

6.37 Prisoners on the enhanced level had few additional benefits, apart from additional private cash and a privilege visit. The facilities list detailed additional property that enhanced level prisoners were able to have in their possession, such as play stations. Once prisoners had attained the enhanced level, their behaviour was not subsequently monitored, so they could remain on that level with no additional effort. However, standard level prisoners arriving from other prisons who had these items in their possession had not had them removed, rendering these extra facilities meaningless.

6.38 The scheme was administered centrally by an officer support grade, who was enthusiastic and dedicated to the task. He was responsible for collecting and collating the red and green cards and arranging for review boards to take place. However, some staff reported that the central administration left them without ownership of the scheme and distanced from its operation.

6.39 Review boards were held on Fridays, which meant that some prisoners could wait over a week before poor or good behaviour was recognised and acted on. In addition, we observed no use of immediate sanctions for poor behaviour, due to the method of administering the scheme. The boards were chaired by either a senior or a principal officer, and the prisoner was able to attend and make representations. Management checks on boards were carried out by the residential governors.

6.40 Recording and monitoring of the scheme was confusing. The numbers of prisoners on the different levels were recorded on a specific day of the month and did not account for prisoners who had been on another level on another day in the month. During the inspection, managers were told that no prisoners had been on the basic regime, when in fact there had been between two and five on basic in previous months. There were no monitoring systems for prisoners placed on basic and no meaningful targets set for them to progress to standard.

6.41 The inadequacies and inconsistencies of the scheme had been recognised by managers and a review was under way. Prisoners had been involved in the review process, although it was difficult to ascertain how widespread the consultation had been beyond the identified prisoner representatives.

Recommendations

6.42 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.

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

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

Section 7: Services

Catering

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

7.1 The kitchen was located in a building outside the perimeter fence and was adequate for the size of the prison. Food quality and portion size was reasonable and consultation with prisoners was adequate. Prisoners could not dine in association and many ate in small cells with inadequately screened toilets.

7.2 The kitchen was located outside the prison and consequently was run by staff. This was a missed opportunity in terms of offering employment places to prisoners in an area where they could reasonably expect to gain employment on release. All staff had been appropriately trained and hygiene standards were reasonable in this and the wing servery areas, although we found waste food left overnight in one wing servery area.

7.3 Prisoners were provided with three meals a day, with hot choices offered for lunch and the evening meal. A choice of two breakfast packs was available, and these were distributed with the evening meal for consumption the next day. There were six choices for the two main meals, with adequate opportunity for prisoners to choose five portions of fruit and vegetables every day. Portion sizes were reasonable. In our survey, 48% of prisoners reported that they were satisfied with the food, which was higher than the 32% comparator. Provision for prisoners with special dietary needs was good, and catering staff, in conjunction with Sefton Environmental Health Department, were in the process of updating menus with healthier options and raising awareness about allergens in food.

7.4 All prisoners had the opportunity to complete food surveys twice a year and were able to voice their concerns about food through wing representatives at the offender consultation group meetings and the 'food focus' meetings. Food comments books were available on every wing and were regularly checked by catering staff. However, there was little evidence that the outcomes of these processes were communicated directly to prisoners beyond those involved in the consultation meetings.

7.5 We observed meals being served at published times. Prisoners reported some concerns about the temperature of the food because of the distance it had to be transported to the point of service. However, the records we checked showed that food was served at the correct temperatures.

7.6 There were no opportunities for prisoners to dine in association. They all had to eat their meals in their cells, some of which were small and had insufficient table space for two prisoners. We observed some prisoners balancing their plates on chairs and using the beds for seating. Additionally, many toilets were inadequately screened.

Recommendations

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

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

7.9 Prisoners should be permitted to dine in association.

Housekeeping point

7.10 Food waste should be cleared from servery areas after meal times.

Prison shop

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

7.11 The shop list had over 700 items and was reviewed regularly through the prisoner consultation group. The number of goods available was due to be reduced to just over 300 under a new contract. Prisoners complained that there were delays in receiving refunds and there were significant delays in prisoners receiving their catalogue orders.

7.12 The establishment was served by Aramark from an external site. Over 700 items were available from the shop, and changes to the shop list were made in discussion with the prisoner consultation group representatives. It was difficult to ascertain the full extent of consultation with other prisoners beyond these representatives. Our survey found that 60% of prisoners were satisfied with the range of goods offered, against the 48% comparator. However, only 36% of black and minority ethnic prisoners responded positively to this survey question, compared with 62% of white prisoners. A monthly meeting was held specifically for black and minority ethnic prisoner representatives with kitchen, Aramark and prison staff, and the range of specific goods on offer to this group of prisoners was adequate. A new contract had been awarded to a different provider (DHL/Booker) and the number of goods on offer was going to be reduced to just over 300. Prisoners reported some dissatisfaction with this.

