Report on an announced inspection of

HMP Leicester

2–6 June 2008

by HM Chief Inspector of Prisons

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2 Monck Street
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England

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Introduction

HMP Leicester is a small, crowded, Victorian city-centre local prison. It has to manage an ever-changing population of prisoners, many with significant needs, in ageing and inadequate accommodation. Previous inspections have been highly critical of the prison, but on this visit inspectors detected some early signs of improvement, with a greater emphasis on safety and some encouraging developments in resettlement, although much more remained to be done.

After a tragic recent period with a number of deaths in custody, Leicester had placed greater emphasis on safety. Despite a cramped reception and some poor quality accommodation in the first night centre, prisoners received good quality care and reported positively on their early experiences. Efforts had been made to improve violence reduction and safer custody procedures and, although these areas still required a good deal of development, prisoners generally reported feeling safe.

Security was well managed and use of force, segregation and special accommodation were all relatively low. Effective measures were in place to reduce the supply of drugs into the prison and detoxification arrangements for the many prisoners arriving with a drug problem were sound.

The quality of accommodation varied, but much of it was in a poor state of repair. Staff–prisoner relationships were reasonable, but were not supported by an effective personal officer scheme and the approach to incentives and earned privileges was overly punitive. There was an energetic chaplaincy and health services were generally satisfactory. However, as in previous inspections, deficits were found in both the applications and complaints systems. It was also disappointing, particularly in a prison in one of the most diverse cities in the country, that work on diversity, race equality and foreign nationals was underdeveloped.

Leicester provided insufficient purposeful activity and prisoners spent too long locked up. A mid-morning roll check found 45% of prisoners in their cells. This was disguised by grossly misleading recording of time spent out of cell. While there had been some improvements in the range of work and opportunities to undertake vocational training, the quality of education was often poor and attendance was badly managed. Library and PE provision was basic.

Although aspects of the strategic management of resettlement required improvement and assessment arrangements needed to be streamlined, offender management arrangements were sound and there was a good range of practical reintegration services.

In common with many ageing city-centre local prisons, Leicester has to address a wide range of needs presented by a transient population in an inadequate and overcrowded environment. This inspection found that some badly needed improvements were beginning to be made, particularly to address our previous concerns about safety and to provide some practical help with resettlement. However, even allowing for the obvious physical constraints, the new governor is fully aware that a great deal of further progress is required.

Anne Owers
HM Chief Inspector of Prisons

September 2008

Fact page

Task of establishment
HMP Leicester is a local category B prison for adult males.

Brief history
HMP Leicester's role has changed over the past 20 years from a category A local prison housing a special security wing, to a category B local prison. One floor of the healthcare centre is the short-term offender rehabilitation management (STORM) landing, addressing drug offenders.

Area organisation
East Midlands

Number held
346

Certified normal accommodation
210

Operational capacity
392

Last inspection
7–11 July 2003

Description of residential units
The main residential unit is a large, four-storey, early Victorian building.

Level 1	First night centre, segregation unit and violence reduction landing.
Level 2	Self-contained detoxification landing and vulnerable prisoners unit.
Levels 3 and 4	Prisoners on basic, standard and enhanced status.

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 Procedures governing prisoners' arrival into custody were generally sound. Heavy investment in safer custody had resulted in a significant improvement in suicide and self-harm procedures, although access to Listeners was an issue. Violence reduction systems and processes were inconsistent and uncoordinated, although some positive

proactive work had recently been undertaken. Use of segregation was relatively low, as was the use of force, and use of the special cell had reduced significantly. The mandatory drug testing (MDT) rate was relatively low and detoxification services were good. Overall, the prison was performing reasonably well against this healthy prison test.

HP4 Leicester predominantly served the local courts and there were no particular issues concerning late arrivals, although this was much more of a concern when Operation Safeguard was running. Some escort vans we looked in were covered in graffiti.

HP5 Reception was small and not adequate for the large number of prisoners passing through it. If large numbers arrived together, some were left waiting on escort vehicles for long periods. Communal areas in reception were reasonably clean but holding rooms were dirty, bare and unwelcoming. No use was made of prisoner orderlies in this area, who might have acted in a peer support capacity and as cleaners. Reception staff dealt with prisoners professionally. The reception process itself was minimal, with all substantive work taking place in the first night centre.

HP6 Prisoners received bedding, basic kit and canteen packs in the first night centre. They were usually also offered a hot meal, shower and free telephone call, although these were not all guaranteed if they arrived on the landing late in the day. Prisoners were also interviewed by first night officers and could see Listeners and Insiders. The condition of the cells in the first night centre was poor. Induction commenced on the working day after arrival and lasted three days, covering all the basics needed. Throughout the process there was an emphasis on providing information and positive messages about safer custody and anti-bullying. Prisoners in our survey were more positive about their first experiences at Leicester than at comparator establishments.

HP7 Some of the cells in the first night centre were used to accommodate the overflow from the vulnerable prisoners unit. Cells containing vulnerable prisoners were easily identifiable, potentially outing them at risk. The regime for these prisoners was extremely poor. One prisoner unable to remain on the vulnerable prisoners unit was also located in the first night centre and had been there for a number of weeks with no progression or exit plan.

HP8 There had been heavy investment in managing violence reduction and safer custody. The importance placed upon violence reduction was emphasised during induction, although the basic processes that supported it still required further development. However, prisoners generally reported feeling safe. The violence reduction policy itself was out of date and did not reflect some of the work delivered. Violence reduction issues were included in the safer custody meeting but were not a central theme, and trend analysis was weak. The anti-bullying system did not have a high profile with staff and no training had taken place for some time. Although a support process was theoretically in place for victims, it was not used. A full-time violence reduction coordinator had recently been appointed, partly in recognition of the shortcomings outlined.

HP9 Some proactive work was, however, being done, an example of which was the twice-yearly anti-bullying weeks. A violence reduction unit (VRU) had recently been launched, which aimed to provide a structured programme for prisoners with violent or challenging behaviour. Feedback from prisoners about the programme was mixed but some said that it had benefited them.

HP10 The number of opened assessment, care in custody and teamwork (ACCT) documents was slightly lower than the figure for 2007. The quality of the ACCT paperwork we reviewed was, on the whole, reasonable but some reviews were not sufficiently multidisciplinary. Prisoners on ACCT documents were routinely provided with a leaflet which explained the process, and those we spoke to were positive about the level of care they had received. There was good ongoing support for ACCT assessors. There were sufficient Listeners, and they were generally well supported, but prisoners had no access to them at night. A Samaritans telephone was available at night but this was not a suitable replacement for a Listener, particularly in a shared cell. There was one care suite and two gated observational cells but there was insufficient clarity on when they were intended for use and no records were kept of their usage. Prisoners in crisis in the healthcare department were sometimes placed in strip-clothing. There had been a number of self-inflicted deaths over recent years, including four in 2007. There had been significant delays in drafting the investigation reports into some of these deaths.

HP11 A multidisciplinary cell sharing risk assessment review meeting was held weekly and, while the primary focus was to reduce the number of prisoners requiring single cells, the discussions we observed were detailed and relevant. Communications between departments, however, were underdeveloped.

HP12 The security department was well managed. The flow of intelligence was reasonable and evaluation was efficient. The police intelligence officer engaged in a positive and proactive way with the establishment. A dedicated drug supply reduction team had been established, which was well integrated and visible in the establishment.

HP13 The segregation unit was not overly used. The regime was very basic, although the lengths of time that most prisoners spent there were relatively short. Prisoners spoke highly of their treatment by segregation staff. Use of force was relatively low and appeared to be used appropriately and as a last resort. Use of the special cell had also reduced significantly since the previous inspection and had only been used once in the 12 months before the inspection. Adjudication procedures were generally reasonable.

HP14 Fifty-two per cent of incoming prisoners had a declared drug problem. Prisoners who required detoxification were located on the detoxification unit after their first night. Detoxification prescriptions were appropriate and there was a good overall regime on this unit. The provision of alcohol programmes was limited, however, and there was no alcohol-specific strategy. MDT positive rates were low, averaging 7.8% for the six months before the inspection. MDT security referrals were acted on within an appropriate time scale, and suspicion tests were conducted on 100% of security referrals.

Respect

HP15 Some of the residential units were in reasonable condition but cells in some units, as well as many communal recesses, were in a poor state of repair. On the whole, relationships between staff and prisoners were reasonable, with the best interactions observed on the more settled, discrete units. The personal officer scheme was rudimentary and the emphasis of the incentives and earned privileges (IEP) scheme was overly punitive. Many aspects of diversity, race equality and foreign national work

were underdeveloped. Catering provision was reasonable and the provision of faith services and bail information services was good. Health services were adequate. Overall, the establishment was not performing sufficiently well against this healthy prison test.

HP16 External and communal areas around the residential units were generally adequate, although the lower ground floor lacked natural light. Many showers and recesses were dirty and in a state of poor repair. Stainless steel toilets and sinks in cells were also dirty. Cell conditions were variable; some were reasonably clean and tidy but there were some, most notably in the first night centre, locate flat area and the violence reduction unit, that were dirty, with items of missing and broken furniture. The screening of toilets in cells was very poor, and the single cells were not fit for double occupancy. There were too few showers and insufficient time available during the morning domestic period to enable all those who wanted showers to get them. Prisoners on remand and those on the enhanced regime were able to wear their own clothing but in reality very few did. Only those prisoners located on the enhanced landing had access to laundry facilities. We observed some occasions when prisoners' cell call bells were not responded to within five minutes.

HP17 The incentives and earned privileges (IEP) policy was weak. The emphasis of the scheme was overly punitive, and no mention was made of motivating prisoners and encouraging good behaviour. The criteria for gaining enhanced status were too restrictive, and were unrealistic for many to achieve, regardless of their behaviour. Survey results in this area were worse than for comparator prisons. The enhanced landing actually acted as a disincentive to many prisoners to gain enhanced status, and rules relating to this landing were inconsistently applied. The basic regime, however, was not over-used and the former punitive basic landing had closed.

HP18 Most prisoners we spoke to reported reasonably positively about staff, and our survey results were broadly in line with comparator prisons about whether most staff treated them with respect. Interactions we observed were generally appropriate but there was a noticeable differential between interactions on the small specialist units and those on the mainstream units, where we observed some distance, as well as seeing large numbers of staff congregating in the tea room during the core day. Prisoners' first or preferred names were rarely used by staff.

HP19 There was no overarching personal officer strategy, setting out any aims or aspirations. There was a very basic landing officer scheme, which involved personal officers writing comments about prisoners in their prisoner conduct records. However, most entries were superficial. Although survey results about personal officers were reasonably positive, there was considerable scope to develop current provision and get personal officers more involved in other core regime activities.

HP20 We received several complaints from prisoners about catering, although this was mainly about portion size. Results from our survey were positive, with 30%, against a 23% comparator, saying that the food was good or very good. The food that we sampled was of good quality and the portion sizes were adequate. Meal times broadly met our expectations, although breakfast packs were issued on the evenings before they were due to be consumed. The menu was culturally diverse and healthy options were clearly indicated. There was a positive commitment to consultation with prisoners. Prisoners on the vulnerable prisoners and detoxification units had their meals delivered to their cell pre-packaged, and the servery arrangements were overly austere.

HP21 The canteen list offered prisoners a reasonable, but not extensive, product range. There were only a small number of healthy options on offer and fresh fruit was not available. Prisoners had the opportunity of putting forward suggestions for change through a recently introduced suggestion box, although this system had not yet been widely publicised to prisoners. New arrivals could experience lengthy delays in getting their first canteen order.

HP22 The areas of race, foreign nationals and diversity were undergoing transition, with new staff very recently appointed. There was some confusion regarding future roles and responsibilities. The diversity agenda was comparatively underdeveloped, although there were pockets of good provision. The identification of prisoners with disabilities was too reliant on healthcare assessment and there were inaccuracies in recorded lists. It was likely that the prison was failing to highlight and meet the specialist individual needs of a number of prisoners.

HP23 Race equality work had developed a sound foundation, and black and minority ethnic prisoners made no complaints about overt racism or lack of cultural awareness among staff. The previous race equality office had been well known to prisoners and there was a positive commitment to prisoner representation and consultation. Fifty-eight per cent of staff had attended diversity training in the previous three years.

HP24 Racist incident report forms were promptly and thoroughly investigated and were subject to independent quality control. Although religious festivals were celebrated and special events had been organised, given the cultural diversity of the prison population and the local community, there was scope for greater engagement with minority groups in the community and more routine recognition and promotion of racial and cultural issues.

HP25 The foreign national prisoner population had increased and now represented almost a fifth of the total population. A policy document had been produced but it was largely descriptive and there was no clear strategy or action plan. There was a lack of information and support for foreign nationals faced with deportation. Good efforts had been made to address the language needs of prisoners and, with the exception of the healthcare department, there was a reasonable amount of material in translation throughout the prison. The arrangements for use of translators and the telephone translation service, however, were poorly developed. Prisoners could apply for a free monthly telephone call if they did not receive visits, but the system for this was unnecessarily bureaucratic.

HP26 There was poor tracking of the progress of prisoners' applications, and prisoners expressed a lack of confidence in the system, although staff tried to resolve urgent or simple matters themselves. A large percentage of prisoners' complaints were inappropriately submitted as requiring confidential access, which, again, suggested a lack of confidence in normal systems. The quality of responses to complaints was variable; although the majority were satisfactory, some were poor. Where prisoners had received an interim reply, there was no evidence that the complaint had been substantively dealt with, although they were logged as completed. Analysis of complaints and quality assurance were rudimentary.

HP27 Legal services provision was reasonable. Staff saw prisoners on induction and there was no backlog of outstanding queries. Good links had been established with local solicitors, who were able to provide advice on immigration matters. Bail information services were extremely effective, with around 20% of the 40–50 bail reports

submitted each month being successful. There was good use of the ClearSprings system. Over 10% of the population were subject to licence recall. The provision of information to these prisoners had improved. The legal visits area was bare and shabby.

HP28 The chaplaincy team was well resourced and played a central role in the establishment. Chaplains contributed to most of the policy committees and had been appropriately involved following deaths of prisoners in custody. The proactive team had accessed a wide range of external resources, including a large volunteer base, which had allowed the development of several support systems and programmes. This work was insufficiently coordinated and integrated with other departments.

HP29 Health services were generally satisfactory. There was, however, an overuse of input from the general practitioner into reception screening, which was unnecessary and actually caused delays. Primary care provision was adequate, although primary mental health nurses spent some of their time carrying out generic nursing duties. Inpatient services were well organised and patients spent little time locked in their cells, although there was insufficient structured activity. Secondary mental health services were good and staff worked proactively to transfer prisoners to specialist mental health services where appropriate. Dental services in general were not adequate.

Purposeful activity

HP30 There were insufficient activity places to occupy the prisoner population purposefully, and the learning experience for many prisoners who attended education was poor. Time out of cell for most prisoners unable to access work or education was poor, and the establishment's published figures for time out of cell were misleading. PE provision was generally adequate but the programme was insufficiently varied. The establishment was not performing sufficiently well against this healthy prison test.

HP31 There were insufficient work and activity places for the population, although there had been slight improvements in the range of activities and opportunities for vocational employment training. There were also developing links with external organisations and good extension of literacy and numeracy provision across the prison.

HP32 The quality of some of the teaching we observed was poor and did not engage learners. Sessions were long and boring, using workbooks, and were overly tutor-led. There was poor planning for, and meeting of, individual learning needs, and also of personal and social skill needs. Attendance patterns were haphazard owing to the over-subscription of prisoners to classes. This process was extremely poorly managed, resulting in some prisoners being turned away from classes. Provision, both in terms of range and quality, in the discrete units, where prisoners were unable to access the education department, was inadequate.

HP33 Time out of cell for the many prisoners without purposeful activity was poor, although prisoners on the specialist units generally got out of their cells more than those on the mainstream units. Fifty-two per cent of prisoners in our survey reported spending less than four hours a day unlocked. The establishment's published key performance target figures, however, showed that prisoners spent an average of 10 hours a day out of cell. This was misleading and did not portray an accurate picture of prisoners'

experience at the establishment. When we carried out a mid-morning roll check, around 45% of prisoners were locked in their cells. Evening association was only provided twice a week on weekdays. Some of the specialist units, such as the vulnerable prisoners unit, suffered disproportionately from cancellation of association. Time in the fresh air was scheduled daily. The exercise yards were austere, and staff supervising the exercise yards sat outside the area, which meant that they could not interact with prisoners or respond quickly to an incident.

HP34 The library was small and basic. However, access was good and it was a well used resource, with an adequate stock of books and a good range of specialist books, such as talking books, easy readers and books in foreign languages which broadly reflected the population.

HP35 The capacity in the PE department had improved. There was good access to the gym for the majority of prisoners, although for those in full-time education, scheduled access was only on Friday afternoons, which clashed with Muslim prayers. Facilities were limited. The PE programme was mostly recreational, with just one accredited course run. There were insufficient dedicated sessions for more vulnerable and older prisoners. In order to maximise usage, unoccupied prisoners were taken from the wing to fill sessions. This was well intentioned but may have acted as a disincentive to some prisoners to engage in other regime activities.

Resettlement

HP36 The strategic documentation was underdeveloped but prisoners' access to a range of basic reintegration services across most of the resettlement pathways was generally reasonable. Efforts had been made to develop a custody planning system for all prisoners, although a lack of integration and poor communications severely limited the usefulness of this process. Offender management arrangements worked reasonably well for prisoners who met the criteria for management under the National Offender Management Service (NOMS) model. Overall, the prison was performing reasonably well against this healthy prison test.

HP37 The offender management policy provided little information about how the resettlement needs of the population would be met, was underdeveloped and was not informed by an up-to-date needs analysis. The offender management policy meeting was well attended, however, and the reducing reoffending action plan provided a good framework for the delivery of services across the pathways.

HP38 All new prisoners were assessed on arrival and custody plans prepared. However, residential managers responsible for formulating targets following assessment were not all aware of this responsibility. In files we looked at, targets were rudimentary. Conversely, some good quality assessment and referral work was carried out by a team of resettlement workers, and this was followed up before release to assess progress. However, this work was carried out independently of the custody planning process, so key personnel, such as personal officers, were unaware of it.

HP39 Prisoners in scope for offender management under the NOMS model were appropriately managed. Sentence planning boards were not sufficiently multidisciplinary but there was good attendance from offender managers at the majority of boards and use was also made of telephone conferencing. There was no

backlog of offender assessment system (OASys) assessments but this was partly because many prisoners transferred to training establishments before their assessment was due. In our survey, feedback from prisoners about most aspects of sentence planning was significantly worse than at comparator establishments.

HP40 There were only a few life- and indeterminate-sentenced prisoners, and efforts were made to identify potential indeterminate-sentenced prisoners while they were on remand, and they were interviewed and given information before sentencing.

HP41 There was a reasonable provision of services across the range of resettlement pathways, appropriate for the population. There was a good accommodation service, and very few prisoners were released without settled accommodation arranged. The majority of the accommodation work involved preservation of prisoners' tenancies and management of housing arrears. The education and training programme had a strong emphasis on employment skills based on recognised local employment opportunities, although the overall quality of delivery was poor. There was no pre-release course but the resettlement department offered good support to prisoners immediately before release. The prison had a good record of keeping prisoners' existing jobs open for when they were released.

HP42 There was good provision of finance, benefit and debt advice services, which were well used by prisoners, and prisoners' families could also take advantage of some of the services. Prisoners were also supported in opening bank accounts. There were no healthcare discharge clinics. The mental health in-reach team strove to retain links with community healthcare providers for their clients.

HP43 The counselling, assessment, referral, advice and throughcare (CARAT) team provided a range of accredited courses, group work and in-cell drug awareness work packs, plus regular one-to-one key working. Assessments were comprehensive and there was good evidence of prisoner involvement. There had been 96 completions of the short duration programme (SDP) in 2007/08, which had exceeded the target. The short-term offender rehabilitation management (STORM) unit provided a good overall environment for prisoners undergoing the SDP, with a range of other structured activities offered, and prisoner feedback was positive.

HP44 The visitors' centre was small and poorly decorated. Visitors had no access to refreshments while waiting for visits to start, and the opening hours were restrictive. The visits hall was regimented in its appearance but was well equipped, and visits we observed were relaxed. Visitors were able to book their next visit while at the establishment. Prisoners were required to wear a green bib in addition to their prison-issue shirts. Provision of closed visits was inadequate and would remain so until snagging issues with the new closed visits facility had been dealt with. Themed monthly family visits allowed prisoners to spend quality time with their families. Story Sack and Storybook Dads were also available, but only for prisoners on the enhanced regime.

HP45 The SDP was the only accredited intervention delivered. There was good post-course support for prisoners, which could continue after release. Some unaccredited interventions were also offered by the chaplaincy, and anger management work was undertaken with prisoners on the violence reduction unit.

Main recommendations

HP46 Prisoners should be able to see a Listener at all times of the day and night.

HP47 The violence reduction strategy should be reviewed and relaunched, informed by discussions both with staff and with prisoners, and with all component parts of violence reduction work within the establishment covered. Proper emphasis should be given to delivering the violence reduction strategy in an integrated and consistent manner.

HP48 A proper personal officer strategy should be developed, in consultation with all key user groups, and implemented consistently across the establishment. Differentials between the roles of personal officers and offender supervisors, and what is expected of them, should be clearly highlighted. -

HP49 The incentives and earned privileges (IEP) scheme should be reviewed and made fairer, with a greater emphasis on motivating prisoners to behave well and engage with the process. Managers should ensure consistent delivery of the scheme, in line with the published policy.

HP50 Time out of cell for all prisoners should be improved. The area manager should assure himself of the validity of the establishment's published key performance target returns.

HP51 The number, quality, and range of work and training places should be increased.

HP52 Current attendance systems, reliant on over-subscription of classes, should be replaced with systems properly focused on quality and meeting the needs of offenders, who should be able regularly to attend the courses they are enrolled on.

HP53 Custody planning arrangements should be properly coordinated between the resettlement and induction departments, to improve quality and consistency and reduce duplication.

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 Relationships between escort and reception staff were good, and prisoners were given sufficient notice of transfer. All relevant paperwork and property travelled with prisoners, and basic comfort needs were met, although several vans were covered in graffiti. There was a large number of movements through reception, mainly to local courts and training prisons, although Leicester was also used regularly as an overnight stop for those in transit to other prisons. Late arrivals were rare unless Operation Safeguard was running, but reception was closed during the lunchtime period. Video links with local courts were well used.

1.2 The main escort contractor for the prison was Global Solutions Ltd, and escort staff told us that relationships with reception staff were good and that delays were kept to a minimum. Prisoners transferred for anything other than security reasons were given at least 24 hours' notice of the move, and the opportunity of having a meal before being moved. All documentation and private property travelled with prisoners, and vans were appropriately stocked with drinks and, when needed, food. However, a number of the vans we inspected had cellular accommodation which was covered in graffiti. No stock of clothing was available in reception for prisoners without their own clothes who had to attend court.

1.3 Movements were mainly local, to courts in Leicester and nearby towns, or to category C training prisons, which were mostly within an hour's drive. Leicester was also used as a regular overnight stop for prisoners being moved longer distances. Figures provided by the prison indicated that in the year to 31 March 2008 they had dealt with a total of 12,212 moves through reception, 3,465 of which were new receptions, which was significantly higher than in the previous 12 months.

