

Report on an unannounced short follow-up inspection of

# **HMP Swaleside**

4–7 July 2011

by HM Chief Inspector of Prisons

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Printed and published by:  
Her Majesty's Inspectorate of Prisons  
1st Floor, Ashley House  
Monck Street  
London SW1P 2BQ  
England

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# Introduction

This report reflects a prison making reasonable progress after a period of significant structural change and expansion. Swaleside is a training prison holding male prisoners up to category B status, many of whom are subject to long or indeterminate sentences for serious offences. Since we last visited in April 2008, two new wings had opened increasing the potential population held by 358 to a new operational capacity of 1,112. In addition the ties that brought Swaleside into a clustered management arrangement with the two other prisons on the Isle of Sheppey had loosened. Some support and back office functions were still held in common, but the prison's governor no longer reported to a cluster chief executive, re-establishing a more traditional relationship with the area deputy director of custody.

When we last inspected we described a successful establishment where safety outcomes were good – a significant achievement considering the risks and challenges of managing this population. Outcomes in our healthy prison tests of respect and resettlement were reasonably good. We had concerns, however, that the provision of activity and access to regime were not sufficiently good. Those concerns remain. There had been some improvements in the provision of learning and skills but much lacked coordination and there was only sufficient activity to meet the needs of about 80% of the population. During the working day we still found a quarter of the population of this training prison locked in cell, although this was an improvement on our last visit. Much of the activity was also low skill or menial, although there had been improvements to the library.

There had been progress in the implementation of recommendations covering the safety and respect healthy prison tests. Swaleside seemed a fundamentally safe prison, and work to address safer custody issues was well developed. The number of reported incidents of violence was, however, significant, as was the use of special accommodation. Governance of segregation, special accommodation and use of force generally needed to improve. Procedures to manage prisoners' arrival into custody were generally satisfactory following a number of improvements, although it was disappointing that the refurbishment of the reception had been curtailed.

As we previously reported, staff-prisoner relationships are a strength of the prison. Personal officer work was good and the prison was seeking to develop this further. Improvements in the prison's approach to diversity, however, were partial and work on some strands remained limited. Prisoners with a disability were reasonably well supported but black and minority ethnic prisoners suggested that staff continued to demonstrate a lack of cultural awareness. The prisoners' self-cook kitchens on each wing remained a valued privilege but standards of cleanliness were variable, although all new prisoners were now inducted in food hygiene. Health care was now provided in a refurbished facility and much had been done to improve access, although the inadequate provision of dentistry was an exception to this.

Resettlement and offender management had previously been provided under the auspices of the cluster arrangement and was, as a consequence, the provision most affected by changes. Those changes were still at a relatively early stage. We were, however, assured that an enthusiastic management team was implementing meaningful and deliverable plans to sustain effective offender management and improve resettlement services.

This is a positive report. Swaleside has been a safe establishment characterised by good relationships between staff and prisoners, although the training element provided has not been good enough. This inspection suggests that the prison continues to build on its strengths but it still needs to get a strategic grip on the provision of purposeful activity and training.

**Nick Hardwick**  
HM Chief Inspector of Prisons

**September 2011**

# Fact page

## Task of the establishment

Category B adult male training prison.

## Prison status

Public

## Region

Kent and Sussex

## Number held

5.7.11 – 1,103

## Certified normal accommodation

1,112

## Operational capacity

1,112

## Date of last full inspection

31 March – 4 April 2008

## Brief history

Swaleside opened in 1988 with four wings. E wing was added in 1998, F wing in 1999, G wing in 2009 and H wing in March 2010.

## Short description of residential units

- A wing - 126 prisoners, mixed determinate and primarily second stage life-sentenced prisoners
- B wing - 126 prisoners, Kainos community, plus general category B wing
- C wing - 126 prisoners, primarily first stage life-sentenced prisoners
- D wing - 126 prisoners, primarily first stage life-sentenced prisoners
- E wing - 120 prisoners, primarily first stage life-sentenced prisoners
- F wing - 120 prisoners, primarily first stage life-sentenced prisoners
- G wing - 179 prisoners, induction wing
- H wing - 179 prisoners, RAPt/drug free wing

Segregation unit

Health care

## Escort contractor

Serco

## Health service commissioner and provider

Eastern and Coastal Kent Primary Care Trust

## Learning and skills provider

The Manchester College





# Section 1: Summary

## Introduction

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- 1.1 The purpose of this inspection was to follow up the recommendations made in our last full inspection of 2008 and assess the progress achieved. All full inspection reports include a summary of outcomes for prisoners against the model of a healthy prison. The four criteria of a healthy prison are:

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

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

### **Making insufficient progress**

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

### **Making sufficient progress**

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

## **Safety**

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- 1.3 At our inspection in 2008 we found that outcomes for prisoners against this healthy prison test were good. We made 30 recommendations in this area, of which 15 had been achieved, seven partially achieved and seven had not been achieved. One recommendation was no longer applicable.
- 1.4 The refurbishment of the reception area had not been completed but it was a functional, although unwelcoming, environment. There had been significant improvements in cleanliness and there were now four separate, although poorly ventilated, holding rooms. The rooms contained no reading material or visual information and prisoners complained that they waited too long in them with nothing to do. There was now a clean and suitable room for strip-searching and adequate space to log and store property. There was still no private interview room and initial induction interviews continued to be held in a public area.

- 1.5 The cells for new arrivals were now clearly marked for easy identification by night staff. Handovers between day and night staff were now satisfactory.
- 1.6 Of the seven recommendations concerning violence reduction, only two had not been fully achieved. At the last inspection we had concerns about the quality of investigations into alleged incidents. Those we reviewed remained variable in quality. Deadlines, for example, were sometimes missed. The number of reported incidents was high at 517 over the last 12 months but included many low-level incidents. A comprehensive monthly safer custody meeting was well attended by senior managers. Cover arrangements and administrative support for the safer custody team were good. A bullying survey had been carried out in 2009 but there was little evidence of analysis to inform strategy. The prison no longer used a monitoring tool for anti-bullying and resorted to the incentives and earned privileges (IEP) scheme. Interventions were punitive rather than rehabilitative. Informal staff training in violence reduction strategies was ongoing with 59% of staff now trained.
- 1.7 There had been good progress on self-harm prevention measures. Fifty-five assessment, care in custody and teamwork (ACCT) self-harm monitoring forms had been opened in the previous six months and documentation was completed to a good standard with meaningful case reviews and good quality observational entries. In general, most ACCT procedures were still not multidisciplinary, although health care did get involved when there was an identified need. Twenty-two Listeners were employed and there was a suitable crisis suite on G wing, although the prison kept no records of its use. Night staff carried anti-ligature devices but training for night staff required improvement.
- 1.8 Despite the complexity and risk attached to the population at Swaleside, security arrangements appeared broadly proportionate. The approach to placing prisoners on the escape list was now more considered, although the information booklet for new arrivals needed to be updated to reflect this.
- 1.9 There had been some progress on our previous recommendations on discipline. We were assured that adjudications were managed within appropriate timescales but found some examples where there was insufficient exploration of charges before a finding of guilt, and mitigation was not always taken into consideration, but awards were fair.
- 1.10 There was some evidence of quality assurance of planned use of force recordings. Use of special accommodation was high and too often appeared unjustified and potentially punitive.
- 1.11 Documentation authorising location into the segregation unit was too often of a poor standard. Where set, review board targets were perfunctory. It was common for all new residents to be strip-searched without a risk assessment or appropriate justification. It was unacceptable that residents could not shower or use the telephone daily, and disappointing that the engaging relationships that we observed were not reflected in history sheets. Education staff engaged with some residents.
- 1.12 The integrated drug treatment system (IDTS) was well established with a small number of patients on the detoxification programme and benefiting from the full psychosocial provision. The drug strategy had been significantly developed since our last inspection and recorded use of illicit drugs was low. Suspicion testing arrangements required improvement.
- 1.13 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.