7.13 The longest period of time that any prisoner could wait for his first shop order was 10 days, and this was recognised in the provisions made for new receptions. They were offered a reception pack, a missed canteen pack (smokers' and non-smokers') and telephone PIN credit, and the cost was repaid at a reasonable rate. Canteen orders were bagged and delivered to the wings by Aramark staff on Fridays. Discrepancies were dealt with on the following Monday and we received several complaints from prisoners that the refund process for unreceived goods and unwanted substituted goods was slow. This had been identified as an issue by the prison and we observed that recent improvements had been made.

7.14 Prisoners were able to order goods from a large range of catalogues. Aramark dealt with one catalogue, while the rest were administered by the prison. An administration charge of 50 pence was made for each catalogue order and there were significant delays (two to three weeks) in prisoners receiving the goods they had ordered. This was due to the need for the orders to be checked by security before issue.

Recommendations

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

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

7.17 Catalogue goods should be issued to prisoners promptly.

7.18 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.

Section 8: Resettlement

Strategic management of resettlement

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

8.1 There was a reducing reoffending strategy, but there was little focus on strategy or offender management. There were monthly alternating policy and strategy meetings. There had been insufficient focus on prisoners at different stages of their sentence, or on those spending minimal time at the prison. Resettlement services for those arriving at the establishment with little time left to serve were underdeveloped.

8.2 A reducing reoffending strategy document had been produced, which covered the period 2007–2010. This outlined in detail the priorities in each of the resettlement pathways, and partnerships with external organisations to support this work. However, the document contained little about the overall strategy for resettlement work, the prisoner population being dealt with or how offender management arrangements supported the reducing reoffending agenda. Nevertheless, through discussion with managers we established that the overall aim was to provide end-to-end offender management for all prisoners at the establishment, not just those in scope of phases two and three of offender management.

8.3 Resettlement work was overseen by monthly alternating policy and strategy meetings. A small group of more senior staff and pathway leads attended the strategy group, while a broader range of resettlement staff and partner organisations attended the policy meeting. Neither of the meetings discussed broader strategic resettlement issues, or how offender management operated, instead focusing almost exclusively on resettlement pathway issues.

8.4 There had been no analysis of the prisoner population in terms of time left to serve and average lengths of stay at the establishment, both of which would inform the type of resettlement provision required. Our own analysis of these factors showed that about a third of the population had less than six months, another third between six and 12 months and the final third more than 12 months left to serve. The average length of stay at the prison fell into virtually identical categories. Resettlement provision was particularly underdeveloped for prisoners in the first group, with little time left to serve, who, in most instances, had arrived at the establishment shortly before their release.

8.5 Good relationships had been developed with a range of external partner organisations, which supported the work in delivering interventions in the reducing reoffending pathways. This included an agreement with one partner whereby it would be used as a broker to identify and bring into the prison new providers when needs were identified. These partners met prison staff monthly to discuss current resettlement services and how they could be further developed.

Recommendations

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

8.7 The monthly resettlement meetings should address all resettlement issues, including overall strategy and offender management.

8.8 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.

Offender management and planning

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

8.9 All newly arrived prisoners were assessed by resettlement workers during induction, and any initial resettlement needs were dealt with. All prisoners were allocated an offender supervisor (OS). While the organisation of the offender management unit (OMU) was impressive in theory, and some excellent casework was evident, extensive cross-deployment of prison officer OSs meant that in many instances outcomes were poor, and that there was a lack of coordination. There was good attendance at sentence planning boards by offender managers in the community, but little engagement in these by resettlement workers or personal officers. Target setting was mainly focused on the interventions that were available at the prison. There was no use of release on temporary licence (ROTL). Public protection arrangements were well developed for the relatively small number of prisoners concerned, but we came across one case where a cell sharing risk assessment (CSRA) had not been reviewed for a prisoner who had committed a racially motivated offence.

8.10 A range of specialist resettlement workers saw all prisoners during induction to carry out an assessment of any immediate resettlement needs. This was recorded on the induction assessment document, and if a need was identified it was followed up by the resettlement worker concerned. This document, when completed, was eventually passed to the offender management unit (OMU) for retention in the OMU case file. OSs also conducted a short talk during induction, during which they outlined the support that would be offered by the OMU.

