

Report on an unannounced short follow-up inspection of

# **HMP/YOI Portland**

3-5 April 2012

by HM Chief Inspector of Prisons

Crown copyright 2012

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

# Contents

	<b>Introduction</b>	5
	<b>Fact page</b>	7
<b>1</b>	Summary	9
<b>2</b>	Progress since the last report	15
<b>3</b>	Summary of recommendations	41
	<b>Appendices</b>	
	I Inspection team	45
	II Prison population profile	46

---



# Introduction

Portland, located in a relatively remote part of Dorset, has operated, since its change of function in April 2011, as a combined adult category C training and YOI young adult facility. It has a capacity of 505.

Our last full inspection in 2009 found a prison that had changed both its outlook and its outcomes, with a focus on providing a positive and rehabilitative experience for prisoners. This short follow-up inspection found that the prison had continued to make progress against most of our healthy prison tests. Progress concerning a number of important safety recommendations, however, was slow.

Prisoners' early experiences on arrival at Portland had improved little, with only adequate induction for young adults and otherwise quite weak arrangements. Governance concerning violence reduction was better but there was a worrying upward trend in levels of violence. Use of force was higher than we had previously seen but there was evidence that de-escalation techniques were deployed. The segregation unit was little used but its environment and regime required improvement. There had been limited progress on recommendations to address the problem of self-harm.

The establishment was clean, which was commendable considering the age of many of the buildings. Further refurbishment was still required, but we were pleased that the appalling Rodney and Hardy wings, which we criticised heavily in the past, had now finally been demolished.

Prisoners described the prison as being largely drug-free and there was a good focus on improving the drug strategy and better access to drug support services. The integrated drug treatment system (IDTS) had developed strongly since the last inspection. There had been good progress in health care and health staff were well integrated into the prison. Some prisoners complained about long waits to see health specialists, especially the dentist, but we found that waiting lists generally operated within the reasonable timescales.

Unusually, prisoners raised very few complaints about the food with many commenting positively on its quality.

Progress on diversity was mixed. The perceptions of minority groups were less positive than their counterparts, despite a good overarching strategy for diversity and equality. Arrangements for identifying and supporting prisoners with disabilities had, however, improved. Assessment of foreign national prisoners' needs was generally good, as were arrangements for maintaining family contact.

There was some good work in learning and skills and many of the strengths identified at the last inspection remained in place. The quality of workshops leading to real work opportunities was good and progression opportunities in learning and skills were improving. Unemployment was impressively low, but a lack of punctuality and attendance at activities needed to be addressed. PE arrangements for the general population were adequate and the sporting academies for football and rugby were a good and popular initiative.

The strategic management of resettlement and offender management continued to be effective, supported by a good action plan. Links between offender supervisors at the prison and their community colleagues appeared to be better facilitated.

Developing services for its new adult population appears to be Portland's new challenge. Although this is, overall, a mixed report, the provision of regime remains good and there is a meaningful focus on resettlement. The apparent complacency around ensuring safety, however, required attention.

**Nick Hardwick**  
HM Chief Inspector of Prisons

**May 2012**

# Fact page

## Task of the establishment

Training prison for male adult and young adult prisoners.

## Prison status

Public sector

## Region

South West

## Number held

490

## Certified normal accommodation

464

## Operational capacity

505

## Date of last full inspection

6-10 July 2009

## Brief history

Originally built in 1848 to hold convict prisoners, it doubled in size following the acquisition of land from the Admiralty in 1910. From 1921 to 1983 it was a borstal. After becoming a youth custody centre, its role changed to young offender institution in 1989. In April 2011 its role changed to an adult/YOI establishment, and it now operates in partnership with HMP Dorchester.

## Short description of residential units

### House blocks

Benbow

Raleigh

Drake

Nelson – adult wing

Grenville – induction unit

Collingwood – resettlement wing

Beaufort - skills development unit

## Escort contractor

GeoAmey

## Health service commissioner and provider

Dorset Primary Care Trust

Dorset Healthcare NHS University Trust

## Learning and skills providers

A4E

Strode College



# Section 1: Summary

## Introduction

---

- 1.1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.
- 1.2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.
- 1.3 The purpose of this inspection was to follow up the recommendations made in our last full inspection of 2009 and assess the progress achieved. All full inspection reports include a summary of outcomes for prisoners against the model of a healthy prison. The four criteria of a healthy prison are:

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

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

### **Making insufficient progress**

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

### **Making sufficient progress**

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

## **Safety**

---

- 1.5 At our inspection in 2009 we found that outcomes for prisoners against this healthy prison test were reasonably good. We made 48 recommendations in this area, of which 12 had been

achieved, 15 partially achieved and 20 had not been achieved. One recommendation was no longer relevant. We have made a further three recommendations.

- 1.6 For most prisoners, journeys to the prison were reasonably short, and the time they spent on vehicles had reduced considerably since the last inspection. During longer journeys, however, toilet breaks were not offered.
- 1.7 Conditions in reception had not improved. The main area was stark, holding rooms were dirty, and supervision was inadequate. In contrast, reception staff were friendly and treated prisoners with respect. All prisoners were routinely strip searched regardless of risk.
- 1.8 Many adult prisoners were not admitted to the first night centre on Grenville unit, and the first night arrangements for them on Nelson were underdeveloped. There were no designated first night cells for new arrivals and we were not sure that all staff were fully aware of the systems to identify them. Cells were not always prepared appropriately, and not all were clean. Generally, arrangements to deal with young adults admitted to Grenville were adequate.
- 1.9 Not all adult prisoners received all elements of induction. Tracking to ensure they attended sessions was not effective, and they did not always begin their induction the day after their arrival. We were assured, however, that all prisoners received work, education and resettlement assessments. Induction for young adults was adequate.
- 1.10 There had been some progress on our recommendations on violence reduction and bullying. The significant amount of data collated indicated high, and increasing, levels of violence, but analysis and action to address emerging trends and patterns were underdeveloped. We were not assured that all incidents of bullying were identified or thoroughly investigated, but there was some evidence of action to challenge it. Loss of gym as a sanction for perpetrators was inappropriate and constituted an unofficial punishment.
- 1.11 Too little progress had been made against recommendations on suicide and self-harm prevention. There was reasonable data collation and some analysis but this was not always used effectively to inform strategy. The quality of self-harm monitoring (ACCT) documents was mixed and did not always reflect individualised care. Issues of quality were not always effectively identified and where they were, there was insufficient action to effect and sustain necessary improvement. Although prisoners on ACCTs were no longer in segregation solely because they posed a risk of self-harm, there was too often insufficient justification of the exceptional circumstances to warrant their segregation and we were concerned by the lack of governance on use of camera cells. Safer cells were not conducive to good care and the removal of a prisoner's own clothes and possessions was not an appropriate response to those in crisis, and governance of this was poor.
- 1.12 There had been insufficient progress on our recommendations about discipline. The use of force was higher than at the last inspection, but there was improved recording and an appropriate focus on de-escalation. Although use of special accommodation had reduced, its governance was weak.
- 1.13 Throughput of the segregation unit was low and prisoners remained there for short periods. Risk assessment for strip searching was crude and almost all prisoners were stripped on location to the unit. Cells were sparsely furnished and the regime was poor. Positive engagement between staff and prisoners was not reflected in daily history sheets.
- 1.14 The incentives and earned privileges (IEP) policy had been reviewed. Prisoners on the basic level had their in-cell power turned off overnight, which was unacceptable.

- 1.15 The drug strategy had been reviewed and developed to meet the needs of the population. The integrated drug treatment system (IDTS) had been enhanced following our last inspection.
- 1.16 On the basis of this short follow-up inspection, we considered that the establishment was making insufficient progress against our recommendations.

## Respect

---

- 1.17 At our inspection in 2009 we found that outcomes for prisoners against this healthy prison test were not sufficiently good. We made 84 recommendations in this area, of which 45 had been achieved, 18 partially achieved and 18 had not been achieved. Three recommendations were no longer applicable.
- 1.18 The environment in residential units was reasonable although some communal areas were old, worn and grubby. Standards of cleanliness in cells varied from wing to wing, but generally there had been improvements since the last inspection, particularly on the three main young adult units. Most, however, were not furnished properly. Double cells were small, cramped and unsuitable to accommodate two prisoners. Conditions on Beaufort were very good. Access to showers was good but some were not working and cubicles were dirty and poorly maintained. External areas were generally clean and litter free. The demolition of Rodney and Hardy units was commendable.
- 1.19 There was an appropriate overarching policy for all strands of equality and diversity, along with separate detailed documents covering race, disability and foreign national prisoners. There was also an appropriate action plan. There remained some evidence that perceptions of adult prisoners, those with disabilities and some black and minority ethnic prisoners were less positive than their counterparts, but there was little response to local surveys and few issues raised through consultation. Consultation arrangements were reasonably good although only included prisoner representatives. Monitoring of the impact of the regime and, where necessary, investigations were generally reasonable, but only covered race issues.
- 1.20 Black and minority ethnic prisoners were reasonably positive about the prison, but the prison's exit surveys of their experiences, while positive, required more frequent analysis. There were good arrangements to support Gypsy, Romany and Traveller prisoners. There was no specific or regular survey of Muslim prisoners' perceptions of their treatment.
- 1.21 There were generally good arrangements to identify foreign national prisoners, assess their needs and ensure appropriate support. Despite this, there was no overarching forum for foreign national prisoners, although a recent perceptions survey was positive. Foreign nationals could access free international letters, and monthly telephone calls to family abroad were well managed.
- 1.22 Despite negative responses to a recent perceptions survey, arrangements to identify, support and manage prisoners with disabilities had also improved and significantly more were now identified, but personal officers needed to be more involved in supporting these prisoners.
- 1.23 The chapel had been closed since the last inspection and had not yet been refurbished, and temporary arrangements were limited although broadly sufficient in the short term. The chaplaincy had developed good community links and had appropriate links with resettlement provision.