1.4 Reception was open from 7.30am to 7.30pm but was closed from 12.30–1.30pm. Escort staff told us that this was well publicised, so they avoided starting a journey to the prison when they were likely to arrive during this hour, preferring instead to delay their departure. This resulted in prisoners spending additional time in court cells. While most prisoners arrived at reception well before 7pm, we were told by reception staff that this was not the case when Operation Safeguard was running, when later arrivals were common.

1.5 A video link was available to Leicester courts and had been used on 453 occasions between November 2007 and May 2008.

Recommendations

1.6 Escort vans should be checked daily for graffiti, and any found should be removed.

1.7 Reception should be open to receive prisoners during the lunchtime period.

Housekeeping point

1.8 Reception should carry a small stock of non-prison clothes for use by prisoners attending court who do not have suitable clothing of their own.

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.

1.9 The reception area was too small for the number of prisoners dealt with, resulting in delays, and some areas were dirty. Staff were seen to treat prisoners respectfully. Nearly all prisoners moved to the first night centre, where they were provided with the basics for their first nights at the prison. Prisoners in our survey were generally positive about the assistance they received on their first night, and also were more likely than at comparator prisons to say that they felt safe. The cellular accommodation offered was poor, although efforts had been made to brighten the lower ground floor. Listeners and Insiders were readily available, and stays on the unit generally short. Some vulnerable prisoners experienced a poorer regime than the norm, and aspects of cell sharing risk assessment (CSRA) work and progression planning were inadequate. Induction arrangements were well developed.

Reception

1.10 Escort staff provided relevant information about prisoners to reception staff, including when problems had been experienced at court and when self-harm concerns had arisen. This was done sensitively and not in the hearing of prisoners.

1.11 The reception area was too small for the large number of prisoners dealt with, and this resulted in delays. Only one larger holding room was available, and the space for recording and storing property was too small, resulting in the area becoming cluttered when busy. The lack of holding room space also meant that when the area was full, prisoners could be left waiting on escort vehicles until others had been dealt with and sufficient space was available. Nevertheless, staff estimated that the average time spent in reception was only between one and two hours, which was in line with what we observed. This was achieved in large part by the reception process being minimal, mainly focused on booking prisoners in, health screening and completion of the CSRA. All other first night activity took place in the first night centre. We observed reception staff using a prisoner interpreter to assist with a new arrival with little or no use of English, and some translated material was available, although this was limited. All prisoners entering or leaving the area were fully but sensitively searched.

1.12 The communal areas in reception were clean but the holding rooms were dirty, bare and unwelcoming. Staff told us that security considerations meant that it was not possible to have a prisoner orderly working in the area; such a post holder might have been made responsible for keeping all areas clean and tidy, and be given meeting and greeting duties. Prisoners were not provided with food or drinks in reception. We observed reception staff dealing with prisoners in

a professional and caring way. This was confirmed in our prisoner survey, where 68%, against a 58% comparator, stated that they had been treated well by reception staff.

1.13 A protocol was available for the identification and management of vulnerable prisoners arriving at the establishment, although the separate holding room available for them was small, badly designed and dirty (see section on the vulnerable prisoners unit).

First night

1.14 Nearly all prisoners were moved from reception to the first night centre, where they were provided with bedding, basic kit, canteen packs and a reception pack. The only exceptions to this were those who were moved directly to the healthcare centre or those in acute need of detoxification. They were offered a hot meal, shower and free telephone call, although if they arrived in the evening they were not always able to shower. In our survey, prisoners were more positive than at comparator establishments about being provided with a free telephone call, shower and reception pack on their first night but less positive about being offered a hot meal. This latter point had recently been addressed, and at the time of the inspection prisoners were provided with a microwave meal if they arrived on the unit after the evening meal had been served.

1.15 New arrivals were interviewed by first night staff, who provided information about the prison and its regime and facilitated PIN telephone credit, canteen and visit applications. All prisoners were provided with basic writing materials and their statutory free letter. Although we were told by prisoners that first night procedures were usually well organised, these broke down on one occasion during the inspection when the regular staff were not on duty, resulting in newly arrived prisoners experiencing delays and being located into dirty and unprepared cells. Staff made efforts to locate prisoners with appropriate cell mates and with reference to the CSRA, which accompanied them from reception. However, we observed one situation where information about a prisoner who needed a single cell had not been well communicated to first night staff on duty and the CSRA had not been updated. Although the prisoner was not required to share a cell, we noted that such a lapse in communication had been raised in the prison action plan for a recent death in custody.

1.16 All first night accommodation was reduced risk, but the cell fabric was poor and the lower ground floor location meant that there was no natural light. Nevertheless, efforts had been made to brighten the communal areas and to make the unit appear welcoming. This included the provision of soft chairs for prisoners waiting to be interviewed by first night staff.

1.17 Two Listeners were located in the care suite in the first night centre, and could be easily accessed by new arrivals. Insiders were also available, providing newly arrived prisoners with information about the prison. In our survey, 81% of prisoners, against a 74% comparator, stated that they had felt safe on their first night at the prison. Most prisoners spent three to four days in the first night centre before being moved to other locations.

1.18 Some cells in the first night centre were used to accommodate vulnerable prisoners when space was not available on the vulnerable prisoners unit. While efforts were made to move them on as soon as was practicable, their regime was inevitably restricted during their time in the first night centre, particularly with regard to accessing association. During the inspection, we came across one vulnerable prisoner who had been located in the first night centre since 30 April 2008, and no exit strategy or plan had been developed for him.

Induction

1.19 Induction was delivered from a large bright room linked to the first night centre, and trained staff coordinated the delivery of the programme.

1.20 Induction started on the first working day after arrival and lasted for three days, covering all the basics, including how to complain, contacting people outside of the prison and resettlement issues. Input was multidisciplinary and included sessions by counselling, assessment, referral, advice and throughcare (CARAT) and resettlement workers, Listeners and Insiders. Throughout the induction process there was an emphasis on providing information and positive messages about safer custody and anti-bullying.

1.21 First night and induction officers were readily available to reinforce or clarify information provided, as were prisoner peers. Induction information was presented in a range of formats, including PowerPoint presentations, induction booklets and one-to-one interviews. Day three of the induction programme was provided by the education department, which carried out a range of assessments.

1.22 In our survey, prisoners were positive about induction, with 73%, against a 58% comparator, saying that it had started in their first week at the prison, and 52%, against a 41% comparator, saying that it had covered all they needed to know.

Recommendations

1.23 There should be adequate space in reception to manage the numbers of prisoners being dealt with effectively, including sufficient holding room space and storage space.

1.24 Reception holding rooms should be regularly cleaned.

1.25 Prisoner peer supporters should be utilised in reception to 'meet and greet' newly arrived prisoners and share information with them.

1.26 Prisoners in reception should be provided with drinks and, if they are experiencing a more prolonged wait in the area, a hot meal.

1.27 Cellular accommodation in the first night centre should be upgraded to provide a bright and more welcoming environment for new arrivals. Cells should be adequately cleaned and prepared to receive new arrivals, and equipped with furniture, storage and notice boards.

1.28 Relief staff working in the first night centre should be made familiar with the routines and work required of them.

1.29 Any changes in the cell sharing risk assessment (CSRA) resulting in a change of status should lead to an immediate revision of the assessment. Any changes to the CSRA should be clearly communicated to relevant staff.

1.30 Prisoners held in the first night centre for longer periods than the three- to four-day norm should have a clear exit or progression plan.

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 majority of the accommodation was located on one large Victorian wing divided into four landings. Despite the age of the accommodation and size restrictions of the site, efforts had been made to use all available space. Communal areas were generally adequately maintained and clean, although some cells were not of an acceptable standard. Published policies were adhered to, apart from poor responses to the emergency cell call bell system. Arrangements for managing prisoners' mail were appropriate. There were too few telephones on L4, and telephones were switched on and off during the day at inconsistent times across the establishment.

Accommodation and facilities

2.2 The establishment had a certified normal accommodation (CNA) of 210 and an operational capacity of 392. The majority of the accommodation was located on one large Victorian wing divided into four landings. The first landing (L1), which was subterranean, was occupied by the first night centre, segregation unit and violence reduction unit. The second landing (L2) contained the vulnerable prisoners unit, 'locate flat' area and detoxification unit. The third landing (L3) housed an enhanced prisoner unit and a mix of remand and convicted prisoners. The fourth landing (L4) held a mix of remand and convicted prisoners. Additional accommodation was provided for 12 prisoners on the lower level of the healthcare centre in the short-term offender rehabilitation management (STORM) unit and for 10 prisoners on the upper level for those with healthcare needs. An observation cell on the upper level was not included in the CNA. Convicted and unconvicted prisoners were required to share cellular accommodation, which is specifically prohibited under Prison Rules.

2.3 The communal areas and landings were reasonably clean and maintained. On the lower ground floor, the first night centre was dark, while the segregation unit was brightly lit (see section on first days in custody). Each landing had showers and communal toilet areas, which were also used to store cleaning equipment. There was a laundry facility on L3 for use by enhanced prisoners. There was limited open space on the landings for activities, and a separate association room was situated off the wing. This association area was clean, bright and well maintained, with limited games facilities and four PIN telephones. A generator produced unacceptable levels of noise on the lower ground floor, particularly in cells close to it, and this was more apparent during the night.

2.4 Limited facilities for association were available on L1 and L2 owing to space restrictions. Prisoners located in the 'locate flat' area were not always able to access association, owing to their limited mobility, and 'no association' was recorded on most of the cell cards. As compensation, these prisoners were issued with a DVD player and they had access to the library, which held a limited supply of DVDs, although this was not an adequate substitute for actually spending time out of their cells.

2.5 Accommodation was mostly in double cells, and a cell sharing risk assessment policy was appropriately used. There was a policy for ensuring that non-smokers were not located with smokers unless with their signed consent. There was an offensive display policy and this was fully enforced. The screening of toilets in single cells was poor, with only half-size or smaller screens, offering inadequate cover. Although there was a programme to replace these with curtains, these would still be inadequate considering that prisoners were expected to eat in their cells. These cells were unsuitable for double occupancy.

2.6 The standard of cells varied, with the worst being those in the first night centre, locate flat area and the violence reduction unit, where items of furniture were broken or missing and the cell fabric was poor. There were no secure lockers or notice boards in the cells in the first night centre, the segregation unit or the locate flat area. The cells in the first night centre used to accommodate the overflow from the vulnerable prisoners unit were inappropriately identified with a red cell card with 'R45' written on it, which could have left these prisoners vulnerable to abuse from other prisoners. When we pointed this out, the cards were replaced with white cell cards, although they still had 'R45' written on them, which meant that the prisoners in these cells were still clearly identifiable to other prisoners.

2.7 Call bells were located in every cell, although response times varied. We observed and saw records of a number of instances where the response time was beyond five minutes, with the maximum observed as 11 minutes. In our survey, only 36% of prisoners said that their cell call bells were answered within five minutes, which although equal to the comparator, was still a small percentage.

2.8 A prisoner council offered prisoners the opportunity to raise issues with appropriate departments. The minutes recorded follow-up on action points and were freely available in all residential areas.

Clothing and possessions

2.9 Clothing and bedding was issued to prisoners on arrival, although less clothing was issued than was stated in the clothing issue policy. Prisoners could exchange clothing twice weekly and praised this aspect of the regime. Initial issue of kit was appropriately sized but prisoners complained about the sizes of clothing returned to them from the laundry, which appeared to be random. Staff spent a lot of time exchanging kit for appropriate sizes. Laundry was carried out by another prison, with only the enhanced landing having access to their own laundry facilities. Prisoners on remand and those on the enhanced regime were able to wear their own clothing but in reality very few did.

Hygiene

2.10 Prisoners were offered showers and the opportunity to clean their cells every morning between 7.45am and 8.15am. However, in practice there were too few showers (18 showers for 385 prisoners) and insufficient time available to enable all those who wanted to take showers to do so. Access outside of normal domestic hours was partly left to staff discretion. Our survey results showed that access to showers was significantly worse than at comparator prisons. Four showers in the association area were out of action, with no plans to reinstate them.

2.11 All showers and recess areas were in a poor state of repair, with peeling paint, grimy floors and tiling, and leaking showers. All toilets and sinks were dirty. Cleaning equipment was colour coded but the scheme was not adhered to, and equipment was not stored correctly in all

areas. For example, mop heads of different colours were stored together, increasing the risk of cross-contamination.

Mail

2.12 Arrangements for managing prisoners' mail were appropriate. Prisoners were issued with one free letter each week, and those prisoners who did not receive visits were given extra letters. In our survey, prisoners responded significantly more positively than at comparator establishments regarding problems with sending and receiving mail. Mail boxes on the residential landings were emptied by mailroom staff each morning by 9am, and mail was sent out on the same day. Incoming mail was usually received at the establishment by 10am and taken to the wing in the afternoon.

2.13 Mail was randomly checked and recorded, and incoming postal orders and cash were logged and taken to the finance department. A list of prisoners whose mail was being monitored was kept in the mail room, and each morning the security department, public protection officer and drug supply reduction team collected the items that were being monitored by their respective departments.

2.14 Recorded mail was signed for at the gate and by mailroom staff, but not by prisoners or wing staff, so there was no way of confirming that a prisoner had received a recorded letter.

2.15 Legal mail was not opened, and in our survey only 29% of respondents, against a 43% comparator, said that their legal mail had been opened by staff. Prisoners who had parcels sent in that were not permitted were notified of the delivery and given a choice of what they would like to happen to the parcel, including returning it to the sender during a visit.

Telephones

2.16 New receptions' PIN telephone credit was activated within 24 hours. Those prisoners who purchased more credit through the canteen list on a Monday had the funds taken from their spending account on Wednesday, but this would not be credited to their PIN accounts until Friday.

2.17 In our survey, 41%, against a comparator of 33%, said that they had problems in accessing telephones, this difference being significant. There were a total of 20 telephones across the residential units. These were not evenly distributed across the landings; the vulnerable prisoners unit and detoxification unit had two telephones for a maximum of 24 prisoners but on L4 they had only two telephones for 110 prisoners. Managers were preparing a business case to provide further telephones.

2.18 Telephones had privacy hoods and there were notices informing prisoners that calls may be monitored. They were switched on at various times during the day, although the timings were not consistent across the establishment, with the discrete units and some of the landing telephones being switched off 15 minutes earlier in the evening than elsewhere. Telephones were automatically cut off if a prisoner was on the telephone for longer than 10 minutes. Prisoners were able to redial without delay but the cut-off facility was not applied consistently across all available telephones; managers planned to address this.

Recommendations

2.19 Single cells, with partially screened toilets, should not be used for double occupancy.

2.20 Adequate furniture, in good repair, should be provided in all cells, including secure lockers.

2.21 Unconvicted prisoners should not be required to share a cell with convicted prisoners.

2.22 The condition of cells in the first night centre, violence reduction unit and locate flat areas should be improved.

2.23 All cell call bells should be answered promptly, and within five minutes.

2.24 Prisoners in the locate flat area should have access to association in some form.

2.25 More telephones should be provided on the L4 landing.

2.26 All prisoners should have a realistic opportunity to take a shower daily.

2.27 Adequate clothing should be provided in appropriate sizes after kit exchange.

2.28 All recess and toilet areas, including toilets in cells, should be refurbished or deep cleaned, and more showers provided on landings.

2.29 All toilet screens in cells should be replaced with more appropriate screening.

2.30 There should be appropriate storage facilities for all cleaning equipment to prevent the risk of cross-contamination.

2.31 An alternative and more appropriate method of identifying vulnerable prisoners not located on the vulnerable prisoners unit should be sought.

Housekeeping point

2.32 Prisoners should sign to say that they have received registered mail.

2.33 The switching on and off of telephones should be consistent across the establishment.

Vulnerable prisoners unit

2.34 The vulnerable prisoners unit was small but in good condition. Prisoners said that they felt safe there. Some vulnerable prisoners were located in the first night centre and had a curtailed regime compared with prisoners on the dedicated unit. Education was provided on the unit but, although we were told by managers that vulnerable prisoners located in the first night centre were escorted to the vulnerable prisoners unit to participate in education, this was not the case. Relationships between staff and prisoners were good, although prisoners felt that they were often penalised because of staff redeployment.

2.35 The protocol for the identification and management of vulnerable prisoners detailed the action that should be taken as part of the first night process. Any prisoner seeking protection had to have their application agreed by the head of residence or duty governor. If agreed, the prisoner would be located on the vulnerable prisoners unit if there was a space available, or in the first night centre, which had Rule 45 cells (see section on accommodation and facilities).

2.36 At the time of the inspection, 23 vulnerable prisoners were accommodated in 12 cells on the unit, which could accommodate 24 vulnerable prisoners in total. In addition, there were four vulnerable prisoners located in the first night centre. Living conditions on the vulnerable prisoners unit were generally adequate. The communal area was clean but limited in space, and prisoners had consistent access to cleaning materials. There were no laundry facilities on the unit but prisoners were provided with adequate clean prison clothing. There was a good range of information displayed, and also photographs of the dedicated staff who worked on the unit. Enhanced prisoners were, in theory, permitted to eat their meals communally, although we were told, both by staff and by prisoners, that this rarely happened owing to staffing issues and, in practice, meal servery arrangements on the unit were very restrictive (see section on catering).

2.37 Relationships between staff and prisoners were generally good on the vulnerable prisoners unit. Prisoners located there told us that, on the whole, staff treated them with respect and they felt safe when on the unit. However, they also said that they felt that they were often penalised as a result of regular staff from the unit often being redeployed to other duties across the establishment, and that the vulnerable prisoners unit suffered disproportionately from regime curtailment, compared with the mainstream units. Staff confirmed that this was probably a fair reflection and we saw an example of this during the inspection one evening, when staff from the vulnerable prisoners unit were required to monitor the dispensing of medication owing to staff shortages, delaying the start of association for this unit.

2.38 The published daily routine on the vulnerable prisoners unit included daily exercise in the fresh air, association and some provision for purposeful activity. The protocol outlined that vulnerable prisoners in the first night centre would have access to facilities on the vulnerable prisoners unit as appropriate. Managers told us that vulnerable prisoners in the first night centre were supposed to be escorted to the vulnerable prisoners unit to participate in education, but staff on the vulnerable prisoners unit and in the first night centre confirmed that this was not the case. In addition, these same vulnerable prisoners were supposed to be escorted to the dedicated unit for association but, again, this did not always happen. It was evident that the regime for vulnerable prisoners in the first night centre was extremely limited (see section on first night).

Recommendations

2.39 A full regime, including purposeful activity, exercise and daily association, should be offered to all vulnerable prisoners, regardless of location.

2.40 Prisoners should be able to dine communally on the vulnerable prisoners unit.

2.41 Association cancellation and delays on the vulnerable prisoners unit should be monitored to ensure equity with other parts of the prison.

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.

2.42 Relationships between staff and prisoners were generally reasonable, although interactions on the specialist units were noticeably better than on the main wing. Use of preferred names by staff was rare.

2.43 Most prisoners we spoke to were reasonably positively about staff. This was also reflected in our survey, in which around two-thirds of prisoners reported that most staff treated them with respect. This figure was broadly replicated across all ethnic groups and was in line with comparators.

2.44 We observed mainly appropriate interactions between staff and prisoners. Some interactions on the specialist units (e.g. the STORM unit and the detoxification unit) were very good, but on the main landings we observed less engagement between staff and prisoners, and a lack of engagement by staff at times when prisoners were out of their cells – for example, during association. When staff supervised exercise on the mainstream units, they did so from outside the yard and so had no engagement with prisoners (see section on time out of cell). Although staff did not spend lengthy periods in wing offices, we did see large numbers congregating in and around the staff tea room during the core day.

2.45 Although there were some exceptions, there was minimal use of prisoners' first or preferred names by staff, although these had started to appear on some official documentation, such as assessment, care in custody and teamwork (ACCT) documents.

Recommendations

2.46 Staff should attempt to engage more with prisoners during periods when they are unlocked.

2.47 All staff in contact roles with prisoners should be encouraged to address them by first or preferred names.

Personal officers

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

2.48 There was a rudimentary personal officer scheme but no overarching strategy driving it. Personal officers made efforts to record information about prisoners reasonably frequently, but these comments usually lacked depth. Survey results were positive.

2.49 There was no overarching strategy setting out any aims or aspirations for a personal officer scheme. All that existed was a recently prepared one-page list of instructions to staff about, for example, the frequency of written observations that they should make in prisoner conduct records (PCRs). There was no means of measuring the effectiveness of the personal officer scheme and there was no ongoing monitoring or evaluation. The process was very basic, with personal officers being assigned to a number of cells and making a certain number of entries each month about their prisoners. Details of personal officers had recently been placed on all cell doors.

2.50 We examined a number of PCRs. These showed that personal officers attempted to make reasonably regular written entries about their prisoners. In most PCRs, a personal officer comment had been made every couple of weeks – some more frequently. Many entries were too mechanistic and observational, and did not detail any level of interaction. Some, however, demonstrated a reasonable knowledge of issues relevant to prisoners. Taken in the context of the rapid prisoner turnover, most PCRs were, on the whole, satisfactory. Some management checks appeared to take place, although there were inconsistencies between the units, and there was no guidance for managers about conducting quality checks. Some management checks pointed out the need for personal officers' comments to be better linked to sentence planning targets, but on closer examination there were sometimes no sentence planning targets in the first place.

2.51 Our survey results were reasonably positive, with 30% of prisoners stating that they found their personal officer to be helpful, which was significantly higher than the 24% comparator. In general, there had been some progress but the overall provision was extremely basic and there was little evidence of personal officers getting actively involved in other core regime activities, such as sentence planning boards.

Recommendations

2.52 Ongoing evaluation and monitoring of the personal officer scheme should be introduced to enable senior managers to measure its effectiveness.

2.53 Personal officers should be encouraged to interact regularly with their prisoners and record details of this, rather than just recording observations.

2.54 There should be greater consistency in management checks.

Section 3: Duty of care

Bullying and violence reduction

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

3.1 Prisoners were generally positive about safety at the prison. The violence reduction/anti-bullying policy was out of date and was not a central theme in the safer custody meeting. The anti-bullying process used was weak and did not have a high profile with staff, and no training was offered. Little was done to support the victims of bullying. A survey had been conducted and some actions taken as a result. Twice-yearly anti-bullying weeks were run and a range of opportunities facilitated to emphasise positive messages to prisoners about violence reduction and anti-bullying. A full-time manager had recently been appointed to take this work forward. A violence reduction unit (VRU) had recently been launched, and appeared to be successful for some prisoners involved in the programme. However, there was a lack of clarity about the selection criteria and how the programme fitted into the overall violence reduction and anti-bullying work.

3.2 Prisoners we spoke to, and in our survey, generally reported that they felt safe at the prison. Only 33%, against a 39% comparator, said that they had ever felt unsafe at the prison, although black and minority ethnic and Muslim prisoners were far more likely to state this, with 56% and 71%, respectively, doing so, compared with the white comparator figure of 27%.

3.3 A violence reduction and anti-bullying policy had been published but this was out of date and did not reflect some of the work delivered, including how the VRU linked into the wider prison agenda. Although violence reduction was discussed at the monthly safer custody meeting, it was not a central theme, and while some management information was collected, there was no evidence that trends were discussed and acted upon.