8.11 The OMU was organised around three offender management teams, or pods, each being responsible for managing most of the relevant work for around a third of the population. At the time of the inspection, the only elements of offender management work not being delivered by the pods were recategorisation and the management of offender assessment system (OASys) assessments. These teams were multidisciplinary, with a prison officer and seconded probation officer OS and two case administrators in each. The probation staff took on the more complex cases. A fourth team took a lead on public protection issues.

8.12 Within a day of arrival, all prisoners were allocated their own OS. The OMU aimed for the OS and the prisoner to meet within a few days of arrival to discuss sentence planning processes and targets. They also had a target for offender supervisors to see prisoners on their caseload at least every 15 days.

8.13 We saw examples of detailed work being carried out with prisoners, but extensive cross-deployment of the three prison officer offender supervisors to other duties meant this was not consistently done. In some cases the only contact between the prisoner and the OS had been

the initial meeting, which sometimes had not taken place until several weeks after the prisoner's arrival. In many instances, contact only took place when a key date or report was due and, as a consequence, little, if anything, had been done to case manage sentences. To compensate for this lack of contact between the prison officer OS and the prisoners, the seconded probation officer OS (see paragraph 8.11) had been given much larger caseloads of prisoners, in one case up to 80, which in turn compounded their inability to keep in regular contact with all prisoners in their care.

8.14 This issue was also contributing to a large backlog of OASys assessments, which amounted to 83 at the time of the inspection, and there did not appear to be a strategy to address this backlog, or resolve the issue of cross-deployment of staff. Many prisoners told us that they had little confidence in the offender management arrangements at the prison.

8.15 Resettlement workers at the prison and partner organisations also complained of poor communication between offender managers and themselves in ensuring integrated sentence management work, and that engagement in sentence planning by non-OMU staff and personal officers was virtually non-existent. It therefore seemed clear that, in many cases, offender managers and sentence plans did not drive reducing reoffending work.

8.16 The quality of casework with prisoners was variable, but sentence planning target setting was almost exclusively focused on the interventions that were available at the prison, rather than the criminogenic needs of prisoners. However, over three-quarters of sentence planning boards had been attended by community-based offender managers, and good use of video links had been made when this had not been possible.

8.17 Procedures to assess prisoners for parole, home detention curfew and ROTL were mainly up to date. However, despite some stringent criteria restricting admissions to those prisoners presenting lower risk (see section on security and rules), no use was made of ROTL to facilitate resettlement work pre-release.

8.18 The pod which took a lead on public protection work had developed some good initiatives, including training for all staff in public protection. There was an elaborate system to identify any prisoner with a public protection issue on arrival at the prison, and for this to be communicated to relevant staff. Given the criteria for transfer to the prison, there were few such prisoners, illustrated by the fact that only 21 level 2 multi-agency public protection arrangements (MAPPA) cases had been held since the prison had opened. Prisoners were routinely informed of any restrictions placed on them. However, despite residential staff being informed that a newly arrived prisoner had committed an offence with a racial element; this had not resulted in a review of his cell sharing risk assessment (CSRA).

8.19 The prison acceptance criteria explicitly excluded life-sentenced prisoners, and none were being held at the time of the inspection. Three prisoners with indeterminate sentences for public protection were being held and were managed through the OMU. The casework for these prisoners was prioritised, and work with them was up to date.

Recommendations

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

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

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

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

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

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

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

8.27 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.

8.28 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.

Resettlement pathways

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

Reintegration planning

8.29 The full-time housing worker saw all prisoners on arrival to assess their needs and intervene when needed. Prisoners without a release address were seen well in advance of discharge. The prison had recently held an employers' fair and invited employers into the prison to help to develop courses which would enhance prisoners' employability. Jobcentre Plus staff were available in the prison daily, and information, advice and guidance (IAG) workers interviewed all prisoners before release. The prison had been successful in exceeding its target for gaining employment on release, with 30% of prisoners having employment on discharge. Health services were not linked to the prison resettlement strategy. Services in the finance, benefit and debt pathway were underdeveloped, with only basic support available, including help with tenancies, ad hoc Citizens Advice support and benefit advice from Jobcentre Plus.

Accommodation

8.30 A full-time Nacro housing worker was employed under a Service Level Agreement. She saw all prisoners individually during the induction programme, dealing with any immediate housing issues and also flagged a follow-up for those without a release address. In many cases,

prisoners were moved to the establishment following short stays in local prisons; issues around rent arrears and retaining tenancy agreements were therefore fairly common.