## Respect

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- 1.14 At our inspection in 2008 we found that outcomes for prisoners against this healthy prison test were reasonably good. We made 49 recommendations in this area, of which 27 had been achieved, seven partially achieved and 15 had not been achieved.
- 1.15 There had been some environmental improvements. The eight residential wings were now all single cell occupancy but we found evidence that the offensive display policy was not fully adhered to. Standards of cleanliness on each wing varied. Four telephones on E and F wing still did not have privacy hoods. Prisoners could wear their own clothes and there was an adequate stock of prison kit for new arrivals. Some screening had been installed in the showers on A to D wings but they still did not provide a decent level of privacy.
- 1.16 Prisoners told us that relationships with staff continued to be respectful and friendly. The quality of personal officer work remained good and there was an active plan to develop this work further.
- 1.17 Prisoners were consulted about food through routine prisoner consultative meetings although arrangements for the scrutiny of food comments books were poor. Standards of cleanliness in the wing self-cook areas were mixed. Shop services appeared to be working well, and arrangements for catalogue purchases through the adjacent Standford Hill prison were more accountable.
- 1.18 The prison's diversity policies needed to be updated. There was a comprehensive equalities action plan, although none of the actions had been completed. The bimonthly diversity meeting was well attended by prisoner representatives but representation from staff was erratic. The meeting did not address all aspects of diversity and we were not assured that the action plan was effectively monitored.
- 1.19 The prison had not developed a strategy to address the negative perceptions of black and minority ethnic prisoners about their treatment. Prisoners said that while there was no overt racism, staff still did not understand cultural differences. In our consultation group with black and minority ethnic prisoners, all felt that the issues they raised were not adequately addressed. The majority of the senior management team but only half of other staff had attended the 'challenge it change it' diversity training. More work also needed to be done to develop links with external race and cultural groups. Discrimination incident report forms were now more freely available and the number of complaints had increased.
- 1.20 Foreign national prisoners reported that they had inadequate specialist advice and information.
- 1.21 Although there was now a regular open forum for older and disabled prisoners, the Sheppey cluster draft policy for older prisoners had not been implemented and was not specific about the arrangements for assessing and managing older prisoners at Swaleside. There was no separate policy on sexual orientation or meaningful work to support gay or bisexual prisoners.
- 1.22 There had been some improvement to applications procedures, although there were still some ongoing concerns about the timeliness of responses. Cash disbursement forms were appropriately processed but prisoners continued to express some dissatisfaction about their management by wing staff.
- 1.23 The health care department had been refurbished since our last inspection, and was a good environment for the treatment and care of patients. Prisoners had satisfactory access to

primary care services. Staffing levels were good and there was a much improved culture of open access to the service. Dental services continued to be poor with a very long waiting list.

- 1.24 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.

## Purposeful activity

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- 1.25 At our inspection in 2008 we found that outcomes for prisoners against this healthy prison test were not sufficiently good. We made 12 recommendations in this area, of which five had been achieved, three partially achieved and four had not been achieved.
- 1.26 The core day indicated that for a fully employed prisoner approximately nine hours a day out of cell was achievable during the working part of the week. For those unemployed or part-time employed, unlock time was considerably less. During the working part of the day we found about a quarter of the population locked in cell, although this was an improvement on our last visit. Access to domestic time and unlock at mealtimes was reasonable, and association was rarely cancelled.
- 1.27 Progress in learning and skills had been slow and had only recently started to impact on the provision. Much was too poorly coordinated. The quality improvement group had just been reconvened following a lapse of around 18 months and, although it had developed a learning and skills strategy, much work was still required to make significant improvement.
- 1.28 Unemployment figures were a disappointing 14% of the population. Some work, particularly wing work and some workshops, was menial and did not fully occupy prisoners. There was no formal recognition of the work-related skills developed in these areas.
- 1.29 The availability of vocational training courses had reduced with the closure of the Prisons Information Communication Technology Academy (PICTA) workshop although a small woodwork class had been introduced. Provision for education had improved, with some courses available up to level 3. There had been a significant increase in the number of prisoners now accessing education.
- 1.30 The new library was well used and provided a pleasant learning environment. Much had been done to improve access, and the provision of DVD lending facility for enhanced prisoners had encouraged greater prisoner participation.
- 1.31 On the basis of this short follow-up inspection, we considered that the establishment was making insufficient progress against our recommendations.

## Resettlement

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- 1.32 At our inspection in 2008 we found that outcomes for prisoners against this healthy prison test were reasonably good. We made 18 recommendations in this area, of which eight had been achieved, four partially achieved and six had not been achieved.
- 1.33 The de-clustering of offender management arrangements was embryonic but was progressing well. Plans for the consistent delivery of OASys (offender assessment system) assessments and sentence management for all prisoners were actively implemented and, although there was still a considerable backlog of OASys reviews, this had been reduced. We were assured that there would be effective and consistent offender management for all prisoners if current

plans proceeded. Progression of category C prisoners from Swaleside continued to cause concern but we were assured that the prison was active in trying to manage these prisoners.

- 1.34 The finance, benefit and debt pathway remained underdeveloped and lacked specialist financial advice or input. The drug strategy had improved. Counselling, assessment, referral, advice and throughcare (CARAT) services had been enhanced and now comprised four workers. There were 134 clients in treatment with an increased range of support programmes available. The CARAT team worked closely with the IDTS service.
- 1.35 The visitors' centre was clean and welcoming. Future visits could now be arranged at the visitors' centre, although not all prisoners knew about this arrangement. There had been a visitors' survey, although it was not clear if its results had been analysed or acted on. Visits still did not start on time. Family days were greatly appreciated by prisoners, but were still only available for those on enhanced status.
- 1.36 The loss of the cognitive self-change programme had left a gap in the provision of interventions, and moving on prisoners identified as suitable for further assessment was problematic. The now accredited Kainos programme was delivering reasonable outcomes for the prisoners involved.
- 1.37 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.



## Section 2: Progress since the last report

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

### Main recommendations (from the previous report)

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#### 2.1 The prison should develop a strategy to address the negative perceptions of treatment among black and minority ethnic prisoners. (HP44)

**Not achieved.** The prison had not developed such a strategy. The equalities action plan included action to develop a strategy but the process had only just begun. Black and minority ethnic prisoners said that while there was no overt racism, staff still did not understand their cultural identities and differences. For example, they cited the lack of culturally diverse products in the prison shop and poor consultation and engagement during black history week. They also said that staff often perceived groups of black prisoners to be a 'gang' and broke up friendship groups, while groups of white prisoners were allowed to mix freely together. This contributed to their feelings of differential and negative treatment. Foreign national prisoners also said they did not receive adequate information and advice. Muslim prisoners told us that their specific religious needs were met through the chaplaincy.

**We repeat the recommendation.**

#### 2.2 The prison should take specific steps to address the negative staff culture among health care staff. (HP45)

**Achieved.** We observed a much improved and positive culture among health services staff. The department carried out a quarterly survey of prisoners, which indicated a more positive view of the provision.

#### 2.3 Prisoners should spend less time in their cells. (HP46)

**Partially achieved.** According to the prison's core day routine, a prisoner fully engaged with the regime could be out of his cell for just over nine hours a day during the working week, which was similar to our finding when we last inspected. For those employed part time, about six hours was possible, but unemployed prisoners had less than four hours. The core day was structured to provide domestic time in the morning at first unlock and at mealtimes, which gave prisoners reasonable access to basic amenities and allowed some dining in association. About 1.75 hours association was available during the evening, Monday to Thursday and daytime association was available on Fridays and at weekends. Exercise in the open air was available for about an hour during evenings and the day at weekends. Although recently introduced new rules sought to promote engagement in purposeful activity, we found about 24% of prisoners locked up during the working part of the day. This was disappointing for a training prison but better than the 44% finding when we last visited.

**We repeat the recommendation.**

#### 2.4 There should be sufficient activity places to occupy the population purposefully during the core working day. (HP47)

**Achieved.** There were sufficient activity places for approximately 945 prisoners. Although data were not clear, between 80% and 86% of prisoners seemed to be engaged in purposeful

activity. However, some of those employed in wing jobs were not fully occupied during the day and work activities such as tea bag packing were menial. The number of prisoners accessing education courses had improved significantly from approximately 80 prisoners at our last inspection to around 360.

**2.5 Prisoners should have greater and more targeted access to education and vocational training. (HP48)**

**Partially achieved.** Induction to learning and skills and work activities had improved and prisoners received a thorough introduction from Tribal (careers information and advice service) staff. Individual learning plans were detailed and used well by staff in education to inform prisoners' choices. However, there was insufficient use of learning plans to inform other key areas of learning and skills. Sentence plans were not used effectively to inform work choices.

## **Recommendations**

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### **First days in custody**

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#### **Reception**

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**2.6 The reception area should be refurbished to provide suitable facilities, including private interview rooms, an adequate room to search prisoners, space to deal with prisoners' property and suitable holding rooms. (1.17)**

**Partially achieved.** There had been some structural changes to the reception area and it was now clean and functional, although still unwelcoming. The refurbishment had still not been fully completed, leaving some rooms unused and untidy. There were now four separate, although poorly ventilated, holding rooms, but they contained no reading material or visual information to occupy new arrivals. Prisoners we spoke to complained of staying in the reception area for long periods with nothing to do. There was now a clean and suitable room for strip-searching and adequate space to log and store prisoners' property. However, there were still no private interview rooms and initial induction interviews continued to be held in a public area, although prisoners could be interviewed in a private staff office if necessary.