3.4 There was a three-stage anti-bullying process, which started with covert low-level observation and progressed to prisoner behaviour compacts, use of the incentives and earned privileges (IEP) scheme and, ultimately, segregation. Any incident in which there was a possible bullying element was investigated; this had happened in 118 cases in 2007 and in 60 during the year to the inspection. A total of 35 anti-bullying booklets had been opened in 2007, and 20 in the year to date. No records were kept of what stage of the process had been reached before closure of the anti-bullying booklet but we were told by the violence reduction/anti-bullying coordinator that very few went beyond stage one. Two prisoners were subject to stage one anti-bullying measures during the inspection. The process did not have a high profile with many staff we spoke to and in one case during the inspection, staff were not aware that a prisoner on their unit was being managed in this way. No anti-bullying training for staff had been delivered, although there were plans to do this. The paperwork used did not state why the alleged perpetrator had been placed on the anti-bullying process, what behaviours needed to be monitored or what behavioural goals the individual should achieve. This undermined the credibility of the system and made it impossible to manage it effectively.

3.5 While there was a parallel process for victims, which included a prisoner support interview, we could find no evidence that this was used, although we established that it was rare for victims of bullying to be relocated, and a victim support leaflet was available. There were no formal interventions to support the victims of bullying.

3.6 A prisoner anti-bullying survey had been conducted in November 2007, and the 38% response rate was relatively good. The results were published in February 2008 and were widely discussed with staff and prisoners. A number of recommendations resulted, including more closed-circuit television coverage, increased staff supervision in vulnerable areas of the prison and continued promotion of anti-bullying measures. Some of these recommendations had subsequently been implemented. In addition, the prison had started organising twice-yearly anti-bullying weeks, the latest of which had been run in May 2008, during which a range of activities had been facilitated, including prisoner discussions about relevant issues and social activities with an anti-bullying theme. All new receptions were issued with an orange wrist band with a clear anti-bullying message.

3.7 However, the basic processes that underpinned the anti-bullying work were not robust and did not support the unambiguous messages being sent out from the first night centre, induction processes and more generally by prison staff and managers. The prison had recognised that work in this area was underdeveloped and had recently appointed a full-time violence reduction/anti-bullying coordinator. The individual concerned had been given the brief to develop some of the weaker aspects of violence reduction work at the prison but he had not been given an office.

3.8 In January 2008, the VRU had been launched with the aim of providing a structured programme to assist prisoners who presented with violent or challenging behaviour. This involved behaviour modification, whereby as prisoners engaged and progressed against pre-determined goals, they earned extra privileges through the red, amber and green stages of the programme. The unit was located on the segregation landing and was run by the same staff group. This presented potential problems, with prisoners perceiving that location on the unit was punitive. The VRU programme involved input from psychologists, who delivered a basic anger management module, and education provision, although in reality prisoners spent a large part of their time locked in-cell. A weekly multidisciplinary meeting considered the suitability of referrals to the unit, which could come from any staff member or from prisoners themselves, and reviewed those already on the unit.

3.9 A formal review of the unit had been completed and indicated that, out of 43 referrals received since the opening of the unit, 18 had spent time on the programme. Most of those accepted had at some time been violent in their offending or institutional behaviour, and the rest had been threatening or abusive. It was not clear why some prisoners ended up on the unit while others with similar behaviours did not. The average stay on the unit was seven weeks, and five prisoners had graduated off the unit successfully (that is, by reaching and maintaining green status).

3.10 During the inspection, five prisoners were on the VRU programme, and feedback from them and from graduates still at the prison was mixed, with some being negative but others saying that it had benefited them in better controlling their behaviour. The internal review clearly flagged that the programme was still in development, and a number of practical and resourcing issues had not yet been resolved. In addition, it was not clear how the unit fitted into the overall violence reduction strategy, and how it supported other elements of work, most notably anti-bullying. The lack of an adequate policy document in this area added to this confusion.

Recommendations

3.11 Safer custody meetings should have a greater emphasis on violence reduction and anti-bullying, and include discussions of trends and themes.

3.12 A log should be kept of all prisoners put on anti-bullying procedures, including what stage they reached in the process and any victim booklets opened.

3.13 The anti-bullying booklet should be revised to include clear reasons why it had been opened, problem behaviours to be monitored and, where appropriate, behavioural targets for the alleged perpetrator.

3.14 Training in the anti-bullying scheme should be offered for first-line managers and other residential staff.

3.15 The details of those on anti-bullying arrangements should be included in residential staff handovers and briefings.

3.16 Better use should be made of the current victim support paperwork, and interventions developed to support the victims of bullying.

3.17 The violence reduction/anti-bullying coordinator should be provided with office accommodation.

3.18 There should be a formal review of the role of the violence reduction unit (VRU), including its referral and acceptance criteria, and how it should be used to support anti-bullying work.

3.19 There should be continued evaluation of the VRU programme to assess effectiveness and ensure that stays on the unit are limited.

3.20 The VRU regime should be developed to provide a greater range of purposeful activity and more time out of cell.

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.

3.21 A safer custody policy and monthly meeting provided strategic oversight to suicide and self-harm work, and relevant management information was collected and analysed. There were delays in receiving Prisons and Probation Ombudsman (PPO) draft reports from previous deaths in custody but local action plans were in place. A full-time safer custody coordinator was in post, and the quality of assessment, care in custody and teamwork (ACCT) documents was good, although reviews were insufficiently multidisciplinary. ACCT assessors met monthly,

and family liaison work was very good. Listeners were generally well supported but access was limited during patrol states. No separate record was kept of the use of gated cells, and prisoners in crisis were, on occasions, placed in strip conditions in these cells. A weekly cell sharing risk assessment (CSRA) meeting facilitated detailed discussions about those prisoners who were deemed medium or high risk.

3.22 The safer custody policy paid particular attention to new prisoners, their first days at the establishment and when it was deemed necessary to open an ACCT document.

3.23 Suicide and self-harm issues formed the major discussion point at the well-attended monthly safer custody meetings. A range of management information was collected for this meeting, and although there was little evidence in the minutes of these meetings that such issues were discussed and actions followed through, we were reassured when discussing this with managers responsible that this was happening.

3.24 A total of 102 ACCT documents had been opened in the year to the inspection, which was fewer than in the previous year. Sadly, there had been four self-inflicted deaths in 2007. Analysis of them was made difficult by delays in receiving draft death in custody reports from the PPO. However, the establishment had developed action plans for all the deaths in custody, regardless of whether they had received a PPO report.

3.25 The full-time safer custody coordinator had been in the role for some time, and was instrumental in much of the good work delivered in this area. The quality of the ACCT paperwork we reviewed was good and there was a monitoring process, but case reviews mainly involved prisoners and wing staff, and were insufficiently multidisciplinary. Wing staff we spoke to were knowledgeable about those in their care on open ACCT documents, and such prisoners were routinely provided with a leaflet which explained the process. Prisoners we spoke to were positive about this and the level of care they had received, and in our survey 49%, against a 42% comparator, said that they had received information about the support available if they felt depressed or suicidal on their day of arrival.

3.26 Records indicated that 72% of staff had received ACCT refresher training, and night staff had been trained and were knowledgeable about those in their care on ACCT documents, and also in first-on-the-scene procedures. The 14 trained ACCT assessors met each month before the safer custody meeting, and issues arising were fed through to the main meeting. Family liaison work after deaths in custody was very good and had been praised by the PPO.

3.27 There were 13 Listeners, and they and the local Samaritans organisation told us that they were well supported by prison management and staff. However, prisoners were not given free access to Listeners during patrol states, instead being offered a Samaritans telephone, which was not an adequate alternative to face-to-face contact, and in fact was non-functional in some areas of the prison. This was of particular concern during the night.

3.28 Only one Listener care suite was available, located in the first night centre. The suite was on the establishment's certified normal accommodation and was permanently occupied by two Listeners, who were theoretically able to provide 24-hour acute crisis support when required. However, this support was not utilised to anywhere near its potential, nor was use of the facility monitored, and the suite was not normally used at night.

3.29 Two gated observational cells were available for prisoners requiring constant watches, one in the healthcare department and the other in the segregation unit. No separate record of use was kept for these cells, but staff told us that the segregation cell had been used once in the previous 12 months, while the healthcare cell had been more regularly used, although this

could not be quantified. The circumstances of use of these cells were not clearly outlined in the 'caring for the suicidal and those at risk of self-injury' policy document. In addition, we found one example when strip clothing had been used for a prisoner in crisis in the healthcare department, and were told that this was not an isolated incident. While the policy document referred to this procedure, stating that it should only be used when the situation is life threatening, and for the shortest possible time, the absence of records meant that we could not establish a clear reason for its use in this particular case. None of the safeguards for special accommodation were in place for governing the use of these cells when they were occupied by prisoners in strip conditions.

3.30 A weekly multidisciplinary CSRA review was held, in which all prisoners deemed to be medium or high risk were discussed. While the primary focus of this meeting was to ensure that only those prisoners needing to be in a single cell were so accommodated, the discussions we attended were detailed and relevant.

Recommendations

3.31 Draft Prisons and Probation Ombudsman reports should be made available to establishments promptly to enable them to act upon recommendations made in advance of final publication.

3.32 Assessment, care in custody and teamwork (ACCT) case reviews should be multidisciplinary.

3.33 Subject to individual risk assessment, prisoners should have 24-hour access to Listeners.

3.34 Sufficient care suite accommodation should be available to provide a 24-hour confidential Listener service.

3.35 A record of use should be kept for gated cells, including location, prisoner and duration of stay.

3.36 Strip clothing should only be used for prisoners on an open ACCT document exceptionally. Clear lines of accountability and authorisation, in line with special accommodation protocols, should be maintained when this happens, and a separate record kept of the circumstances pertaining to this.

Good practice

3.37 *A leaflet was provided to all prisoners on an open ACCT document explaining the process and what they should expect.*

3.38 *There was a good emphasis on family liaison work for those on open ACCT documents, and when a death in custody had occurred.*

3.39 *The weekly multidisciplinary cell sharing risk assessment review meeting was detailed and relevant.*

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.

3.40 Elements of the diversity agenda were addressed but there was insufficient strategic direction and coordination. There had been recent changes of staff in designated diversity roles and the distribution of responsibilities between them had yet to be finalised. The identification of prisoners with special needs was narrow and heavily reliant on medical assessment. There was no accurate log of prisoners with disabilities. Aspects of provision, such as the work with Age Concern, and the arrangements for providing adaptations for prisoners with assessed physical disabilities were good.

3.41 The well-attended, multidisciplinary diversity and race equality action team (DREAT) meeting focused on elements of the diversity agenda such as race, foreign nationals and prisoners with disabilities. The DREAT met monthly and considered reports from a variety of staff and departments. The minutes of the meetings reflected good information sharing but limited strategic planning or information monitoring. There was a policy for prisoners with disabilities but no diversity policy. The senior manager responsible for diversity had developed a DREAT action plan for 2008/09 but this lacked detailed action points or target dates and was not routinely reviewed at the meetings. Some of the DREAT members we spoke to did not know what was in the plan and there was little evidence that it influenced their work.

3.42 At the time of the inspection, new staff had recently taken on the roles of race equality officer (REO) and foreign nationals coordinator. The disability liaison officer had been on sickness absence for two months. The REO was a dedicated full-time post but no facility time was provided for other aspects of diversity work. Managers had not yet finalised the distribution of responsibilities among these key liaison posts and there was a general lack of clarity about future arrangements.

3.43 The systems for identifying and managing prisoners with disabilities and special needs were poorly coordinated. There was an over-reliance on medical assessment, and the range of needs highlighted was very narrow. At the time of the inspection, 10 prisoners had been recorded by health services staff as having a disability but it was not clear how this information had been conveyed to other staff. Residential staff told us that they relied on the emergency evacuation list held in the central control room. However, this identified seven entirely different prisoners who would require assistance in the event of an emergency evacuation. Residential staff knew the location of prisoners on the evacuation list but there were no personal evacuation plans for them. Some planning had been done for a prisoner Buddy scheme to provide assistance to prisoners with disabilities but this had not yet been introduced. In our survey, 14% of prisoners considered themselves to have a disability, which suggested that the prison was failing to highlight and meet the individual needs of a number of prisoners.

3.44 Aspects of the provision for older prisoners and those with physical disabilities were good. Age Concern workers visited the prison weekly to provide help and support to older prisoners; this included assistance with resettlement issues such as accommodation. Special equipment or adaptations for prisoners with physical disabilities were chosen or approved by the visiting physiotherapist or physiotherapy staff at the nearby hospital to ensure that they met individual needs.

Recommendations

3.45 A diversity policy should be developed and implemented that covers the requirements of anti-discrimination legislation and outlines how the needs of all minority groups, including foreign nationals, will be met. Staffing structures for oversight of the various diversity strands should be clarified.

3.46 A designated diversity liaison officer should be provided with sufficient time and resources to meet the needs of minority prisoner populations.

3.47 All prisoners should be assessed during their first days in custody to determine whether they have a disability, or other specialist need, and arrangements put in place to ensure that these needs are met. There should be a central log accessible to all staff recording prisoners with special needs.

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.

3.48 Race equality had been given a high priority, with a monthly DREAT meeting, a full-time REO and a strong commitment to prisoner representation. Just 58% of staff had attended diversity training in the previous three years but we received few complaints from prisoners about inappropriate behaviour or attitudes. Our survey showed poorer responses from black and minority ethnic prisoners in some areas, but over half of the questions analysed produced responses similar to or better than those of white prisoners. The systems for dealing with racist incidents were generally good, although opportunities were missed to develop best practice. Victims or complainants were supported but apart from monitoring, there were no interventions to address proven racist behaviour. Action had been taken to address issues identified in impact assessments. The potential racist notification (PRN) system was a good initiative but was insufficiently integrated across the prison. Community engagement and promotion of diversity was underdeveloped.

Race equality

3.49 Twenty-nine per cent of prisoners were from black and minority ethnic backgrounds, and race equality was given a high priority. Out of a staff group of 250, 19 (7.6%) were from black and minority ethnic backgrounds, of which 16 (6.4%) were recorded as being in contact roles with prisoners, although we found that this included some staff who had very limited contact – for example, with just one prisoner. According to the training figures, 78% of staff had attended diversity training but only 59% had done so in the past three years.

3.50 The DREAT meeting was chaired by the governor and had a broad membership, including prisoner and external community representatives. Ethnic monitoring was thoroughly considered at the DREAT meeting. Because the meetings were held monthly, investigations or remedial action had sometimes been set in motion based on just one set of figures, rather than monitoring trends over time. There was a strong commitment to prisoner representation and consultation, despite the high turnover of the prison population. There were three prisoner

representatives at the time of the inspection; all relevant information about race issues was shared with them and the notes of the DREAT meetings were published on all landings.

3.51 Until recently, the full-time REO had been in post for two years and was well known to prisoners. He had left the post in May 2008 to transfer to another prison and had been replaced by another officer, who had not yet attended the recommended training.

3.52 We received few complaints from prisoners about racist behaviour or lack of cultural awareness among staff. There was a perception that some prisoners were treated more favourably than others but this tended to be based on whether they had been at Leicester before and were known to staff, rather than on any other form of discrimination. In our survey, of the 57 questions we routinely analyse, 14 of the responses of black and minority ethnic prisoners were more negative than those of white prisoners, and four were more positive. In particular, black and minority ethnic prisoners were more likely to have felt unsafe at some time at Leicester, to have less confidence in the applications and complaints system and to have a less positive experience of the personal officer scheme. Four per cent reported having been victimised because of their race or ethnic origin by other prisoners, and 9% by staff; the comparators for white prisoners were 1% and 3%, respectively.

Managing racist incidents

3.53 Racist incident report forms (RIRFs) were widely available to prisoners. The REO gave prisoners clear information about how to complete these forms during his induction session and reinforced this in his bi-monthly diversity newsletter. The practice of attaching confidential access envelopes to the RIRFs had been introduced to bolster prisoner confidence in the system but actually added unnecessary confusion to the normal complaints process (see section on applications and complaints). In 2007, 89 RIRFs had been submitted, including 18 from one prisoner. So far in 2008, 21 forms had been submitted and most of these were a result of prisoners ticking the 'racial element' box on the standard complaints form.

3.54 We looked at 17 completed RIRF forms; 12 had been initiated by prisoners. Investigations were conducted promptly and thoroughly, with verbal and written feedback given to the complainant. The governor countersigned all completed RIRFs but did not take the opportunity to make any comment – positive or negative – on the investigation or to request follow-up information. A politics lecturer from the University of Leicester quality assured all completed RIRFs but, again, there had been no formal feedback to confirm or develop good practice.

3.55 As part of the investigation process, the REO interviewed victims or complainants to determine how they felt about their safety and to draw up an action plan that could include a change of location and support or monitoring. The only example of the use of mediation to resolve a racist incident had involved two staff members. There were no formal interventions for those found guilty of racist misconduct, although they were subject to monitoring under the prison's PRN system (see section on race equality duty).

Race equality duty

3.56 Seven impact assessments had been completed so far and there was a programme for 2008/09. There was some disillusionment among staff, as not all of the assessments had met the required quality standards on the first attempt. Many of the assessments had involved prisoner focus groups or individual interviews, usually facilitated by the REO. Based on the completed assessments that we read, there was evidence that action had been taken to address identified problems.

3.57 The PRN system highlighted and monitored any prisoner with a current or previous charge or conviction with a racist element or who was believed to hold racist views. On average, 12 prisoners were on the register at any time. Between February and April 2008, 32 prisoners had been placed on the register; of whom six had had their CSRA altered to a higher status. The REO attended the weekly CSRA review board (see section on suicide and self-harm). All prisoners on the register had the front cover of their prisoner conduct record marked and an entry made to make staff aware; the PRN register was also available to all staff via the intranet. However, the REO acknowledged that not all residential staff would know which prisoners were on the PRN register. There was also insufficient formal coordination with the offender management and public protection units.

3.58 While all religious festivals were celebrated and a number of other events held each year, given the diversity of the prisoner population and of Leicester, there was scope for greater engagement with minority groups and more routine recognition and promotion of racial and cultural issues. Managers had recognised this and had recently completed a community engagement policy.

Recommendations

3.59 All staff should receive training that enables them to understand and respond appropriately to race and cultural issues and to promote race equality positively.

3.60 The new race equality officer (REO) should be provided with appropriate support, mentoring and supervision until she has attended the recommended training.

3.61 Interventions should be developed for challenging racist behaviour.

3.62 All staff should be aware of which prisoners are subject to potential racist notification.

3.63 The involvement of external organisations in the celebration and promotion of racial, ethnic and cultural events should be increased.

3.64 The REO should offer mediation where appropriate in order to resolve racist complaints.

3.65 Those countersigning or quality controlling of completed investigations into racist incidents should provide constructive feedback in order to develop best practice.

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.

3.66 There was no clear strategy for dealing with the 18% of prisoners who were foreign nationals, and there was a lack of support for prisoners facing deportation. With the exception of the healthcare department, we found a reasonable amount of material in translation around the prison but the use of translation services was poorly developed. Despite some improvements in the services available to foreign national prisoners, there remained significant gaps.

3.67 The proportion of foreign national prisoners had increased from 14% to 18%. There were 64 prisoners from 27 countries, with the largest groups being from India (12 prisoners) and Vietnam (11 prisoners). A foreign nationals policy produced in October 2007 covered the basic requirements but was largely descriptive. There was no associated strategy or action plan, as a result of which initiatives had developed in a rather ad hoc manner and some significant gaps in service remained. The REO had been appointed as foreign nationals coordinator but had no particular expertise in this area. A new foreign national coordinator had recently been appointed but, again, had no special experience or knowledge of this prisoner group and was expected to fulfil this role alongside his responsibility as a residential senior officer.

3.68 More than 30 of the foreign national prisoners were subject to Immigration Service Order no. 91 (IS91) paperwork and therefore liable for deportation. Six prisoners were being held beyond the end of their sentence, although over the previous year the prison had managed to transfer some detainees to immigration removal centres. Staff in the discipline office monitored these prisoners, kept separate case files on them and maintained regular contact with the East Midlands Enforcement Unit and the Criminal Casework Directorate of the UK Border Agency (UKBA). These administrative staff had received no specialist training and there was no link between their work and that of the foreign nationals coordinator. UKBA staff attended the prison to interview prisoners they were interested in but, in general, foreign national prisoners had no access to UKBA or independent immigration advice services. Legal services officers had made links with a local firm of immigration law solicitors. Our survey showed that 22% of foreign national prisoners found it easy to communicate with their solicitor or legal representative, compared with 44% of British national prisoners.

3.69 Good efforts had been made to address the language needs of prisoners with poor or no use of English, and, with the exception of the healthcare department, we found a reasonable range of translated materials throughout the prison. Four staff members had been identified as willing to assist in translating for non-English speakers, and although there was no central register of prisoners able to act as translators, staff knew who many of these prisoners were. We observed some examples of attempts to meet individual needs by linking prisoners up with others able to speak their language. Inconsistent use was made of the telephone translation service and this was poorly monitored. Prisoners did not appear to have access to accredited translation and interpretation services in areas such as healthcare and disciplinary hearings.

3.70 An average of 16 prisoners each month received a free telephone call instead of visits, although this was fewer than the number of eligible prisoners. The system was overly bureaucratic. 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. There was no provision for cheaper international telephone calls. The REO had held two meetings with foreign national prisoners and this had helped to identify some of their concerns.

Recommendations

3.71 The foreign nationals coordinator and administrative staff responsible for managing immigration matters should receive appropriate training and guidance.

3.72 The establishment should liaise with the UK Border Agency to ensure that immigration detainees held solely under administrative powers should be transferred to immigration removal centres at the expiry of their sentence.

3.73 Regular contact should be established with the UK Border Agency and accredited independent immigration advice and support agencies.

3.74 Prisoners should have access to accredited translation and interpreting services wherever matters of accuracy and/or confidentiality are a factor.

3.75 All eligible prisoners should receive free monthly telephone credits without having to make repeated applications and should be allowed to make telephone calls that are arranged in advance, at a time convenient to the recipient.

Housekeeping points

3.76 The use of telephone translation services should be monitored.

3.77 A central register should be kept of prisoners willing to act as translators.

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.

3.78 Applications forms were widely available and prisoners were encouraged to deal with issues informally with staff before resorting to official procedures. Audit trails of the progress of applications were inconsistent. Complaints forms were not provided in all the residential areas, although all prisoners did have access to them at certain times of the day. Responses to complaints were mostly timely but did not always address the issues raised. The overall quality of responses was variable, with some being poor. Trend analysis was weak.

3.79 The applications system was used in all residential areas, with forms available on every landing. Applications were submitted daily to the wing office by 8.15am and dealt with by the officer in charge of the landing. Applications were not accepted after this time. The applications log contained insufficient information to give confidence that the system worked effectively, as staff stated that they assumed that some applications had been dealt with and put completion dates in the log (e.g. prisoners' applications for monies). Many applications were still outstanding from the previous three months, with no indication as to whether they had been followed up. Despite the prisoner survey results for applications being better than at comparator prisons, prisoners expressed a lack of confidence in the system, although they agreed that staff did try to resolve wing-based issues themselves.

3.80 The establishment met its target of responding to 95% of complaints within the published time limits. Information regarding applications and complaints was given to prisoners on induction, and information regarding both systems, also available in translation, was freely available in all residential areas. Posters explaining how to contact the Independent Monitoring Board and Prisons and Probation Ombudsman were displayed in all areas, but in English only.

3.81 Complaints forms were available on the majority of landings and units. Prisoners on L2, L3 and L4 were expected to use the box on the L2 landing at meal times. Not all boxes had the full range of complaints forms available. Our survey showed that 73% of prisoners thought that it was easy to get a complaints form, which was low compared with comparator prisons.

Complaints forms in different languages were kept by the complaints clerk and issued on request. Neither applications nor complaints were dealt with at weekends.