8.31 The housing worker kept a comprehensive database of all prisoners, including key housing information, and any prisoner without a release address was seen well in advance of release to explore options. Only two prisoners had been released with no fixed abode since June 2007.

8.32 The post holder identified a problem when prisoners were released at short notice under the early conditional licence scheme; even if accommodation had been organised, arrangements had not always been made concerning who would pay the rent. She was not routinely informed of these releases by the OMU, despite being involved in resolving difficulties if they subsequently occurred.

Education, training and employment

8.33 The learning and skills strategy linked with the resettlement objectives and supported the reducing reoffending objectives. However, the strategies were new and had not yet been fully implemented. Links had not successfully been made to enable the IAG worker to work effectively with the OMU, and there were few links with sentence planning.

8.34 The prison had a good understanding of the employment needs of the areas into which prisoners were to be released. The education provider and the prison had good links with a variety of groups, representing a range of employers, which identified employment needs and skill shortages within the local area. The prison had recently held an employers' fair and invited employers into the prison to help develop courses which could enhance prisoners' employability. Prisoners were able to access services that provided assistance on finding employment, training or education after release. Jobcentre Plus staff were available in the prison daily, providing information on employment opportunities. Job search information and help with employment on release were provided by the IAG workers, who interviewed all prisoners before release.

8.35 The prison did not run a job club and there was little opportunity for prisoners to carry out independent research for employment. There was no central office in the prison that prisoners could access for advice about employment, and prisoners were unsure where they could go for this advice. In our survey, only 38% of prisoners knew whom to contact in the prison for help with employment, which was significantly lower than the 51% comparator. Prisoners learned useful job search skills in their social and life skills classes. Prisoners were given help to write CVs and with applications for employment and how to deal with disclosure in an employability skills course. The prison had been successful in exceeding its target for gaining employment on release, with 30% of prisoners having employment on discharge.

8.36 Prisoners in vocational training and work developed good vocational skills and had a good work ethos, although there were too few places in vocational activities fully to meet the needs of all prisoners.

8.37 There was no pre-release course and the discharge board took place only a week before release. This was essentially a meeting between the OMU administrator manager and the prisoner, with no direct input from the OS, resettlement workers or residential staff who had been involved. In reality, there was little scope at this late stage to undertake further detailed work with the prisoner if a need was identified.

Mental and physical health

8.38 Health services were not linked to the prison resettlement strategy. When prisoners were about to be released, they were asked whether they wanted a letter for their GP. If they were not registered with a GP, they were given a leaflet about NHS Direct and details of health services in the area to which they would be going. They were also given five to seven days' supply of any medications that they required.

8.39 If prisoners were known to the mental health in-reach team (MHIRT) and were subject to the care programme approach, referrals were made by the team to the relevant community team. The MHIRT worked with staff in the OMU so that they were aware of the potential movement of prisoners in their care.

8.40 There was no policy for palliative care.

Finance, benefit and debt

8.41 Limited assistance was available for prisoners requiring assistance with finance, benefit and debt issues. A Citizens Advice Bureau worker attended the prison monthly and was able to provide ad hoc support and information about financial issues. In addition, the full-time Jobcentre Plus workers could provide assistance with benefit-related matters. However, although there were plans to develop provision in this area through a prison area-wide review, little else was available at the time of the inspection.

Recommendations

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

8.43 Prisoners should have better access to job search activities.

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

8.45 More pre-release courses should be made available.

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

8.47 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.

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

8.49 Specialist debt management advice should be provided.

8.50 A budgeting and finance course should be offered.

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

Drugs and alcohol

8.52 The drug strategy group met regularly, with good representation from across the establishment. The drug strategy was up to date. Alcohol was not integrated into the strategy and there were no alcohol-specific targets or action plan points. One-to-one psychosocial provision was delivered effectively. There were no group programmes addressing the links between drug use and offending

8.53 The drug strategy group met regularly, with good representation from across the establishment. The drug strategy was up to date and, while including alcohol, it did so only in passing. There were no alcohol-specific targets or action plan points.

8.54 The counselling, assessment, referral, advice and throughcare (CARAT) team provided an effective service with the limited resources and interventions available. One-to-one work and in-cell packs were the main focus of their work, with basic drug and alcohol awareness courses being provided by the education department. Needs analysis figures showed that the CARAT service was engaging with 84% of the prisoners who had stated that they had drug-related problems. The team worked to a high standard, with positive outcomes for many prisoners. Family members could also benefit from the CARAT team's services on family visits days, when drug and alcohol information and advice was offered. Additionally, the team produced regular information sheets for staff to keep them up to date with drug awareness issues.