- 1.24 There had been good progress against our previous recommendations on complaints procedures, with appropriate management oversight and effective quality assurance. There were two legal services trained staff but no facility time for the work, and there was still little information for prisoners during their induction.
- 1.25 Health care facilities were clean and satisfactory for the treatment and care of patients. Prisoners had access to primary care, dental and specialist clinics, including GP clinics every weekday with patients seen within 48 hours. The department was fully staffed. Pharmacy services were supply only, and the environment for the administration of medicines still lacked confidentiality. Dental services were good with an acceptable waiting time. Prisoners had access to two full-time primary mental health nurses.
- 1.26 Prisoners had been consulted about the provision of hot meals, with one a day on Monday to Thursday and two from Friday to Sunday, but breakfast packs continued to be issued inappropriately the night before. New arrivals did not always have access to the prison shop within their first week, although they received reception packs. Prisoners were consulted about the range of catalogues.
- 1.27 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.

## Purposeful activity

---

- 1.28 At our inspection in 2009 we found that outcomes for prisoners against this healthy prison test were reasonably good. We made 10 recommendations in this area, of which five had been achieved, one partially achieved, three had not been achieved and one was no longer applicable. We have made no further recommendations.
- 1.29 The establishment was recording time out of cell accurately, and the average was reasonable. Formal exercise was provided for prisoners who remained on their wing during the core day. However, it was inappropriate that the walk between the residential units and the off-wing activity areas was viewed as time in the open air.
- 1.30 The prison continued to provide sufficient activity places for all prisoners, and unemployment remained low. However, although appointments were managed better to minimise absenteeism, punctuality was still poor and continued to disrupt learning, as did cancellation of classes when tutors were absent.
- 1.31 The setting of short-term targets had improved. Prisoners had clear learning goals and were aware of their progress, and they continued to take responsibility for their individual learning plans. The careers information and advice service continued to provide good guidance at induction and throughout the prisoner's stay. Learning resources were good. Prisoners had increased opportunities to progress to level 2, and there were now programmes at level 3 in business enterprise and information technology. There were still not enough opportunities to accredit the vocational skills that some prisoners developed beyond level 2. Access to the library met the needs of the prisoners, even though it was still not open at weekends.
- 1.32 The prison had introduced a wider range of sports that now included football and rugby academies as well as separate football and rugby teams. Some prisoners only had access to PE or outdoor exercise once a week.

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

## Resettlement

---

- 1.34 At our inspection in 2009 we found that outcomes for prisoners against this healthy prison test were good. We made 14 recommendations in this area, of which seven had been achieved, two partially achieved, and five had not been achieved. We have made one further recommendation.
- 1.35 The reducing reoffending strategy was comprehensive and objectives were appropriately time-bound. Developments were linked to the establishment's needs analysis, and programme provision was in line with identified need. Links between the offender management unit and community offender managers had improved, although there was still a significant backlog of OASys (offender assessment system) assessments. Attendance at interdepartmental risk management meetings was comprehensive and consistently included representatives from security and the police liaison officer.
- 1.36 Arrangements for resettlement pathway assessments remained well managed and comprehensive. However, while information about services was well advertised there was still a shortfall in advice on debt management.
- 1.37 Arrangements for visitors with disabilities had improved, and prisoners were no longer required to wear bibs during visits. There were still some delays in visitors getting through the search procedures, although most received visits of approximately two hours. Family visits were more frequent but still unavailable to prisoners on basic level. Closed visits were infrequent but were not always applied as a proportionate response and were generally too short.
- 1.38 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.



## Section 2: Progress since the last report

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

### Main recommendations (from the previous report)

---

**2.1 Rodney unit should be closed down immediately. (HP48)**

**Achieved.** It was commendable that both Rodney and Hardy units had been demolished.

**2.2 Monthly information and data on violence reduction and anti-bullying should be analysed over time to identify patterns and trends. (HP49)**

**Partially achieved.** Much data on violence and anti-bullying were collated. There was some analysis of the data but identification of emerging patterns and trends, and action to address these, required further development. Between July and December 2011, fights and assaults had not only increased but were also higher than at the last inspection, and had increased further in early 2012. Responses to the increase in violent incidents were limited.

**We repeat the recommendation as follows:** Monthly information and data on violence reduction and anti-bullying should be analysed over time to identify patterns and trends, and should be used to inform strategy to reduce the number of violent and antisocial incidents.

**2.3 The use of force committee should investigate and monitor the high level of force at Portland and develop strategies to reduce it. (HP50)**

**Partially achieved.** The use of force committee met regularly but, beyond recording the number of incidents where force was used, there was limited trend or pattern analysis. In the previous six months, force was used 147 times, which was higher than at the last inspection. Control and restraint had been used on 86 occasions, which was proportionately lower than at the last inspection. We were assured that incidents were recorded accurately and there was an appropriate focus on de-escalation. Although handcuffs were not routinely applied they were used for Listeners when they were moved around the prison at night, which was disproportionate and unnecessary.

**2.4 There should be appropriate protocols, systems and staff expertise for the safe management of drug-dependent prisoners under the integrated drug treatment system. (HP51)**

**Achieved.** The management of drug-dependent prisoners had been improved following our last inspection. There had been significant progress in producing protocols and educating appropriate staff. The IDTS service was located within the health care centre and co-located with the counselling, assessment, referral, advice and throughcare (CARAT) service. Clients were managed through monthly meetings of multidisciplinary teams and twice weekly clinical reviews.

**2.5 The prison should develop a diversity policy and action plan oriented to the full range of diversity issues, and each strand should have an identified lead. (HP52)**

**Achieved.** The prison had a diversity and equal opportunities policy, which had been updated in September 2011, and which covered both staff and prisoners. There were further detailed and more comprehensive policies covering disability, race equality, older prisoners, foreign nationals, sexual orientation and Gypsy, Romany and Traveller prisoners. Each strand also had an identified lead. Information about strand leads was outlined in an equality information document available to prisoners during induction.

- 2.6 **The establishment should investigate the reasons for the negative perceptions held by black and minority ethnic and Muslim prisoners, and establish a means to improve them. (HP53)**

**Partially achieved.** There were prisoner equality representatives on each wing who acted as a link between the wing and the equality group, and also attended the bimonthly diversity and race equality action team (DREAT) meeting. The group had its own meeting with the diversity manager who covered the race strand. The diversity team and DREAT responded to issues raised by the group appropriately, although they were rare. Race and equality were also standing items at other consultation meetings, and the resettlement team completed exit questionnaires with information broken down by ethnicity. However, there had been no analysis of this information for over 18 months. There was no regular survey or focus groups to establish wider views on treatment.

- 2.7 **Prisoners should be able to have an hour's exercise in the open air daily. (HP54)**

**Not achieved.** There were formal arrangements for exercise for prisoners who remained on the wing during the core day. However, it was inappropriate that the walk to and from work for prisoners involved in off-wing activities was considered to provide sufficient time in the open air.

## Recommendations

---

### Courts, escorts and transfers

---

- 2.8 **Prisoners transferring to Portland should be given toilet breaks at least every two and a half hours. (1.6)**

**Not achieved.** For most prisoners, journeys to the prison were reasonably short, and the time they spent on vehicles had reduced considerably since the last inspection. During longer journeys however, toilet breaks were not offered.

**We repeat the recommendation.**

### Early days in custody

---

- 2.9 **The reception area should be clean and toilets should be descaled. (1.27)**

**Not achieved.** Physical conditions in reception had not improved. Holding rooms were dirty, toilets were stained and the main area was stark.

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

- 2.10 **The reception search should take place in an area with privacy, and should not be conducted by just one member of staff. (1.28)**

**Partially achieved.** As at the last inspection, all new arrivals were strip searched. The search area was small, within the main reception thoroughfare and was not adequately private. Searches were conducted by two staff.

**2.11 Reception interviews should be conducted in a private interview room. (1.29)**

**Not achieved.** Although health services staff used a private room to interview new arrivals, other reception interviews continued to take place at the main counter in an open area which had no privacy.