3.82 A total of 116 complaints forms had been received in the year to date. Of these, 43 (37%) were recorded as 'confidential access' in the log but with no subject matter attached. The reason given by staff for the high volume of complaints was that prisoners felt that this was the easiest way to access a governor, despite daily governors applications being available. This was confirmed by discussions with prisoners. Those complaints that were not considered as confidential access were treated as normal complaints, and the prisoner was advised in the response that this was the case. Prisoner issues accounted for 46 (39%) of complaints, with property being the largest category. Closed visits also featured highly. The recording of complaints subjects in the log was confusing, with 'prison issues' used to cover several different categories. Additionally, RIRFs were submitted using confidential access envelopes and were recorded as confidential access complaints.

3.83 We sampled a number of complaints and the quality of responses was variable. Although many were satisfactory, some were poor and in one case a prisoner was accused of lying in order to get property sent in. Several responses only contained an interim reply and there was no evidence that the complaint had been substantively dealt with, although they were logged as complete. Additionally, in cases where staff spoke directly to prisoners, the details of the conversation had not been recorded fully, so it was difficult to ascertain if the complaint had been dealt with appropriately.

3.84 Complaints analysis was carried out to a limited extent by a principal officer, who recorded which complaints and responses had been checked. No record was kept of any issues raised. There was no record of analysis by ethnicity, disability, location or prisoner type.

Recommendations

3.85 Complaints boxes should be provided on all landings to improve access for prisoners.

3.86 The applications process should be revised to provide greater clarity and accuracy, with prisoners being provided with a written reply.

3.87 A detailed written analysis of complaints should be carried out by ethnicity, disability, location and prisoner type.

3.88 Complaints should not be recorded as completed until a substantive reply has been issued.

3.89 Effective quality assurance systems should be introduced to monitor and improve the quality of responses.

Housekeeping point

3.90 Racist incident report forms should be placed in envelopes other than those marked confidential access and separated out from the formal complaints process.

Legal rights

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

3.91 The provision of legal services was adequate and the bail information service operated effectively.

3.92 Facility time for the legal services officer (LSO) was provided each weekday morning. Requests for help with legal matters were made by general application and there was no evidence of a backlog of applications. Legal services staff saw all new receptions on the day after arrival. Prisoners were provided with additional writing materials and letters upon request. The library stocked the relevant legal literature and Prison Service Orders.

3.93 In our survey, 42% said that it was easy to communicate with their legal representative, which was similar to the comparator. Telephone calls to solicitors could be made by application but only between 11.15am and 11.45am from Monday to Friday.

3.94 Legal service staff dealt with some immigration queries and had established a link with a solicitors' practice in Nottingham, which was able to provide legal advice on immigration issues.

3.95 At the time of the inspection, there were 38 prisoners subject to licence recall. Recall packs were received within a reasonable time frame and the prison had introduced an efficient tracking system to monitor the progress of individual cases. Legal services staff had produced an information booklet for recalled prisoners.

3.96 Legal visits provision was sufficient to meet the demand, and 13 rooms were available each weekday morning and afternoon. The majority of the rooms were bare and shabby. Legal representatives made regular use of the prison's four video link booths. Between December 2007 and May 2008, an average of 14 legal visits a month had taken place by video link. Legal visitors could book visits by telephone, fax and email. The published visit times were 9.00–11.00am and 1.45–3.45pm. In practice, visits started approximately 20 minutes later than the published time.

3.97 The prisoner waiting room in legal visits was small and inadequate. To prevent prisoners from experiencing a lengthy wait in this area, systems had been revised and prisoners were now collected from the wing upon the arrival of their visitor. Staff told us that this could result in delays, and we spoke to one official visitor who had experienced a lengthy wait. However, the process ran smoothly during the session we observed, and a solicitor who visited the prison regularly told us that these new arrangements worked well.

3.98 The bail information service was provided through the probation team. Approximately 40–50 bail information reports each month were completed, of which around 20% had been successful in recent months. The staff also made regular referrals to the ClearSprings service for those prisoners who had no suitable bail address.

Recommendations

3.99 Prisoners should be able to contact their legal advisers by telephone throughout the working day.

3.100 The published times for legal visits should be amended to reflect what happens in practice.

3.101 The legal visits rooms should be refurbished to provide an appropriate space in which prisoners and legal representatives can meet.

3.102 There should be adequate space for the prisoners to wait for their legal visits.

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.

3.103 Appropriate first night symptomatic relief was given, and prisoners entering the prison with a drug problem received well-managed detoxification and psychosocial input. Mandatory drug testing (MDT) positive rates were low and drug supply reduction was a high priority. The availability of drugs appeared to be significantly lower than at comparator prisons.

3.104 Prisoners were screened for substance misuse problems on arrival at reception. Fifty-two per cent of incoming prisoners had a declared drug problem. Appropriate first night symptomatic relief was given where needed. A comprehensive assessment was conducted by the detoxification nurse on the following morning. Detoxification prescriptions were appropriate.

3.105 Prisoners entering the prison with a drug problem received well-managed detoxification and psychosocial input, although the provision of alcohol interventions after detoxification was limited and there was no current alcohol strategy.

3.106 A 32-bed detoxification unit treated prisoners with opiate, benzodiazepine and alcohol dependencies. During their time on the unit, prisoners could access yoga and acupuncture sessions, in addition to basic literacy and numeracy sessions. Prisoners told us that they were very satisfied with their treatment while on this unit. The unit was reasonably clean and tidy, and being separated from the main wing contributed to prisoners' feelings of safety.

3.107 Those prisoners who had completed a drug detoxification continued to receive support from counselling, assessment, referral, advice and throughcare (CARAT) services following transfer to the main wing.

3.108 MDT was run by security officers and was kept separate from voluntary drug testing (VDT). Eight security officers were trained to carry out random and suspicion tests. The target for MDT was 10% of the prison population, which translated to around 35 tests each month, 14 of which were conducted at weekends. This target was achieved.

3.109 The MDT testing suite was clean and tidy, and used appropriate facilities and equipment. However, the holding cell, while spacious, was not sufficiently clean and lacked adequate ventilation.

3.110 MDT positive rates showed an average for the previous 12 months of 6.23%. This relatively low positive test rate underlined the effectiveness of the security team and the drug supply reduction team (DSRT). MDT security referrals were acted upon within an appropriate time scale, on average within one to two days. Suspicion tests were conducted on 100% of security referrals, with 40 having been conducted in the previous six months, of which eight tested positive.

3.111 Refusal rates were low, with a total of seven in the previous six months. All prisoners testing positive were referred to the CARAT service. Frequent testing over an average of three months was subsequently applied to those prisoners who had tested positive.

3.112 VDT was conducted by the DSRT and was well managed, giving prisoners a tangible benchmark of progress with their drug problems. At the time of the inspection, there were 131 VDT compacts. In the previous six months, 1,157 tests had been carried out, with 23 positives, giving a positive rate of 1.98%.

3.113 A highly active DSRT comprised six staff and four sniffer dogs. This team wore different uniforms from other prison officers and were not seconded to other operational duties. They were professional and non-judgemental, and generally seemed to have a good rapport with prisoners.

3.114 Records showed regular successful interruptions of drug supply, due largely to effective intelligence gathering and to information being passed on, both by staff and by prisoners. In our survey, 25% of prisoners reported that it was easy or very easy to obtain drugs in the prison, which was significantly lower than the 33% comparator.

Recommendation

3.115 The mandatory drug testing holding cell should be kept clean and ventilation should be improved.

Section 4: Health services

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

4.1 There was an adequate clinical governance framework, although some areas were underdeveloped. The introduction of computerised clinical records had assisted with health needs assessment and audit. The healthcare reception process was thorough, although the current practice of the general practitioner (GP) and nurse assessing prisoners at the same time was inappropriate and caused delay. Provision of primary care was generally appropriate, although care for prisoners with life-long conditions was underdeveloped. Primary mental health nurses performed generic duties rather than developing and delivering primary mental health services. Inpatient and secondary mental health services appeared to be well organised. Dental services in general were not adequate.

General

4.2 Health services were commissioned by Leicester City Primary Care Trust (PCT). Primary care services, substance use services and inpatient services were commissioned from Serco Health, while other services were provided by local NHS providers. A health needs assessment had been conducted and an action plan developed. The Prison Health Partnership Board met quarterly and discussed a variety of relevant issues. Subgroups reported on service delivery and performance, clinical governance and commissioning to the partnership meeting.

4.3 The healthcare centre was in a separate building, across from the main wing. The primary care centre, which included consultation rooms, a treatment room, a dental surgery, a room where medication was stored and offices, was on the ground floor and the inpatient unit and some additional office space was on the second floor. The short-term offender rehabilitation management (STORM) unit, which was run independently of the healthcare centre, was on the first floor. There was also a healthcare room in the main residential wing and in reception. The primary care waiting room was decorated with a mural and some health information literature on a display board. Both the toilet and urinals adjacent to the waiting room were dirty and both of the urinals appeared to be leaking.

4.4 The dental surgery was sited in the primary care centre. It was of an adequate size and well decorated but had poor ventilation. There was insufficient storage for books and files, and no desk area. The dental chair, operating unit and light, and cabinetry were relatively new and in good condition. The mobile X-ray machine was old and was plugged into a standard electric socket in the main path of the X-ray beam, with no isolation switch. The X-ray developer was broken and had apparently been so for a long time. The dentist did not use either piece of equipment. Emergency oxygen, drugs and other resuscitation equipment were held in an adjoining locked room, to which neither the dental team nor the healthcare officers stationed adjacent to this room had keys; these were in the possession of nurses only. These items could be taken away by health services staff for use elsewhere in the prison. There was no protocol for summoning help in an emergency.

4.5 Cross-infection control was poor. Disposable shield covers for the tubing and handles were used but not changed between patients; they simply wiped them over. The dental staff worked in the outdoor clothes they arrived in, with a plastic apron over these; the aprons were not changed between patients. No clean/dirty areas were demarcated, and dental materials were sited between the autoclave and the instrument sink. The dentist and nurses were observed to touch other surfaces while wearing gloves that had been used for clinical procedures. The compressor was sited elsewhere in the healthcare department, and the dental team did not have access to it. The Works Department only drained it once every six months, and there was no logbook to record this.

4.6 Responsibility for the servicing of equipment was unclear. It had previously been arranged by the dentist but, since the change in his contract with the PCT, responsibility had not been formally reallocated. The Works Department expected this to become their responsibility but no contract had been arranged, and there were no inspection certificates for the installed equipment, apart from the X-ray machine.

4.7 The treatment rooms in the primary care centre and on the wing were adequate, with sufficient space for storage, and they were clean. Medication was stored in locked cupboards in the pharmacy, the inpatient facility, on the wing and in reception. Temperature-sensitive medication was stored appropriately and records were kept. Controlled drugs were not stored in accordance with the regulations, in that the cabinet was unsuitable and was not attached to the wall in an approved manner. The healthcare room in reception was of adequate size. This room had previously been a waiting room and the bench seating and cell door remained, which meant that consultations were conducted with the door open; noise from the corridor was intrusive and the open door did not provide appropriate levels of confidentiality for prisoners being interviewed.

4.8 All healthcare areas were accessible to prisoners with limited or reduced mobility, as they were either in locate flat areas or accessible by lift. Inpatient doors were wide enough to accommodate wheelchairs.

Clinical governance

4.9 Clinical governance arrangements included the management and accountability of staff. All members of staff had job descriptions. The healthcare manager was a registered general nurse (RGN) and was supported by a deputy, who was also an RGN and was responsible for day-to-day management of staff. The rest of the nursing team was made up of staff nurses (14 whole-time equivalent), of whom three were registered mental health nurses (RMNs), nine were RGNs, two were registered nurses for patients with learning disabilities and three were healthcare assistants. All qualified nurses carried out generic duties. As the inpatient unit was small (a maximum of 11 spaces, although in reality there were rarely more than six patients resident at any one time), only one nurse was allocated to the unit for each shift, and so only an RMN or RGN would be available. Bank nurses were used to provide additional staffing when required. There were no nursing vacancies at the time of the inspection, although recruitment for additional integrated drug treatment system (IDTS) staff was due to start in the near future.

4.10 Staff nurses had been given responsibility for specific life-long conditions, such as asthma, although most had not received specific post-registration in these areas and had not reviewed the prisoners with these conditions. The deputy healthcare manager was the lead for the care of older people and visited them in their cells to review their health needs. There was one part-time administrator, and the healthcare assistants also carried out some administrative duties.

4.11 There was one full-time GP, who was directly employed by Serco Health, and also locum GPs, who covered when he was not on duty. GPs were available in the prison daily, including weekday evenings, to see new receptions. When GPs were not available, a private out-of-hours provider was used. This appeared in the main to be telephone advice rather than attendance at the establishment.

4.12 The pharmacy service was run by a full-time registered pharmacy technician, assisted by a part-time technician. A pharmacist visited the prison every fortnight for approximately four hours.

4.13 A dentist who held a contract with Leicestershire PCT provided one session of dentistry each week. Two registered dental nurses attended each session, employed by the dentist. An alternative dentist and nurses were available for sessions when the usual staff were unable to attend.

4.14 Record keeping by the dentist was on NHS record cards and was poor. Details of treatments given were limited. Treatment summaries were not entered on the record cards or electronic clinical record for the prisoner. Dental staff did not use the electronic clinical record system.

4.15 Record cards were stored in an unlocked filing cabinet in the surgery. Approximately 3,000 records were stored, dating back over 10 years, with no attempt to differentiate 'old' or 'in treatment' records. Filing was poor; there was no alphabetical organisation of the cards, with duplicate records frequently being made out and not reunited with the originals. Medical histories were taken orally, on an ad hoc basis, between the dentist and dental nurse. There was no printed form or pro-forma for this. The medical history was usually not taken until after the dentist had examined the patient. Updates for patients seen before were not routinely recorded. Various other allied health professionals, such as an optician and a physiotherapist, undertook sessions at the prison.

4.16 Health services staff had access to training and development opportunities, and all nurses had a training plan. There was documentary evidence that the majority of staff had received training in basic life support in the previous 12 months; for staff who had recently transferred to the establishment, this information was not available and nor were their previous training records. Although we were told by the healthcare manager that all staff had access to clinical supervision and that there was a policy for this, uptake was poor and there were no documentary records maintained. Records of staff professional registrations were maintained and were up to date.

4.17 Emergency equipment was kept in the treatment room in the primary care centre and the treatment room on the residential wing. There was one automated defibrillator available in the wing treatment room and a second had recently arrived, to be available in the primary care centre treatment room; staff were receiving training in its use before its introduction, as it was slightly different to the model that was already in use. Emergency equipment was regularly checked and records of this maintained; these were sealed to ensure that they were not tampered with.

4.18 The physiotherapist who visited the prison was able to advise on specialist equipment needed by prisoners and could access this from the local hospital or Red Cross loans service. The local hospital ensured that prisoners were discharged back to the prison with any aids to daily living that they needed, and hospital staff had carried out visits to the prison to observe prisoners' ability to cope in the prison environment following discharge from hospital.

4.19 Hard copies of current clinical records were stored on shelves in a recess adjacent to the administrative office. Archived records were held in a separate room within the primary care centre. Although secured by a healthcare suite key, these records were not stored securely. On one evening during the inspection, we were able to access the administration office and current clinical records without having a healthcare suite key. The majority of prisoners' clinical records were maintained electronically using SystemOne. Although most letters were scanned onto the system and results were imported electronically, we found examples where information had been written on the hard copy of the record only. The administrator and healthcare assistants made entries in the clinical record when they contacted GPs in the community or arranged external medical appointments. Although inpatients generally had a nursing care plan, nursing assessment had not been documented. Inpatients were involved in their care planning and had co-signed their care plans with nursing staff.

4.20 When a prisoner arrived at the establishment, the reception nurse checked the electronic clinical record system to see if they already had a clinical record from a previous reception; if so, this record was retrieved and the hard copy of the record was obtained the following day, and the healthcare assistants then contacted community GPs to request further clinical information.

4.21 Prisoners who were dissatisfied with their healthcare while at the establishment were encouraged to raise the matter informally with a member of health services staff in the first instance; if they wished to make a formal complaint, they could use either the prison or PCT complaints system. A leaflet outlining the PCT complaints system was given to all prisoners attending the healthcare induction session, although this leaflet was not prison specific and included telephone numbers not available to prisoners on the PIN telephone system. When we asked prisoners how they would make a complaint if they were unhappy with the healthcare they received in the prison, they were unaware of the PCT complaints system. Complaints were fed back to the PCT and discussed at the clinical governance committee, which met bi-monthly. There were plans to set up a patient advice and liaison service.

4.22 The only information-sharing policy available was in draft form and there was no clear process for the sharing of information between healthcare and other departments. However, information sharing within the healthcare department was good, with multidisciplinary staff meetings held each lunchtime, attended by all clinical staff on duty, including the mental health in-reach team (MHIRT).

4.23 There were systems for the prevention of communicable diseases.

4.24 The majority of relationships between nurses and prisoners appeared to be good, although the attitude of some nurses was inappropriate when responding to prisoners' enquiries.

Primary care

4.25 When a prisoner arrived at the establishment he was seen by a nurse and a GP, who carried out a first night health assessment together. This joint assessment was unsatisfactory. We observed a GP carrying out a physical examination of a patient's shoulder, while the nurse continued with his screening. In the same screening interview, the GP asked some of the questions that had already been asked by the nurse. The nurse typed the patient's information into the electronic record, while the GP wrote on the hard copy of the notes, as there was only one computer terminal. When we checked the clinical record the following day, the information from the GP had not been included in the electronic record, and there was no cross-reference advising that there was additional information in the hard copy.

4.26 The nurse explained the written healthcare information leaflet before giving it to prisoners. The written information was only available in English. We were told that professional translation services were rarely used for healthcare interviews, and although information regarding the use of the telephone translation services was clearly displayed on the wall, there was no telephone available in the room. We were told by health services staff that their chosen method of translation was the assistance of another prisoner. The reception screening interview included asking the prisoner for written consent to contact other health professionals about him, and prisoners were also asked to sign a medication in-possession (IP) compact. Medication required for the first night was prescribed by the GP in reception and administered from the stock cupboard in the healthcare room in reception.

4.27 There was no provision for secondary health screening to take place. If a need was identified for referral to another member of the health services team or the GP clinic, an appointment was made on the electronic system; thereafter, the prisoner was responsible for making their own appointments and they were told how to do this. Any outstanding actions, such as rebooking of medical appointments, were noted in the reception book and were followed up by the healthcare assistants on the following morning.

4.28 Prisoners were asked if they had received vaccination against hepatitis B; if they were part-way through a course, or had not been vaccinated, they were offered vaccination and added to the clinic list. If a prisoner had a life-long condition, this was noted on the electronic record, which was used to generate the life-long conditions register.

4.29 Prisoners were able to obtain barrier protection by making a request to health services staff; requests could also be made at the genitourinary medicine clinic. We were told by health services staff that condoms had recently been freely available in the toilet area in the primary care centre but some prisoners had used them as balloons, so this had been discontinued.

4.30 If a prisoner wanted to see a member of the health services team, he completed an application form and put it into the healthcare box outside the treatment room on the wing, which was easily accessible at meal times, or handed in this application to health services staff at the treatment hatch. The boxes were emptied daily. A member of the primary care team then visited all prisoners who had requested to see the GP or nurse, to provide advice or prioritise appointments. However, the majority of prisoners were in shared accommodation, and so it was not possible to maintain any level of privacy or confidentiality when assessing them in their cell. If a prisoner was not in their cell when the member of the primary care team visited, a note was left, asking him to attend the treatment room at the next medication time to discuss the application. Urgent cases were seen on the same day, and the wait for non-urgent appointments was around two days. The same member of the primary care team also made appointments for the dentist, optician and other allied health professionals. Triage algorithms were available in the treatment room but were not used when prisoners were reviewed in their cells.

4.31 Prisoners were not given timed appointments. A new system had recently been introduced, whereby a discipline officer detailed to the primary care centre collected prisoners from their cell, education or work in small groups, supervised them while there and then returned them shortly after their appointment. This new system appeared to work well, and was popular with health services staff and prisoners. A discipline officer was also detailed to the inpatient unit at all times.

Pharmacy

4.32 Prescriptions were written on standard prison prescription forms. All the prescriptions examined were legally correct but most contained no diagnosis. There was no evidence of medications given beyond the review date. Prisoners who did not attend the pharmacy to receive medication were mostly recorded and followed up.

4.33 Stock medicines were segregated from patient-named medication and were generally dual labelled. The only exceptions to this were medications used in detoxification; there was no audit of these drugs. Medication was well labelled but did not always contain patient information leaflets. Where medicines were supplied in monitored dosage systems, there was no means of identifying individual tablets. Agreed stock levels were agreed, audited and adhered to.

4.34 Patients collected their medication from hatches on the wing and the primary care centre; there was no provision in the inpatient unit, and some medication was supplied from the office. The two hatches on the wing were situated side by side, and although there was a small wooden divide between the two, they did not provide appropriate privacy or confidentiality when both hatches were used at the same time.

4.35 Special sick medication was recorded on the front of the charts, although the range of medication was limited, as patients requiring more than over-the-counter medicine had to see a GP to obtain them.

4.36 Patients who saw the GP received their medication on the same day or the next day. There was a system of repeat reminders to ensure that medication was ordered when required but not after patients had had been discharged from the prison. Treatment times were 7.45am, 11.45am and 5.45pm. There was little night sedation available, and this tended to be IP.

4.37 The IP risk assessments were an ongoing process; the initial assessment was carried out by the GP but this could be changed by nursing or pharmacy staff where appropriate. Assessments were based on both the medication and the patient. Patients could be on IP for some medications but not for others at the same time.

4.38 There was no out-of-hours pharmacy provision, and although usual medication was available from stock, items not held as routine stock items were difficult to source from outside owing to difficulties with payment.

4.39 Prescribing appeared to be appropriate for the population of the prison and there was a policy to provide medication for court and discharge which seemed to be effective. Medicines use reviews were undertaken by the pharmacy technician and had resulted in some positive patient outcomes.

4.40 The medicines and therapeutics committee met every three months. There was no direct PCT involvement; matters arising would be brought to their attention through the PCT's clinical governance committee. The medicines and therapeutics committee had reviewed the IP and special sick policies but had not reviewed out-of-hours provision.

Dentistry

4.41 The full range of NHS dental care was supposedly available to those with a remaining sentence of at least six months, but full courses of treatment appeared to be rarely carried out. Appointments were booked by health services staff, with no input by the dental team. This sometimes created problems with instrument supply and sterilisation, as the dental team did not know what treatments would be required.

4.42 For all appointments, the dentist routinely carried out a rapid full examination and then attempted to carry out all necessary treatment at that visit. However, most patients seen were on remand, so this was not always necessary or appropriate. Return visits for further treatment were rare. X-rays were rarely taken; a trawl through 500 records revealed that only one X-ray had been taken over the previous two years, and this had not been developed. Treatment was rushed, and it was not clear that informed consent had been sought. Patients were given the impression that all necessary treatment had been carried out, although without X-rays this was unlikely. Filling materials used frequently did not comply with generally recognised clinical standards for permanent restorations. Amalgam was apparently rarely used, with the dentist relying on other, less suitable alternatives.

4.43 The waiting list was reported to be static. There were 32 names on this list, and the earliest six of these had been there for three weeks. Ten patients were booked for each session. Names were taken off the list and booked in for a session with the dentist in order of prisoners' arrival at the establishment. Usually about seven patients actually attended each session, as prisoners on the list had frequently left the prison before being summoned to an appointment. Seven minutes was allowed for each appointment, regardless of treatment need. One session a month was set aside for vulnerable prisoners. Those vulnerable prisoners considered by health services staff to be in need of urgent treatment were fitted onto the end of normal sessions, but the dentist reported that these were frequently not seen, as he had run out of time. They would be rebooked in a similar fashion for the following week but, again, with no guarantee that they would actually be seen.

