

Report on an unannounced short follow-up inspection of

HMP Swansea

17–19 December 2012

by HM Chief Inspector of Prisons

Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the Glossary of terms on our website at: http://www.justice.gov.uk/downloads/about/hmipris/Glossary-for-web-rps_.pdf

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

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Introduction

HMP Swansea continues to function as a local prison serving the courts of South and West Wales.

Our last full inspection of HMP Swansea in February 2010 found that, on the whole, the prison was achieving reasonably good outcomes for prisoners in most areas. Our most significant concern focused on arrangements for resettlement, particularly services to support the effective reintegration of offenders after their release, as well as the ongoing challenges of old accommodation, overcrowding and the limitations of the prison's regime. An unannounced short follow-up inspection such as this focuses on the progress the prison has made in implementing the recommendations made at the last inspection and so does not provide a complete picture of the establishment as a whole. This inspection found that the prison had made sufficient progress in implementing our recommendations on safety and resettlement, but that insufficient progress had been made in the areas of respect and purposeful activity.

Concerning our healthy prison test safety, there had been progress against our previous recommendations. However, a particular concern was the lack of self-harm monitoring refresher training for staff, notable because there had been three tragic self-inflicted deaths since our last inspection. The drug support unit was a positive initiative, but prescribing arrangements for substance misusers, at most risk during the early part of their stay at Swansea, were not sufficiently flexible and monitoring arrangements too limited.

There had been too little focus on achieving recommendations concerning respect but staff-prisoner relationships appeared to be good, and health provision was reasonable. The fabric of the prison was old but reasonably clean and well maintained. However, cells were cramped and the prison remained significantly overcrowded. The needs of some minority groups were not understood or met and, although few, they could be among the most marginalised in the prison. Provision for equality and diversity work required fundamental attention.

Although not uncommon in a local prison, there were still not enough activity places. It was, therefore, inexcusable that not all the places and workshops available were used. Too many prisoners were unemployed and not purposefully engaged with activities, which was further compounded by restricted opportunities for time out of cell. However, education provision was reasonably good.

Resettlement had, with some caveats, improved. Swansea prison now broadly understood the needs of its population. The quality of offender management work appeared reasonable, but custody planning for unconvicted and short-term prisoners was still inadequate. Improvements were evident across most resettlement pathways. Focused work to develop support for prisoners' children and families was positive. The family support coordinator was a welcome addition and had implemented some good initiatives but other aspects of maintaining prisoner contact with their families, particularly in visits, needed more attention.

Nick Hardwick
HM Chief Inspector of Prisons

February 2013

Fact page

Task of the establishment

Swansea is a local prison and young offender institution, holding male prisoners aged 18 and over. The population is mainly comprised of prisoners who have been remanded or newly sentenced by courts in Wales; most of its prisoners come from courts in the South Wales area.

Prison status

Public

Region

Wales

Number held

424

Certified normal accommodation

248

Operational capacity

435

Date of last full inspection

8–12 February 2010

Brief history

Swansea, which was built in 1845 and completed in 1861, served the courts of South Wales. It had been a local male prison since 1922, holding both adults and young offenders. It held up to 435 prisoners, either remanded or sentenced, with a maximum sentence of three years. In the 1980s, Swansea started the Listener scheme. In 2012, it piloted and opened a drug recovery and drug abstinence wing.

Short description of residential units

A wing – a mixed residential unit (remand and sentenced adults and young offenders) of approximately 180 prisoners.

B wing – the drug recovery wing.

C wing – the drug abstinence wing.

E wing – the segregation unit, which has six cells and one special cell.

D wing – a mixed residential unit (remand and sentenced adults and young offenders) of approximately 80 prisoners.

F wing – the first night and short induction unit, a mixed residential unit (remand and sentenced adults and young offenders) of approximately 50 prisoners.

Name of governor/director

Neil Lavis

Escort contractor

GeoAmey

Health service commissioner and provider

Abertawe Bro Morgannwg University Health Board (commissioner and provider)

HMP Swansea (provider)

Learning and skills providers

HMP Swansea

Independent Monitoring Board chair

Brian Thompson

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 short follow-up inspection was to follow up the recommendations made in our last full inspection of 2010 and assess the progress achieved¹. All full inspection reports include a summary of outcomes for prisoners against the model of a healthy prison. The four criteria of a healthy prison are:

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

- 1.4 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.

¹ Short follow-up inspections focus on recommendations made at the last full inspection and do not provide an assessment of the prison as a whole.