**We repeat the recommendation.**

#### **First night**

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**2.7 Supervising night staff should know the location of all new arrivals, and make observations appropriately according to individual needs. (1.18)**

**Achieved.** The cells of new arrivals were now clearly marked and could be easily identified by night staff, and there were verbal and written handovers between day and night staff. Night observations were recorded in the observations book.



## **Residential units**

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### **Accommodation and facilities**

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- 2.8 Cells without a separate closet for the in-cell toilet should not be used for double occupancy. (2.20)
- Achieved.** All cells on the eight residential wings were designated for single occupancy.
- 2.9 Standards of cleanliness in communal areas should be improved where necessary and consistently maintained. (2.21)
- Partially achieved.** The older A-D wings had clean landing floors although the walls were dirty, as at our last inspection. The newer E-G wings had clean main landings but the mezzanine landings and stairwells were dirty.  
**We repeat the recommendation.**
- 2.10 The published policy on the display of offensive material should be fully enforced. (2.22)
- Partially achieved.** The comprehensive offensive display policy, which had been reviewed in November 2010, forbade the display of images of full or partial nudity. It was fully adhered to in cells on seven of the wings, but was contravened in two cells on H wing, which displayed female nudity.  
**We repeat the recommendation.**
- 2.11 All telephones on E and F wings should be fitted with privacy hoods. (2.23)
- Not achieved.** There were still two telephones on both E and F wings that had no privacy hoods.  
**We repeat the recommendation.**

### **Clothing and possessions**

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- 2.12 New arrivals should be issued with sufficient clean, suitable and well-fitting clothing without undue delay. (2.25)
- Achieved.** Prisoners were allowed to wear their own clothes, if they had an adequate supply, and prison clothing was provided for those who did not. G wing, which housed new arrivals, had a good stock of new clothing in a variety of sizes. Stock was replenished every two weeks to ensure that new arrivals received adequate prison clothing without undue delay. All prison clothing was suitable and well fitting, and there were laundry facilities on all wings.

### **Hygiene**

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- 2.13 All showers in A-D wings should be effectively screened. (2.24)
- Not achieved.** A-D wings had up to three small shower rooms with two showerheads on each landing. There was a partial central screen between the two individual showers, except for one shower room on each wing. The screen still did not provide privacy for prisoners showering,

and when the door to the shower room was opened prisoners showering in the first cubicle could be seen from the landing.

**We repeat the recommendation.**

### **Personal officers**

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- 2.14 **There should be formal arrangements for the ongoing monitoring and evaluation of the personal officer scheme, in consultation with staff and prisoners, to ensure that standards are maintained and that the expectations on personal officers are clear. (2.38)**

**Achieved.** The quality of personal officer work continued to be good and, as we observed at our last inspection, was based on purposeful and respectful staff-prisoner relationships. A comprehensive policy was about to be reviewed, and the prison had also introduced the 'officer empowerment project' to energise and re-focus personal officer work. The project aimed to define the nature of the relationship between officer and prisoner and ensure the basics of personal officer work were undertaken, including management checks, as well as to develop the role of the personal officer in sentence management, and the effective promotion of the scheme. Most prisoners we spoke to knew who their personal officer was and said that they were helpful. Personal officer entries in P-Nomis files were generally regular and suggested a rounded knowledge of the personal circumstances of prisoners.

### **Bullying and violence reduction**

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- 2.15 **Appropriate senior managers should regularly attend the safer custody committee meeting. (3.13)**

**Achieved.** A comprehensive monthly safer custody meeting covered both violence reduction and suicide and self-harm. It was usually chaired by the safer custody senior officer. The meeting was very well attended by over 30 staff and prisoners. At least three senior managers attended regularly, usually from the residential function but also from a variety of departments.

- 2.16 **The safer custody manager should receive cover for routine absences, as well as administrative support. (3.14)**

**Achieved.** A senior manager had overall responsibility for safer custody, supported by three senior officers – a violence reduction coordinator, suicide prevention coordinator and diversity manager. All three senior officers worked in the same office, understood all three roles and provided cover. A full-time safer custody administration officer provided support.

- 2.17 **A bullying survey should be conducted as a priority and its findings used to inform policy. Subsequent surveys should take place every two years. (3.15)**

**Partially achieved.** There had been a violence reduction survey in 2009 with over 100 responses, but we could find no evidence that its results had been used to inform policy and the current violence reduction team had little knowledge of it. Other than a series of graphs there was no analysis of the findings. A further survey was planned for 2011 but no action had been taken at the time of the inspection.

**We repeat the recommendation.**

- 2.18 **All alleged incidents of bullying should be fully investigated. (3.16)**

**Not achieved.** Alleged incidents were identified through security information reports (SIRs)

and unexplained injury forms (F213s). In 2010/11, 571 incidents had been identified. This was higher than at our last inspection but also included every potential incident; only half of the recorded incidents were due to fights, assaults and threats. Identified incidents were disseminated to the wing senior officers for investigation. Their investigation was quality assured by the violence reduction manager who decided on action for the bully and/or victim. Only 114 of the 571 incidents investigated in 2010/11 were proven. We evaluated 40 investigations and found that five had not been fully investigated and were perfunctory, and further five had missed the deadlines.

**We repeat the recommendation.**

- 2.19 All completed bully and victim monitoring documents should have a quality assurance check by the safer custody manager. (3.17)**

**No longer relevant.** The prison no longer placed bullies and victims on to monitoring logs. If a prisoner was found to have committed a violent or antisocial incident, he was dealt with through the incentives and earned privileges (IEP) scheme.

- 2.20 There should be interventions for persistent bullies and victims of bullying. (3.18)**

**Not achieved.** There were no interventions for persistent bullies or for victims. Victims were supported informally by prisoner violence reduction representatives, but with no quality assurance from staff. Bullies were dealt with through the IEP scheme and/or a range of restrictions. These restrictions ranged from minimising the prisoner's movements through to more punitive and disproportionate measures, such as restricted access to physical education or visits. At the time of the inspection, 17 prisoners were subject to PE restrictions and 15 to visits restrictions.

**We repeat the recommendation.**

- 2.21 Staff should be trained regularly in the violence reduction and anti-bullying strategy. (3.19)**

**Partially achieved.** There was no formal training for staff, although the violence reduction coordinator and a prisoner violence reduction representative held an informal session with staff that explained the violence reduction strategy and the role of the prisoner violence reduction representatives. The prison had trained 59% of staff in this informal training and had a plan to train the remainder.

**We repeat the recommendation.**

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

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- 2.22 Assessment, care in custody and teamwork (ACCT) training for night staff should be provided as part of their induction. (3.32)**

**Not achieved.** The prison's training records for night staff indicated that three had yet to be trained in ACCT.

**We repeat the recommendation.**

- 2.23 The quality of assessor reports and case reviews should be closely monitored to ensure a more consistent standard. (3.33)**

**Achieved.** We evaluated 10 ACCT forms and found that assessor reports included detailed information and a thorough analysis of the current and historical situation for the prisoner in crisis. Case reviews were of good quality, detailing changes to the prisoner's mood and

situation. They contained up-to-date information, trigger factors and potential action to assist those in crisis. Care maps were amended as a result of case reviews. Observational entries were meaningful and evidenced staff engagement with prisoners.

**2.24 ACCT documents should demonstrate a multidisciplinary approach to the care of prisoners at risk. (3.34)**

**Partially achieved.** During the previous six months, 55 ACCT documents had been opened, of which 17 were due to the prisoner threatening self-harm or suicide and 23 to an actual act of self-harm. The ACCT forms that we evaluated indicated that it was mostly wing staff who managed the care of prisoners at risk. However, we found two instances where drug specialists and the safer custody manager attended reviews. There was limited input from the chaplaincy department. Observational entries were good quality and indicated that staff interacted well with prisoners in crisis.  
**We repeat the recommendation.**

**2.25 Health care staff should attend ACCT case reviews, as required. (3.35)**

**Achieved.** Although a member of the health care team did not routinely attend ACCT case reviews, in the ACCT documents we evaluated they had been present at the required case review where a need for health care input had been identified.

**2.26 The crisis suite on G wing should be developed as planned. (3.36)**

**Achieved.** The crisis suite on G wing had been developed and in operation since the wing had opened. It was large enough for a bed and soft furniture, and had drinks-making facilities. There were 22 trained Listeners who worked on a rota for call outs. Although Listeners told us that they used the crisis suite, the prison did not keep any records of its use.