**We repeat the recommendation.**

**2.12 The meeter and greeter should remain in reception over the lunch period. (1.30)**

**Achieved.** A prisoner peer supporter ('meeter and greeter') saw most new arrivals shortly after they arrived in reception. He remained in reception during the lunch period when prisoners were located there.

**2.13 Cells on Grenville unit should be adequately cleaned for each new occupant. (1.31)**

**Partially achieved.** Cells on Grenville, the induction unit, were clean and well prepared for new arrivals. However, many adult prisoners were not admitted to Grenville and most were located on Nelson unit, where first night arrangements were underdeveloped. There were no designated first night cells for new prisoners on Grenville, cells were not always prepared and many were not adequately clean. We were not sure that all staff were fully aware of systems to identify new arrivals.

**Housekeeping point**

**2.14 All cells used to accommodate new arrivals should be clean and well prepared.**

**2.15 Published material in reception and induction, including the *Welcome to Portland* booklet, should be available in an appropriate range of languages. (1.32)**

**Partially achieved.** Although the few information notices in reception and on Grenville unit were in English only, there was information in booklets available in a number of different languages. Although we were told that the *Welcome to Portland* information booklet was available in a range of appropriate languages, we could find no evidence of this.

**We repeat the recommendation.**

**2.16 Individual first night interviews should always take place before new arrivals are locked in cells on their first night. (1.33)**

**Not achieved.** New arrivals were meant to have an individual private interview with first night staff on Grenville. We saw that, for most prisoners, identified first night needs were dealt with, and officer entries on personal files and induction records showed they were aware of the importance of dealing with immediate risks. However, we found three occasions on a single day when adult prisoners did not receive a first night interview on their day of arrival. This however, was rare.

**We repeat the recommendation.**

**2.17 The first week of the induction programme should be delivered as a rolling programme, making use of a full range of multi-media. (1.34)**

**Partially achieved.** A rolling induction programme covered relevant issues, including the prison routine, how to access available services and how to cope with imprisonment generally. There was evidence, however, that not all adult prisoners received all elements of induction. Tracking systems to ensure that they attended sessions were not effective, and we saw that prisoners did not always begin induction the day after their arrival.

#### Further recommendation

2.18 All prisoners should receive a full induction programme.

2.19 Prisoners should be unlocked when they are not actively participating in induction sessions. (1.35)

**Partially achieved.** Adult prisoners on Nelson unit were unlocked nearly all day, including periods when they were not engaged in the induction programme. Young adults on Grenville were locked in their cells when not participating in induction.

**We repeat the recommendation.**

2.20 Responses to induction feedback questionnaires should be collated to inform future reviews and development of the programme. (1.36)

**Not achieved.** There was no evidence that induction feedback questionnaires had been issued to prisoners. Although we were told that the programme had recently been reviewed, there was little to show that this had been informed by prisoner consultation.

**We repeat the recommendation.**

#### **Bullying and violence reduction**

---

2.21 There should be consistent attendance at the violence reduction meetings from all key departments and units. (3.11)

**Not achieved.** Attendance at the violence reduction meeting remained inconsistent.

**We repeat the recommendation.**

2.22 There should be a quality assurance scheme to ensure the consistency of bullying investigations. (3.12)

**Partially achieved.** In the previous six months, only 24 prisoners had been monitored under the bullying assessment team (BAT) system, and we were not assured that all incidents of bullying were effectively identified. Despite the quality assurance system, initial investigations into allegations of bullying remained inconsistent, and some were poor.

2.23 The sanctions given to prisoners subject to bullying assessment team (BAT) monitoring should be monitored to ensure consistency. (3.13)

**Partially achieved.** When staff were made aware of them, allegations of bullying were taken seriously and, despite some poor initial investigations, sanctions were used robustly to challenge this antisocial behaviour, although there was still some inconsistent application. It was inappropriate that sanctions included loss of gymnasium, which constituted an unofficial punishment.

- 2.24 **The anti-bullying model and strategy should be reviewed at least annually and recommendations should be incorporated into the continuous improvement plan. (3.14)**

**Partially achieved.** The violence reduction policy was current and the continuous improvement strategy was reviewed and updated regularly, although it did not include all actions identified, including those from the prisoner survey in February 2012.

- 2.25 **There should be a programme to support victims of bullying. (3.15)**

**Achieved.** There was no specific intervention or programme to support victims but identified victims had a care plan and were offered individual support.

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

---

- 2.26 **Recommendations from the self-harm monitoring report should be taken forward consistently. (3.26)**

**Partially achieved.** Quarterly and annual self-harm monitoring reports were produced by the psychology team. The reports identified trends and patterns around self-harm but only recommendations from the annual report had been incorporated into the continuous improvement plan. We were not assured that all actions, particularly on assessment, care in custody and teamwork (ACCT) training for staff and quality of ACCT documents, were consistently or effectively acted upon as commitment to staff training remained low and ACCT documents were still of mixed and sometimes poor quality.

- 2.27 **There should be an effective assessment, care in custody and teamwork (ACCT) quality assurance scheme, and areas of concern should be taken forward with clearly identified objectives. (3.27)**

**Not achieved.** A quality assurance scheme for ACCT documents existed and responsibility for the completion of quality checks was shared between wing managers, safer custody staff and duty governors. We found evidence that shortfalls, including too predictable night observations, lack of engagements with prisoners, poor care maps and lack of multidisciplinary reviews, were not always identified during checks. We were also concerned that where shortfalls or concerns were identified, they frequently continued to recur.  
**We repeat the recommendation.**

- 2.28 **Staff who work with prisoners subject to ACCT, especially those on Beaufort unit, should be offered ongoing training and personal development in skills to manage these prisoners. (3.28)**

**Partially achieved.** Too many staff had not received any ACCT or mental health awareness training, and scheduled training sessions for both were often cancelled. Prisoners on ACCTs were no longer concentrated on Beaufort unit, but staff on Beaufort were not offered any additional training to manage the prisoners located there. Although the mental health team offered regular supervision to Beaufort staff, not all were aware of or engaged with the team.

- 2.29 **There should be safer cells on Beaufort unit. (3.29)**

**Not achieved.** There were no safer cells on Beaufort unit, although they were available in other locations. We were concerned that all the safer cells contained anti-ligature clothing and that governance regarding the removal of clothing was weak (see also further recommendation 2.40).

- 2.30 Prisoners should not be located in the care and control unit solely because of a risk of self-harm. (3.30)

**Partially achieved.** We were assured that prisoners were no longer located in the CCU solely for reasons of self-harm. However, prisoners on ACCT documents were frequently located there, and the exceptional circumstances to justify and authorise this were not explained.

- 2.31 A Listener suite should be available. (3.31)

**Not achieved.** There was no Listener suite.

### **Safeguarding (protection of adults at risk)**

---

- 2.32 There should be regular safeguarding children training, prioritised for staff covering visits and family days. (8.29)

**Partially achieved.** There had been training by Barnado's nine month previously, when staff involved with family visits were prioritised. The new safeguarding manager was planning to introduce regular safeguarding training and awareness sessions.

### **Incentives and earned privileges**

---

- 2.33 Prisoners on the basic regime should not have their in-cell electricity turned off. (6.53)

**Not achieved.** Prisoners on basic continued to have their in-cell power turned off between 8pm and 8am.

**We repeat the recommendation.**

- 2.34 Monthly incentives and earned privileges (IEP) checks should be recorded in all unit history files. (6.54)

**Achieved.** Monthly records were maintained in residential areas.

### **Disciplinary procedures**

---

- 2.35 Loss of tobacco should not be given as an adjudication punishment. (6.31)

**Partially achieved.** Loss of tobacco was no longer awarded as an adjudication punishment. It was the case, however, that smoking requisites were normally removed on the presumption that all residents posed a risk of arson. It was inappropriate that all prisoners in the care and control unit (CCU) were restricted from access to their smoking requisites, including lighters, in the absence of a robust and individualised risk assessment.

#### **Further recommendation**

- 2.36 Prisoners in the care and control unit should be given access to their smoking requisites.

## The use of force

---

- 2.37 The use of force committee should routinely monitor the names of staff involved in use of force incidents and investigate where the same member of staff is involved in a significant number. (6.32)

**Achieved.** We were assured that there was good management oversight where staff were involved in repeated use of force incidents and that appropriate action was taken where required.

- 2.38 Planned control and restraint (C&R) interventions should be routinely video-recorded. (6.33)

**Not achieved.** Not all planned control and restraint interventions were recorded and films were not routinely reviewed for learning points.

**We repeat the recommendation as follows:** Planned control and restraint (C&R) interventions should be routinely recorded and reviewed.