4.44 Oral hygiene instruction and preventive advice was given by the dentist on a one-to-one basis in the dental chair but advice was mainly restricted to general diet, and was impractical in a prison setting. No oral health promotion material was available, and there was no general oral health promotion within the prison.

4.45 Referrals for specialist treatment were made to the local hospital. Emergencies between surgery days were dealt with by the GP. The dentist's telephone number was available to health services staff but was not often used. Patients could be taken to a dental access centre out of hours if necessary.

Inpatient care

4.46 There was a total of 11 inpatient beds available, although these included double, and one triple, cells. As shared accommodation was not appropriate for a number of inpatients, it was unusual for there to be more than six or seven patients in the unit. All the beds were listed as certified normal accommodation, although health services staff told us that admission was on the basis of clinical need. At the time of the inspection, there was a mix of patients with both physical and mental health needs.

4.47 Patients were unlocked for the majority of the day and could attend the gym on request. Education staff ran sessions on the unit twice a week. The association room included a small library, electronic games and board games. The GP attended the inpatient unit daily and the detoxification nurse and MHIRT team continued to work with those prisoners in their care who were admitted to the unit.

Secondary care

4.48 At their healthcare interview in reception, prisoners were asked if they had any outstanding hospital appointments, and these were followed up on the following day and rebooked.

4.49 There was a clear process for booking external medical appointments. If a patient was waiting for a hospital appointment they were placed on medical hold. It appeared that few appointments were cancelled by the prison, although some appointments were cancelled by the hospital and some prisoners declined to attend their appointments. Information about external appointments was kept in a diary and also in the prisoner's electronic clinical record.

4.50 If a prisoner was discharged before their appointment, the appointment information was given to them and the hospital was notified.

Mental health

4.51 Although the primary care team included RMNs, these nurses mainly carried out generic nursing duties and primary mental health assessments; they did not carry individual mental health caseloads. The majority of mental health provision comprised secondary care. We were told by members of the MHIRT and the healthcare manager that a review of mental health services was being conducted at the time of the inspection.

4.52 The MHIRT was commissioned by the PCT and included two nurses from the local criminal justice team. Two forensic psychiatrists attended the prison for one session each every week. Access to psychiatrist appointments was through the MHIRT and waiting time for an appointment was less than a week.

4.53 A behavioural psychologist provided one session of cognitive behavioural therapy each week and accepted all healthcare referrals. There was a short waiting list for this service. There were no general counselling services available.

4.54 The mental health in-reach nurses received referrals from health services staff and officers, and told us that many of their referrals came from the nurses who conducted the reception health screening. The standard waiting time for routine assessment was 14 days, although in reality people were seen much sooner than this. If prisoners were known to psychiatric services in the community, efforts were made to obtain information from them. If a prisoner had been subject to a care programme approach (CPA) in the community, this was continued in the prison, and community carers were invited to attend. Each of the mental health in-reach nurses carried a caseload of around 10–12 patients at any one time. New referrals were discussed at the weekly referral meeting, which included the two mental health in-reach nurses, their manager from the community, a nurse from the local court diversion scheme and a senior nurse from the criminal justice team.

4.55 The team encouraged community staff to retain links with their patients while they were in prison. A holistic approach was taken to meet the needs of patients, and we observed one case review where mental health in-reach staff, a community social worker and a community

nurse were trying to find appropriate 'foster care' for a prisoner's dog, as the care of his pet was causing him acute anxiety.

4.56 There were good links between the MHIRT and other nurses within the prison, and the mental health in-reach nurses attended the daily staff meetings. However, there were plans to move the mental health in-reach nurses' office accommodation to local NHS premises, and it was hoped that this would not affect the good communication that existed between them and prison staff.

4.57 At the time of the inspection, no patients were waiting for NHS secure mental health beds, although one was just beginning the assessment process. There was no day care provision for those less able to cope with life on the wing. In addition to the mental health component of the assessment, care in custody and teamwork (ACCT) training, some officers had attended mental health awareness training.

Recommendations

4.58 All healthcare professionals should have access to resuscitation equipment.

4.59 Care for prisoners with life-long conditions should be developed.

4.60 All clinical records, including dental records, should be kept securely in accordance with Data Protection Act and Caldicott principles.

4.61 Protocols for the sharing of information between healthcare and other departments within the prison should be developed and implemented.

4.62 Professional translation services should be used in healthcare consultations with any prisoners who are unable to communicate confidently in English.

4.63 Following reception screening, a further assessment should be carried out and recorded by trained staff no later than 72 hours after the prisoner's arrival in custody.

4.64 Prisoners should not be assessed by health services staff in their cell if there is another prisoner present.

4.65 The beds in the healthcare department should not form part of the prison's certified normal accommodation.

4.66 A review of the out-of-hours procedures should be undertaken to ensure that if urgent medication is required it can be obtained in a timely manner.

4.67 Medication should not be given out from the office on the inpatient unit without proper security provision.

4.68 The introduction of patient group directions (PGDs) should be considered to enable the supply of more potent medication by the pharmacist and/or nurse, to avoid unnecessary consultations with the GP. A copy of the original signed PGDs should be present in the pharmacy, and read and signed by all relevant staff.

4.69 Applications for dental treatment should be triaged by a dental nurse, and appointments booked to take account of urgency.

4.70 Prisoners should receive oral health promotion, dental checks and treatment at least to a standard and range equal to that in the NHS.

4.71 A dental needs assessment should be carried out, following which the number of sessions funded should be reviewed.

4.72 A new wall-mounted X-ray set should be fitted, with an isolation switch by the surgery door. The X-ray developer should be repaired or replaced.

Housekeeping points

4.73 The toilet and urinals in the healthcare waiting area should be thoroughly cleaned and the leaking urinals repaired.

4.74 Information regarding how to make a healthcare complaint should reflect the specific needs of prisoners and only include telephone numbers that prisoners are able to access.

4.75 Any health professional consulting with a patient should have access to the complete prison clinical record, including hard copy as well as electronic information.

4.76 The controlled drugs cabinet should meet the requirements of the Misuse of Drugs (Safe Custody) Regulations.

4.77 The controlled drugs register should be changed to comply with the current regulations.

4.78 Diagnoses should be written onto the prescription charts.

4.79 Patient information leaflets should be supplied wherever possible. A notice should be prominently displayed to advise patients of the availability of leaflets on request.

4.80 Medication should be able to be identified when packed into monitored dosage systems.

4.81 There should be documentary evidence of clinical supervision.

4.82 A programme of oral health promotion should be instituted.

4.83 Full dental records should be kept, and a copy of the clinical notes should be entered on the computer.

4.84 Further computer training should be given to all dental staff, sufficient for all to have confidence in the use of the system.

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 There were insufficient work places for the population. The accommodation for education and the range of vocational courses available had improved but there was insufficient provision to develop prisoners' personal and social skills. Literacy and numeracy courses were run throughout the prison, although prisoners in discrete units such as the vulnerable prisoners unit and violence reduction unit had a limited curriculum and a lower standard of provision. The planning of learning was inadequate and there was insufficient recognition of prisoners' skills. Teaching was unsatisfactory in many classes, although it was good on a minority of programmes. Quality improvement arrangements were underdeveloped. The over-subscription of prisoners to classes was poorly managed, resulting in some prisoners being turned away from classes. The library provided a good service.

5.2 There were insufficient work places for the population. Work activities were limited to jobs in the kitchens, as cleaners on the wing, as orderlies and working in the waste management unit. Seventy-two jobs were available in total, accounting for just 18% of the prison's operational capacity. In addition, there were about 50 places in education and training courses each morning and afternoon. During the inspection, there were just two vacancies for jobs and six prisoners waiting for allocation. A further 54 prisoners were not employed or attending education classes, and there were nine prisoners on remand who were not seeking employment.

5.3 Education and training were managed by the head of learning and skills, who reported to the governor. Education classes were provided by City College Manchester. The education department was open on weekdays from 8.15–11.15am and from 1.45–4.30pm. Some evening classes were available on the wing. Most prisoners attended full time. There were good working relationships between the college and prison staff.

5.4 Vocational training had improved, with a better range of vocational courses, including fork-lift truck driving, introduced the week before the inspection, the construction industry safety certificate and industrial cleaning, with advanced plans for implementing qualifications in waste management. However, there were insufficient programmes to develop prisoners' personal and social skills, and much of the literacy, numeracy and languages provision was unsatisfactory, despite appropriate arrangements for assessing prisoners' needs in these areas.

5.5 Much of the teaching was dull and uninspiring. Tutors used a narrow range of learning materials, with an over-reliance on worksheets. Very few literacy and numeracy classes included practical applications of skills or practical materials, and prisoners did not have sufficient opportunities to use information and communications technology (ICT) as a learning

tool. Too much teaching was directed at passing a test or exam rather than developing prisoners' skills and knowledge. In ICT classes, there was insufficient reinforcement of safe working practices.

5.6 Learning was not adequately planned for many prisoners. Some prisoners were referred to literacy and numeracy provision at levels 1 and 2 when they already had an equivalent qualification. Tutors often did not know who was attending each lesson in advance and were unable to plan appropriate learning activities at the start of each session. In English for speakers of other languages classes, prisoners did not develop their listening and speaking skills sufficiently. Learning plans included little information on prisoners' medium- or long-term goals, including resettlement or custody plans. Prisoners did not receive sufficiently clear or constructive feedback on their performance or their progress towards their learning goals. Similarly, prisoners' progress and achievements were not adequately recorded.

5.7 Leadership and management of learning and skills were inadequate. The prison's processes to improve the quality of the provision were underdeveloped and these arrangements did not extend across the whole prison. Arrangements to observe teaching and learning were unsatisfactory. The education department had an appropriate system but this had not identified the level of unsatisfactory teaching that we observed. Few observations of the training in the rest of the prison had taken place.

5.8 There were effective systems to identify why prisoners remained on the wing instead of attending work or education, and a daily list was provided to the head of learning and skills. However, this information and other prison data were not used effectively to evaluate and manage the provision or to make improvements. The education department had recently invested in a new management information system but this was not yet providing sufficient useful information for managers. Basic information about the attendance of prisoners was collected through registers but this was not collated and analysed.

5.9 Some learning facilities were poor. There were insufficient desktop computers for the ICT courses, resulting in prisoners in one class using laptop computers for extended periods, sometimes perched on their laps or balanced on a chair in front of them. New computers were due to be delivered shortly. There were no classrooms available for teaching in the discrete units, resulting in lessons being conducted in association areas.

5.10 Most classes were full and attendance targets were met, although attendance patterns were haphazard. This was because the prison used a system of over-subscription of prisoners to classes, and classes were filled on a 'first come, first served' basis. This meant that some prisoners were turned away from classes and many prisoners did not attend the same class on a regular basis.

Library

5.11 All prisoners had sufficient access to the library, with a minimum of two 30-minute sessions each week. The library was open for the main population from 9–11am and 2–4pm Monday to Friday. Vulnerable prisoners had a dedicated session from 1.45–2pm on Monday and Friday, and appropriate induction sessions were held at this time on Tuesday, Wednesday and Thursday. Access to the main library for those with restricted mobility was satisfactory, with a ramp for prisoners using a wheelchair. Prisoners in the healthcare department, detoxification unit, first night centre and the violence reduction unit had access to small libraries. Prisoners in these areas could request a visit to the main library, although this was not always possible.

They could also order books from the main library but this took up to two weeks, and prisoners had often moved by the time the book arrived.

5.12 The library was managed by a suitably qualified manager, assisted by a trained library services assistant. A prison officer, who had received some library-related training, was in attendance at each session. In addition, the library had two full-time and one part-time prisoner orderly.

5.13 The number of books available was appropriate for the size of the prison population. This included books in 16 different languages. The library kept up-to-date information about the nationalities of the prisoners entering the establishment and, through an agreement with other Leicestershire prisons, brought in foreign language books to meet prisoner needs. There was an appropriate number of talking books and 'easy reader' books for those with low levels of literacy. There were a limited number of books in Braille but good links with external agencies ensured that books for those with a visual impairment were provided. There were also good links with the education department and some books had been purchased to meet the needs of learners on these courses. Some books dealt with personal financial management, CV writing and employment issues. All relevant Prison Service Orders were available, including some in Braille. There was a good range of up-to-date legal texts, including some dealing with immigration issues. The library undertook a detailed annual survey of prisoners to identify their needs.

5.14 The library was well used, with almost 19,000 issues between January 2007 and January 2008, from 14,000 prisoner visits. The library had an effective computer system to allow access to the Leicester library catalogue, and many prisoners used this to request books. In the year between May 2007 and May 2008, 257 books had been requested in this way. The library had been ineffective in retrieving books from prisoners who had left the prison, having lost 380 books in the year from April 2007 to April 2008. Staff were aware of this and had introduced a more robust system to reduce this figure. However, at the time of the inspection it was too recent to judge its effectiveness.

Recommendations

5.15 Clear and effective strategies should be established for the development, management and coordination of learning and skills across the prison.

5.16 An appropriate range of opportunities to develop prisoners' personal and social integration skills should be implemented.

5.17 Effective methods to record prisoners' achievements, in particular for non-accredited programmes, should be implemented.

5.18 Data relating to the performance of all learning and skills activities within the prison should be analysed and acted on.

5.19 Effective individual learning plans for all prisoners involved in education and skills should be introduced.

5.20 The range and quality of education for those who are unable to attend the education department should be improved.

5.21 The standard of teaching should be improved.

5.22 Quality improvement systems, including regular and rigorous self-assessment, more accurate observation of teaching and learning across all programmes, and rigorous monitoring of performance, should be further developed.

5.23 The length of time it takes to deliver a book to units such as the healthcare department and violence reduction unit should be reduced.

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 Access to PE was good for most prisoners, but there were insufficient dedicated sessions for minority groups and more vulnerable prisoners. Access for those in full-time education clashed with Friday prayers. Gym facilities were limited, with no sports hall and an outdoor area that was weather dependent. This contributed to a culture in the gym overly focused on weight training and cardiovascular work, which some prisoners may have found off-putting. The shower facilities were adequate.

5.25 The PE facilities were limited, and included a gym with weights and a fitness area, and a small outside sports area with a rubberised surface suitable for five-a-side football, basketball and volleyball. Changing and shower facilities were satisfactory. A secondary hall was used for circuit training and as a teaching area for PE courses. The surface of the outside area was worn and was only useable in dry conditions.

5.26 PE staff consisted of a senior officer and three instructors. Gym staff had appropriate specialist qualifications and one had a teaching qualification. Information on gym activities was displayed prominently on notice boards. Facilities for staff, storage of equipment and teaching of theory were good, and the monitoring and recording of accidents and injuries were appropriate.

5.27 The PE department ran one accredited vocational programme – an assistant gym instructor's course – about four times a year. Success rates for this programme had been high. Otherwise, the PE programme was mainly recreational and there was a strong emphasis on weights and fitness work.

5.28 Prisoners using the gym facilities received an appropriate induction. All prisoners had the opportunity to attend the gym twice a week, although access for those in full-time education clashed with Friday prayers. There were insufficient dedicated sessions for those who were more vulnerable and might have been intimidated by the busy and macho environment in the gym. Those in the hospital and on remedial programmes could only access the gym while other groups were there. PE staff filled sessions by taking unoccupied prisoners from the wing, although it was not entirely clear how prisoners were selected. This practice was well intentioned but may have acted as a disincentive to some prisoners to engage in other regime activities, as they could usually get to the gym daily by opting out of going to work or education.

5.29 The PE department regularly surveyed prisoners to establish what they wanted the department to provide. Every prisoner was given a clean gym kit at each session, and adequate shower facilities were available.

Recommendations

5.30 It should be ensured that those in full-time education who wish to attend Friday prayers have appropriate access to the gym.

5.31 More dedicated sessions should be provided for vulnerable prisoners and other groups for whom the standard gym programme might not be suitable.

5.32 It should be ensured that access to the gym does not encourage prisoners to opt out of other regime activities.

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.

5.33 A large and active chaplaincy team worked well and creatively with prison staff and external groups to meet the spiritual, pastoral and personal development needs of prisoners. Checks were made to ensure that all prisoners wishing to attend religious services were able to do so and efforts made to mitigate the poor physical access to the main areas of worship. A large group of volunteers extended the work of the chaplaincy and provided prisoners with guidance and support, both in prison and following release.

5.34 Under the dynamic leadership of the full-time coordinating chaplain, and with the encouragement and support of the prison's senior managers, the chaplaincy team played an active and central role in the life of the prison. The large team catered for all religions represented in the population and was a mixture of permanently employed and sessionally paid posts, including full-time Church of England and Roman Catholic chaplains and the equivalent of a full-time Muslim chaplain. All chaplains were invited to a monthly chaplaincy team meeting, and those who were unable to attend were invited to give feedback based on the written minutes of the meeting.

5.35 A published 'team agreement' outlined chaplains' shared aims and principles, and a detailed two-year development plan specified what the chaplaincy team hoped to achieve in the areas of pastoral care; spirituality and worship; education; and resettlement and outreach. This development plan was insufficiently integrated with other key strategies such as learning and skills and reducing reoffending. Chaplains attended and contributed to most of the policy committees, and the coordinating chaplain was a member of the senior management board. Chaplains had been appropriately involved following the recent deaths of prisoners in custody.

5.36 Prisoners had access to a range of religious services. To cope with the high turnover of prisoners, chaplains regularly updated the lists of prisoners registered as wanting to practice their religion, and sent daily lists to residential staff and notification slips to prisoners. Other prisoners could attend on application. Chaplains followed up prisoners who had failed to turn up to a service, to check the reasons for this and to ensure that prisoners were not being

denied access. A form devised to identify those who had been refused access had been used only once in the previous two years. Where necessary, additional services were held to ensure that prisoners in all areas of the prison could worship, and when numbers were low chaplains visited prisoners in their cells. The main chapel and association room used for Muslim prayers were accessible only by stairways. Chaplains accepted that this was less than ideal but all alternatives had been explored and every effort was made to assist prisoners with mobility problems to get to these rooms.

5.37 Against the local prison comparator of 54%, only 48% of prisoners thought that their religious beliefs were respected. Chaplains were disappointed with this result and we could find no explanation for it; during the inspection, prisoners raised no issues or concerns with us and we received nothing but praise for the work of the chaplaincy. The survey also showed that black and minority ethnic and Muslim prisoners were more likely to feel that their religious beliefs were respected. Overall, it appeared that prisoners' religious needs were understood, anticipated and respectfully addressed.

5.38 The chaplaincy team had cultivated links with a wide range of external resources, through which chaplains could provide prisoners with bibles and religious texts in up to 15 languages and loan them a wide range of religious artefacts. A large volunteer base – 52 at the time of the inspection – had enabled the development of an impressive portfolio of support systems and programmes. For example:

- As part of a two-year project with Cruse Bereavement Care (a national organisation promoting the well-being of bereaved people), 45 prisoners had received individual bereavement counselling since February 2008. In addition, at a monthly bereavement awareness day, up to 12 prisoners had been helped to look at their experience of bereavement and to develop personal coping strategies.

- Through a community chaplaincy project that had been running for just over a year, 20 ex-prisoners had had access to volunteer mentors, who offered support, guidance and friendship.

- A course developed by the chaplain and the Mothers Union encouraged prisoners to explore significant relationships in their lives – not only with partners or children – and to improve their skills in communication, listening and working with others. The course ran four times a year and external accreditation was being sought.

Recommendation

5.39 There should be closer integration of the chaplaincy business plan, the learning and skills strategy and the reducing reoffending strategy, to ensure that services and interventions for prisoners are developed in the most effective way and are accessible to all prisoners assessed as needing them.

Good practice

5.40 *Chaplains followed up on prisoners who had requested to attend a religious service or group and had failed to do so, to check the reasons for this and to ensure that prisoners were not being denied access.*

5.41 *The range of prisoner support services and programmes provided by the proactive chaplaincy team was impressive.*

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.

5.42 Although the prison reported a time out of cell figure of around 10 hours, this was inaccurate. For the majority of prisoners, the real figure fell well short of our expectations. The exercise yards had no seating areas and there was no staff–prisoner interaction during exercise periods. There was insufficient evening association.

5.43 The prison had reported a figure of between 9.1 and 10.4 hours a day out of cell since November 2007. This figure was inaccurate and misleading, and did not portray an accurate picture of prisoners' experience at the establishment. When we carried out a mid-morning roll check, around 45% of prisoners were not involved in any activity and were locked in their cells. Prisoners located on the specialist units were generally out of their cells more than those on the main wing.

5.44 Association operated on a rota basis. Most prisoners were only able to participate in two midweek evening association periods and at least one weekend period. Association facilities were reasonable and included pool, table tennis and football tables. Staff interactions with prisoners during periods when prisoners were unlocked from their cells, particularly on the main units, were limited. Although no records were kept, prisoners told us that association was rarely cancelled for those prisoners on L3 and L4. Prisoners on the vulnerable prisoners unit, detoxification unit and short-term offender rehabilitation management (STORM) unit, however, occasionally lost their association when staff were redeployed to facilitate association on the main wing. There was some evidence of regime slippage, particularly for vulnerable prisoners, with association periods not starting at the published time.

5.45 In our survey, only 6%, against a 10% comparator, said that they spent 10 or more hours out of their cell and only 2%, against a 48% comparator, said that they went on association more than five times a week. Fifty-two per cent of prisoners reported spending less than four hours a day unlocked. Survey results were better for exercise, with 56%, against a 39% comparator, saying that they were able to go outside for exercise three or more times a week.

5.46 Daily exercise was available for all prisoners, including those in full-time employment and in the segregation unit. The exercise yards were austere, uninviting and had no seating or landscaping. Staff supervising exercise on the main yard sat outside the exercise area and had no interaction with prisoners. Outdoor exercise was cancelled if the weather was inclement, and had been cancelled on an average of three occasions over the previous three months.

Recommendations

5.47 Accurate records should be kept of any regime curtailment.

5.48 Prisoners should have greater access to association, if necessary, during the working day.

5.49 Seating should be provided in the outdoor exercise area.

5.50 Staff should supervise prisoners from within the exercise yards and should be encouraged to engage with prisoners during periods of association.

5.51 All regime activities should start at the published time.

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 Intelligence management systems were sound. The security department was active in responding to intelligence and addressing problems. There was evidence of dynamic security across the prison. Rules were published to prisoners.

Security

6.2 The prison had a large operations group, covering a broad range of tasks, including security, visits, reception and mandatory drug testing. The group also included a dedicated drug supply reduction team (DSRT). The DSRT carried out all intelligence-led searching. They responded quickly and effectively to intelligence, were well integrated into the department and were visible throughout the prison. They wore a distinctive but appropriate uniform.

6.3 The DSRT included two dog handlers with passive and active dogs. There had been no passive drug dog indications in visits over the previous six months. Use of the active dog had resulted in eight indications and eight finds over the same period.

6.4 Sound intelligence management systems ensured that security information reports (SIRs) were processed efficiently and promptly by a trained full-time analyst. The flow of intelligence was reasonable, with an average of 182 received each month, evidencing dynamic security in operation throughout the prison. The majority of SIRs received related to drugs, threats and mobile telephones. There had been 45 drug-related incidents reported on the incident management system between October 2007 and March 2008, and 22 for mobile telephones, although the majority of reported incidents for the same period related to self-harm.