**2.27 All permanent night staff should carry an anti-ligature device and be trained in its use. (3.37)**

**Partially achieved.** All night staff who we observed carried anti-ligature devices on their person. However training records indicated that not all permanent night staff had been trained in their use.  
**We repeat the recommendation.**

### **Applications and complaints**

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**2.28 Details about applications and complaints should be publicised in a range of languages. (3.83)**

**Partially achieved.** We were told that applications and complaints were covered in the induction programme and described in the information booklet for new arrivals, which was available in a range of languages. The information about complaints and applications displayed on wing notice boards was only in English.

**2.29 Wing staff should chase up unanswered applications; under normal circumstances, these should be dealt with within three working days. (3.84)**

**Partially achieved.** Each wing maintained a log of applications that recorded the date they were received and the department they were sent to, but not the date that they were responded to. Applications dealt with by wing staff were generally processed within appropriate

timescales but we were not assured that those that left the wing were always dealt with so quickly. We were told that staff did not routinely chase up unanswered applications and would only know there was a problem if the prisoner raised it with them. Some staff told us they advised prisoners to submit a complaint form rather than help them to chase the response, which was unnecessary. Prisoners we spoke to were dissatisfied with the timeliness of responses to some applications.

**2.30 The triplicate application forms used on A wing should be introduced across the establishment. (3.85)**

**Achieved.** Prisoners on all wings now had ready access to the triplicate application forms.

**2.31 Cash disbursements should be processed promptly. (3.86)**

**Partially achieved.** Some prisoners were still dissatisfied with the way in which cash disbursements were processed, and many told us they continued to experience significant delays. When cash disbursement forms left the wing they were sent to the censors before they were processed by the cashier. As a response to misuse of the system, any request for a transaction over £100 went to a governor for approval. This led to some delays but most forms were processed within a reasonable time. Some problems appeared due to the inexperience of wing staff who sent incomplete forms to the censors or other departments.

**We repeat the recommendation.**

### **Legal rights**

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**2.32 The number of trained staff in legal services should be increased, and there should be adequate cover arrangements to meet the needs of prisoners. (3.92)**

**Achieved.** There were two trained officers in place. Although they had no profiled allocated time for legal services, there was minimal prisoner need for their services.

### **Substance use**

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**2.33 Psychosocial support during detoxification regimes should be developed and implemented. (3.102)**

**Achieved.** A good range of psychosocial support had been developed and implemented. This included the full programme offered by the integrated drug treatment system (IDTS) team and the range of services from the counselling, assessment, referral, advice and throughcare service (CARATs) team. At the time of our inspection there were 10 prisoners on the detoxification programme. They were all also offered one-to-one sessions for both detoxification and maintenance.

**2.34 All prisoners completing detoxification should be able to access a range of ongoing support, including one-to-one work and groupwork. (3.103)**

**Achieved.** Prisoners who completed detoxification programmes were reviewed and informed of the range of services. The services had been extended and included one-to-one support as well as groupwork.

**2.35 Mandatory drug testing figures should be analysed by wing each month to evaluate patterns of use and demand. (3.104)**

**Achieved.** Mandatory drug testing (MDT) data were analysed monthly with figures for each wing. Monthly security meetings used the data appropriately to identify patterns of use and demand in different areas of the prison. The MDT positive rate for the year to date was 4.76% against a target of 9.5%. There were 430 prisoners on compact based drug testing (CBDT), with the majority on H wing.

**2.36 Suspicion drug tests should be undertaken within three days of submission of a relevant security information report. (3.105)**

**Achieved.** All suspicion drug tests were performed within three days of receiving relevant intelligence. In the previous six months there had been 684 suspicion tests, with only a 10.67% positive rate. This was a high number of tests but with such a low positive rate it was questionable whether the level or quality of intelligence gathered was sufficient.

### **Race equality**

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**2.37 Links with external race and cultural groups should be established. (3.59)**

**Not achieved.** External race and cultural groups still did not attend the bimonthly diversity team meetings and there was no external involvement in the development of the strategic direction of diversity and race equality in the establishment. There were some links with local faith groups and an expert in black history, but contact was limited.

**We repeat the recommendation.**

**2.38 Racist incident report forms should be freely available. There should be a separate locked box for prisoners to submit these, which should only be accessed by the race equality officer (REO) or his representative. (3.60)**

**Achieved.** All wings had discrimination incident report forms (which had replaced racist incident report forms), and completed forms were posted into a separate box, which was opened every other day by the diversity manager or a representative who was not a wing officer. The number of completed forms had doubled since the last inspection, which the diversity manager believed was due to their greater accessibility. All investigations were carried out by the diversity manager and signed off by the governor, with 20% of completed investigations viewed by an external scrutineer.

**2.39 All complaint and request forms that refer to incidents of racism should be passed to the REO for investigation. (3.61)**

**Achieved.** The complaints clerk now passed all complaints forms that referred to incidents of racism on to the diversity manager for investigation.

**2.40 Groups of black and minority ethnic prisoners should be enabled to meet together with prisoner representatives to discuss issues of importance to them and to air their views. These views should be reported to the race equality action team, and action taken should be fed back to black and minority ethnic prisoners. (3.62)**

**Not achieved.** There were 26 diversity representatives from across the wings, and they consistently attended the diversity team meeting (although staff attendance at the meetings was erratic). However in our focus group with black and minority ethnic prisoners, which included some diversity representatives, prisoners said that they still did not have enough time to discuss important issues with diversity representatives. Notes of the diversity meeting

indicated that there was very little discussion on issues raised by prisoners, and all those in our focus group said that they felt that when issues were raised, the establishment did not adequately address them.

**We repeat the recommendation.**

**2.41 Diversity training should be introduced for all staff. (3.63)**

**Partially achieved.** There was an ongoing programme of 'challenge it, change it' diversity training and the proportion of staff completing this course has increased since our last inspection, with 70% of the senior management team and 49% of other staff trained. The diversity manager had plans to introduce cultural awareness training for staff.

**We repeat the recommendation.**

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**Prisoners with disabilities and older prisoners**

**2.42 There should be a local policy document that outlines all arrangements for assessing and managing older prisoners. (3.45)**

**Not achieved.** The Sheppey prison cluster draft policy for older prisoners had not been implemented, and was not specific about the arrangements for assessing and managing older prisoners at Swaleside. A bimonthly open forum for older prisoners and those with disabilities had started in February 2011, and prisoners were able to raise some important issues on their care. However, it was unclear how matters raised were dealt with, as the diversity team meeting did not discuss older prisoners and those with disabilities. The establishment's 2010/12 equalities action plan did not cover specific action to meet the needs of older prisoners.

**We repeat the recommendation.**

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**Sexual orientation**

**2.43 There should be procedures to ensure that the specific needs of gay prisoners are met systematically. (3.46)**

**Not achieved.** There was no separate policy on sexual orientation and still no procedures to ensure that the specific needs of gay prisoners would be met. The equalities action plan did not cover specific action to meet the needs of gay prisoners, and sexual orientation was not discussed at the diversity team meeting. Gay prisoners had been invited to a forum in 2009, but there had been very poor attendance and the forum no longer ran.

**We repeat the recommendation.**

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**Health services**

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**General**

**2.44 The new outpatient department should provide privacy and decency for all prisoners undergoing treatment. (4.54)**

**Achieved.** Following the move back to the newly refurbished health care centre, prisoners had access to a good outpatient department with the facilities to ensure privacy and decency for all those undergoing treatment.

- 2.45 **The reception medical room should be redecorated, and handwashing facilities and an emergency bell provided. (4.61)**

**Achieved.** Health care staff had access to a separate health care room in reception. It was adequate for the initial reception screening of prisoners, had been redecorated and contained an appropriate sink. There was an emergency bell in easy reach of the desk.

- 2.46 **A health promotion lead, including oral health, should be identified from within the prison team. (4.56)**

**Achieved.** The senior primary care lead nurse was responsible for delivering the health promotion strategy and there was also a governor lead for the cluster. Health promotion literature was available and the department provided additional events to follow national campaigns. Communicable disease management was well established. Dental services had given oral health promotion to patients.

- 2.47 **A named health care worker should be identified to oversee health services for older prisoners. (4.57)**

**Achieved.** A senior primary care mental health nurse provided the lead for the care of older prisoners. He also shared his skills with other members of the health care team.

### **Clinical governance**

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- 2.48 **The staff and skill mix review should ensure that there are sufficient junior, senior and appropriately qualified nursing, nursing support and administrative staff to deliver health services in a timely and professional manner, and that health care workers receive continuing managerial and professional support. (4.51)**

**Achieved.** The cluster of prisons had been re-profiled and this had been informed by the annual health needs assessment and a workforce development plan. There was a good skill mix of staff with three vacancies at the time of our inspection. Staff were appropriately qualified to deliver the range of services for the prison population. There were sufficient administrators to support the delivery of care, and there was managerial support at a senior level within the cluster.