8.55 Alcohol awareness groups were run by the education department, and one-to-one sessions with the CARAT team were available for those prisoners who had alcohol problems alongside drug problems. There were no treatment programmes for those prisoners who had an alcohol problem only.

8.56 There were no psychosocial group programmes addressing the links between drug use and offending. However, a 12-place substance treatment and offender programme (STOP) was scheduled to start in November 2008. Four staff members were undergoing training to take on roles as the treatment manager and facilitators.

8.57 The drug strategy's action plan contained no specific time-bound targets. Instead, key actions were marked as 'ongoing'. This was likely to hinder effective progress monitoring, as benchmarks had not been identified.

8.58 The CARAT team was in regular, effective contact with local drug intervention programmes, some GPs and Nacro for resettlement links into community treatment and support.

Recommendations

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

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

Good practice

8.61 *The CARAT team used the limited resources effectively, offering one-to-one sessions with prisoners, working with prisoners' families and giving information to staff members.*

Children and families of offenders

8.62 Positive work was carried out to assist prisoners to maintain contacts with family and friends. Family days had recently started, although were restricted to enhanced level prisoners, and there were initiatives to support prisoners who had not received a scheduled visit. Barnados carried out in-depth work with prisoners with family issues, and had recently commenced a 'through the gate' service. Booking arrangements for visits were good, and newly arrived prisoners could have a visit in the first week they were at the prison. Visits were available seven days a week and additionally on Wednesday evenings for enhanced level prisoners. The visitors' centre was welcoming and well run, but visitors were often not called across to the prison in time for the visit to commence at the advertised time. Facilities for visits were poor, and the visits hall cramped and noisy. Prisoners were required to wait for their visitors to arrive in a small waiting room, and to wear a bib. Staff treated visitors and prisoners with respect and professionalism. Proposals for a purpose-built visits facility had been submitted to the National Offender Management Service (NOMS) but had been rejected.

8.63 Work to encourage and facilitate contact between prisoners and their family and friends was reasonably well developed. Work in this area was undertaken by the chaplaincy team, with input from across the prison.

8.64 The first of several planned family visits days had recently been run, and feedback from those involved in this was universally positive. The visit was open to a maximum of 15 enhanced level prisoners and took place in the gym, with a range of activities organised and with involvement from a range of prison staff and partner organisations. Given that these family visits days were aimed at cementing and improving relationships between prisoners and their families, and linked to reducing reoffending work, it was not clear why this was restricted to prisoners on enhanced status.

8.65 Prison staff were proactive in supporting prisoners to maintain contact with families. This included visits staff telephoning visitors who had not arrived for a scheduled visit to establish if all was well, and communicating this to the prisoner concerned. In addition, the chaplaincy was told about all such cases and saw the prisoner concerned the following day to ensure their well-being. The prison also had plans to write to all visitors who missed a scheduled visit, to see if there was any assistance they could offer, and to emphasise the importance to the prisoners of cancelling visits beforehand. The prison visitors scheme was also run by the chaplaincy, and inter-prison visits had been facilitated. There were also examples of special pastoral visits being organised to help prisoners and families to deal with illness or bereavement.

8.66 There was a Service Level Agreement with Barnados, which provided family support to any prisoner for whom a need was identified when seen during induction by a member of the chaplaincy team. The Barnados worker carried out an in-depth assessment of each prisoners seen, and had recently started to provide 'through the gate' family link work.

8.67 The provision for prisoners to receive incoming telephone calls from their children and deal with child welfare issues, and the use of ROTL for maintaining family contacts, were underdeveloped. However, positive work in this area was reflected in our survey, where 54%, against the 40% comparator, said that they had been helped to maintain contact with their family and friends while at the establishment.

8.68 Arrangements for booking a visit were good, with a variety of methods for doing so. The visits telephone booking line was open Monday to Saturday, and visits could also be booked during the current visit or by email. Information about the prison and visiting arrangements were sent out with visiting orders.

8.69 Visits were available seven days a week: on Monday to Wednesday afternoons and Thursday to Sunday mornings and afternoons. An evening visits session was available to enhanced level prisoners each Wednesday. Prisoners in their first week at the prison were able to have a visit, and 88% of prisoners in our survey, against the 69% comparator, said that they could receive the visits they were entitled to. Visits sessions ranged from two hours 15 minutes to two hours 45 minutes, and the maximum allowance for prisoners on basic status was two visits a month. The maximum number of visits in each session was 21.