- 2.39 Prisoners should not be routinely strip-searched on location into special accommodation. (6.34)

**Not achieved.** The use of special accommodation had significantly reduced, but supervision and governance of its use required improvement. Documentation to authorise location in special accommodation was not always fully completed, and through our observation, examination of documentation and discussions with staff we concluded that strip searching of prisoners in special accommodation was routine. In addition, prisoners had their own clothes routinely removed on location to special accommodation with no supporting justification. We found examples where we were not assured that location in special accommodation was justified, and some prisoners remained there for longer periods than appeared necessary.

### Further recommendation

- 2.40 Governance concerning both the justification for the use of special accommodation and the removal of prisoners' clothes in such circumstances should be improved.

- 2.41 Staff should engage positively with prisoners in special accommodation to encourage a return to normal location. (6.35)

**Not achieved.** Records and our own observations did not indicate positive engagement between staff and prisoners in special accommodation.

**We repeat the recommendation.**

## Segregation

---

- 2.42 Staff in the care and control unit (CCU) should complete mental health awareness training. (6.36)

**Not achieved.** Too few staff who worked in the CCU had received mental health awareness training and although they were aware of the requirement, commitment to delivering the training was insufficient and training sessions were frequently cancelled.

- 2.43 **Prisoners in the CCU should have access to normal cell furniture, subject to clear risk assessment. (6.37)**

**Not achieved.** It was positive that cardboard furniture had been removed from cells in the CCU, but the cell furniture was poor. The only resident at the time of inspection had just a chair in his cell. Other cells were equally poorly furnished and none had cupboards or lockers for prisoners' belongings.

- 2.44 **Prisoners should be transferred out of the CCU at the earliest opportunity. (6.38)**

**Achieved.** Throughput of the CCU was low and we were assured that most prisoners remained there for only a short period before they returned to normal location.

- 2.45 **The level of search for prisoners located on to the CCU should be determined by risk assessment. (6.39)**

**Not achieved.** The risk assessment used to determine the level of search on entry to the CCU was crude and lacked a robust and individualised approach. Consequently, most prisoners were strip-searched on location to the unit and we were not assured that this was always warranted.

**We repeat the recommendation.**

- 2.46 **Prisoners in the CCU should be allowed daily access to showers and telephones. (6.40)**

**Not achieved.** The regime in the CCU was poor. Prisoners were still only allowed to access showers and telephones every three days, and exercise, although daily, took place in a small austere cage.

**We repeat the recommendation.**

- 2.47 **Prisoners segregated under rule 49 should be able to use the in-cell power for their own radios and CD players, subject to compliance and good behaviour. (6.41)**

**Not achieved.** It remained inappropriate that prisoners were not permitted to have their own radios or CD players. We were not assured that prisoners were always given access to wind-up radios that CCU staff could provide.

- 2.48 **Subject to risk assessment, segregated prisoners should be encouraged to attend off-unit activities as part of an active reintegration plan. (6.42)**

**Partially achieved.** There was some anecdotal information that prisoners were allowed to attend offending behaviour programmes but limited evidence that they were permitted to attend off-unit activities as part of a reintegration plan.

- 2.49 **Care and control unit staff entries in unit history files should provide evidence of engagement with prisoners. (6.43)**

**Not achieved.** CCU staff entries in history sheets did not reflect evidence of constructive or meaningful engagement with prisoners.

### **Substance misuse**

---

- 2.50 **There should be a robust substance use management and clinical leadership structure. (3.107)**

**Achieved.** The management and leadership of substance misuse work had been significantly developed. A dedicated drug strategy manager worked in conjunction with the CARAT team and was located with health care and the IDTS staff. The CARAT team was fully staffed with a leader, four workers and an administrator. The IDTS had two nurses shared with HMP The Verne and one health care assistant based on site.

- 2.51 **The counselling, assessment, referral, advice and throughcare (CARAT), clinical substance misuse and health services should work in an integrated way to provide joined-up care. Individual care plans and reviews should demonstrate patient involvement. (3.108)**

**Achieved.** The management of substance misuse clients was integrated with teams meeting regularly for case management and information sharing. A client-led care mapping technique was used and involved both one-to-one and group activities.

- 2.52 **The substance misuse policy document should contain detailed action plans for all strands of the strategy. (8.59)**

**Achieved.** The substance misuse policy document had had two reviews following our last inspection. There had been a full needs analysis on the transfer of services from NOMS to the primary care trust, resulting in a new policy document in January 2012. The policy was very comprehensive and provided detailed action plans for all strands of the strategy.

- 2.53 **The counselling, assessment, referral, advice and throughcare (CARAT) service should be sufficiently resourced to provide timely assessments, integrated drug treatment system (IDTS) groupwork modules and post-programme support for participants in P-ASRO (prison addressing substance related offending). (8.60)**

**Achieved.** The CARAT service was fully staffed and sufficiently resourced to meet the needs of the prison population and caseload. Post-programme support was available for the remaining P-ASRO participants, including those involved in the building skills for recovery programme (BSR). Funding for BSR had now ceased and alternative programmes were being pursued.

- 2.54 **CARAT workers should have better access to prisoners. (8.61)**

**Achieved.** CARAT workers had much greater access to prisoners. They saw all new arrivals in reception and were now issued with cell keys. They generally saw clients at appointments arranged through wing staff.

- 2.55 **The P-ASRO programme should be open to prisoners maintained on opiate substitutes. (8.62)**

**Achieved.** Prisoners maintained on opiate substitutes had been able to attend the P-ASRO and BSR programmes, although they were not being delivered at the time of our inspection.

- 2.56 **Compliance and voluntary drug testing compacts should be clearly differentiated. (8.63)**

**No longer relevant.** Compliance and voluntary drug testing programmes were no longer performed. Compact based drug testing was now carried out on Collingwood wing for prisoners regularly released on temporary licence.

## **Residential units**

---

- 2.57 Adequate hygiene standards should be maintained on all units, and all prisoners should have 24-hour access to toilet and washing facilities. (2.28)**

**Achieved.** Standards of cleanliness in cells varied from wing to wing, but had generally improved since the last inspection, particularly on the three main young adult units. All cells had integral sanitation and, on the whole, toilets in single cells were adequately screened. Most prisoners could have a shower every day.

- 2.58 All broken or damaged windows should be repaired immediately or these cells taken out of commission. (2.29)**

**Achieved.** We found no damaged windows and were assured that there were systems to have them repaired soon after damage.

- 2.59 Cells designed for single use should not be used for shared occupancy. (2.30)**

**Not achieved.** Single cells on Benbow and Raleigh continued to be used as doubles. These cells were small, cramped and poorly furnished. They remained unsuitable to accommodate two prisoners.

**We repeat the recommendation.**

- 2.60 All double cells should have adequately screened toilets. (2.31)**

**Partially achieved.** Partial screening in the double cells on Raleigh and Benbow was not adequate and gave little privacy. Screening in the larger double cells on other units was reasonable.

**We repeat the recommendation.**

- 2.61 Double cells should have sufficient furniture for both occupants, including lockable cabinets. (2.32)**

**Partially achieved.** Double cells on Benbow and Raleigh were too small for anything but a single chair, a small table and a cupboard. Larger double cells had lockable cupboards, but prisoners were not given keys and many cupboards had no locks or backs.

**We repeat the recommendation.**

- 2.62 There should be a painting programme to ensure all cells are clean and free from graffiti. (2.33)**

**Partially achieved.** There was a painting programme that appeared to have kept cells in a reasonable state. Most cells were clean and free from graffiti, with some notable exceptions on Raleigh and Benbow.

**We repeat the recommendation.**

- 2.63 All association rooms and furniture should be well maintained. (2.34)**

**Partially achieved.** Association areas were generally reasonably clean and well maintained. Some, however, were grubby, with furniture such as pool tables worn or broken.

- 2.64 All toilets should be de-scaled. (2.35)**

**Partially achieved.** Many toilets were cleaner than we found at the previous inspection, but some, particularly on Raleigh and Nelson units, were dirty and stained.  
**We repeat the recommendation as a housekeeping point.**

**2.65 The published offensive displays policy should be consistently enforced. (2.36)**

**Not achieved.** Although staff and prisoners told us that they were familiar with the offensive displays policy, we saw examples on most units of posters in cells that breached it.  
**We repeat the recommendation.**

**2.66 All telephones should be fitted with privacy hoods. (2.37)**

**Achieved.** All telephones on residential units had been fitted with privacy hoods.

**2.67 An additional telephone should be installed on Rodney unit. (2.38)**

**No longer applicable.** Rodney unit was no longer in service.

**2.68 The telephones on Beaufort unit should be moved to ensure calls can be made in private. (2.39)**

**Achieved.** Privacy hoods allowed sufficient privacy for telephone calls.

**2.69 All prisoners should have the opportunity to wear their own clothes. (2.40)**

**Not achieved.** Prisoners on the enhanced level of the IEP scheme could wear their own clothes on their residential units during association, but those on standard or basic had to wear prison clothing at all times.  
**We repeat the recommendation.**

**2.70 Prisoners' valuable property should be security marked. (2.41)**

**Not achieved.** Valuable property was not security marked before it was issued to the prisoner.  
**We repeat the recommendation as a housekeeping point.**

**2.71 Communal showers should be fitted with privacy screens, maintained in good condition and be well ventilated. (2.42)**

**Partially achieved.** All showers had been fitted with adequate privacy screening. Access to showers was good but some were not working, cubicles were dirty and paint on ceilings was flaking.  
**We repeat the recommendation as follows:** All showers should be clean and properly maintained.