- 2.49 **Staff should be strongly encouraged to participate in clinical supervision, and given protected time to allow participation. (4.52)**

**Not achieved.** We were informed that some clinical supervision had been provided following our last inspection but this was no longer the case. Some staff were about to attend training in the development and provision of clinical supervision with the intention to roll out the programme in July 2011.

**We repeat the recommendation.**

- 2.50 **All health care staff should be trained in the new computerised patient management system, and there should be a time limit for training and the full implementation of the system. (4.55)**

**Achieved.** The electronic patient management system, SystemOne, had been established for 18 months before our inspection and all staff had been trained to use it. All patients had their clinical record on the new system, and there was a process of archiving and transferring records from the old paper records and the previous electronic record.



- 2.51 **There should be a regular dedicated health care forum, led by a senior clinician, to address the general health concerns of prisoners. (4.58)**

**Achieved.** The health care manager held a monthly health care forum for prisoners where they could discuss health care issues with some privacy. All the prison wings were represented and all prisoners received feedback from the meetings. Following establishment of the forum, the number of health care complaints had reduced significantly.

### **Primary care**

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- 2.52 **Prisoners should not be denied access to any health services unless there is robust evidence to support this decision. (4.53)**

**Achieved.** Prisoners had good access to primary care health services with a range of procedures to monitor delivery, including the health care application process, health care forum and the electronic patient record. This was also overseen by the clinical governance group, which reported to the partnership board while maintaining the health care delivery plan.

- 2.53 **Triage algorithms should be developed to ensure consistency of advice and treatment to all prisoners. (4.59)**

**Not achieved.** Some nursing staff had been trained in triage skills and all used the same evidence provided by the same training service. Triage algorithms had not been developed to ensure consistency of advice and treatment.

**We repeat the recommendation.**

- 2.54 **There should be a robust and confidential health care application system using health-specific application forms and locked health care boxes on all wings. These boxes should only be opened by health care staff. (4.60)**

**Achieved.** The health care application system had been significantly developed. Prisoners could make health care applications on specific forms and post them in the health care boxes on each wing and at the health care centre entrance. Health care staff emptied the boxes daily.

### **Pharmacy**

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- 2.55 **All prescriptions (including controlled drugs) should be legally written and include the quantity and date prescribed, and be signed by the prescriber. (4.67)**

**Achieved.** All prescribing was managed using the electronic patient management system. All prescriptions were legally written and signed by the GP as the prescriber.

- 2.56 **The in-possession risk assessments of each drug and patient should be documented and the reasons for that decision recorded. (4.68)**

**Achieved.** A good proportion of patient medications were given in possession. All patients were risk assessed before they were given any medication and this was well documented.

- 2.57 **All medicine trolleys should be secured to the fabric of the building when not in use. (4.71)**

**Achieved.** All medicine trolleys were secured appropriately to the wall when not in use.

## Dentistry

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### 2.58 Additional dental sessions should be introduced to reduce the dental waiting list. (4.69)

**Not achieved.** Additional dental sessions had not been introduced and prisoners continued to have very long waits to see a dentist for routine treatment. At the time of our inspection, there were three dental sessions a week, which was insufficient to meet demand. There were over 250 patients on the waiting list for routine care. A new contract for dental services had been agreed and was due to provide 10 sessions fortnightly.

**We repeat the recommendation.**

## Inpatient care

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### 2.59 All inpatient beds should be removed from the certified normal accommodation. (4.62)

**Not achieved.** All inpatient beds remained on the certified normal accommodation. We were informed that patients were only admitted according to health care needs. At the time of our inspection, there were 13 inpatients all of whom were appropriately accommodated to manage their health problems.

**We repeat the recommendation.**

### 2.60 There should be two health care staff on night duty, including at least one registered nurse. (4.63)

**Not achieved.** There continued to be only one registered nurse on duty at night, supported by an operational support grade.

**We repeat the recommendation.**

### 2.61 The inpatient treatment room should have handwashing facilities. (4.64)

**Achieved.** The inpatient treatment room had been refurbished along with the rest of the health care centre and was well equipped, including suitable handwashing facilities.

### 2.62 There should be daycare facilities providing constructive activity for inpatients and those less able to cope with life in the main prison. (4.65)

**Not achieved.** There were no facilities for daycare to provide constructive activity for prisoners less able to cope with life in the main prison. The inpatient facility provided a limited range of activities for patients.

**We repeat the recommendation.**

### 2.63 Inpatients should have facilities to dine out of cell. (4.66)

**Achieved.** Inpatients had the opportunity to dine out, but we were informed that most chose to eat their meals in their cells.

### 2.64 The inpatient exercise area should be refurbished to provide a more therapeutic environment. (4.70)

**Not achieved.** The inpatient exercise area was not well maintained. Murals had been painted and there were seating areas but the flowerbeds were neglected and the area could not be

considered therapeutic.  
We repeat the recommendation.

### **Time out of cell**

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- 2.65 **Methods for calculating time out of cell should accurately reflect the reality for prisoners. (5.43)**

**Not achieved.** The prison's management information indicated that about 8.5 hours a day out of cell was available for a typical prisoner. Assuming no slippage in the routine, the core day only enabled a maximum of 9.15 hours during the working week, reducing to just over seven hours on Fridays and weekends. As not all prisoners achieved full access, it was difficult to see how 8.5 hours reflected the average.

We repeat the recommendation.

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

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#### **Leadership and management**

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- 2.66 **The prison should develop a clear and realistic strategy for learning and skills in line with the overall strategy for reducing reoffending, with sufficient teaching and specialist management staff to implement this. (5.18)**

**Partially achieved.** The recently developed learning and skills strategy was strongly committed to establishing clear priorities and a more coordinated approach to the provision. Following the long absence of a full-time head of learning and skills, a new member of staff had been employed and was due to start in this role. Other key roles and responsibilities had now been established to improve provision for reducing reoffending. The quality improvement group, which had not met for over a year, had just been re-started. The group had recognised the importance of gathering clear information on prisoners' needs to inform the overarching strategy, and a prisoner needs analysis survey was due to be completed. Staff in education and PE had developed some clear pathways and progression routes for prisoners and planned to review these when the needs analysis had been concluded.

- 2.67 **There should be better analysis and use of meaningful data to manage and evaluate the learning and skills provision. (5.19)**

**Partially achieved.** There remained insufficient use of data across the learning and skills provision to clearly identify issues and trends and inform improvements. The collection and analysis of education and PE data had improved since the last inspection although this was used in isolation. Data from across learning and skills was not coordinated and used effectively to manage and evaluate the overall provision.

- 2.68 **The prison should introduce the revised pay policy for prisoners as soon as possible. (5.21)**

**Achieved.** A new pay policy had been introduced following the last inspection and had been revised since to reflect changes in jobs. Although session payment for jobs varied, most prisoners had similar weekly earnings. Piecework payments for some contract work had been capped to ensure prisoners were not disadvantaged from doing education courses.

## **Induction**

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- 2.69 Prisoner allocations to work, learning and skills activities should take account of their sentence planning objectives. (5.20)

**Not achieved.** New senior managers had quickly identified that there had been little action to address this recommendation, but recent action to rectify this had not yet brought improvements. There were some newly appointed key staff and the new head of learning and skills was due to start shortly. They had a clear remit for ensuring allocations to work and learning and skills activities were better coordinated and took full account of prisoners' sentence plans and resettlement needs.

**We repeat the recommendation.**

## **Work**

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- 2.70 There should be more opportunities for prisoners in work to receive training and accreditation, where appropriate. (5.17)

**Not achieved.** There continued to be too few prisoners accessing accredited vocational training with only around 55 prisoners on courses. Most vocational training was only available at level 1, which did not provide sufficient progression for longer-term prisoners. The Prisons Information Communications Technology Academy (PICTA), which had previously offered a wide range of information and communication technology (ICT) courses, had now closed. New provision in woodwork had been added but this only provided qualifications to a small number of prisoners, mostly at level 1. Useful vocational skills were gained in the kitchen, print shop and engineering, although this work was not accredited. Work-related skills, such as punctuality and communicating with others, were not formally recognised.

**We repeat the recommendation.**

## **Library**

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- 2.71 The work of library orderlies should be accredited to an appropriate level. (5.22)

**Not achieved.** The three full-time library orderlies were highly experienced, and one had been in the role for several years, but they were offered no relevant qualifications to accredit their work.