8.70 The welcoming and well run visitors' centre, located outside the main gate, was run by a partner organisation through a Service Level Agreement. It was open before and after visits sessions and offered a range of services, including provision for children and reasonably priced refreshments. A range of information was available and on display in the centre for the benefit of visitors.

8.71 Visitors were registered at the visitors' centre before being called across in small groups to the prison. We received complaints, both from prisoners and from their visitors, that sessions often started later than the advertised time, and during the inspection we observed this to be the case, with the last group of visitors not arriving in the visits hall until 45 minutes after the advertised start time.

8.72 The area through which visitors entered the main prison was cramped and there was no seating in the waiting area. There was a private searching room. The visits hall was located a long way into the prison grounds, and visitors faced a long walk, which was open to the elements, before they reached it. The visits hall was cramped and noisy, and did not offer a suitable environment for visits to take place. Prisoners were held in a small holding room for long periods until their visitors arrived, and it was only then that they were taken out of the room and into the visits hall. Prisoners could wear their own clothes for a visit, although they had to wear a large yellow bib with a table number prominently printed on it.

8.73 Prisoners and their visitors were able to use the toilets during the visit, and a range of light snacks and drinks could be purchased from the counter run by visitors' centre staff. A small children's play area was open, but we received complaints that this was not always the case. Seating was functional, with fixed steel furniture.

8.74 Six prisoners were on closed visits at the time of the inspection. These were reviewed at the monthly security meeting, although a closed visit was the only option offered if the drug dog provided two positive indications. The closed visits area was in a separate section of the visits building and, although the facilities were adequate, refreshments could only be collected from the main visits hall if staff were available to do so. Despite these difficulties, we observed staff dealing with prisoners and their visitors in a professional and friendly manner, and visitors were positive about this when asked.

8.75 Prison managers had recognised that the physical environment and location of the visits hall were unsuitable, and had submitted plans to NOMS for a purpose-built facility to be constructed. This had been rejected on the grounds of cost and the uncertainty of the long-term future of the prison.

Recommendations

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

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

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

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

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

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

Housekeeping points

8.82 Prison staff should call visitors to the main prison in time for the visit to commence at the advertised time.

8.83 Prisoners should wait at visits tables for their visitors to arrive.

Attitudes, thinking and behaviour

8.84 A needs analysis had indicated clear requirements for a range of accredited offending behaviour programmes, but, despite plans to introduce these, at the time of the inspection there were none offered. This was a source of frustration to prisoners.

8.85 Some needs analysis of the prison population had taken place, and had indicated that a third of the population had a target for the enhanced thinking skills (ETS) programme, and also that many prisoners required anger management interventions. This work had also highlighted the need for interventions to address victim issues and domestic violence. While awareness sessions and non-accredited courses were available in some of these areas, no accredited offending behaviour courses were offered, although plans were advanced to run the substance treatment and offender programme (STOP) drug programme (see section on drugs and alcohol), and an agreement had been reached with HMP Liverpool for two ETS courses to be run by them at Kennet in 2008. In the meantime, the prison had developed a non-accredited programme called 'thinking skills in the workplace', which was a six-session course aiming to improve problem solving, critical reasoning and perspective in the workplace. The lack of accredited offending behaviour courses was a source of great frustration among prisoners we spoke to.

8.86 Some staff at the prison had recently been trained to carry out some aspects of the ETS assessment, and there were plans to equip them to complete the assessment. There were also plans to introduce, and staff had been identified to be trained in, the A to Z motivation programme.

8.87 Despite the identified need for an anger management course at the prison, there were no plans to deliver one. In addition, no staff had been trained in assessing prisoners for the 'controlling anger and learning to manage it' (CALM) programme, which meant that if prisoners could be sent to an establishment where this was delivered, it was not certain if they were eligible. We were told of examples of when this had resulted in considerable disruption for prisoners, with no end product.