Safety

- 1.5 At our inspection in 2010 we found that outcomes for prisoners against this healthy prison test were good. We made 15 recommendations in this area, of which eight had been achieved, two partially achieved and five had not been achieved. We have made no further recommendations.
- 1.6 Arrangements for prisoners prior to their arrival and during their early days at Swansea required further development. Although prisoners we spoke to said waits at court were not too long, person escort records were often incomplete or completed poorly and did not assure us that waiting times were acceptable; however, late arrivals were infrequent. First night risk assessments and reception interviews appeared too informal and lacked focus. Prisoners were not given enough money to allow them to have a proper conversation with their family on their first night.
- 1.7 Progress against previous suicide and self-harm recommendations was too slow. Death in custody action plans were consolidated into a single action plan and were reviewed regularly. Nearly two-thirds of all staff still required refresher training in self-harm monitoring procedures. Prisoners could contact the Samaritans free of charge, but many were unaware of this. The number of staff trained in first aid had increased and cover for most work periods appeared sufficient.
- 1.8 Relevant departments were consistently represented at most security committee meetings. Effective guidance on strip- and squat-searching was available, widely understood and appropriately implemented. There was no overarching analysis of incentives and earned privileges (IEP) data to identify patterns and trends to inform the policy, which was significantly out of date; however, prisoners could now buy as much telephone credit as their spending account allowed.
- 1.9 Although planned interventions were infrequent, there was now a video recorder, which could be used to film them if necessary. Strip-searching was still routine on entry to the segregation unit, and no robust risk assessments were carried out. Few prisoners were in the segregation unit for reasons of good order, but there was some evidence that attendance at activities away from the unit was properly risk assessed for those prisoners and permitted when appropriate.
- 1.10 Prisoners on substance misuse stabilisation regimes were in cells with normal doors, which limited the effectiveness of night-time monitoring by health care staff. Prisoners who were heroin-dependent prior to reception only had the option of a rapid detoxification with a non-opiate, which was not sufficiently flexible, but prescribing continued appropriately for those already on opiate substitution in the community.
- 1.11 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.

Respect

- 1.12 At our inspection in 2010 we found that outcomes for prisoners against this healthy prison test were reasonably good. We made 50 recommendations in this area – including two main recommendations – of which 20 had been achieved, 12 partially achieved and 18 had not been achieved.

- 1.13 Cells designed to hold one prisoner still housed two, and toilet screening remained inadequate. Appropriately, young adults did not share cells with adult prisoners, but unconvicted and convicted prisoners were still held in the same cell without their agreement. Lockable cupboards were not readily available. Prisoners could wear their own clothing and laundry facilities were adequate.
- 1.14 We saw some encouraging interactions between staff and prisoners, and while it was positive that a prisoner consultative committee had been introduced, it was not yet well embedded and there was no prisoner council. Personal officers' entries in case notes were infrequent, varied in quality and reflected little awareness of resettlement issues or family links.
- 1.15 With the exception of disability there was too little progress on equality. There was no needs analysis and structures to monitor prisoners' needs were inadequate. The strategic equalities meeting and action plan did not cover all protected characteristics or focus on specific individual needs. Consultation with prisoners was limited to an older prisoners' group and there had been no attempt to address the negative perceptions of black and minority ethnic prisoners. The identification of prisoners with disabilities had improved, there was evidence of some reasonable adjustments and disabled prisoners were now unlocked during the working day. However, there were still no designated cells for wheelchair users and no care plans for those requiring ongoing support.
- 1.16 The relationship between Swansea and the UK Border Agency had improved, and arrangements for foreign national prisoners who needed to be moved to an immigration removal centre were better. Independent immigration advice was available, but was not well advertised. Promotion of cultural awareness was poor. Black history month had not been widely publicised or celebrated and prisoners had a limited knowledge of events to promote and celebrate diversity. Despite some efforts, faith provision for Muslim and Buddhist prisoners remained inadequate.
- 1.17 There had been no consultation with prisoners from a black or minority ethnic background about their negative perceptions of the food. The canteen list had, however, significantly improved and increased under a new DHL contract and now included products specifically for prisoners from minority groups.
- 1.18 Progress against health care recommendations was reasonable, although there had been no published assessment of prisoners' health needs since 2008. The health care waiting area had been refurbished, but several rooms did not meet infection control guidelines. Recording on the electronic clinical information system SystmOne was of a good standard, but the system was not used by the dentist. Processes for analysing and learning from complaints and any incidents were underdeveloped. There was no clear health promotion strategy and there were limited health displays on the wings. Assessment procedures for new arrivals had improved. Waiting times for the GP were short, but they were too long for the dentist and optician. Prisoners had good access to hospital appointments and patients were transferred promptly to external mental health facilities.
- 1.19 On the basis of this short follow-up inspection, we considered that the establishment was making insufficient progress against our recommendations.