**We repeat the recommendation.**

- 2.72 Plans to expand the library should include adequate private study space. (5.23)

**Achieved.** The library had been moved and now allowed easier access for all prisoners. It was bright and spacious and provided suitable private study areas and a wider range of books and other learning materials. A DVD lending section for enhanced prisoners had encouraged greater use of the facility.

## **Physical education and health promotion**

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- 2.73 There should be a well-planned regular maintenance programme for PE equipment, with a replacement programme for large and expensive items. (5.32)

**Achieved.** There was a detailed annual programme of maintenance and equipment replacement, which clearly identified the full range of equipment with its expected life expectancy and replacement costs. There was now an annual budget for maintenance and replacement, broken down into quarterly targets. This spread costs throughout the year and ensured equipment was regularly maintained or replaced when needed. Equipment was in good working order, and new cardiovascular equipment had been purchased since the last inspection.

## **Security and rules**

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- 2.74 **Prisoners should not be placed routinely in escape clothing when they are found in possession of a camera mobile telephone, unless there is clear evidence of a risk of escape. (6.12)**

**Achieved.** Following a change to the management structure of the security team in April 2011, the criteria for placing prisoners on the escape list had been reviewed. Prisoners were no longer routinely placed in escape clothing for being found in possession of a camera mobile telephone. This was appropriate and reflected a more measured and proportionate approach to the management of security, while considering the complex risks posed by the prison's population. However, the information booklet for new arrivals still stated that: 'The use or possession of phones or any phone accessory when caught will put you in patches and possibly classed as an escapee.'

## **Discipline**

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### **Disciplinary procedures**

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- 2.75 **Writing materials and an explanation of the hearing should be provided for prisoners in adjudications. (6.23)**

**Achieved.** Although there were no writing materials in the adjudication room, staff and prisoners told us that they were available on request. Documentation issued to prisoners the evening before their adjudication explained the process, and staff could respond to procedural queries.

- 2.76 **Disciplinary charges should be laid in a timely manner. (6.24)**

**Achieved.** We sampled 20 completed records of adjudications and found that all charges had been laid within required timescales. Where hearings were adjourned there was a good system for following them up to ensure that they were heard within a reasonable time. Evidence showed that hearings not concluded within approximately two months were dismissed appropriately for not being dealt with in a timely manner. However, the records we reviewed showed insufficient exploration of charges before a finding of guilt, and mitigation, where offered, was not always taken into consideration. Awards were broadly fair.

## **The use of force**

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- 2.77 **F213 (injury to inmate) forms should be photocopied in full and always held with use of force files. (6.25)**

**Not achieved.** The second side of the F213 was still not photocopied and therefore only the first page was held with the use of force records. We were told, inaccurately, that this was because the information was considered medically confidential.

**We repeat the recommendation.**

**2.78 Prisoners should be debriefed following the use of force, and exchanges recorded on use of force paperwork. (6.26)**

**Not achieved.** Prisoners told us that they were not routinely spoken with following an incident where force was used against them. Records of use of force did not indicate any exchanges with prisoners following use of force incidents, and managers told us that this was not a routine practice.

**2.79 Planned removals should be videoed to enable management checks, external monitoring and staff development. (6.27)**

**Achieved.** Planned removals were now routinely recorded. Films that we reviewed were of a reasonable quality. There was evidence that some films had informal quality assurance and that some identified issues were addressed with individual staff or covered by control and restraint instructors during staff training. We were, however, concerned by the apparent unjustified and, in some cases, unnecessary location of too many prisoners described as compliant in special accommodation, sometimes for excessive periods; this appeared potentially punitive.

### **Segregation unit**

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**2.80 Prisoners entering the segregation unit should only be strip searched if a risk assessment determines that this is necessary. (6.28)**

**Not achieved.** Although we were told that prisoners entering segregation were only strip-searched when deemed necessary by a risk assessment, we were not assured that this was the case. Records we sampled showed that all prisoners were strip-searched regardless of the reason for their location in the segregation unit. Prisoners and most staff told us that it was customary for all new arrivals in the segregation unit to be strip-searched and have their own clothes removed and replaced with prison-issue clothing.

**We repeat the recommendation.**

**2.81 Communal areas of the segregation unit should be cleaned thoroughly. (6.29)**

**Achieved.** Communal areas of the segregation unit were very clean. Its designation as a no-smoking facility, which was welcomed by some prisoners, had contributed to its cleanliness.

**2.82 Segregation unit wing history sheets should detail the frequency and content of contact with prisoners by staff and visitors. (6.30)**

**Partially achieved.** The daily history sheets maintained on each resident in the segregation unit detailed visits by the duty governor, health care staff, chaplain and Independent Monitoring Board, but entries were mostly observational and did not reflect any meaningful engagement between segregation unit staff or other visitors to the unit and prisoners, although we observed respectful relationships between staff and prisoners. P-Nomis case notes were not widely used to record any engagement with prisoners in the segregation unit.

**We repeat the recommendation.**

**2.83 Education staff should visit the segregation unit regularly to ascertain the need for in-cell education. (6.31)**

**Partially achieved.** Education staff visited the segregation unit regularly and engaged with some prisoners but in-cell education was not available for all residents. Some prisoners told us that despite lengthy stays in the segregation unit, no member of the education team had visited them. Prisoners who requested engagement with the education team were, however, offered a good service.

**We repeat the recommendation.**

**2.84 Targets for prisoners should be set and reviewed at segregation review meetings. (6.32)**

**Not achieved.** Documents that authorised the segregation of prisoners were often incomplete or poorly completed. The majority of those we sampled had no targets and, where set, targets were perfunctory. Targets were not consistently reviewed at subsequent meetings and were often meaningless to prisoners. Facilities offered to prisoners were set at the review meetings; it was inappropriate that prisoners could not shower or use the telephone daily.

**We repeat the recommendation.**

## **Catering**

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**2.85 Notes of the catering consultative meeting should be formalised and distributed to each wing. (7.9)**

**Achieved.** Although there was no dedicated catering consultative committee, catering was discussed at the full bimonthly prison consultative committee and issues relating to food and catering were referred to the catering manager. The catering manager was not, however, a regular attendee. The minutes of meetings were circulated.

**2.86 Food comments books should be available. (7.10)**

**Not achieved.** Food comments books were available on most wings but were usually out of sight and rarely used. There was little evidence that they were read or used as a meaningful communication.

**We repeat the recommendation.**

**2.87 Self-cook areas should be regularly cleaned and checked by staff. (7.11)**

**Partially achieved.** Prisoners greatly valued the opportunity of being able to cook for themselves. However, the cleanliness of the self-cook areas varied greatly from wing to wing, with better conditions on the newer wings where there were fewer prisoners per kitchen. Each self-cook area had orderlies responsible for general cleaning, and most wings had tick box cleaning schedules, although some displayed more detailed cleaning schedules. Scrutiny and management checks were, however, varied and essentially informal. We were told that managers would close self-cook areas on the spot if standards were not maintained, although in practice this was a consequence of general management inspections.

**We repeat the recommendation.**

**2.88 Fridges and chest freezers used by prisoners should be regularly cleaned, defrosted and checked by staff. (7.12)**

**Achieved.** A weekly tick box check was recorded on the wing cleaning schedule. Checks were the responsibility of the cleaning officer.

- 2.89 Prisoners using self-cook areas should be briefed on safe food storage and handling procedures. (7.13)

**Achieved.** All prisoners were now required to take a food safety level 1 course as part of their induction. There had been 100 successful completions since this had started.

### **Prison shop**

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- 2.90 Prisoners should not have money deducted from their account for out-of-stock shop items. (7.22)

**Achieved.** With the introduction of the national DHL contract for the provision of shop services, this concern appeared to have been rectified. Refunds for out-of-stock catalogue orders were made the day it was confirmed the item was unavailable.

- 2.91 Cluster arrangements should be improved to ensure that catalogue orders are processed and delivered without undue delay. (7.23)

**Achieved.** Prisoners could make orders from an extensive list of catalogues on a 'facility list order form'. Such orders were approved by reception staff and referred to the cluster team based in HMP Standford Hill. There was a commitment to ensure delivery within 28 working days of the order being placed. A weekly spreadsheet was circulated to wings listing orders that had been placed as well as notes, such as the unavailability of items or refunds.

### **Resettlement**

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### **Sentence planning and offender management**

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- 2.92 The two-tier model for completing offender assessment system (OASys) assessments and sentence management should be replaced by high quality and consistent sentence management of all prisoners, driven by an appropriately resourced offender management unit. (8.17)

**Partially achieved.** Until April 2011, offender management arrangements had been clustered with the other prisons on the Isle of Sheppey. Some centralised services remained and were covered in a rehabilitation strategy. Offender management had, however, been de-clustered and each prison was responsible for delivery of its own arrangements. Swaleside currently had no strategy but there had been progress on plans to develop an effective offender management unit to meet the needs of its prisoners. We were assured that the plans would result in consistent sentence management arrangements.