**2.72 Staff should encourage all prisoners to keep their cells clean and provide them with sufficient cleaning materials. (2.43)**

**Partially achieved.** Prisoners had reasonable opportunity to clean their cells during daily association. Cleaning material was widely available on all residential units, and residential officers encouraged cleanliness.

**2.73 A mattress exchange programme should be introduced. (2.44)**

**Achieved.** There was a mattress exchange system, and we saw that prisoners were allowed to replace old and worn mattress through a request to residential officers.

**2.74 Prisoners should be able to buy curtains as an earned privilege. (2.45)**

**Achieved.** Prisoners on the enhanced level were permitted to buy curtains from a designated catalogue.

**2.75 The application system should incorporate target timescales for responses. (3.84)**

**Partially achieved.** We were told that timescales for responses had been set and were monitored by the head of residence, but saw no evidence for this. We found, however, that the application system was working effectively. Simple applications were dealt with quickly, and there was no backlog.

**2.76 There should be a quality assurance scheme for applications to ensure the consistency and quality of responses. (3.85)**

**Achieved.** Systems to manage the quality of application responses had improved. Checks by residential managers appeared to have quickened response times, as well as ensuring that responses addressed the issue.

## **Equality and diversity**

---

### **Strategic management**

---

**2.77 Each diversity strand should have an identified lead. (3.40)**

**Achieved.** Each diversity strand now had an identified lead officer (see paragraph 2.5).

**2.78 There should be a prisoner diversity group with an appropriately constituted membership to take forward the various aspects of diversity. (3.41)**

**Achieved.** Prisoner wing representatives covered all aspects of diversity and equality, and acted as a liaison with the diversity and equality team and bimonthly DREAT (see paragraph 2.6). Prisoner representatives also met together monthly, facilitated by the diversity manager.

**2.79 There should be a questionnaire or survey to establish the diversity needs of the prisoner population. (3.42)**

**Partially achieved.** All foreign national prisoners completed an individual questionnaire to identify their specific needs, but there was no equivalent for black and minority ethnic prisoners or regular survey. There had been some attempts to survey the views of minority group prisoners, primarily in relation to completing equality impact assessments, and responses indicated that some, including prisoners with disabilities and adult prisoners, continued to have more negative views than their counterparts. However, there had been problems in obtaining responses to these surveys, which had an average return rate of only around 15-20%.

**2.80 The race equality action plan should differentiate specific short-term objectives identified through various initiatives, and the chair of the race equality action team (REAT) should ensure such objectives are monitored. (3.56)**

**Achieved.** Issues identified through the DREAT were consistently followed up at subsequent meetings. Where appropriate, issues were also monitored through the diversity and race equality action plan (DREAP).

**2.81 There should be monitoring by religion. (3.57)**

**Not achieved.** Although information on access to religious services was monitored, there was no monitoring of the impact of the prison regime on different religious groups or any other minority groups.

**2.82 The REAT should incorporate recommendations from external scrutiny of racist incident report forms. (3.58)**

**Achieved.** Although no issues had been raised that warranted incorporation into the diversity and race equality action plan, there was a mechanism to ensure that anything raised through scrutiny by the Dorset race equality council was dealt with by the governing governor or DREAT.

**Protected characteristics**

---

**2.83 The establishment should investigate the reasons for the negative perceptions of staff held by black and minority ethnic and Muslim prisoners, and take any appropriate action. (3.59)**

**Partially achieved.** See paragraph 2.6.

**2.84 Exit interviews on race should be analysed and actions incorporated into the race equality action plan.**

**Not achieved.** Although exit interviews were completed and differentiated by diversity categories, they had not been analysed for approximately 18 months.

**2.85 The foreign nationals policy should reflect the range of work undertaken at Portland and how it is to be implemented. (3.69)**

**Achieved.** The foreign national policy was up to date, detailed and included an outline of all provision available to foreign national prisoners at Portland.

**2.86 The role of the foreign nationals support group should be clarified, and there should be a forum for all foreign national prisoners to raise concerns and discuss their needs. (3.70)**

**Partially achieved.** At the time of the inspection there were 38 foreign national prisoners. The foreign national coordinator interviewed all foreign nationals during induction and saw them regularly. In our focus group, all the foreign national prisoners knew who the foreign national coordinator was and indicated that they were reasonably well supported. There was no specific forum for prisoners other than the diversity forum and foreign national prisoner representatives.

**2.87 Information collected from foreign national prisoner questionnaires completed during induction should be shared with unit staff and/or personal officers, and should be collated to establish specific themes or concerns. (3.71)**

**Achieved.** Questionnaires completed during induction were copied to wing staff and also held in the diversity office. Where specific themes arose, action was identified and included in the policy action plan.

- 2.88 **The continuous improvement plan should include issues raised in the foreign nationals support group or foreign nationals committee that require action. (3.72)**

**Achieved.** There was no separate group for foreign nationals as they had been included in the bimonthly DREAT meeting. Issues raised were managed through the diversity and equality action plan.

- 2.89 **All foreign national prisoners should be given free airmail letters each month. (3.73)**

**Achieved.** All foreign national prisoners were given free letters monthly.

- 2.90 **All foreign national prisoners who meet the criteria for free telephone calls in lieu of visits should be able to make a call of at least five minutes duration. (3.74)**

**Achieved.** Telephone credit equating to a five-minute call was given to any prisoner with family links abroad and this did not need to be in lieu of visits from friends or family. At the time of the inspection, 27 prisoners were given free monthly telephone calls.

- 2.91 **Information about how Portland operates and the specific facilities for foreign national prisoners should be published in a range of appropriate languages. (3.75)**

**Achieved.** Information on the induction unit in a range of languages outlined specific details about the regime at Portland. An information pack for foreign national prisoners contained useful guidance on immigration and other issues and was available in a range of languages.

- 2.92 **The establishment should investigate why proportionately more foreign national prisoners reported feeling unsafe at the time of the inspection and take any appropriate action. (3.76)**

- 2.93 **Achieved.** As well as regular face-to-face contact with the foreign national coordinator, foreign national prisoners had recently been surveyed about their perceptions, and responses indicated that they were reasonably positive about their experiences at Portland.

- 2.94 **The mechanism for assessing disability on arrival should be improved, and initial assessments regularly reviewed. (3.43)**

**Partially achieved.** A questionnaire for all new arrivals completed during induction included a declaration of disability. The diversity manager completed assessments on all those who identified a disability and maintained a comprehensive database that included detailed needs. This was accessible by all staff. There were reasonable links with both mental health in-reach teams and education. At the time of the inspection, 114 prisoners had been identified as having a disability. Despite this, the prison's own recent survey had clearly indicated that most prisoners with disabilities had little contact with their personal officer about their disability and felt unsupported.

### **Faith and religious activity**

---

- 2.95 **The prison chapel should be refurbished. (5.34)**

**Partially achieved.** Since the last inspection the chapel had been closed and the mosque was used as a multi-faith room. A small room had been identified as a temporary chapel, although Christian services were usually held in what was effectively the corridor adjacent to the temporary chapel and as such, was not a long-term solution. There was no indication, at the time of the inspection, as to when or if the chapel was likely to be refurbished.

**2.96 The chaplaincy should further develop and coordinate community links (5.35)**

**Achieved.** The chaplaincy had established some good community links, including with the Exeter mosque, which some prisoners had recently visited. The Peninsula Community Initiative, a south west faith based group, also visited the prison regularly undertaking good work in supporting prisoners through the gate and offering links and support to prisoners returning to the local community.

**2.97 The chaplaincy should develop, clarify and better coordinate its contribution to the prison's resettlement work. (5.36)**

**Achieved.** There were reasonable links between the chaplaincy and resettlement, and a representative regularly attended the resettlement surgery meetings.

### **Complaints**

---

**2.98 Where interim responses are given to complaints, further responses should also be monitored. (3.86)**

**Achieved.** Good management oversight ensured that there were full responses to all complaints.

**2.99 Monthly analysis of complaints data should be evaluated over time to establish any patterns and identify action to address these. (3.87)**

**Achieved.** There was good analysis of complaints data and evidence of appropriate action to address identified concerns.

**2.100 Management checks of complaint responses should be undertaken at the rate of at least 10% a month, and this analysis should be included in reports to the senior management team. (3.88)**

**Achieved.** Effective quality assurance was completed on all complaint responses, which were generally of a good standard. Information on complaints was regularly shared with the senior management team.