Purposeful activity

- 1.20 At our inspection in 2010 we found that outcomes for prisoners against this healthy prison test were reasonably good. We made nine recommendations in this area – including one main

recommendation – of which four had been achieved, two partially achieved and three (including the main recommendation) had not been achieved. We have made no further recommendations.

- 1.21 Opportunities for association were still unnecessarily curtailed for prisoners who wanted to go to their cells, for example, to use the toilet or smoke. Daily time in the open air was too restricted and other competing priorities and bad weather also affected access.
- 1.22 In learning and skills there had been good progress against many of the recommendations made at the last inspection. Overall, the curriculum met the learning needs of the short-term population. There was a good, appropriate focus on improving prisoners' literacy, numeracy and employability skills. Arrangements for induction had improved, resulting in more referrals to education and around 10% of the population took part in the provision on offer. Attainment and completion rates for all courses were good. The data collection systems were very good and allowed the education department to compare its performance with other similar prisons and for teachers to analyse their own performance in the classroom.
- 1.23 Significantly, the main recommendation on activity had not been achieved. There remained insufficient activity places and those available were not used efficiently. Too many prisoners were unemployed and many were not purposefully occupied in any activity that would have helped them improve their skills to get and keep a job on release. Attendance at education was good, but the day-to-day arrangements for monitoring attendance at other activities were not robust enough. The prison did not have a clear action plan to say how it would improve the quality, quantity and range of activity places on offer.
- 1.24 On the basis of this short follow-up inspection, we considered that the establishment was making insufficient progress against our recommendations.

Resettlement

- 1.25 At our inspection in 2010 we found that outcomes for prisoners against this healthy prison test were not sufficiently good. We made 34 recommendations in this area – including three main recommendations – of which 12 had been achieved, 11 partially achieved and eight had not been achieved. Three recommendations were no longer applicable. We have made no further recommendations.
- 1.26 The resettlement needs analysis and strategy was reasonable, although further work was required to assess prisoners' wider needs and the objectives necessary to be more specific. The resettlement stakeholders group now met monthly and was generally well attended. Although there had been no updated strategic plan across all prisons in Wales, the commissioning group had identified key objectives and Swansea maintained good regional and community links.
- 1.27 Offender assessment system completions for which the prison was responsible were up to date, but those completed by offender managers were not monitored and it was not possible to ascertain whether these were also completed in a timely manner. Contact between offender managers and prisoners generally appeared good, but offender supervisors were unaware of how much contact this actually involved.
- 1.28 Overall the quality of offender management work appeared to be reasonable. Risk assessments and risk management plans had improved and were based on a good range of

information. Contact between offender supervisors and prisoners was variable but regular information-sharing reports were, where appropriate, forwarded to offender managers.

- 1.29 Custody planning for prisoners on remand and serving sentences of less than 12 months remained limited and required further development, although pre-release meetings six and two weeks prior to release took place through the resettlement department.
- 1.30 The development of the resettlement team was a good initiative but it needed further refinement. There had been reasonable progress to help prepare prisoners for education, training and work on release. Services for alcohol users were reasonable. Considerable work had been undertaken to develop support for the children and families of prisoners and the appointment of the family support coordinator was welcomed.
- 1.31 Although the introduction of the visitors' centre within the prison was a positive initiative, a number of concerns regarding visits remained unchanged including: variable access to visits for unconvicted prisoners, a lack of toilet access for prisoners during visits, and prisoners subject to closed visits being prevented from having refreshments bought for them by their visitors. Closed visits were imposed too frequently for reasons not directly related to illicit activity during visits and many appeared to remain on them for too long with little evidence of intelligence to support this.
- 1.32 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 **Diversity procedures should ensure through regular consultation with prisoners that the needs of minority groups are monitored and met. (HP41)**

Not achieved. There was no needs analysis of prisoners from minority groups to inform an action plan. With the exception of an older prisoners group, there were no regular consultation arrangements with prisoners from minority groups. The strategic equalities meeting and subsequent action plan did not cover all the protected characteristics or focus on specific individual needs.