- 2.93 All OASys assessments and sentence management were delivered by a dedicated group of trained staff – although there were acute staffing shortages – and all prisoners at Swaleside received some sentence management. The eight officer offender supervisors were systematically tackling the considerable backlog of OASys but 194 assessments still required review. There were approximately 300 prisoners in scope for offender management and each offender supervisor carried a caseload of around 60 prisoners. Three probation officers were responsible for public protection and the completion of reports for the 455 life-sentenced and 224 indeterminate-sentenced prisoners but not for completion of their OASys assessments. Two senior officers conducted sentence planning boards and were striving for a more purposeful and multidisciplinary approach. Regular offender management surgeries had



recently commenced on all residential units and allowed offender supervisors to meet prisoners informally and identify and address issues.

## **Categorisation**

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### **2.94 Arrangements should be made for the expeditious transfer of category C prisoners from Swaleside. (8.18)**

**Not achieved.** There were approximately 270 category C prisoners at Swaleside, which had peaked earlier in 2011 at 330. The prison was aware that it was unsuitable for prisoners of this category and had made considerable efforts to move them on to more appropriate establishments, but was hindered by the national population pressures on the category C estate. The prison was also having difficulty in moving on its 25 category D indeterminate-sentenced prisoners to more appropriate prisons. It had been told that there were 12-18 month waiting lists for spaces to move these prisoners, which was disproportionate and prevented their progress. A category C unit had been set up in Swaleside but had not led to changes to test prisoners in lower security conditions and had been decommissioned with no plans to reinstate it.

**We repeat the recommendation.**

## **Resettlement pathways**

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## **Education, training and employment**

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### **2.95 There should be better displays and promotion of information on work, education and vocational training courses. (8.27)**

**Achieved.** Education, work and vocational training courses were better promoted through induction and Tribal, the careers information and advice support service. Notice boards had started to be set up on the wings that displayed clear information for prisoners on the options available.

### **2.96 The time that prisoners wait to access learning and skills should be reduced. (8.28)**

**Partially achieved.** Most prisoners could get into learning and skills and other purposeful activity shortly after their induction, although this remained slow for some. There were still long waiting lists for jobs and vocational training courses, which were difficult to manage effectively. However, managers had recognised the need to improve this and develop the allocation of prisoners to purposeful activity. The completion of security risk assessments had improved and most were now completed within a week of notification.

### **2.97 There should be clear guidelines and procedures for prisoners who wish to become peer tutors. (8.29)**

**Achieved.** There continued to be good use of peer tutors across many areas of the prison, including the gym and in education. PE staff had introduced a clear protocol with brief guidance on the role for their own peer tutors and education had developed a similar document, with plans to share this through the newly convened quality improvement group. The education department now offered new peer tutors an accredited level 2 course to prepare them to support learning. Thirty prisoners had completed this successfully since January 2011.

## **Finance, benefit and debt**

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- 2.98 The provision of finance, benefit and debt services should be more proactive and strategic, taking the assessed needs of prisoners into account. (8.30)

**Not achieved.** There had been no assessment of prisoner need for this provision. Shelter had provided financial services to prisoners until March 2011 when it had been replaced by an officer with no formal training in financial management. New arrivals with identified problems with finance were referred to one of the two prisoner peer supporters trained to national vocational qualification level 3 in information, advice and guidance. Records of outcomes achieved under this pathway were not routinely recorded. No specialist financial or debt advice was provided. When needed, advice on benefits was provided by Jobcentre Plus staff from HMP Elmley, who also interviewed prisoners before their release if required. The education department had not delivered its financial literacy course since the summer of 2010 but Tribal ran a transition to work course, which included elements of financial management. **We repeat the recommendation.**

## **Drugs and alcohol**

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- 2.99 The prison drug strategy should be informed by an annual needs analysis of the Swaleside population. (8.42)

**Achieved.** The most recent annual needs analysis had been completed in September 2010 and had been used to inform the development and production of the drug strategy for 2010/11.

- 2.100 Where the 12-step model is not appropriate, prisoners should be able to access alternative groupwork. (8.43)

**Achieved.** The 12-step model continued to be offered by RAPt (Rehabilitation of Addicted Prisoners trust). In addition, prisoners could now access alternative groupwork through P-ASRO (prison addressing substance related offending), the short duration drug programme (SDP) and a five-week building skills for recovery course.

- 2.101 The drug strategy should include annual development objectives that are monitored through the drug strategy group. (8.44)

**Achieved.** The drug strategy included both current developments and future plans with relevant objectives. Future planning and monitoring of objectives were standing agenda items for the drug strategy group.

- 2.102 All prisoners should be able to access the full counselling, assessment, referral, advice and throughcare (CARAT) provision including, where appropriate, structured one-to-one work and post-programme support. (8.45)

**Achieved.** The CARAT service had been enhanced and now included four CARAT workers who provided a full service for all prisoners. Support included one-to-one consultations, relapse prevention groups and the psychosocial element of the IDTS programme. All clients received a 12-week follow up. At the time of our inspection, there were 134 prisoners in treatment.

- 2.103 All CARAT workers should receive monthly supervision and casework management, and should be supported in their personal development through the implementation of an appropriate DANOS programme of assessment and evaluation. (8.46)

**Achieved.** All CARAT workers received one-to-one supervision from their line manager, and there had been personal development courses in addiction behaviour management and CARAT worker initial training. The drug strategy was underpinned by the drugs and alcohol national occupational standards (DANOS).

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

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- 2.104 Visitors should be able to book future visits while they are at the prison. (8.56)

**Achieved.** Visitors could now book future visits while in the prison, although some prisoners in our focus groups were not aware of this facility.

- 2.105 Visitor surveys should take place annually. (8.57)

**Partially achieved.** There has been a visitors' survey in 2010, although it was not clear if the results had been analysed and acted upon. There was a visitors' comments book in the visitors' centre, but there were very few entries and comments showed no particular themes. **We repeat the recommendation.**

- 2.106 Visits should start on time and last for the published duration. (8.58)

**Not achieved.** Weekday visits never commenced at the stated time of 2pm. We observed some visitors coming to the visits room at 2.30pm and were told that this could occasionally be later. Staff in the visitors' centre said that late starting times was the most common verbal complaint from visitors. Prisoners said that visits ended at the time allotted. **We repeat the recommendation.**

- 2.107 Family visits should be available to all prisoners, not just those on enhanced status. (8.59)

**Not achieved.** The quarterly family days were still only available to prisoners on enhanced status, rather than allocated according to need. The security department would consider applications from prisoners not on enhanced status if a benefit was apparent, but this was not known by the team organising the days and therefore did not happen. **We repeat the recommendation.**

- 2.108 The visitors' centre should be cleaned every day. (8.60)

**Achieved.** The visitors' centre was a clean, tidy and welcoming facility, and was cleaned every day. It had a good selection of reading and informative material for visitors, and visitors made favourable written comments about their treatment by the centre staff.

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

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- 2.109 If the cognitive self-change programme is to be dropped at Swaleside, there should be alternative arrangements for prisoners assessed as requiring this intervention. (8.68)

**Not achieved.** Swaleside had ceased facilitating the cognitive self-change programme (CSCP)

and arrangements to move suitable prisoners to one of the remaining four delivery sites were problematic due to long waiting lists, over which the prison had no control. Swaleside staff continued to conduct initial assessments for the programme and eight were pending. If a prisoner was suitable for the programme he was referred for a further assessment. At the time of the inspection, 21 prisoners were on the waiting list. There was no alternative programme in Swaleside for those identified as requiring CSCP.

**2.110 The Kainos programme should be incorporated formally into the establishment's reducing reoffending strategy. (8.69)**

**Not achieved.** The rehabilitation strategy for the Sheppey group of prisons included a section about attitudes, thinking and behaviour but did not refer specifically to Kainos (a Christian charity providing community-based 'challenge to change offending'). Swaleside did not have its own reducing reoffending strategy. The Kainos programme had been accredited in 2011 and had a target of 40 completions a year. Before its accreditation, the programme had run in isolation but it was now included in the interventions team and had reasonable outcomes for prisoners. Twenty-six prisoners had completed the programme shortly before the inspection and a further programme was due to start in August 2011.