**2.101 Any complaint marked as concerning bullying should be passed to the safer custody team. (3.89)**

**Achieved.** Complaints about bullying were relatively rare but were shared with the safer custody team.

### **Legal rights**

---

**2.102 There should be sufficient staff trained in legal services to meet the needs of prisoners. (3.95)**

**Partially achieved.** There were two legal services trained staff but no facility time to carry out the work. As at the last inspection, prisoners with legal services enquires were encouraged to approach a residential officer or offender supervisor. In practice, residential staff had little idea about how these needs were to be met.

**We repeat the recommendation as follows:** Legal services officers should be given time to meet the needs of prisoners.

**2.103 Information about legal services should be fully explained on induction and publicised around the residential units. (3.96)**

**Not achieved.** As at the last inspection, little such information was given to prisoners during the induction programme.

**We repeat the recommendation.**

**2.104 Legal visitors should have more options to book their visits. (3.97)**

**Achieved.** Legal visits could be booked by telephone as well as through officers supervising visits.

---

## **Health services**

---

### **Governance arrangements**

**2.105 The lead nurse manager should be a member of the prison senior management team. (4.44)**

**Achieved.** The head of health care regularly attended the prison senior management team monthly meeting.

**2.106 Health care information should be available in the holding cells in the health care centre. (4.46)**

**Not achieved.** The holding cells in the health care centre were sparse and in a poor state of decoration. The walls were covered in graffiti and there was no health care information for patients waiting for their appointments.

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

**2.107 Health promotion literature should be widely available throughout the prison. (4.52)**

**Not achieved.** Health promotion literature was available in the health care centre but there was still no information for prisoners on the wings and no specific wing notice boards or displays for health promotion information.

**We repeat the recommendation.**

---

### **Delivery of care (physical health)**

**2.108 Prisoners should have access to a GP within 48 hours, in line with the prison health care development plan. (4.45)**

**Achieved.** A local practice provided GPs to deliver a daily clinic on weekdays, and the out-of-hours service was the same as the local community. Patients were seen initially by a triage

nurse and either treated or referred to the appropriate clinic. All those needing to see a GP were seen within 48 hours.

**2.109 All treatment areas should be structured and managed to ensure patient confidentiality. (4.47)**

**Partially achieved.** Treatment areas remained of the same structure and location and provided little confidentiality for patients receiving medicines. The management of medicine administration ensured that only one patient at a time was treated, and discipline staff did not allow any queues to develop.

**We repeat the recommendation as follows:** Patients should be treated in an environment that enables sufficient privacy and confidentiality.

**2.110 There should be sufficient discipline staff to supervise all prisoners waiting for appointments in the health care centre. (4.48)**

**Achieved.** There were sufficient officers and dedicated staff for the management of clinics and medicine administration.

**2.111 There should be sufficient primary mental health nursing services to meet the needs of prisoners. (4.49)**

**Achieved.** Two primary care mental health nurses were available at the time of our inspection, and a further nurse was being recruited. This was sufficient to meet the needs of the prison population. Each mental health nurse carried a caseload of approximately 20 patients.

**2.112 National Service Frameworks should be used to influence policies and guide clinical practice. (4.50)**

**Achieved.** National Service Frameworks were available to all clinical staff in writing and electronically. The information was considered at local meetings with all staff, including GPs.

**2.113 There should be a prisoners health forum. (4.51)**

**Not achieved.** Health care staff attended prisoner consultative groups but prisoners still had no access to a dedicated health care forum where they could raise health care issues in confidence.

**We repeat the recommendation.**

**2.114 There should be a locked box on all units for prisoners to post health services applications. (4.53)**

**Achieved.** Prisoners could post health care applications confidentially in locked health care boxes on each wing.

**2.115 Nurses should be trained in the management of triage, and triage algorithms should be developed to ensure consistency of treatment for patients. (4.54)**

**Achieved.** Nurses were trained in triage and many had received experience in minor injury clinics. Triage algorithms had been developed and were used at triage clinics to ensure consistency of treatment for patients.

## Pharmacy

---

**2.116 Completed prescriptions should be promptly filed in the clinical records. (4.55)**

**No longer relevant.** All prescriptions were now managed electronically using SystmOne (the clinical IT system) and so were included in the clinical record

**2.117 A pharmacist or technician should provide counselling sessions, pharmacist-led clinics, clinical audit and medication review. (4.56)**

**Not achieved.** There was no pharmacist or pharmacy technician who provided counselling sessions or pharmacy-led clinics.

**We repeat the recommendation.**

**2.118 The medicines and therapeutics committee should formally review and adopt all procedures and policies, and all staff should read and sign the agreed adopted procedures. (4.57)**

**Achieved.** The medicines and therapeutics committee was part of the clinical meeting with the local group of prisons and attended by pharmacy staff, GPs and nurses. Procedures and policies were reviewed regularly, and adopted procedures had been read and signed by appropriate clinical staff.

**2.119 Patients with in-possession medications should be provided with lockable cupboards in cells. (4.58)**

**Not achieved.** None of the prison cells had lockable cupboards and patients were not able to secure any in-possession medications (see recommendation 2.61).

**2.120 The in-possession risk assessments of each drug and patient should be documented, and reasons for the determination recorded by the most appropriate staff. (4.59)**

**Achieved.** The prescribing GP risk assessed patients for in-possession medicines and this was documented in accordance with safer prescribing protocols. All risk assessments and associated documentation were recorded electronically on SystmOne.

**2.121 There should be full and complete records of administration of medicines, including all occasions where the patient refused medication or failed to attend, and problems with drug compliance should be followed up where appropriate. (4.60)**

**Achieved.** All prescribing and administration of medicines were recorded using SystmOne. Records included identification of occasions when patients refused medication and notation of follow-up compliance.

**2.122 Patients should sign for medicines supplied on a weekly basis. (4.61)**

**No longer relevant.** All prescribing was now electronic. New arrivals signed a contract for any future medication during their reception.

**2.123 Controlled drugs should be stored in cupboards that meet the requirements of the controlled drugs (safe custody) regulations. (4.62)**

**Achieved.** Controlled drugs were stored appropriately in secure cabinets that complied with current regulations.

**2.124 The medicines and therapeutics committee should review the use of general stock. (4.63)**

**Achieved.** There had been a review of general medicine stock in conjunction with the medicines and therapeutics committee, which had resulted in much more limited stock being held.

## **Dentistry**

---

**2.125 The new dental contract should be in accordance with the requirements of the current provisions of the NHS General Dental Services contract for the availability of dental care, appropriate management systems and procedures. (4.64)**

**Achieved.** The dental contract was well established and prisoners had good access to dental care with satisfactory waiting times. The provider had developed management systems and procedures, and also used electronic records through SystemOne.

**2.126 There should be sufficient resources to increase dental clinical time and reduce the backlog of patients. (4.65)**

**Achieved.** Avon and Wiltshire Partnership Trust provided a dentist and dental nurse for two sessions a week and a dental hygienist for one session. The dental waiting list was 83 at the time of our inspection with no patient waiting more than four weeks for a routine appointment.

**2.127 The dental suite should comply with current decontamination regulations. (4.66)**

**Achieved.** The dental suite had been refurbished with a separate area for decontamination in line with current regulations.

**2.128 The dental X-ray, autoclave and compressor equipment should be repaired and recertified following an engineers report. (4.67)**

**Achieved.** All dental equipment was working and well maintained, with a new schedule of maintenance.

**2.129 The dental suite should have consistent fresh air ventilation. (4.68)**

**Achieved.** The windows to the dental suite could now be opened, and a small extractor fan was used to improve the air flow.

## **Delivery of care (mental health)**

---

**2.130 Prisoners should have access to general counselling services. (4.69)**

**Not achieved.** Prisoners continued to have no access to professional counselling services. We repeat the recommendation.

**2.131 There should be daycare services for prisoners who have difficulty coping on the units. (4.70)**

**Not achieved.** There were no daycare services for prisoners struggling to cope on the wings. There was a range of therapeutic services, including caring for animals and working in the grounds, but for a limited number of prisoners.  
**We repeat the recommendation.**

## **Catering**

---

**2.132 The establishment should provide hot choices for the evening meal. (7.9)**

**Partially achieved.** Only one hot meal a day was provided and, following consultation with prisoners, this was generally served at lunchtime. Hot evening meals were available from Friday to Sunday.

**2.133 Breakfast packs should be issued on the morning they are to be eaten. (7.10)**

**Not achieved.** Breakfast packs continued to be issued the day before they were to be consumed.  
**We repeat the recommendation.**

**2.134 The lunch meal should be served between noon and 1.30pm and the evening meal between 5pm and 6.30pm. (7.11)**

**Not achieved.** Lunch and evening meals continued to be served too early.  
**We repeat the recommendation.**

## **Purchases**

---

**2.135 New arrivals should be able to receive shop orders in their first week. (7.21)**

**Not achieved.** Some new arrivals had to wait almost two weeks before receiving a shop order. This was mitigated slightly by the provision of reception packs.