We repeat the recommendation.

- 2.2 **Services for men with disabilities should be improved to include better identification procedures and appropriate individual care plans based on assessed needs. (HP42)**

Partially achieved. Identification procedures had improved considerably and were conducted by health care staff during the reception process. At the time of the inspection, 33% of prisoners reported having a disability. A prisoner disability representative identified prisoners on the wings and suggested reasonable adjustments where appropriate, which were then implemented. However, the information provided was not transferred onto multidisciplinary care plans and not all staff were aware of the individual needs of all disabled prisoners in their care.

We repeat the recommendation.

- 2.3 **Additional activity places should be provided to keep all men purposefully occupied. (HP43)**

Not achieved. The prison had 364 activity places, but this included prisoners attending the gym, the drug recovery wing and induction, and the number had not improved in real terms since the last inspection. As a result, not enough of this activity provided useful, purposeful occupation. At the time of the inspection, 20% of prisoners were registered as unemployed. Attendance at education was good at around 87%. However, the day-to-day attendance monitoring arrangements at other activities were not robust enough and staff were not clear what the daily attendance rates were in all areas. Not all workshops were used fully. There were plans to increase the range of activities on offer by, for example, developing a mattress recycling workshop and a gardening project. However, there was no clear specific, measurable, achievable, realistic and time bound action plan to determine how this would be taken forward.

We repeat the recommendation.

- 2.4 **A regional resettlement/reducing reoffending policy for Wales should be developed to clarify the role of Swansea and other Welsh prisons and ensure effective resettlement provision at Swansea in relation to its changing functions. (HP44)**

Partially achieved. Although there was still no updated overarching reducing reoffending policy for Wales, the National Offender Management Service Cymru strategic commissioning and business plan (2008–13) identified key issues relating to work with offenders in Wales, which were broadly reflected in the prison's own reducing reoffending strategy 2011–14. This was supported by the prison's close involvement with the offender management development implementation group for Wales.

2.5 An effective custody/sentence planning process for unconvicted and short-sentenced prisoners should be established. (HP45)

Partially achieved. There was no structured custody planning for either of these groups. In principle a representative from the chaplaincy undertook, during induction, a review of needs against resettlement pathways, made necessary referrals to pathway providers and passed information to the offender management unit. However, we came across a number of prisoners who had not been assessed. Despite this, information about key pathway provision, including drug and alcohol services and accommodation support, was widely advertised. The limitations were also mitigated by the introduction earlier in the year of a resettlement team, which invited all prisoners to a pre-release assessment meeting six weeks prior to release where there was a need. Follow-up was also undertaken approximately two weeks prior to release. We were told that about 70% of all prisoners attended these meetings.

2.6 A clear strategy for the development of the children and families resettlement pathway should be developed to include a thorough revision of visits arrangements to ensure that families and friends of prisoners have an appropriate and respectful visits experience. (HP46)

Partially achieved. The prison's reducing reoffending strategy document (2011–14) included broad objectives for the prison, including those focused on the children and families pathway. A more detailed outline of both progress in the previous 12 months and objectives for the forthcoming year were included in a review of children and family support undertaken in October 2012, 12 months after the appointment of a new integrated family support coordinator. While this was positive, it did not include issues and developments relating to visits; visits work and work on children and families lacked integration.

Recommendations – safety

Courts, escorts and transfers

2.7 Prisoners should not have to wait in court cells for long periods before being transferred to prison custody and should arrive at the prison before 7pm. (1.5)

Partially achieved. We examined 30 person escort records (PER) and found that the information recorded while prisoners were in the care of escort services was poor. Of the PERs reviewed, 13 had no written information on what had happened to the prisoners during the course of the day and 11 were incomplete and did not record events from arriving at court to the point where prisoners were transferred to the prison. Only six PERs had been completed properly. They indicated that those prisoners were not being left in court cells for undue lengths of time before being transferred to the prison; prisoners we spoke to confirmed this. Reception staff told us that there had been some issues with late arrivals when the new escort contract was first implemented and, although late arrivals did still occur, they were less frequent.

We repeat the recommendation.

Early days in custody

- 2.8 Prisoners should be asked specifically about arrangements for any dependants at the reception board. (1.19)

Achieved. Prisoners were seen by first night staff for an informal first night interview and by a reception board on the day after arrival. Although formal written records were not completed, both interviews were recorded in prisoners' electronic case history notes. These did not specify if prisoners had been asked about arrangements for any dependants, but prisoners we spoke to said that a member of staff had asked them about this during the early days process.