6.5 The security committee met monthly and was attended by the appropriate functional heads. The committee considered a large range of information, including an overview of incidents reported on the incident management system, searching, and mandatory drug testing results. The police intelligence officer and DSRT also presented a report to the meeting. Intelligence objectives were discussed and agreed at this forum.

6.6 Information was shared with other departments in a comprehensive monthly security bulletin. The security manager also attended the daily morning staff briefing if there was specific information to impart to staff.

6.7 The searching policy was well publicised across the establishment and thorough records were kept of those searches conducted. There had been 50 drug finds in the previous six months and 14 mobile telephone finds in the same period.

6.8 There were 25 prisoners on closed visits in May 2008. This was higher than the average figure (18) from the previous six months. There were also six banned visitors in May 2008. Closed visits were reviewed at the monthly security committee meeting and appeals were also discussed at this forum.

6.9 The police intelligence officer was a proactive, full-time resource and had a positive relationship with the department.

Rules

6.10 Rules were explained to prisoners on induction. Each area of the prison had its own rules booklet, which was issued to new arrivals on a unit and displayed on landing notice boards. The rules were clear and appropriate.

Categorisation

6.11 Categorisation and allocation decisions were made promptly and all newly sentenced prisoners, along with relevant staff, were consulted and offender assessments made, before decisions were taken. Very few recategorisation reviews had taken place; there had only been one in the year to date, which had involved a prisoner with health concerns. However, prisoners sentenced to less than 12 months could request a review and would be interviewed as part of the process, and personal officers would be consulted. Decisions were communicated to prisoners verbally but not in writing. The observation, classification and allocation (OCA) officers were not clear how prisoners could appeal the decision but believed that it was through the applications process.

6.12 OCA staff were part of the offender management unit, and all were offender assessment system (OASys) trained. This meant that consideration of sentence planning issues was factored into allocation systems. Although overcrowding in the prison estate was a factor that influenced the transfers, the OCA officers took into consideration prisoners' family ties and their location. Offender supervisors had a comprehensive list of offending behaviour courses across the prison estate and this resource was used by OCA staff.

6.13 OCA staff told us that they had difficulties in transferring some sex offenders, primarily because they were not ready to address their offending behaviour. However, the establishment had good links with HMP Lincoln, which housed a larger vulnerable prisoners unit, and with HMP Whatton, which delivered the sex offenders treatment programme.

Recommendation

6.14 Recategorisation decisions should be provided to prisoners verbally and in writing. Prisoners should be made aware of the appeals process.

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.

6.15 Disciplinary procedures appeared appropriate. Although adjudications had to be heard in the segregation unit office, the area was well appointed and provided a suitable environment. Use of force was not excessive but there was insufficient analysis of available data. The special cell had been used only once in the previous 12 months. Use of segregation was relatively low and the majority of prisoners did not spend a long time there. The segregation unit offered a limited regime. Not all staff selected to work in the unit had attended the recommended training. A detailed database was a useful tool, but was not routinely used, and there was little formal monitoring of trends or potential areas of concern. Not all prisoners attended their reviews and some targets set were basic. Prisoners spoke highly of their treatment in the segregation unit.

Adjudications

6.16 The use of formal disciplinary procedures appeared to be reasonable and appropriate. There had been 749 charges against prisoners in 2007 and 392 to date in 2008. Only a small proportion of cases were referred to the independent adjudicator, who visited the prison each month. Less than 10% of cases were dismissed or not proceeded with, usually because prisoners were released before the matter could be dealt with. There was no evidence of unnecessary delays in processing adjudications.

6.17 Due to the lack of space, adjudication hearings had to be held in the segregation unit office. The room was pleasantly decorated and furnished, kept free from interruptions during hearings and generally provided a formal yet non-intimidating environment. Although we were able to observe only one adjudication hearing, we were satisfied from speaking to prisoners and reading the adjudication records that prisoners were given sufficient information and time to allow them to prepare and were encouraged to participate fully in the hearing. They were provided with a pen and paper to make notes and were given details of the appeals process.

6.18 A copy of the punishment tariff was available to prisoners in the prison library, and adjudication records showed that the punishments given were consistent with these guidelines. The quarterly meeting of adjudicating governors reviewed the tariff guidelines, discussed ethnic monitoring statistics and considered any issues relating to the efficiency and quality of the adjudication process. Up until the end of March 2008, the governor had read each completed adjudication record and circulated a spreadsheet to adjudicating governors, highlighting good practice and areas for improvement.

6.19 We found the handwriting of some adjudicating governors particularly difficult to read and were therefore unable to determine how well the circumstances leading to a charge had been explored. We found some cases where it was not clear whether issues of bullying, racism or drug use raised in mitigation by prisoners had been referred to the appropriate department to follow up.

Use of force

6.20 Force had been used against prisoners on 81 occasions during 2007 and 47 times so far in 2008; of these 47 incidents, three had been planned interventions, 23 had involved the use of restraints and 25 had resulted in the prisoner being relocated to the segregation unit. In our survey, 4% of prisoners said that they had been physically restrained by staff in the previous six months, which was significantly better than the 8% comparator. Five members of staff were control and restraint (C&R) trainers and one of them attended all planned interventions as an adviser. Planned interventions were also recorded, usually by a member of the drug supply

reduction team. However, apart from the usual debrief there were no post-incident reviews, and data available from the C&R database were not routinely monitored to identify emerging patterns.

6.21 Use of force documentation was generally completed to a satisfactory standard and always included the form recording any injuries to prisoners. Health services staff were present during planned interventions or saw prisoners promptly after spontaneous incidents of use of force. In some cases, due to difficulties in getting staff involved in the incident to complete the documentation, segregation staff had completed the use of force and injury to prisoner forms.

6.22 The special cell in the segregation unit had been used only once in the 12 months before the inspection, which was significantly lower than at the previous inspection, when it had been used 14 times.

Segregation unit

6.23 The six-celled segregation unit was located at the end of L1, below ground level. Despite this, the communal area was relatively bright and well presented. However, the cells were austere, with poor natural lighting and ventilation, and the cell layout meant that the head of the beds faced the in-cell toilet. Subject to risk assessment, prisoners were allowed to have their property in-possession and to have kettles and televisions. The exercise areas were poor (see section on time out of cell) but splitting the daily exercise period into two half-hour sessions – one in the morning and one in the afternoon – meant that prisoners did not have to spend a long time in this environment and increased the likelihood of prisoners choosing to spend some time in the open air.

6.24 The staffing policy (dated May 2007) did not include a job description for segregation staff, and although the policy recommended certain training, several of the officers we spoke to had not attended the suggested courses. A governor and senior officer interviewed all staff wanting to work in the unit. The total group of 11 staff covered both the segregation and the violence reduction unit (see section on bullying and violence reduction).

6.25 Segregation staff maintained a detailed database, which was a useful tool for evidencing and analysing activity in relation to segregation, use of force and adjudications but there was no evidence of it being used or monitored routinely. Monitoring reports were prepared for the senior managers and area manager but there was no trend analysis of the use of segregation. In our survey black and minority ethnic, foreign national and Muslim prisoners reported that they were more likely to have spent a night in the segregation unit in the previous six months. The establishment's own ethnic monitoring data, however, did not highlight any adverse trends regarding the use of segregation.

6.26 There was comparatively low use of segregation and this was usually for reasons of good order or discipline, or cellular confinement following an adjudication. Prisoners seeking protection were normally placed on the vulnerable prisoners unit. Although all prisoners were strip searched on arrival, thereafter they normally received a rub-down search on leaving or returning to the unit, subject to risk assessment. An information booklet was given to each prisoner which explained the main reasons for segregation (and associated entitlements), together with the regime and main rules of the unit.

6.27 Three prisoners were held in the unit at the time of the inspection. The unit regime was limited but this was mitigated by the short time that the majority of prisoners spent there; in the year to date, segregation had been used on 78 occasions, of which eight were for periods of more

than 14 days. Longer-stay prisoners were subject to regular reviews but records showed that prisoners were not always present at the reviews, and the behavioural targets set for some were basic and not sufficiently specific.

6.28 The required procedures were followed and diligently recorded. Prisoners spoke highly of their treatment by segregation staff and confirmed that they had daily access to showers and telephone calls and similar access to visits, the chaplaincy and the shop as prisoners on normal location.

Recommendations

6.29 Issues relevant to prisoner welfare raised in mitigation during adjudications hearings should always be referred to the relevant department and a record made of that referral.

6.30 Planned interventions should be formally reviewed to develop good practice, the use of force monitored and emerging patterns acted on.

6.31 Use of force documentation should be completed by staff involved in the incident.

6.32 Segregation unit cells should be redesigned so that the prisoner does not have to sleep facing the toilet.

6.33 As a minimum, segregation unit staff should attend the training courses recommended in the staff policy.

6.34 A multidisciplinary staff group should use the segregation unit database to monitor issues of interest or concern, such as trends in the use of segregation.

6.35 Segregated prisoners should be provided with activities to occupy them in their cells or be granted access to mainstream activities, subject to a risk assessment.

6.36 If segregation continues beyond a second review date, a care plan should be put in place to prevent psychological deterioration. Segregated prisoners should be actively involved in the review process.

Housekeeping point

6.37 Records of adjudication hearings should be legible.

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.

6.38 The incentives and earned privileges (IEP) document was poor and described an overly punitive scheme. It was almost impossible for many prisoners to achieve enhanced status. Application across the units was inconsistent and often differed from the main policy

document. The use of the high 3s landing as an enhanced unit was ineffective, as, in practice, it served as a disincentive for many. There was little use of the basic regime, and this was applied appropriately.

6.39 There was an IEP policy document, although it was poor. Progression through the levels of the scheme was based on prisoner application, and regression through the levels was based around a system of 'strikes' (formal IEP warnings), which could be issued by any member of staff.

6.40 The emphasis of the strategy was overly punitive, with review boards often generated for single incidents, rather than a pattern of behaviour, and no mention was made in the policy about motivating prisoners and encouraging good behaviour. Any prisoner on the standard regime who received a single adjudication, no matter what the offence, had a regime review. In addition, any prisoner on the enhanced regime who received only one strike had a regime review. The outcomes of these reviews nearly always resulted in a downgrading of IEP level. Three strikes issued within a fixed time frame resulted in a prisoner being placed on the basic regime. The policy document listed seven examples of incidents that should generate a written entry in prisoner conduct records (PCRs). Each of these was about recording negative aspects of prisoners' behaviour, with no mention of positive behaviour that staff might want to record officially. However, the PCRs that we reviewed showed that many staff did actually record positive, as well as negative, aspects of prisoners' behaviour.

6.41 There were only 58 prisoners on the enhanced regime at the time of the inspection. The criteria for achieving enhanced status were too restrictive, as they included a requirement to be in full-time work, which was unrealistic for many prisoners to achieve, given the shortage of activity places (see section learning and skills and work activities).

6.42 Results from our survey were poor, with only 34% of prisoners, against a 46% comparator, stating that they felt fairly treated by the IEP scheme. Prisoners also reported negatively to us during the inspection about their experiences of the scheme.

6.43 Not all aspects of the local policy were followed, and the implementation of the IEP scheme on the residential units was inconsistent and sometimes bore no resemblance to the policy. For example, one end of the L3 landing, known as the 'high 3s', was sectioned off and used as an enhanced unit. However, the IEP policy made no mention of this. Prisoners on this unit had access to laundry facilities, toasters and a digi-box. In theory, they could also dine out of their cells at certain meal times, but in practice this never happened.

6.44 We observed that a large number of prisoners on this unit were actually on the standard regime. The use of the high 3s as an enhanced landing appeared to act as a disincentive for some prisoners to apply for enhanced status. For example, some prisoners who had successfully applied for enhanced status were told that they had to move to the high 3s, despite not wanting to move cells. These prisoners were regressed back to the standard regime and, in one case that we saw, actually told not to apply for enhanced status again – despite the fact that around one in three prisoners on enhanced level actually lived elsewhere.

6.45 The basic regime was not overused and there were only three prisoners on basic during the inspection. The overly punitive basic landing that previously existed in what was now the violence reduction unit had been discontinued. Prisoners on the basic regime were mainly held in cells adjacent to the wing office on L4.

6.46 Prisoners spent a minimum of 28 days on basic, although a review was held after 14 days. If progress had been made, the prisoner was given access to more facilities, such as a

television, which acted as an incentive to continue the good behaviour, with a view to moving up to standard at the next review. One prisoner had been on the basic regime for around six months at the time of the inspection. Although it was evident that he had been given opportunities to progress, which had failed, it was not clear how keeping him on the basic regime was benefiting either the prisoner or the establishment.

Recommendations

6.47 Regression between IEP levels should be based on a pattern of behaviour, rather than single incidents.

6.48 The use of the high 3s landing as an enhanced landing should be re-evaluated, and prisoners should not be compelled to move there on attainment of enhanced status.

6.49 The criteria for achieving enhanced status should be made fairer for prisoners to achieve.

6.50 Multidisciplinary care/progression plans should be developed, and signed off by a senior manager, for when prisoners remain on the basic regime for protracted periods of time.

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 menu choice was varied and reflected the cultural diversity of the population. There were many vocal complaints from prisoners about food during the inspection but the general quality of the food was good. A food comments book was available. Hygiene standards were maintained, although we observed waste food left at the servery overnight.

7.2 Catering services were delivered by a team of five civilian caterers and a full-time manager. A maximum of 18 prisoners were employed in the kitchen. Prisoners were often employed for short periods of time and turnover was high. All kitchen workers were trained in food hygiene, and prisoners who were employed in the kitchen undertook an induction programme. Those employed for over six weeks had the opportunity to complete a level 2 qualification.

7.3 Despite many vocal complaints about food from prisoners during the inspection, mainly associated with portion size, our survey results were positive, with 30%, against a 23% comparator, saying that the food was good or very good. We sampled the food and found it to be of good quality.

7.4 A five-week menu cycle operated, and prisoners were able to choose from one of six menu choices. Meals were served at 11.45am and 5.30pm. A breakfast pack was delivered on the previous evening. The menu reflected the cultural diversity of the population. In our survey, 53% of foreign national prisoners said that the food was good or very good. Healthy options were available and were clearly identified on the pre-select menu. Pre-select forms were issued on a Monday for return on a Wednesday. The catering manager had focused on ensuring that new receptions were able to choose from a wider variety of options than the default vegetarian menu.

7.5 Prisoners ate their meals in cells containing a toilet. A risk assessment had been carried out to allow enhanced prisoners on the vulnerable prisoners unit to eat out of cell twice a week but this did not happen. Prisoners had kettles in their cells and those on basic were issued with a flask.

7.6 Most prisoners, including those in the first night centre, collected meals from a servery on the main wing. There were alternative arrangements for the smaller units. Food, packaged in individual containers, was collected from the kitchen on heated trolleys for the healthcare, short-term offender rehabilitation management (STORM), vulnerable prisoners and detoxification units. Prisoners on the vulnerable prisoners and detoxification units were not allowed to leave their cells to collect their meals but had them delivered.

7.7 The kitchen was bright and clean. Hygiene standards overall appeared reasonable but we found food waste left at the servery overnight. Food was appropriately stored and separate storage areas were used for halal products. Staff and prisoners wore appropriate clothing. Separate utensils were used for serving halal and vegetarian meals.

7.8 A food comments book was available, and replies were appropriate and timely. Catering staff also attended the monthly prisoner council meetings, although they had only been present at three of the previous six meetings. The prison carried out a food survey every six months, with the most recent one issued in January 2008. Results were displayed on the notice board at the severy.

Recommendations

7.9 Prisoners should be able to eat in association.

7.10 Waste food should not be left at the servery overnight.

7.11 Catering staff should attend the prisoner consultative meeting every month.

7.12 Prisoners on the vulnerable prisoners and detoxification units should come out of their cells to collect their meals.

7.13 Breakfast packs should be issued on the morning they are to be eaten.

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.

7.14 The prison shop offered a reasonable, but not extensive, range of products. The number of healthy food options was limited. New receptions had a considerable wait before they were able to purchase items from the shop. Prisoners had access to a catalogue service but had to pay a delivery charge and wait a long time for goods to arrive.

7.15 The prison shop was run by Aramark, which operated a bagging system. Canteen forms, which specified the spend amount, were distributed to prisoners on Monday evenings. Goods were delivered on Friday afternoons. Any queries or errors were dealt with by Aramark staff at the point of service.

7.16 The prison had identified a problem with late returns from court on Fridays. To resolve this, Aramark delivered these prisoners' orders to the establishment on the following Tuesday but this meant that prisoners were without their goods for a further four days.

7.17 Prisoners were able to purchase from a list of approximately 300 items. Among the food products available on the list, there were few healthy options and no fresh fruit, but there was a better range for vegetarian and vegan prisoners. In our survey, only 11% of Muslim prisoners felt that the shop sold a wide enough variety of products.

7.18 New receptions were able to spend their own money on PIN telephone credit and up to two canteen packs on the day of arrival. Advances were issued to prisoners who arrived with no money. The advance was paid back at a reasonable rate. New receptions could then have a wait of considerably more than 24 hours before they were able to make further purchases from the shop. Prisoners arriving on Wednesdays had to wait until the following Friday before they received their first order.

7.19 A quarterly canteen meeting and a separate facilities meeting were attended by a prisoner representative. Only one canteen survey had been carried out, in February 2008. The survey had been discussed at the canteen and facilities meeting, but it was unclear how the results would be publicised to all prisoners. Prisoners were also able to put forward suggestions through the recently introduced suggestion box system, although this system had not yet been widely publicised to prisoners.

7.20 Electrical goods, CDs and clothing could be ordered through catalogues. There were lengthy delays in obtaining ordered goods, although the cost of goods was debited from prisoners' accounts at the time of application. One prisoner gave us an example of a radio he had ordered on 16 May 2008 which he had not received by 5 June 2008. The delivery charge for goods from Argos was substantial, at £5. The establishment offered prisoners the opportunity to reduce this charge by submitting a number of requests together, although this could exacerbate delays.

Recommendations

7.21 Prisoners attending court on a Friday should be able to receive any ordered items by the following day.

7.22 New receptions should be able to buy items from the prison shop within 24 hours of arrival.

7.23 Prisoners should not incur charges for ordering items from a catalogue, and goods should arrive promptly.

7.24 Regular prison shop surveys should be carried out and the results published to prisoners.

7.25 Residential managers should ensure that the suggestion box system is widely promoted to all prisoners.

Section 8: Resettlement

Strategic management of resettlement

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

8.1 The strategic management of resettlement services was not well integrated across the establishment, and the offender management policy was underdeveloped and not informed by an up-to-date needs analysis. The establishment had produced a reducing reoffending action plan but did not use it to manage the resettlement service provision across the seven pathways. A quarterly offender management policy meeting addressed a range of offender management issues but suffered from a lack of relevant population data when making decisions. There were good links with voluntary and community sector organisations.

8.2 The establishment had recently reviewed its offender management policy, which was the overall resettlement strategy. The document lacked a strategic overview of the resettlement provision for prisoners and was not informed by a needs analysis, despite a recommendation made at the previous inspection. The policy attempted to contextualise the complexity of a local establishment and the high turnover of prisoners, significant remand population and foreign national population. However, it lacked comprehensive detail about how the resettlement needs of the diverse population would be met. Consequently, key departments (for example, learning and skills and the chaplaincy) were not fully aware and/or integrated into the resettlement provision, despite contributing to resettlement services.

8.3 The policy document contained a reducing reoffending action plan, which addressed the seven national reducing reoffending pathways and an additional two cross-cutting pathways: public protection and priority offenders. The action plan set objectives for each of the pathways and provided a good framework for managing and monitoring the development of resettlement services. However, the action plan was not discussed at relevant meetings and there were no time scales for achieving the planned actions.

8.4 The head of offender management chaired the quarterly offender management policy meeting, which comprised senior managers from across the establishment and members from the voluntary sector. Many of the voluntary sector representatives were unable to attend regularly. However, this was mitigated to some extent by the attendance of the resettlement workers, who worked closely with the voluntary sector providers and were able to progress actions and feed back key issues to them.

8.5 The meeting referred to each of the pathways, although was insufficiently strategic and, in the absence of any development targets, focused mainly on achievement against the prison key performance targets and basic information sharing. It also addressed a range of offender management issues, including use of home detention curfew, lifer work, and sentence and custody planning arrangements. However, the meeting suffered from a lack of relevant population data to inform decision making, so there was a risk of providing services that did not meet the population need and excluding the most vulnerable groups in the prison.

8.6 During the inspection, we met a large group of voluntary and community sector organisations which contributed significantly to the resettlement provision. There were Service Level Agreements for each of the organisations, and the range of services met the needs of most of the population, and also some of the diversity issues (for example, older prisoners), but was limited for foreign national prisoners (see sections on race equality and foreign national prisoners). The majority of the organisations were aware of the offender management policy meetings and of the prison targets but were not aware of the full extent of resettlement services that were provided, as they did not meet as a group. There were good relationships between the voluntary sector providers and the establishment.

Recommendation

8.7 The offender management policy should be developed and informed by an up-to-date needs analysis which addresses the diverse needs of the population and how their resettlement needs will be met.

8.8 The reducing reoffending action plan should be updated, with time scales and designated responsibility for each of the actions, and discussed and monitored at the offender management meeting.

8.9 Resettlement service providers should meet at least annually to be kept informed of all the service provided and updated of issues key to the delivery of these services.

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.

8.10 The delivery of offender management services for in-scope prisoners was well organised and there was a clear framework for the management of these prisoners. The offender management unit (OMU) had a good skills mix. Individual custody plans were completed for all prisoners, based on assessments during induction, although targets and objectives were weak and managers responsible for developing targets were not all aware of their responsibility. Resettlement workers also undertook assessments of all prisoners, independent of the custody planning arrangements, and provided a good standard of work, although there was duplication with custody planning systems and poor integration between the two processes. Public protection arrangements were adequate. A lifer-trained officer managed all indeterminate-sentenced prisoners.

8.11 The delivery of offender management was well organised and capitalised on the skills mix of uniformed prison staff and probation staff as offender supervisors, as well as a multidisciplinary resettlement department, which was located in the offender management unit (OMU). The OMU was managed by a principal officer and consisted of four offender supervisors. The resettlement department comprised two prison officers, a Probation Service officer and a seconded Jobcentre Plus adviser, and the observation, classification and allocation (OCA) department (located in the OMU) was staffed by four officers, two of whom were trained lifer officers.

8.12 A custody planning system had been implemented in July 2007. During induction, an individual custody plan was supposed to be completed on each prisoner. The process involved staff from relevant departments, including counselling, assessment, referral, advice and throughcare (CARAT), education and the chaplaincy, undertaking an assessment of immediate needs and preparing a short log of any action that needed to be taken. The senior officers in the first night centre were then responsible for formulating targets from the completed assessments and agreeing them with each of the prisoners before their move to main location. However, some managers responsible for formulating the sentence targets were not all aware of this responsibility, undermining the objective of the custody sentence planning process.

8.13 Custody sentence plans were held in individual prisoner conduct records (PCRs). In the random selection of files that we examined, targets were rudimentary and ineffectual, such as 'comply with the regime' and 'achieve enhanced status', and we found very few links between the assessments carried out by specialist staff and the targets set. In some of the PCRs we checked, there was no custody plan at all. Additionally, there was little evidence that personal officers used the targets in their contact with prisoners, although some management checks highlighted this.