Section 9: Recommendations, housekeeping points and good practice

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

Main recommendation

To NOMS

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

Main recommendations

To the Governor

9.2 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)

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

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

9.5 Training should be provided for health services professionals in prison procedures. (HP59)

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

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

Recommendation

To NOMS

9.8 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)

Recommendations

To the Governor

Courts, escorts and transfers

9.9 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)

First days in custody

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

9.11 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)

9.12 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)

9.13 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)

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

9.15 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)

Residential units

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

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

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

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

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

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

9.22 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)

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

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

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

9.26 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)

Personal officers

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

9.28 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)

Bullying and violence reduction

9.29 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)

9.30 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)

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

Self-harm and suicide

9.32 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)

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

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

Diversity

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

9.36 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)

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

Race equality

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

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

9.40 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)

9.41 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)

Foreign national prisoners

9.42 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)

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

9.44 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)

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

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

9.47 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)

Applications and complaints

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

Legal rights

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

Substance use

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

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

9.52 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)

9.53 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)

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

Health services

9.55 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)

9.56 The mental health providers should be represented on the partnership board. (4.48)

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

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

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

9.60 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)

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

9.62 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)

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

9.64 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)

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

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

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

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

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

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

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

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

9.73 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)

9.74 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)

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

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

9.77 Prisoners should be able to see a pharmacist. (4.69)

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

9.79 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)

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

Learning and skills and work activities

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

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

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

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

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

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

Faith and religious activity

9.87 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)

Time out of cell

9.88 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)

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

Security and rules

9.90 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)

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

Discipline

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

9.93 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)

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

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

Incentives and earned privileges

9.96 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)

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

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

Catering

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

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

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

Prison shop

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

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

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

Strategic management of resettlement

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

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

9.107 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)

Offender management and planning

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

9.109 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)

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

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

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

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

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

9.115 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)

9.116 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)

Resettlement pathways

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

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

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

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

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

9.122 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)

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

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

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

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

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

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

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

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

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

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

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

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

Housekeeping points

Diversity

9.135 The role of the disability liaison officer should be publicised across the establishment. (3.35)

Foreign national prisoners

9.136 A list of staff and prisoners who are willing to act as interpreters should be publicised across the establishment. (3.78)

Applications and complaints

9.137 Applications should be responded to in writing, regardless of whether information has been passed to prisoners verbally. (3.91)

Health services

9.138 The information given to prisoners about health services should be comprehensive and include all relevant information. (4.73)

9.139 The minimum and maximum temperatures of refrigerators used to store heat-sensitive medications should be recorded daily. (4.74)

9.140 The medicines and therapeutics committee should develop and implement a prescribing formulary for the prison. (4.75)

9.141 There should be a telephone in the dental surgery. (4.76)

9.142 Copies of documentation relating to staff, policies and equipment maintenance should be retained in the dental surgery. (4.77)

9.143 Signed, dated initial medical history sheets, which could be completed at triaging, should be used and retained by the dentist. (4.78)

Physical education and health promotion

9.144 More competitive team activities should be developed. (5.30)

Discipline

9.145 Plinths for mattresses should be provided in the special accommodation. (6.30)

Catering

9.146 Food waste should be cleared from servery areas after meal times. (7.10)

Resettlement pathways

9.147 Prison staff should call visitors to the main prison in time for the visit to commence at the advertised time. (8.82)

9.148 Prisoners should wait at visits tables for their visitors to arrive. (8.83)

Examples of good practice

Self-harm and suicide

9.149 The safer custody coordinator monitored the earliest release dates of Listeners to ensure that there was adequate succession planning and that the number of available Listeners did not fall below the desired level. (3.23)

Diversity

9.150 The race equality and diversity induction for all staff who worked at the establishment was a good introduction to the establishment's equality policies. (3.36)

Race equality

9.151 The safeguarding checklist ensured that staff and prisoners' overall safety was paramount to the investigation and not overlooked. (3.57)

9.152 The racist offender compact ensured that prisoners convicted of racially motivated offences or displaying racist behaviour were aware of the standards expected of them and the consequences for non-compliance. (3.58)

Health services

9.153 The numbering of the application forms was a simple, but effective initiative so that the form could be traced in the event of a discrepancy. (4.79)

9.154 The in-possession checks and tests for carbon monoxide carried out at weekends by nursing staff were an example of auditing compliance with medications. (4.80)

Security and rules

9.155 Night staff routinely photocopied residential unit observation books to cross-reference the entries with security information reports and other intelligence received. (6.13)

Discipline

9.156 Entries in the locally developed offender segregation history book were detailed and showed that staff had a thorough knowledge of the prisoners in their care. (6.31)

9.157 The system for issuing adjudication documents to prisoners was thorough and took into account a prisoner's ability to read and understand the paperwork. (6.32)

Resettlement pathways

9.158 The CARAT team used the limited resources effectively, offering one-to-one sessions with prisoners, working with prisoners' families and giving information to staff members. (8.61)