**We repeat the recommendation.**

## Section 3: Summary of recommendations

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

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<b>Main recommendations</b>	<b>To the governor</b>
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- |     |  |
|-----|--|
| 3.1 | The prison should develop a strategy to address the negative perceptions of treatment among black and minority ethnic prisoners. (2.1) |
| 3.2 | Prisoners should spend less time in their cells. (2.3)   |

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<b>Recommendations</b>	<b>To the governor</b>
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<b>First days in custody</b>
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- |     |  |
|-----|--|
| 3.3 | The reception area should be refurbished to provide suitable facilities, including private interview rooms, an adequate room to search prisoners, space to deal with prisoners' property and suitable holding rooms. (2.6) |
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<b>Residential units</b>
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- |     |  |
|-----|--|
| 3.4 | Standards of cleanliness in communal areas should be improved where necessary and consistently maintained. (2.9) |
| 3.5 | The published policy on the display of offensive material should be fully enforced. (2.10)                       |
| 3.6 | All telephones on E and F wings should be fitted with privacy hoods. (2.11)                                      |
| 3.7 | All showers in A-D wings should be effectively screened. (2.13)  |

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<b>Bullying and violence reduction</b>
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|------|--|
| 3.8  | A bullying survey should be conducted as a priority and its findings used to inform policy. Subsequent surveys should take place every two years. (2.17) |
| 3.9  | All alleged incidents of bullying should be fully investigated. (2.18)   |
| 3.10 | There should be interventions for persistent bullies and victims of bullying. (2.20)   |
| 3.11 | Staff should be trained regularly in the violence reduction and anti-bullying strategy. (2.21)   |

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<b>Self-harm and suicide</b>
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- |      |  |
|------|--|
| 3.12 | Assessment, care in custody and teamwork (ACCT) training for night staff should be provided as part of their induction. (2.22) |
|------|--|

- 3.13 ACCT documents should demonstrate a multidisciplinary approach to the care of prisoners at risk. (2.24)
- 3.14 All permanent night staff should carry an anti-ligature device and be trained in its use. (2.27)

### **Applications and complaints**

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- 3.15 Cash disbursements should be processed promptly. (2.31)

### **Diversity**

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- 3.16 Links with external race and cultural groups should be established. (2.37)
- 3.17 Groups of black and minority ethnic prisoners should be enabled to meet together with prisoner representatives to discuss issues of importance to them and to air their views. These views should be reported to the race equality action team, and action taken should be fed back to black and minority ethnic prisoners. (2.40)
- 3.18 Diversity training should be introduced for all staff. (2.41)
- 3.19 There should be a local policy document that outlines all arrangements for assessing and managing older prisoners. (2.42)
- 3.20 There should be procedures to ensure that the specific needs of gay prisoners are met systematically. (2.43)

### **Health services**

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- 3.21 Staff should be strongly encouraged to participate in clinical supervision, and given protected time to allow participation. (2.49)
- 3.22 Triage algorithms should be developed to ensure consistency of advice and treatment to all prisoners. (2.53)
- 3.23 Additional dental sessions should be introduced to reduce the dental waiting list. (2.58)
- 3.24 All inpatient beds should be removed from the certified normal accommodation. (2.59)
- 3.25 There should be two health care staff on night duty, including at least one registered nurse. (2.60)
- 3.26 There should be daycare facilities providing constructive activity for inpatients and those less able to cope with life in the main prison. (2.62)
- 3.27 The inpatient exercise area should be refurbished to provide a more therapeutic environment. (2.64)

### **Time out of cell**

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- 3.28 Methods for calculating time out of cell should accurately reflect the reality for prisoners. (2.65)

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

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- 3.29 Prisoner allocations to work, learning and skills activities should take account of their sentence planning objectives. (2.69)
- 3.30 There should be more opportunities for prisoners in work to receive training and accreditation, where appropriate. (2.70)
- 3.31 The work of library orderlies should be accredited to an appropriate level. (2.71)

## **Discipline**

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- 3.32 F213 (injury to inmate) forms should be photocopied in full and always held with use of force files. (2.77)
- 3.33 Prisoners entering the segregation unit should only be strip-searched if a risk assessment determines that this is necessary. (2.80)
- 3.34 Segregation unit wing history sheets should detail the frequency and content of contact with prisoners by staff and visitors. (2.82)
- 3.35 Education staff should visit the segregation unit regularly to ascertain the need for in-cell education. (2.83)
- 3.36 Targets for prisoners should be set and reviewed at segregation review meetings. (2.84)

## **Catering**

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- 3.37 Food comments books should be available. (2.86)
- 3.38 Self-cook areas should be regularly cleaned and checked by staff. (2.87)

## **Offender management and planning**

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- 3.39 Arrangements should be made for the expeditious transfer of category C prisoners from Swaleside. (2.94)

## **Resettlement pathways**

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- 3.40 The provision of finance, benefit and debt services should be more proactive and strategic, taking the assessed needs of prisoners into account. (2.98)
- 3.41 Visitor surveys should take place annually. (2.105)
- 3.42 Visits should start on time and last for the published duration. (2.106)
- 3.43 Family visits should be available to all prisoners, not just those on enhanced status. (2.107)
- 3.44 The Kainos programme should be incorporated formally into the establishment's reducing reoffending strategy. (2.110)

## Appendix I: Inspection team

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Martin Lomas	Team leader
Kevin Parkinson	Inspector
Kellie Reeve	Inspector
Ian Thomson	Inspector

### **Specialist Inspectors**

Michael Bowen	Health services inspector
Neil Edwards	Ofsted Inspector



## Appendix II: Prison population profile

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

Status	21 and over	%
Sentenced	1064	97.3
Recall	24	2.2
Other	5	0.5
<b>Total</b>	<b>1093</b>	<b>100</b>

Sentence	21 and over	%
Unsentenced	6	0.5
12 months to less than 2 years	3	0.3
2 years to less than 4 years	14	1.2
4 years to less than 10 years	120	11
10 years and over (not life)	271	24.8
ISPP	224	20.5
Life	455	41.7
<b>Total</b>	<b>1093</b>	<b>100</b>

Age	Number of prisoners	%
21 years to 29 years	400	36.6
30 years to 39 years	307	28.1
40 years to 49 years	238	21.8
50 years to 59 years	112	10.2
60 years to 69 years	32	2.9
70 plus years: <i>maximum age=78</i>	4	0.4
<b>Total</b>	<b>1093</b>	<b>100</b>

Nationality	21 and over	%
British	863	79
Foreign nationals	217	19.9
Not stated	13	1.1
<b>Total</b>	<b>1093</b>	<b>100</b>

Security category	21 and over	%
Cat B	781	71.5
Cat C	283	25.9
Cat D	22	2
Other	7	0.6
<b>Total</b>	<b>1093</b>	<b>100</b>

Ethnicity	21 and over	%
<i>White</i>		
British	482	44.1
Irish	11	1
Other white	92	8.4
<i>Mixed</i>		
White and black Caribbean	30	2.7
White and black African	4	0.4
White and Asian	2	0.2
Other mixed	18	1.6
<i>Asian or Asian British</i>		
Indian	28	2.6
Pakistani	20	1.8

Bangladeshi	16	1.5
Other Asian	46	4.2
<i>Black or black British</i>		
Caribbean	188	17.2
African	74	6.8
Other black	60	5.5
<i>Chinese or other ethnic group</i>		
Chinese	3	0.3
Other ethnic group	6	0.5
<i>Not stated</i>	13	1.2
<b>Total</b>	<b>1093</b>	<b>100</b>

<b>Religion</b>	<b>21 and over</b>	<b>%</b>
Baptist	3	0.3
Church of England	251	23
Roman Catholic	173	15.8
Other Christian denominations	104	9.5
Muslim	280	25.6
Sikh	9	0.8
Hindu	17	1.6
Buddhist	59	5.4
Jewish	9	0.8
Other	20	1.8
No religion	163	14.9
Not stated	5	0.5
<b>Total</b>	<b>1093</b>	<b>100</b>

#### Sentenced prisoners only

<b>Length of stay</b>	<b>21 and over</b>	
	<b>Number</b>	<b>%</b>
Less than 1 month	60	5.5
1 month to 3 months	93	8.5
3 months to 6 months	118	10.8
6 months to 1 year	153	13.9
1 year to 2 years	403	36.9
2 years to 4 years	190	17.4
4 years or more	76	7
<b>Total</b>	<b>1093</b>	<b>100</b>

<b>Main offence</b>	<b>21 and over</b>	<b>%</b>
Violence against the person	663	60.6
Sexual offences	8	0.7
Burglary	37	3.4
Robbery	152	13.8
Theft and handling	6	0.6
Fraud and forgery	11	1
Drugs offences	165	15
Other offences	50	4.8
Offence not recorded/holding warrant	1	0.1
<b>Total</b>	<b>1093</b>	<b>100</b>