8.14 In addition to the custody planning process, resettlement workers also assessed the resettlement needs of each prisoner at the induction stage and made referrals to appropriate departments, as well as voluntary sector organisations. Our survey showed that the numbers of prisoners who reported having been offered support from staff regarding accommodation, employment, family contact and money problems were significantly higher than the comparators, and prisoners' responses were comparable with those at other local prisons concerning the support offered for health and substance misuse problems. At the time of the inspection, 42 (24% of sentenced prisoners) were serving sentences of less than six months. The resettlement needs of these prisoners were promptly identified and responded to.

8.15 The work of resettlement staff was carried out independently of the custody planning process, and prisoners' resettlement needs did not form part of prisoners' overall custody plan targets. In effect, the custody planning process duplicated much of the work already done by the resettlement workers; with better coordination, integration and planning there did not appear to be a need for both systems. Resettlement workers kept their own files on all prisoners who required assistance. Although resettlement workers attempted to keep personal officers informed of the work they were undertaking with individual prisoners, in practice there was little monitoring or support from personal officers concerning prisoners' resettlement needs. However, this was mitigated by the good standard of work that the resettlement staff provided.

8.16 For longer-term prisoners, there was a more structured resettlement assessment and sentence planning process. Prisoners serving over 12 months had their needs assessed and were risk assessed using the offender assessment system (OASys), and approximately nine prison officers were trained as OASys assessors. There was no OASys backlog, although this was largely due to the high turnover of the population. Prisoners who were not in scope for offender management did not always have an OASys assessment prepared before transfer to other establishments. In April 2008, 33 out of 39 OASys assessments (reviews and initial) had been completed. The remaining six prisoners, who required initial assessments, had been transferred to other establishments within 10 days of arriving at Leicester and so these assessments had not been completed.

8.17 A total of 50 prisoners had been identified as falling within phases 2 and 3 of the offender management model. There was a clear framework for the management of these prisoners, and offender supervisors had a sound understanding of their role. All in-scope prisoners were allocated an offender supervisor within 48 hours and had contact with their supervisor within

10 working days. These targets were monitored at the offender management policy meeting and were largely achieved. The targets were reviewed every 28 days by the offender supervisor, in consultation with the prisoner.

8.18 In the two months before the inspection, 23 sentence planning boards had been convened, and despite the lack of attendance by personal officers and other specialist staff from across the establishment, there was 100% attendance by offender managers. However, in our survey, prisoners' responses were significantly more negative than the comparators about all aspects of the sentence planning process. Some of the negative perceptions concerned not being able to achieve their sentence plan targets at the establishment, which was understandable, given that there was only one accredited programme available (see section on attitudes, thinking and behaviour).

8.19 Six per cent of prisoners, against the 14% comparator, said that they were involved in the development of sentence plan targets. During the inspection, managers had started to try to address this and had implemented a post-sentence planning board evaluation form, for completion by the offender manager and the prisoners, so that they could respond to any issues as they arose.

8.20 There was good communication between offender supervisors and the OCA officers, which facilitated the transfer of in-scope prisoners to appropriate establishments to achieve their targets, although population pressures sometimes outweighed personal priorities (see section on categorisation).

8.21 An up-to-date public protection policy and guidelines were available. Public protection work was largely managed within the probation department, which was led by a senior probation officer and a full-time probation officer; two Probation Service officer s, who managed bail information; a prison officer; and an administrator, who dealt with public protection cases. The public protection officer was responsible for monitoring the mail of prisoners subject to public protection measures and conducting random telephone checks. He also contributed written reports to child protection conferences and ensured that all prisoners subject to public protection procedures were known to staff. At the time of the inspection, approximately 70 prisoners were subject to public protection procedures.

8.22 There were fortnightly interdepartmental risk management team meetings, which were well attended and multidisciplinary in membership. The full range of public protection cases were discussed and reviewed regularly. In addition, there was a quarterly public protection policy meeting, which addressed policy and practice issues.

8.23 The use of home detention curfew (HDC) and release on temporary licence (ROTL) was monitored at the offender management policy meetings. All eligible prisoners were asked if they wished to apply for HDC. Between January 2008 and April 2008, 19 assessments had been completed and 15 prisoners had been granted HDC. Only one ROTL application had been submitted in the previous six months and it had been declined.

Indeterminate-sentenced prisoners

8.24 At the time of the inspection, there were 14 indeterminate-sentenced prisoners (ISPs) at the establishment. The head of offender management told us that ISPs had been transferred to other establishments more quickly since the roll-out of phase 3 of the offender management model. ISPs were managed by a lifer-trained officer, with support from two members of staff

from the OCA department and a probation officer, the latter attending all multi-agency risk assessment panels.

8.25 The lifer officer tried to identify potential ISPs while they were on remand, on the basis of the nature of the offence. All identified potential ISPs were interviewed by the probation officer, and prisoners were given a leaflet providing further information about serving an indeterminate sentence and how their sentence would be managed at Leicester, as well as names of the OMU staff.

8.26 The records we looked at did not identify unusually long stays at the establishment. However, the lifer officer and OMU manager told us about two ISPs who had been recategorised and sent back to Leicester because of behaviour management issues. The OMU experienced significant difficulties in transferring ISPs to other establishments, despite their re-categorisation while at Leicester, but it was inappropriate for them to remain there, as most sentence plan targets could not be achieved. The matter had been referred to the area manager.

8.27 Arrangements for ISPs were discussed at the offender management policy meetings. Access to work had been discussed at one meeting, and it had been highlighted that all ISPs had the same restrictions placed on them because of their status, and agreed that ISPs should be assessed individually according to their needs and risk; this was being done at the time of the inspection.

8.28 Family visits arrangements were available to ISPs if they were on enhanced status, which was the same procedure across the establishment (see section on children and families of offenders).

Recommendations

8.29 Training should be provided to residential staff and managers regarding their involvement in custody and sentence planning arrangements.

8.30 OASys assessments should be completed promptly on prisoners serving over 12 months and before they are subsequently transferred to training prisons, although the absence of an assessment should not delay a progressive transfer.

8.31 Sentence planning boards should be more multidisciplinary and involve key personnel from departments that routinely have contact with prisoners.

8.32 Sentence planning board feedback forms should be implemented.

8.33 Indeterminate-sentenced prisoners should be allocated and transferred to the most appropriate training prison to meet their assessed needs.

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.

8.34 The majority of the accommodation work was carried out by the resettlement department. The four trained resettlement workers provided a range of advice that extended beyond finding accommodation, such as benefit entitlements and managing mortgage arrears. The provision of employment skills had significantly increased. Prisoners who were due for release did not have access to an appropriate pre-release course. There were no planned discharged clinics in the healthcare department, but prisoners were given a print-out of their summary of care from the electronic records system to take to their community general practitioner (GP), and also a supply of prescribed medication. There was good provision of finance, benefit and debt advice services, which were well used by prisoners. The advice offered also extended to prisoners' families.

Reintegration planning

Accommodation

8.35 Resettlement services were well publicised across the establishment and a good range of providers attended the establishment to provide resettlement services. Our survey showed that the number of prisoners who knew whom to contact for help with finding accommodation following release was significantly better than at comparator prisons (42% compared with 20%).

8.36 Each prisoner received a pre-discharge interview. For prisoners serving short sentences and eligible for end of custody licence, these interviews took place at the same time as the induction process, to allow enough time for resettlement staff and providers to address any resettlement issues.

8.37 In the previous six months, 11 prisoners (approximately 3% of prisoners discharged) had been discharged without settled accommodation. The majority of the accommodation work was carried out by the resettlement department (see section on offender management) and involved preservation of prisoners' tenancies and management of housing arrears.

8.38 A good range of voluntary sector organisations provided assistance with accommodation issues, and in the absence of an up-to-date needs analysis the resettlement department had forged links with specialist accommodation providers when they identified trends in housing needs. They had found specialist accommodation for prisoners with alcohol dependency, had links with the National Asylum Support Service, and Age Concern attended the establishment regularly to meet older prisoners. Advice and support were offered to ex-servicemen, who made up 8% of the population, by providing grants, deposits and the first month's rent. The resettlement department maintained a folder of resources and attended meetings which involved the local authority, so that they could develop useful links, particularly for prisoners local to Leicester.

8.39 The four resettlement workers had received relevant training from Nacro and Shelter. This team comprised one worker from the Probation Service, one from Jobcentre Plus and two prison officers, thereby providing a range of knowledge that extended beyond finding prisoners accommodation – including, for example, benefit entitlements. A resettlement orderly helped prisoners to complete forms, answered questions and directed prisoners to the appropriate staff.

Education, training and employment

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

8.40 At the time of the inspection, education and training had a strong emphasis on employment skills but the quality of education overall was inadequate. The provision of employment skills had significantly increased based on the recognised local employment opportunities, although there remained some gaps.

8.41 Prisoners who were due for release did not have access to an appropriate pre-release course to help them to write CVs, understand finance, and apply for and gain employment, although the resettlement department offered good support. This included job search where appropriate, referrals to the New Deal employment programme and referrals to a range of external organisations helping prisoners to find employment on release. The prison had a good record of keeping prisoners' existing jobs open for when they were released and exceeded its target for finding employment for those released.

Mental and physical health

8.42 If a newly arrived prisoner was already on a care programme approach (CPA) it was continued by the establishment, or, if required, the process was started.

8.43 There were no planned discharge clinics in the healthcare department. Prisoners were given a print-out of their summary of care from the electronic records system to take to their community GP, and also a supply of prescribed medication. If they were not registered with a GP in the community they were not given assistance to do this. Information about any outstanding hospital appointments was given to prisoners on release. The mental health in-reach team strove to retain links with community healthcare providers for the prisoners who had been in their care.

8.44 There was no palliative care or end-of-life policy, although there were plans to develop these.

Finance, benefit and debt

8.45 There was a good provision of finance, benefit and debt advice services, which were well used by prisoners. In our survey, the numbers of prisoners who knew whom to contact within the prison for help with finances (34%) and benefits 45%) in preparation for release were similar to the local prison comparators. Prisoners' financial situations were assessed thoroughly by resettlement staff during the induction process, although little support was given to prisoners to develop skills and knowledge about managing their finances on release.

8.46 Leicester Money Advice (LMA) offered a weekly surgery to prisoners for finance and debt advice. The advice offered by LMA also extended to prisoners' families, and in some circumstances this was continued when they were transferred to other establishments. Supplementary support was provided by the seconded Jobcentre Plus worker, who was available to help prisoners to close down benefit claims following imprisonment and provide advice and appropriate appointments for those claiming benefits on release.

8.47 The prison had Service Level Agreements with a number of voluntary organisations, which provided financial advice to prisoners, among other services. Leicestershire Cares and Futures Unlocked provided support in opening bank accounts and had success in engaging banks willing to provide prisoners with bank accounts. Prisoners responded significantly more

positively than at comparator establishments about knowing whom to contact in the prison to get help with opening a bank account on release (37% compared with 31%).

Recommendations

8.48 A pre-release course should be developed to assist prisoners with accessing employment and managing their finances.

8.49 Prisoners who have not registered with a general practitioner before release should be given assistance to do so.

8.50 Health services staff should review prisoners before planned release to identify any health-related needs.

8.51 A palliative care and end-of-life policy should be developed.

8.52 A budget management course should be provided to support prisoners in managing their finances on release.

Good Practice

8.53 *Finance benefit and debt advice was offered to families of prisoners.*

Drugs and alcohol

8.54 Well-managed, dedicated and effective CARAT and short duration programme (SDP) teams contributed to encouraging outcomes for drug users. A wide range of interventions was available, along with good links to community services for prisoners on release.

8.55 There was a comprehensive drug strategy, with plans to implement the integrated drug treatment system (IDTS) fully in the near future.

8.56 Provision of alcohol programmes following detoxification was limited; the CARAT service delivered alcohol awareness in the form of in-cell packs, and Alcoholics Anonymous came into the prison to run regular groups. There was, however, no alcohol-specific strategy.

8.57 The CARAT team was run by eight staff members, with two key workers employed by Adapt and the others, including the manager and an administrator, directly employed by the Prison Service. This team gave out services information and harm minimisation leaflets to prisoners at induction. These leaflets were printed in 33 languages, with plans to add several new languages. A DVD, produced inhouse by the drug supply reduction team (DSRT), explaining the benefits of voluntary drug testing, was also shown at induction.

8.58 The CARAT team provided a range of courses, such as Over the Top (an overdose awareness programme) and Heart Start (looking at improvements to health for drug users). Group work and in-cell drug awareness work packs on alcohol and crack cocaine were also provided by the CARAT team, in addition to regular one-to-one key work with prisoners wishing to engage.

8.59 CARAT case files were in good order, with comprehensive assessments, supported by good ongoing record keeping. There were also up-to-date care plans, with consistent evidence of prisoner involvement in the process.

8.60 An SDP was run in the short-term offender rehabilitation management (STORM) unit. This programme achieved the target of 120 starts, and exceeded that of 78 completions each year, with 96 completions in 2007/08. Voluntary drug testing was required for SDP prisoners at least twice during the four-week programme, with extra tests possible if requested by the prisoner. Prisoners told us this was helpful for those who were keen to demonstrate sustained abstinence from illicit drug use.

8.61 Additional programmes were run during the afternoons in the STORM unit, including Emotional Management, a 10-session group programme. Auricular acupuncture was also provided.

8.62 SDP case files were all found to be in good order, with clear record keeping and session logs, up-to-date care plans and evidence of prisoner involvement in action plans and reviews. Prisoner feedback sheets on file showed a high level of satisfaction and positive outcomes from the SDP.

8.63 There was consistent evidence of effective two-way information sharing between the CARAT and SDP teams but health services staff appeared to be less willing to share information with either team, although there was an information-sharing protocol.

8.64 There were effective links with local drug intervention programmes (DIPs). Local DIP workers would normally visit prisoners about eight weeks before release to arrange ongoing support in the community. Other links with the community included involvement with the local branch of Addaction, a charity that supports drug-using prisoners and their families.

Recommendation

8.65 The establishment should develop an alcohol strategy and address the currently insufficient level of services for prisoners with alcohol problems.

Children and families of offenders

8.66 The visitors' centre was small, in poor decorative state and offered no refreshments to visitors. Good information regarding resettlement services was available, both in the visitors' centre and the visits hall. The majority of prisoners had good access to visits but closed visits were provided only twice a week, although a new closed visits room, awaiting completion, would provide the same access to visits as current domestic visits arrangements. The visits hall was regimented in its appearance but visits started on time and appeared relaxed. There was a well equipped crèche and a snack bar for visitors. The chaplaincy offered a prison visitor scheme and 16 prisoners were receiving visits from the volunteers. Family visits and Storybook Dads was only available to enhanced prisoners.

8.67 The visitors' centre had been opened approximately six months before the inspection, and was small and in poor decorative state. There was a small area where books and toys were stored. The centre opened half an hour before the start of visits and closed 15 minutes after visits ended. Due to the restricted opening hours, visitors who had travelled long distances could not make good use of the centre. Visitors had no access to refreshments in the centre. A television

was available and provided information to visitors about the establishment and the process of booking a visit, and an up-to-date visits leaflet could be obtained from the centre.

8.68 There was a good variety of information about the prison and about resettlement services. There were a small number of lockers in the centre. There was no method for visitors to give staff feedback on their visit, although staff in the visitors' centre and visits hall were approachable. An average of 700 visits were booked each month. Prisoners were able to book in as soon as the centre opened at 1.15pm, collect a tally and either wait in the small waiting room or return when visits were due to start, at 1.45pm.

8.69 Visitors were required to walk around the car park to the prison entrance and were able to store their belongings in lockers, and pushchairs in a small room. There was a comprehensive searching protocol and visitors were searched appropriately. Visitors who received a drug dog indication were spoken to by either the dog handler or DSRT regarding avoiding contamination before visiting again, and then turned away. If there was additional intelligence, they were detained and the police were called. At the time of the inspection, there was no option for offering a closed visit in lieu of an open visit at short notice.

8.70 Domestic visits took place every day except Wednesdays and the visits booking line was open seven days a week. There was also a free telephone line, which visitors could use to book their next visit. Although the majority of prisoners had good access to visits, in our survey 54% of prisoners said that they were given the opportunity to have the visits they were entitled to, which was significantly less than at comparator establishments (65%).

8.71 The visits hall was regimented in its appearance but was well equipped, and the domestic visits we observed were well attended, started on time and appeared relaxed. Vulnerable prisoners conducted their visits in the same visits hall with prisoners on main location, and all prisoners and families were able to use the full two hours available, depending on visitors' time of arrival. Visits staff were relaxed and allowed prisoners to have appropriate physical contact with their children and families. All prisoners were required to wear prison-issue shirts, in addition to a green bib.

8.72 A children's play area was available in the visits hall, run by volunteers from Leicester Prison's Visits Centre charity, and managed by the family support worker who was employed by this organisation. The play area was well equipped and bright, although there were occasions when the facility was not available owing to lack of staffing. A tea bar was also available, staffed by the Salvation Army, and, as with the play area, suffered from staffing issues on occasion.

8.73 Prisoners placed on closed visits had significantly reduced access to visits, due to the location of the closed visits booths. There were three such booths, and these occupied a small, dark and poorly decorated building. The closed visits area had to be staffed separately, so, due to staffing difficulties, closed visits took place only on Thursday and Saturday mornings, with two sessions available on each of these days. During the inspection, there were 25 prisoners on closed visits (see section on security and rules); if all of these prisoners had wished to have a visit, they would have had to wait up to two weeks. The establishment had installed a closed visits room at the back of the visits hall, although there were some snagging issues so it could not be opened. The new closed visits room was in full view of the rest of the visits hall. Once in working order, prisoners placed on closed visits would be able to access a visit during domestic visiting times.

8.74 The chaplaincy ran a prison visitors scheme, which was available to all visitors and could be accessed by application to the coordinating chaplain. At the time of the inspection, 16

prisoners received visits through this scheme, and they took place on the landings, in prisoners' cells or in interview rooms.

8.75 Five inter-prison visits had taken place in the previous 12 months, and the head of operations was concerned that it was not properly publicised across the establishment.

8.76 Family visits had commenced in July 2007 but were only available to enhanced prisoners. Since the beginning of 2008, they had been run every month. Each family visit had a theme, which allowed prisoners to spend quality time with their families engaging in informal learning activities. The focus was to encourage families to improve their parenting skills and increase their self-esteem. It was well advertised in the visits hall and across the establishment, and run by the family support worker and prison officers. Over 40 families had engaged in family visits.

8.77 The family support worker was available at the establishment four times a week and was available to provide one-to one family support advice to prisoners. Although there were good links with the chaplaincy, this family support role was not sufficiently well advertised across the establishment.

8.78 The Storybook Dads programme had run at the establishment for nearly a year, and, again, was only available to enhanced prisoners. Fifty-five prisoners had applied to record a story, and 35 prisoners had successfully done so. A range of 56 books was available for this purpose, to suit all reading abilities, although during the steering group meeting it was noted that this material was not sufficiently culturally diverse and did not cater for older children, particularly boys.

8.79 Each prisoner completed an evaluation sheet after recording a story for their children, and the overwhelming majority of prisoners commented that they appreciated the opportunity to read to their children.

Recommendations

8.80 The visitors' centre should be opened an hour before and after scheduled domestic visits.

8.81 The visitors' centre should be redecorated and new furniture installed to provide a more welcoming environment. It should also provide refreshments for visitors.

8.82 A suggestion box should be provided to gain feedback from visitors.

8.83 Prisoners should not be required to wear the green bib in addition to prison shirts during visits.

8.84 Alternative arrangements should be made to offer visitors some form of visit following an indication from the passive drug dog. Visitors should not be turned away from the establishment solely on the basis of a single dog indication.

8.85 The closed visits room located in the visits hall should be put in use at the earliest opportunity to provide improved access to prisoners placed on closed visits.

8.86 The closed visits room should have frosted glass so that it is not in full view of the main visits hall.

8.87 Family visits, Story Sack and Storybook Dads should be made available to all prisoners, subject to appropriate checks.

Attitudes, thinking and behaviour

8.88 The SDP was the only accredited course offered at the establishment, and post-release support to prisoners was available. The psychology department had revamped the anger management course to include emotional management support. Unaccredited interventions were offered by the chaplaincy.

8.89 The SDP was the only accredited course offered at the establishment, with 10 courses (each comprising 12 prisoners) running each year. The course was undertaken on the STORM unit in a suitable environment, and all prisoners could physically access the course. Diversity issues were discussed regularly at the SDP team leaders' meeting. The psychology department had revamped the anger management course to include emotional management support. Post-course support was provided by the CARAT team and by staff on the STORM unit, and this continued following release.

8.90 Unaccredited interventions were offered by the chaplaincy, such as a relationship course, and the probation department provided one-to-one work with licence recalls and prolific or priority offenders. There was some anger management work undertaken on the violence reduction unit.

8.91 The allocation process was covered during induction and all prisoners were seen by allocations staff on reception.

Good practice

8.92 *The provision of post-release support was offered to prisoners who had undertaken the SDP course.*

Section 9: Recommendations, housekeeping points and good practice

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

Main recommendations

To the Governor

9.1 Prisoners should be able to see a Listener at all times of the day and night. (HP46)

9.2 The violence reduction strategy should be reviewed and relaunched, informed by discussions both with staff and with prisoners, and with all component parts of violence reduction work within the establishment covered. Proper emphasis should be given to delivering the violence reduction strategy in an integrated and consistent manner. (HP47)

9.3 A proper personal officer strategy should be developed, in consultation with all key user groups, and implemented consistently across the establishment. Differentials between the roles of personal officers and offender supervisors, and what is expected of them, should be clearly highlighted. (HP48).