Appendix I: Inspection team

Nigel Newcomen	Deputy Chief Inspector
Sara Snell	Team leader
Jonathan French	Inspector
Vinnett Pearcy	Inspector
Sean Sullivan	Inspector
Gail Hunt	Inspector
Karen Dillon	Inspector
Elizabeth Tysoe	Healthcare inspector
Paul Roberts	Substance misuse inspector
Steve Gascoigne	Pharmacy inspector
Jen Davis	Dental inspector
Laura Nettleingham	Researcher
Michael Skidmore	Researcher
Stephen Miller	Ofsted inspector
Beverley Clark	Ofsted inspector
Nigel Bragg	Ofsted inspector

Appendix II: Prison population profile

(i) Status	Number of prisoners	%
Sentenced	337	99.7
Convicted but unsentenced	0	-
Remand	0	-
Civil prisoners	0	-
Detainees (single power status)	1 (IS91)	0.3
Detainees (dual power status)	0	-
Total	**338**	**100**

(ii) Sentence	Number of sentenced prisoners	%
Less than 6 months	4	1.2
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	137	40.5
4 years to less than 10 years	139	41.1
10 years and over (not life)	13	3.8
Life	3	0.9
Total	**338**	**99.9**

(iii) Length of stay	Sentenced prisoners		Unsentenced prisoners	
	Number	%	Number	%
Less than 1 month	20	5.9	0	-
1 month to 3 months	49	14.5	0	-
3 months to 6 months	56	16.6	0	-
6 months to 1 year	98	29	0	-
1 year to 2 years	75	22.2	0	-
2 years to 4 years	36	10.6	0	-
4 years or more	4	1.2	0	-
Total	**338**	**100**		

(iv) Main offence	Number of prisoners	%
Violence against the person	55	16.3
Sexual offences	-	-
Burglary	42	12.4
Robbery	33	9.8
Theft and handling	11	3.2
Fraud and forgery	14	4.1
Drugs offences	150	44.4
Other offences	33	9.8
Civil offences	-	-
Offence not recorded/ Holding warrant	-	-
Total	**338**	**100**

(v) Age	Number of prisoners	%
21 years to 29 years	175	51.8
30 years to 39 years	102	30.2
40 years to 49 years	43	12.7
50 years to 59 years	15	4.4
60 years to 69 years	3	0.9
70 plus years	-	
Please state maximum age	64	
Total	**338**	**100**

(vi) Home address	Number of prisoners	%
Within 50 miles of the prison (Merseyside/Cheshire)	239	70.7
Between 50 and 100 miles of the prison (North Wales)	17	5

Over 100 miles from the prison (North West)	53	15.7
Overseas	19	5.6
NFA	10	2.9
Total	**338**	**99.9**

(vii) Nationality	**Number of prisoners**	**%**
British	319	94.3
Foreign nationals	19	5.6
Total	**338**	**99.9**

(viii) Ethnicity	**Number of prisoners**	**%**
White		
British	299	88.4
Irish	1	0.3
Other White	5	1.5
Mixed		
White and Black Caribbean	4	1.2
White and Black African	-	-
White and Asian	-	-
Other mixed	1	0.3
Asian or Asian British:		
Indian	6	1.8
Pakistani	3	0.9
Bangladeshi	-	-
Other Asian	3	0.9
Black or Black British		
Caribbean	7	2
African	1	0.3
Other Black	4	1.2
Chinese or other ethnic group		
Chinese	3	0.9
Other ethnic group	1	0.3
Total	**338**	**100**

(ix) Religion	**Number of prisoners**	**%**
Baptist	-	
Church of England	107	31.6
Roman Catholic	133	39.3
Other Christian denominations	7	2
Muslim	13	3.8
Sikh	1	0.3
Hindu	1	0.3
Buddhist	6	1.8
Jewish	1	0.3
Other	6	1.8
No religion	63	18.6
Total	**338**	**99.8**

Appendix III: Summary of prisoner questionnaires

Prisoner survey methodology

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

Choosing the sample size

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

At the time of the survey on 6 August 2008, the prisoner population at HMP Kennet was 339. The sample size was 112. Overall, this represented 33% of the prisoner population.

Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties. In total, two respondents were interviewed.

Methodology

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

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

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

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

Response rates

In total, 101 respondents completed and returned their questionnaires. This represented 30% of the prison population. The response rate was 90%. In addition to the three respondents who refused to complete a questionnaire, three questionnaires were not returned and five were returned blank.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2008 against comparator figures for all prisoners surveyed in category C trainer prisons. This comparator is based on all responses from prisoner surveys carried out in 40 category C trainer prisons.
- A comparison within the 2008 survey between the responses of white prisoners and those from a black and minority ethnic group.

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

Summary

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

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

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