**2.136 Items missing from shop orders should be replaced by the end of the next full working day. (7.22)**

**Not achieved.** Missing tobacco was replaced from a local supply but other items were not replaced.

**2.137 DHL should routinely offer alternatives for out of stock items. (7.23)**

**Not achieved.** There was no facility to provide alternatives for out of stock items.

**2.138 Prisoners should be consulted about the range of catalogues, which should be increased to meet their needs. (7.24)**

**Achieved.** Catalogues were discussed at prisoner consultative meetings.

## **Time out of cell**

---

**2.139 Time out of cell should be recorded accurately. (5.42)**

**Achieved.** Time out of cell varied across residential units but the recorded figure was accurate.

**2.140 The prison should conform to the unlock and lock up timings and the other requirements listed in its published core day. (5.43)**

**Achieved.** While unlock procedures were normally on time during our inspection, we observed a few minutes slippage on two occasions without good reason. Delays needed to be addressed as split association of unlocking only half of a wing at a time restricted the opportunities to shower, make applications and telephone calls.

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

---

### **Management of learning and skills and work**

---

**2.141 Prisoners should arrive and leave education and vocational training classes on time. (5.14)**

**Not achieved.** Punctuality was still poor and continued to disrupt learning. Appointments during the core day were managed better and minimised the number of prisoners kept away from whole sessions. However, prisoners still arrived at classes up to 20 minutes late and left them too early. Those who arrived on time often had to wait until the whole class was present before learning activities started. Prisoners' attendance on some programmes was low due to the cancellation of classes where tutors were absent.

### **Provision of activities**

---

**2.142 The prison should introduce level three progression courses across the learning and skills provision. (5.16)**

**Partially achieved.** The prison had made good progress in developing the range of provision. Prisoners had increased opportunities to progress to level 2 across the prison, including in the laundry and the recycling workshop. Programmes at level 3 were now available in business enterprise and information technology. The number of prisoners on Open University or distance learning courses at level 3 or above had increased from 11 at the previous inspection to 22. Progression routes were planned well and the careers information and advice service (CIAS) provided by Tribal interviewed prisoners shortly before they completed a programme to help them plan their next step. Prisoners gaining vocational qualifications at level 2 had increased opportunities to practise their skills in real work in the prison or on release on temporary licence (ROTL). However, there were still insufficient opportunities for them to gain accreditation for the skills they developed at level 3.

## **Quality of provision**

---

**2.143 Prisoners' learning plans should have clearer short-term targets. (5.15)**

**Achieved.** A4e and Strode College, the two main providers of vocational training and education, had redesigned the individual learning plan, which now included lists of all the progression opportunities in learning and skills. All prisoners attending the classes that we visited had clear short-term learning goals for each of their programmes and they were aware

of their progress. Prisoners continued to take responsibility for their individual learning plans. The CIAS team continued to provide good initial guidance that clearly identified long and short-term targets. However, not all prisoners kept records of these interviews in their individual plans, which meant that some tutors were unaware of their plans for resettlement.

## **Library**

---

### **2.144 Library opening times should be extended to include weekends. (5.17)**

**No longer applicable.** All prisoners had scheduled times to attend the library, either as part of their education or training programmes or from the wings, and access to the library met their needs, even though it was not open at weekends. Approximately 75% of prisoners used the library regularly, and loans had increased since the previous inspection.

### **2.145 The library book loss should be reduced. (5.18)**

**Not achieved.** The book loss was 8% at the previous inspection. The stock had increased since then and now included CDs and DVDs. However, stock loss for April 2011 to March 2012 had increased to 8.5%.

## **Physical education and health promotion**

---

### **2.146 There should be a wider variety of outdoor PE provision. (5.25)**

**Achieved.** The prison had introduced a wider range of sports, which included football and rugby academies as well as separate football and rugby teams. The outdoor area was used well for basketball, volleyball and football. Fifteen officers were qualified to supervise outdoor activities, which included activities for those who chose to take part in sports when their classes were cancelled. However, staffing for PE had reduced and some prisoners now only had access to PE once a week.

### **2.147 The prison should introduce a wider range of PE courses at all levels. (5.26)**

**Achieved.** The prison had increased accreditation opportunities in PE at level 2. This covered coaching in rugby, football and sports and games, in addition to the gym instructor certificates previously available. Retention and achievement remained high.

## **Strategic management of resettlement**

---

### **2.148 The reducing reoffending action plans should contain SMART (specific, measurable, achievable, realistic and time bound) objectives. (8.8)**

**Achieved.** The reducing reoffending action plan was up to date and included a detailed outline of SMART objectives.

## **Offender management and planning**

---

### **2.149 The backlog of offender assessment system (OASys) assessments should be cleared. (8.25)**

**Not achieved.** There were 110 outstanding OASys assessments at the time of the inspection, although there was some evidence that many had been completed but required signing off.

**2.150 Video-conferencing facilities should be installed at the earliest opportunity. (8.26)**

**Achieved.** Video conferencing facilities were now in place and widely used for sentence planning.

---

**Public protection**

**2.151 Security staff and the police liaison officer should prioritise attendance at the interdepartmental risk management meetings. (8.28)**

**Achieved.** Security staff and the police liaison officer attended consistently interdepartmental risk management meetings.

---

**Categorisation**

**2.152 There should be efforts to improve the timely receipt of reports from offender managers when prisoners apply for recategorisation. (8.27)**

**Achieved.** The offender management unit had been reorganised since the last inspection and home detention curfew (HDC) and recategorisation reports were managed by individual case administrators rather than centrally. Although this meant that information on the timeliness of responses from community offender managers was not centrally monitored, there were new arrangements to streamline the management of such reports, with a day a week identified for their review and agreed protocols to follow up any that were delayed.

---

**Reintegration planning**

---

**Finance, benefit and debt**

**2.153 Prisoners should be made aware of the interventions available to address problems with debt, budgeting and money management. (8.43)**

**Partially achieved.** Information on all pathway provision work was very widely advertised across the prison, and the prisoners we spoke to were aware of what was available. Staff managing support under the finance, benefit and debt pathway also attended the pre-release resettlement forums. However, there was currently no specialist debt management support. A new contract was due to start but the level of debt advice available through this was not clear.

---

**Children, families and contact with the outside world**

**2.154 Visitors should be able to book their next visit while they are at the establishment. (8.81)**

**Not achieved.** Visits could still only be booked through the telephone booking service.

**2.155 Visitors should have a shorter waiting time before being admitted to the visits room. (8.82)**

**Not achieved.** The visitors' centre opened at 1pm and visitors started to be taken through the search procedures at about 1.45pm. A visitor at the end of the queue on a busy day was unlikely to get through to the visits hall until around 2.30pm, although this did still allow for a two-hour visit.

**2.156 Closed visits should be authorised only when there is significant risk justified by security intelligence. (8.83)**

**Not achieved.** Although applied sparingly, we were not assured that closed visits was always directly related to activity or intelligence around visits. Prisoners subject to closed visits were not reviewed regularly and often remained on them longer than necessary and in the absence of continued intelligence to support it.

**2.157 Prisoners attending visits should not have to wear bibs. (8.84)**

**Achieved.** The prison removed the need for prisoners to wear bibs during our inspection.

**2.158 Visits involving visitors with disabilities should not take place under closed conditions. (8.85)**

**Achieved.** Visitors with disabilities still took their visit in the closed visits area but not in a closed visit booth. The area was reasonably furnished and the prison had attempted to make it as conducive as possible for such a visit.

**2.159 Closed visits should not be restricted to 30 minutes. (8.86)**

**Not achieved.** There was no clear policy on the length of closed visits and we were not assured that anything other than 30 minutes was offered consistently unless at the discretion of staff.

**2.160 Family visits should be available to all prisoners. (8.87)**

**Partially achieved.** The number of family days had increased considerably and now took place monthly. Although access had been extended to include prisoners on standard IEP level, those on basic were still excluded, which did not support prisoners to maintain family links, especially with their children.

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

---

**2.161 There should be action on the findings from the needs analysis. (8.100)**

**Achieved.** The prison had included an action plan in the reducing reoffending policy document, which was based on OASys and initial assessment data. The range of accredited programmes now included the thinking skills programme (TSP), CALM (controlling anger and learning to manage it), building skills for recovery substance misuse programme (BSR) and alcohol related violence (ARV), which broadly reflected the needs identified in the needs analysis. Around a quarter of the population were convicted of robbery and over a third of the adult population were convicted of a violent offence against the person. Despite this, in January 2012, the number of prisoners referred to accredited programmes was already sufficient to meet the performance target for the following 12 months, indicating a need for more programme places to meet need.

**Further recommendation**

**2.162** There should be sufficient places on accredited offending behaviour programmes to meet the needs of the population.