9.4 The incentives and earned privileges (IEP) scheme should be reviewed and made fairer, with a greater emphasis on motivating prisoners to behave well and engage with the process. Managers should ensure consistent delivery of the scheme, in line with the published policy. (HP49)

9.5 Time out of cell for all prisoners should be improved. The area manager should assure himself of the validity of the establishment's published key performance target returns. (HP50)

9.6 The number, quality, and range of work and training places should be increased. (HP51)

9.7 Current attendance systems, reliant on over-subscription of classes, should be replaced with systems properly focussed on quality and meeting the needs of offenders, who should be able regularly to attend the courses they are enrolled on. (HP52)

9.8 Custody planning arrangements should be properly coordinated between the resettlement and induction departments, to improve quality and consistency and reduce duplication. (HP53)

Recommendations

To NOMS

Self-harm and suicide

9.9 Draft Prisons and Probation Ombudsman reports should be made available to establishments promptly to enable them to act upon recommendations made in advance of final publication. (3.31)

Foreign national prisoners

9.10 Regular contact should be established with the UK Border Agency and accredited independent immigration advice and support agencies. (3.73)

Recommendations

To the Governor

Courts, escorts and transfers

9.11 Escort vans should be checked daily for graffiti, and any found should be removed. (1.6)

9.12 Reception should be open to receive prisoners during the lunchtime period. (1.7)

First days in custody

9.13 There should be adequate space in reception to manage the numbers of prisoners being dealt with effectively, including sufficient holding room space and storage space. (1.23)

9.14 Holding rooms should be regularly cleaned. (1.24)

9.15 Prisoner peer supporters should be utilised in reception to 'meet and greet' newly arrived prisoners and share information with them. (1.25)

9.16 Prisoners in reception should be provided with drinks and, if they are experiencing a more prolonged wait in the area, a hot meal. (1.26)

9.17 Cellular accommodation in the first night centre should be upgraded to provide a bright and more welcoming environment for new arrivals. Cells should be adequately cleaned and prepared to receive new arrivals, and equipped with furniture, storage and notice boards. (1.27)

9.18 Relief staff working in the first night centre should be made familiar with the routines and work required of them. (1.28)

9.19 Any changes in the cell sharing risk assessment (CSRA) resulting in a change of status should lead to an immediate revision of the assessment. Any changes to the CSRA should be clearly communicated to relevant staff. (1.29)

9.20 Prisoners held in the first night centre for longer periods than the three- to four-day norm should have a clear exit or progression plan. (1.30)

Residential units

9.21 Single cells, with partially screened toilets, should not be used for double occupancy. (2.19)

9.22 Adequate furniture, in good repair, should be provided in all cells, including secure lockers. (2.20)

9.23 Unconvicted prisoners should not be required to share a cell with convicted prisoners. (2.21)

9.24 The condition of cells in the first night centre, violence reduction unit and locate flat areas should be improved. (2.22)

9.25 All cell call bells should be answered promptly, and within five minutes. (2.23)

9.26 Prisoners in the locate flat area should have access to association in some form. (2.24)

9.27 More telephones should be provided on the L4 landing. (2.25)

9.28 All prisoners should have a realistic opportunity to take a shower daily. (2.26)

9.29 Adequate clothing should be provided in appropriate sizes after kit exchange. (2.27)

9.30 All recess and toilet areas, including toilets in cells, should be refurbished or deep cleaned, and more showers provided on landings. (2.28)

9.31 All toilet screens in cells should be replaced with more appropriate screening. (2.29)

9.32 There should be appropriate storage facilities for all cleaning equipment to prevent the risk of cross-contamination. (2.30)

9.33 An alternative and more appropriate method of identifying vulnerable prisoners not located on the vulnerable prisoners unit should be sought. (2.31)

Vulnerable prisoners unit

9.34 A full regime, including purposeful activity, exercise and daily association, should be offered to all vulnerable prisoners, regardless of location. (2.39)

9.35 Prisoners should be able to dine communally on the vulnerable prisoners unit. (2.40)

9.36 Association cancellation and delays on the vulnerable prisoners unit should be monitored to ensure equity with other parts of the prison. (2.41)

Staff-prisoner relationships

9.37 Staff should attempt to engage more with prisoners during periods when they are unlocked. (2.46)

9.38 All staff in contact roles with prisoners should be encouraged to address them by first or preferred names. (2.47)

Personal officers

9.39 Ongoing evaluation and monitoring of the personal officer scheme should be introduced to enable senior managers to measure its effectiveness. (2.52)

9.40 Personal officers should be encouraged to interact regularly with their prisoners and record details of this, rather than just recording observations. (2.53)

9.41 There should be greater consistency in management checks. (2.54)

Bullying and violence reduction

9.42 Safer custody meetings should have a greater emphasis on violence reduction and anti-bullying, and include discussions of trends and themes. (3.11)

9.43 A log should be kept of all prisoners put on anti-bullying procedures, including what stage they reached in the process and any victim booklets opened. (3.12)

9.44 The anti-bullying booklet should be revised to include clear reasons why it has been opened, problem behaviours to be monitored and, where appropriate, behavioural targets for the alleged perpetrator. (3.13)

9.45 Training in the anti-bullying scheme should be offered for first-line managers and other residential staff. (3.14)

9.46 The details of those on anti-bullying arrangements should be included in residential staff handovers and briefings. (3.15)

9.47 Better use should be made of the current victim support paperwork, and interventions developed to support the victims of bullying. (3.16)

9.48 The violence reduction/anti-bullying coordinator should be provided with office accommodation. (3.17)

9.49 There should be a formal review of the role of the violence reduction unit (VRU), including its referral and acceptance criteria, and how it should be used to support anti-bullying work. (3.18)

9.50 There should be continued evaluation of the VRU programme to assess effectiveness and ensure that stays on the unit are limited. (3.19)

9.51 The VRU regime should be developed to provide a greater range of purposeful activity and more time out of cell. (3.20)

Self-harm and suicide

9.52 Assessment, care in custody and teamwork (ACCT) case reviews should be multidisciplinary. (3.32)

9.53 Subject to individual risk assessment, prisoners should have 24-hour access to Listeners. (3.33)

9.54 Sufficient care suite accommodation should be available to provide a 24-hour confidential Listener service. (3.34)

9.55 A record of use should be kept for gated cells, including location, prisoner and duration of stay. (3.35)

9.56 Strip clothing should only be used for prisoners on an open ACCT document exceptionally. Clear lines of accountability and authorisation, in line with special accommodation protocols, should be maintained when this happens, and a separate record kept of the circumstances pertaining to this. (3.36)

Diversity

9.57 A diversity policy should be developed and implemented that covers the requirements of anti-discrimination legislation and outlines how the needs of all minority groups, including foreign nationals, will be met. Staffing structures for oversight of the various diversity strands should be clarified. (3.45)

9.58 A designated diversity liaison officer should be provided with sufficient time and resources to meet the needs of minority prisoner populations. (3.46)

9.59 All prisoners should be assessed during their first days in custody to determine whether they have a disability, or other specialist need, and arrangements put in place to ensure that these needs are met. There should be a central log accessible to all staff recording prisoners with special needs. (3.47)

Race equality

9.60 All staff should receive training that enables them to understand and respond appropriately to race and cultural issues and to promote race equality positively. (3.59)

9.61 The new race equality officer (REO) should be provided with appropriate support, mentoring and supervision until she has attended the recommended training. (3.60)

9.62 Interventions should be developed for challenging racist behaviour. (3.61)

9.63 All staff should be aware of which prisoners are subject to potential racist notification. (3.62)

9.64 The involvement of external organisations in the celebration and promotion of racial, ethnic and cultural events should be increased. (3.63)

9.65 The REO should offer mediation where appropriate in order to resolve racist complaints. (3.64)

9.66 Those countersigning or quality controlling of completed investigations into racist incidents should provide constructive feedback in order to develop best practice. (3.65)

Foreign national prisoners

9.67 The foreign nationals coordinator and administrative staff responsible for managing immigration matters should receive appropriate training and guidance. (3.71)

9.68 The establishment should liaise with the UK Border Agency to ensure that immigration detainees held solely under administrative powers should be transferred to immigration removal centres at the expiry of their sentence. (3.72)

9.69 Prisoners should have access to accredited translation and interpreting services wherever matters of accuracy and/or confidentiality are a factor. (3.74)

9.70 All eligible prisoners should receive free monthly telephone credits without having to make repeated applications and should be allowed to make telephone calls that are arranged in advance, at a time convenient to the recipient. (3.75)

Applications and complaints

9.71 Complaints boxes should be provided on all landings to improve access for prisoners. (3.85)

9.72 The applications process should be revised to provide greater clarity and accuracy, with prisoners being provided with a written reply. (3.86)

9.73 A detailed written analysis of complaints should be carried out by ethnicity, disability, location and prisoner type. (3.87)

9.74 Complaints should not be recorded as completed until a substantive reply has been issued. (3.88)

9.75 Effective quality assurance systems should be introduced to monitor and improve the quality of responses. (3.89)

Legal rights

9.76 Prisoners should be able to contact their legal advisers by telephone throughout the working day. (3.99)

9.77 The published times for legal visits should be amended to reflect what happens in practice. (3.100)

9.78 The legal visits rooms should be refurbished to provide an appropriate space in which prisoners and legal representatives can meet. (3.101)

9.79 There should be adequate space for the prisoners to wait for their legal visits. (3.102)

Substance use

9.80 The mandatory drug testing holding cell should be kept clean and ventilation should be improved. (3.115)

Health services

9.81 All healthcare professionals should have access to resuscitation equipment. (4.58)

9.82 Care for prisoners with life-long conditions should be developed. (4.59)

9.83 All clinical records, including dental records, should be kept securely in accordance with Data Protection Act and Caldicott principles. (4.60)

9.84 Protocols for the sharing of information between healthcare and other departments within the prison should be developed and implemented. (4.61)

9.85 Professional translation services should be used in healthcare consultations with any prisoners who are unable to communicate confidently in English. (4.62)

9.86 Following reception screening, a further assessment should be carried out and recorded by trained staff no later than 72 hours after the prisoner's arrival in custody. (4.63)

9.87 Prisoners should not be assessed by health services staff in their cell if there is another prisoner present. (4.64)

9.88 The beds in the healthcare department should not form part of the prison's certified normal accommodation. (4.65)

9.89 A review of the out-of-hours procedures should be undertaken to ensure that if urgent medication is required it can be obtained in a timely manner. (4.66)

9.90 Medication should not be given out from the office on the inpatient unit without proper security provision. (4.67)

9.91 The introduction of patient group directions (PGDs) should be considered to enable the supply of more potent medication by the pharmacist and/or nurse, to avoid unnecessary consultations with the GP. A copy of the original signed PGDs should be present in the pharmacy, and read and signed by all relevant staff. (4.68)

9.92 Applications for dental treatment should be triaged by a dental nurse, and appointments booked to take account of urgency. (4.69)

9.93 Prisoners should receive oral health promotion, dental checks and treatment at least to a standard and range equal to that in the NHS. (4.70)

9.94 A dental needs assessment should be carried out, following which the number of sessions funded should be reviewed. (4.71)

9.95 A new wall-mounted X-ray set should be fitted, with an isolation switch by the surgery door. The X-ray developer should be repaired or replaced. (4.72)

Learning and skills and work activities

9.96 Clear and effective strategies should be established for the development, management and coordination of learning and skills across the prison. (5.15)

9.97 An appropriate range of opportunities to develop prisoners' personal and social integration skills should be implemented. (5.16)

9.98 Effective methods to record prisoners' achievements, in particular for non-accredited programmes, should be implemented. (5.17)

9.99 Data relating to the performance of all learning and skills activities within the prison should be analysed and acted on. (5.18)

9.100 Effective individual learning plans for all prisoners involved in education and skills should be introduced. (5.19)

9.101 The range and quality of education for those who are unable to attend the education department should be improved. (5.20)

9.102 The standard of teaching should be improved. (5.21)

9.103 Quality improvement systems, including regular and rigorous self-assessment, more accurate observation of teaching and learning across all programmes, and rigorous monitoring of performance, should be further developed. (5.22)

9.104 The length of time it takes to deliver a book to units such as the healthcare department and violence reduction unit should be reduced. (5.23)

Physical education and health promotion

9.105 It should be ensured that those in full-time education who wish to attend Friday prayers have appropriate access to the gym. (5.30)

9.106 More dedicated sessions should be provided for vulnerable prisoners and other groups for whom the standard gym programme might not be suitable. (5.31)

9.107 It should be ensured that access to the gym does not encourage prisoners to opt out of other regime activities. (5.32)

Faith and religious activity

9.108 There should be closer integration of the chaplaincy business plan, the learning and skills strategy and the reducing reoffending strategy, to ensure that services and interventions for prisoners are developed in the most effective way and are accessible to all prisoners assessed as needing them. (5.39)

Time out of cell

9.109 Accurate records should be kept of any regime curtailment. (5.47)

9.110 Prisoners should have greater access to association, if necessary, during the working day. (5.48)

9.111 Seating should be provided in the outdoor exercise area. (5.49)

9.112 Staff should supervise prisoners from within the exercise yards and should be encouraged to engage with prisoners during periods of association. (5.50)

9.113 All regime activities should start at the published time. (5.51)

Security and rules

9.114 Recategorisation decisions should be provided to prisoners verbally and in writing. prisoners should be made aware of the appeals process. (6.14)

Discipline

9.115 Issues relevant to prisoner welfare raised in mitigation during adjudications hearings should always be referred to the relevant department and a record made of that referral. (6.29)

9.116 Planned interventions should be formally reviewed to develop good practice, the use of force monitored and emerging patterns acted on. (6.30)

9.117 Use of force documentation should be completed by staff involved in the incident. (6.31)

9.118 Segregation unit cells should be redesigned so that the prisoner does not have to sleep facing the toilet. (6.32)

9.119 As a minimum, segregation unit staff should attend the training courses recommended in the staff policy. (6.33)

9.120 A multidisciplinary staff group should use the segregation unit database to monitor issues of interest or concern, such as trends in the use of segregation. (6.34)

9.121 Segregated prisoners should be provided with activities to occupy them in their cells or be granted access to mainstream activities, subject to a risk assessment. (6.35)

9.122 If segregation continues beyond a second review date, a care plan should be put in place to prevent psychological deterioration. Segregated prisoners should be actively involved in the review process. (6.36)

Incentives and earned privileges

9.123 Regression between IEP levels should be based on a pattern of behaviour, rather than single incidents. (6.47)

9.124 The use of the high 3s landing as an enhanced landing should be re-evaluated, and prisoners should not be compelled to move there on attainment of enhanced status. (6.48)

9.125 The criteria for achieving enhanced status should be made fairer for prisoners to achieve. (6.49)

9.126 Multidisciplinary care/progression plans should be developed, and signed off by a senior manager, for when prisoners remain on the basic regime for protracted periods of time. (6.50)

Catering

9.127 Prisoners should be able to eat in association. (7.9)

9.128 Waste food should not be left at the servery overnight. (7.10)

9.129 Catering staff should attend the prisoner consultative meeting every month. (7.11)

9.130 Prisoners on the vulnerable prisoners and detoxification units should come out of their cells to collect their meals. (7.12)

9.131 Breakfast packs should be issued on the morning they are to be eaten. (7.13)

Prison shop

9.132 Prisoners attending court on a Friday should be able to receive any ordered items by the following day. (7.21)

9.133 New receptions should be able to buy items from the prison shop within 24 hours of arrival. (7.22)

9.134 Prisoners should not incur charges for ordering items from a catalogue, and goods should arrive promptly. (7.23)

9.135 Regular prison shop surveys should be carried out and the results published to prisoners. (7.24)

9.136 Residential managers should ensure that the suggestion box system is widely promoted to all prisoners. (7.25)

Strategic management of resettlement

9.137 The offender management policy should be developed and informed by an up-to-date needs analysis which addresses the diverse needs of the population and how their resettlement needs will be met. (8.7)

9.138 The reducing reoffending action plan should be updated, with time scales and designated responsibility for each of the actions, and discussed and monitored at the offender management meeting. (8.8)

9.139 Resettlement service providers should meet at least annually to be kept informed of all the service provided and updated of issues key to the delivery of these services. (8.9)

Offender management and planning

9.140 Training should be provided to residential staff and managers regarding their involvement in custody and sentence planning arrangements. (8.29)

9.141 OASys assessments should be completed promptly on prisoners serving over 12 months and before they are subsequently transferred to training prisons, although the absence of an assessment should not delay a progressive transfer. (8.30)

9.142 Sentence planning boards should be more multidisciplinary and involve key personnel from departments that routinely have contact with prisoners. (8.31)

9.143 Sentence planning board feedback forms should be implemented. (8.32)

9.144 indeterminate-sentenced prisoners should be allocated and transferred to the most appropriate training prison to meet their assessed needs. (8.33)

Resettlement pathways

9.145 A pre-release course should be developed to assist prisoners with accessing employment and managing their finances. (8.48)

9.146 Prisoners who have not registered with a GP before release should be given assistance to do so. (8.49)

9.147 Health services staff should review prisoners before planned release to identify any health-related needs. (8.50)

9.148 A palliative care and end-of-life policy should be developed. (8.51)

9.149 A budget management course should be provided to support prisoners in managing their finances on release. (8.52)

9.150 The establishment should develop an alcohol strategy and address the currently insufficient level of services for prisoners with alcohol problems. (8.65)

9.151 The visitors' centre should be opened an hour before and after scheduled domestic visits. (8.80)

9.152 The visitors' centre should be redecorated and new furniture installed to provide a more welcoming environment. It should also provide refreshments for visitors. (8.81)

9.153 A suggestion box should be provided to gain feedback from visitors. (8.82)

9.154 Prisoners should not be required to wear the green bib in addition to prison shirts during visits. (8.83)

9.155 Alternative arrangements should be made to offer visitors some form of visit following an indication from the passive drug dog. Visitors should not be turned away from the establishment solely on the basis of a single dog indication. (8.84)

9.156 The closed visits room located in the visits hall should be put in use at the earliest opportunity to provide improved access to prisoners placed on closed visits. (8.85)

9.157 The closed visits room should have frosted glass so that it is not on full view of the main visits hall. (8.86)

9.158 Family visits, Story Sack and Storybook Dads should be made available to all prisoners, subject to appropriate checks. (8.87)

Housekeeping points

Courts, escorts and transfers

9.159 Reception should carry a small stock of non-prison clothes for use by prisoners attending court who do not have suitable clothing of their own. (1.8)

Residential units

9.160 Prisoners should sign to say that they have received registered mail. (2.32)

9.161 The switching on and off of telephones should be consistent across the establishment. (2.33)

Foreign national prisoners

9.162 The use of telephone translation services should be monitored. (3.76)

9.163 A central register should be kept of prisoners willing to act as translators. (3.77)

Applications and complaints

9.164 Racist incident report forms should be placed in envelopes other than those marked confidential access and separated out from the formal complaints process. (3.90)

Health services

9.165 The toilet and urinals in the healthcare waiting area should be thoroughly cleaned and the leaking urinals repaired. (4.73)

9.166 Information regarding how to make a healthcare complaint should reflect the specific needs of prisoners and only include telephone numbers that prisoners are able to access. (4.74)

9.167 Any health professional consulting with a patient should have access to the complete prison clinical record, including hard copy as well as electronic information. (4.75)

9.168 The controlled drugs cabinet should meet the requirements of the Misuse of Drugs (Safe Custody) Regulations. (4.76)

9.169 The controlled drugs register should be changed to comply with the current regulations. (4.77)

9.170 Diagnoses should be written onto the prescription charts. (4.78)

9.171 Patient information leaflets should be supplied wherever possible. A notice should be prominently displayed to advise patients of the availability of leaflets on request. (4.79)

9.172 Medication should be able to be identified when packed into monitored dosage systems. (4.80)

9.173 There should be documentary evidence of clinical supervision. (4.81)

9.174 A programme of oral health promotion should be instituted. (4.82)

9.175 Full dental records should be kept, and a copy of the clinical notes should be entered on the computer. (4.83)

9.176 Further computer training should be given to all dental staff, sufficient for all to have confidence in the use of the system. (4.84)

Discipline

9.177 Records of adjudication hearings should be legible. (6.37)

Examples of good practice

Self-harm and suicide

9.178 A leaflet was provided to all prisoners on an open ACCT document explaining the process and what they should expect. (3.37)

9.179 There was a good emphasis on family liaison work for those on open ACCT documents, and when a death in custody had occurred. (3.38)

9.180 The weekly multidisciplinary cell sharing risk assessment review meeting was detailed and relevant. (3.39)

Faith and religious activity

9.181 Chaplains followed up on prisoners who had requested to attend a religious service or group and had failed to do so, to check the reasons for this and to ensure that prisoners were not being denied access. (5.40)

9.182 The range of prisoner support services and programmes provided by the proactive chaplaincy team was impressive. (5.41)

Resettlement pathways

9.183 Finance benefit and debt advice was offered to families of prisoners. (8.53)

9.184 The provision of post-release support was offered to prisoners who had undertaken the SDP course. (8.92)

Appendix I: Inspection team

Nigel Newcomen	Deputy Chief Inspector
Jonathan French	Team leader
Gail Hunt	Inspector
Sean Sullivan	Inspector
Vinnett Pearcy	Inspector
Karen Dillon	Inspector
Andrea Walker	Inspector
Mandy Whittingham	Healthcare inspector
Paul Roberts	Substance use inspector
Stephanie Twindle	Dental inspector
Sue Melvin	Pharmacy inspector
Olivia Adams	Researcher
Samantha Booth	Researcher
Phil Romain	Ofsted team leader
Paul Joyce	Ofsted inspector
Karen Adriaanse	Ofsted inspector
Ian Handscombe	Ofsted inspector

Appendix II: Prison population profile

(i) Status	Number of prisoners	%
Sentenced	96	27.7
Convicted but unsentenced	75	21.7
Remand incl trials	120	34.7
Civil prisoners	21	6.1
Detainees (single power status)	6	1.7
Detainees (dual power status)	28	8.1
Total	**346**	**100**

(ii) Sentence	Number of sentenced prisoners	%
Less than 6 months	42	24
6 months to less than 12 months	24	14
12 months to less than 2 years	25	15
2 years to less than 4 years	34	20
4 years to less than 10 years	28	16
10 years and over (not life)	5	3
Life	13	8
Total	**171**	**100**

(iii) Length of stay	Sentenced prisoners		Unsentenced prisoners	
	Number	**%**	**Number**	**%**
Less than 1 month	100	45.04	34	31
1 month to 3 months	67	30.18	54	50
3 months to 6 months	25	11.26	17	16
6 months to 1 year	26	11.71	2	2
1 year to 2 years	4	1.80	1	1
2 years to 4 years	0		0	
4 years or more	0		0	
Total	**222**	**100**	**108**	**100**

(iv) Main offence	Number of prisoners	%
Violence against the person	66	19
Sexual offences	26	7.5
Burglary	46	13.2
Robbery	27	7.8
Theft and handling	29	8.4
Fraud and forgery	16	4.6
Drugs offences	29	8.4
Other offences	99	28.6
Civil offences	0	
Offence not recorded/ Holding warrant	9	2.6
Total	**346**	**100.1**

(v) Age	Number of prisoners	%
21 years to 29 years	169	49
30 years to 39 years	110	32
40 years to 49 years	50	14
50 years to 59 years	10	3
60 years to 69 years	5	1
70 plus years	2	1
Please state maximum age	75	
Total	**346**	**100**

(vi) Home address	Number of prisoners	%
Within 50 miles of the prison	263	76
Between 50 and 100 miles of the prison	39	11
Over 100 miles from the prison	13	4
Overseas	21	6
NFA	10	3
Total	**346**	**100**

(vii) Nationality	Number of prisoners	%
British	282	82
Foreign Nationals	64	18
Total	**346**	**100**

(viii) Ethnicity	Number of prisoners	%
White		
British	236	68
Irish	1	0.3
Other White	9	2
Mixed		
White and Black Caribbean	8	2
White and Black African	3	1
White and Asian	1	0.3
Other mixed	1	0.3
Asian or Asian British:		
Indian	27	8
Pakistani	7	2
Bangladeshi	0	
Other Asian	7	2
Black or Black British		
Caribbean	20	6
African	14	4
Other Black	6	2
Chinese or other ethnic group		
Chinese	5	1
Other ethnic group	1	0.3
Total	**346**	**100**

(ix) Religion	Number of prisoners	%
Baptist	0	
Church of England	95	27
Roman Catholic	55	16
Other Christian denominations	20	6
Muslim	24	7
Sikh	10	3
Hindu	12	4
Buddhist	11	3
Jewish	0	
Other	0	
No religion	119	34
Total	**346**	**100**

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 30 April 2008, the prisoner population at HMP Leicester was 353. The sample size was 121. Overall, this represented 34% 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. Eight respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. In total, one respondent was 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, 102 respondents completed and returned their questionnaires. This represented 29% of the prison population. The response rate was 84%. In addition to the eight respondents who refused to complete a questionnaire, six questionnaires were not returned and five were returned blank.

Comparisons

The following document details the results from the survey. All missing responses were excluded from the analysis. All data from each establishment were weighted, in order to mimic a consistent percentage sampled in each establishment.
Presented alongside the results from this survey are the comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 37 local prisons since April 2003.

In addition, a further comparative document is attached. In this, statistically significant differences between the responses of white prisoners and those from a black and minority ethnic group are shown, alongside statistically significant differences between those who are British nationals and those who are foreign nationals, and statistically significant differences between Muslim and non-Muslim prisoners.

In all of the above documents, statistical significance merely indicates 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.