## Section 3: Summary of recommendations

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

---

<b>Main recommendation</b>	<b>To the governor</b>
----------------------------	------------------------

---

- |     |  |
|-----|--|
| 3.1 | Monthly information and data on violence reduction and anti-bullying should be analysed over time to identify patterns and trends, and should be used to inform strategy to reduce the number of violent and antisocial incidents. (2.2) |
|-----|--|

---

<b>Recommendation</b>	<b>To Prison Escort and Custody Service</b>
-----------------------	---

---

- |     |   |
|-----|---|
| 3.2 | Prisoners transferring to Portland should be given toilet breaks at least every two and a half hours. (2.8) |
|-----|---|

---

<b>Recommendations</b>	<b>To the governor</b>
------------------------	------------------------

---

### **Early days in custody**

---

- |     |   |
|-----|---|
| 3.3 | Reception interviews should be conducted in a private interview room. (2.11)  |
| 3.4 | Published material in reception and induction, including the <i>Welcome to Portland</i> booklet, should be available in an appropriate range of languages. (2.15) |
| 3.5 | Individual first night interviews should always take place before new arrivals are locked in cells on their first night. (2.16)                                   |
| 3.6 | All prisoners should receive a full induction programme. (2.18)   |
| 3.7 | Prisoners should be unlocked when they are not actively participating in induction sessions. (2.19)   |
| 3.8 | Responses to induction feedback questionnaires should be collated to inform future reviews and development of the programme. (2.20)                               |

### **Bullying and violence reduction**

---

- |     |   |
|-----|---|
| 3.9 | There should be consistent attendance at the violence reduction meetings from all key departments and units. (2.21) |
|-----|---|

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

---

- |      |  |
|------|--|
| 3.10 | There should be an effective assessment, care in custody and teamwork (ACCT) quality assurance scheme, and areas of concern should be taken forward with clearly identified objectives. (2.27) |
|------|--|

### **Incentives and earned privileges**

---

- 3.11 Prisoners on the basic regime should not have their in-cell electricity turned off. (2.33)

### **Disciplinary procedures**

---

- 3.12 Prisoners in the care and control unit should be given access to their smoking requisites. (2.36)

### **The use of force**

---

- 3.13 Planned control and restraint (C&R) interventions should be routinely recorded and reviewed. (2.38)
- 3.14 Governance concerning both the justification for the use of special accommodation and the removal of prisoners' clothes in such circumstances should be improved. (2.40)
- 3.15 Staff should engage positively with prisoners in special accommodation to encourage a return to normal location. (2.41)

### **Segregation**

---

- 3.16 The level of search for prisoners located on to the CCU should be determined by risk assessment. (2.45)
- 3.17 Prisoners in the CCU should be allowed daily access to showers and telephones. (2.46)

### **Residential units**

---

- 3.18 Cells designed for single use should not be used for shared occupancy. (2.59)
- 3.19 All double cells should have adequately screened toilets. (2.60)
- 3.20 Double cells should have sufficient furniture for both occupants, including lockable cabinets. (2.61)
- 3.21 There should be a painting programme to ensure all cells are clean and free from graffiti. (2.62)
- 3.22 The published offensive displays policy should be consistently enforced. (2.65)
- 3.23 All prisoners should have the opportunity to wear their own clothes. (2.69)
- 3.24 All showers should be clean and properly maintained. (2.71)

### **Legal rights**

---

- 3.25 Legal services officers should be given time to meet the needs of prisoners. (2.102)

- 3.26 Information about legal services should be fully explained on induction and publicised around the residential units. (2.103)

---

### **Health services**

---

#### **Governance arrangements**

---

- 3.27 Health promotion literature should be widely available throughout the prison. (2.107)

#### **Delivery of care (physical health)**

---

- 3.28 Patients should be treated in an environment that enables sufficient privacy and confidentiality. (2.109)
- 3.29 There should be a prisoner health forum. (2.113)

#### **Pharmacy**

---

- 3.30 A pharmacist or technician should provide counselling sessions, pharmacist-led clinics, clinical audit and medication review. (2.117)

#### **Delivery of care (mental health)**

---

- 3.31 Prisoners should have access to general counselling services. (2.130)
- 3.32 There should be daycare services for prisoners who have difficulty coping on the units. (2.131)

#### **Catering**

---

- 3.33 Breakfast packs should be issued on the morning they are to be eaten. (2.133)
- 3.34 The lunch meal should be served between noon and 1.30pm and the evening meal between 5pm and 6.30pm. (2.134)

#### **Reintegration planning**

---

- 3.35 Closed visits should be authorised only when there is significant risk justified by security intelligence. (2.156)
- 3.36 Family visits should be available to all prisoners. (2.160)
- 3.37 There should be sufficient places on accredited offending behaviour programmes to meet the needs of the population. (2.162)

#### **Housekeeping points**

---

- 3.38 The reception area should be clean and toilets should be descaled. (2.9)

- 3.39 All cells used to accommodate new arrivals should be clean and well prepared. (2.14)
- 3.40 All toilets should be de-scaled. (2.64)
- 3.41 Prisoners' valuable property should be security marked. (2.70)
- 3.42 Health care information should be available in the holding cells in the health care centre. (2.106)

## Appendix I: Inspection team

---

Kieron Taylor	Team leader
Keith McInnis	Inspector
Kellie Reeve	Inspector
Gordon Riach	Inspector
Mick Bowen	Health services inspector
Karen Adriaanse	Ofsted inspector

### **Visitors**

Laura Plunkett	Jamaican Prison Service
Joyce Stone	Jamaican Prison Service

## Appendix II: Prison population profile

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

Status	18-20 yr olds	21 and over	%
Sentenced	294	145	89.6
Recall	30	15	9.2
Convicted unsentenced	1	0	0.2
Detainees	2	2	0.8
Other	1	0	0.2
<b>Total</b>	<b>328</b>	<b>162</b>	<b>100</b>

Sentence	18-20 yr olds	21 and over	%
Less than 6 months	17	4	4.3
6 months to less than 12 months	19	9	5.7
12 months to less than 2 years	73	19	18.8
2 years to less than 4 years	137	48	37.8
4 years to less than 10 years	74	70	29.4
10 years and over (not life)	4	1	1
ISPP	3	2	1
Life	1	9	2
<b>Total</b>	<b>328</b>	<b>162</b>	<b>100</b>

Age	Number of prisoners	%
Under 21 years: <i>minimum age=18</i>	328	66.9
21 years to 29 years	124	25.3
30 years to 39 years	23	4.7
40 years to 49 years	13	2.7
50 years to 59 years: <i>maximum age=56</i>	2	0.4
<b>Total</b>	<b>328</b>	<b>100</b>

Nationality	18-20 yr olds	21 and over	%
British	299	144	90.4
Foreign nationals	24	14	7.8
Not stated	5	4	1.8
<b>Total</b>	<b>328</b>	<b>162</b>	<b>100</b>

Security category	18-20 yr olds	21 and over	%
Uncategorised unsentenced	18	6	4.9
Uncategorised unclassified	103	25	26.1
Uncategorised sentenced	13	1	2.9
Cat C	5	86	18.6
Cat D	0	6	1.2
Other	189	38	46.3
<b>Total</b>	<b>328</b>	<b>162</b>	<b>100</b>

Ethnicity	18-20 yr olds	21 and over	%
<i>White</i>			
British	226	119	70.4
Irish	0	2	0.4
Other white	9	7	3.3
<i>Mixed</i>			
White and black Caribbean	14	3	3.5
White and black African	1	1	0.4
White and Asian	1	0	0.2

Other mixed	4	1	1
<i>Asian or Asian British</i>			
Indian	1	2	0.6
Pakistani	4	0	0.8
Bangladeshi	1	0	0.2
Other Asian	3	4	1.4
<i>Black or black British</i>			
Caribbean	26	12	7.8
African	15	3	3.7
Other black	9	2	2.2
<i>Other ethnic group</i>	9	4	2.7
<i>Not stated</i>	5	2	1.4
<b>Total</b>	<b>328</b>	<b>162</b>	<b>100</b>

Religion	18–20 yr olds	21 and over	%
Church of England	46	30	15.5
Roman Catholic	44	40	17.1
Other Christian denominations	55	17	14.7
Muslim	38	14	10.6
Sikh	0	1	0.2
Hindu	0	1	0.2
Buddhist	1	3	0.8
Other	1	1	0.4
No religion	133	54	38.2
Not stated	10	1	2.2
<b>Total</b>	<b>328</b>	<b>162</b>	<b>100</b>

#### Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	61	12.4	20	4.1
1 month to 3 months	90	18.4	31	6.3
3 months to 6 months	90	18.4	28	5.7
6 months to 1 year	59	12	41	8.4
1 year to 2 years	25	5.1	32	6.5
2 years to 4 years	0	0	8	1.6
<b>Total</b>	<b>325</b>	<b>66.3</b>	<b>160</b>	<b>32.7</b>

#### Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	1	20	0	0
6 months to 1 year	2	40	0	0
1 year to 2 years	0	0	1	20
2 years to 4 years	0	0	1	20
<b>Total</b>	<b>3</b>	<b>66.3</b>	<b>2</b>	<b>33.6</b>