- 2.9 All prisoners should be given a free telephone call on arrival. (1.20)

Not achieved. All new prisoners were given a £2 advance in telephone credit to use on their first night. The prison reclaimed £1.75 of this, giving the prisoners just 25p to make a free telephone call, which was insufficient.

We repeat the recommendation.

Self-harm and suicide prevention

- 2.10 Recommendations from all death in custody investigations over recent years should be consolidated into a single action plan and reviewed periodically. (3.27)

Achieved. Since the last inspection, there had been four recorded deaths in custody, one of which occurred on release and had not been subject to an investigation by the Prisons and Probation Ombudsman (PPO). The prison had only received the PPO investigation report of one of the cases just before the inspection. Actions based on the full investigations of the two deaths in custody had been incorporated into the establishment's corporate plan, which was reviewed on a regular basis, although the review appeared perfunctory.

- 2.11 All staff should receive refresher training in ACCT procedures. (3.28)

Not achieved. The prison's training record indicated that 69% of all staff required assessment, care in custody and teamwork (ACCT) or self-harm monitoring refresher training.

We repeat the recommendation.

- 2.12 There should be better promotion of the Samaritans helpline and prisoners should be able to access it free of charge from landing telephones. (3.29)

Partially achieved. A system that allowed prisoners to use a specific and dedicated Samaritans helpline telephone number free of charge was in place. This was not advertised throughout the prison and many prisoners were unaware of it. Posters throughout the establishment advertised the Samaritans helpline, which included a local telephone number that was chargeable and required prisoners to make an application to have this number included on their phone list. These two separate systems were confusing.

We repeat the recommendation.

- 2.13 Managers should ensure that there are always appropriately trained first aid staff on duty in the prison. (3.30)

Achieved. Thirty-eight staff from a cross section of departments, including the designated night senior officers, had been trained in first aid. This increased the likelihood that there would be a trained first aid member of staff on duty at all times.

Security

- 2.14 All key functions should regularly attend the security committee. (7.9)

Achieved. Key functions were mostly consistently represented at the security committee.

- 2.15 There should be specific guidance within the local security strategy about the arrangements for strip-searching, including when squat-searching is allowed, with the requirement of authority from an appropriate manager. Such searching should be recorded and regularly reviewed by senior managers. (7.10)

Achieved. Clear guidance on strip-searching and squat-searching was included in the local security strategy and was widely understood by staff. We were assured that squat-searching was not routine and was only conducted when specific intelligence supported it and when properly authorised by a senior officer.

Incentives and earned privileges

- 2.16 Prisoners should be able to buy as much telephone credit as their spends limit allows, regardless of regime level. (7.34)

Achieved. Prisoners could buy as much telephone credit as their spends limit allowed, regardless of regime level.

- 2.17 There should be periodic analysis of incentives and earned privileges data, such as by location and age, to detect and respond to emerging patterns and trends and inform annual reviews of the scheme. (7.35)

Not achieved. Monthly data was collated on the number of prisoners on each level of the incentives and earned privileges scheme (IEP) along with monthly adjudication data. Discussions at the monthly senior management team meetings of the number of adjudications compared with the number of prisoners on each level of the IEP scheme were only cursory. Systematic monitoring and analysing of race equality treatment (SMART) data was used to ensure fairness for black and minority ethnic prisoners on the scheme. There was no overarching analysis of IEP data that would have identified patterns and trends to inform the IEP policy. The policy had not been reviewed since July 2011.
We repeat the recommendation.

Disciplinary procedures

- 2.18 Video cameras should be used to record all planned interventions. (7.24)

Achieved. A video camera and guidance on its use was available, but the need for planned interventions was infrequent.

- 2.19 Prisoners relocating to the segregation unit should be strip-searched only if a risk assessment indicates it is necessary. (7.25)

Not achieved. Prisoners continued to be routinely strip-searched on entry to the segregation unit without a robust risk assessment to justify this.
We repeat the recommendation.

- 2.20 **Subject to risk assessment, prisoners located in the segregation unit for reasons other than punishment should have access to off-unit activities such as workshops and education. (7.26)**

Achieved. Very few prisoners were located in the segregation unit for reasons other than punishment. Too many appeared to be located there unnecessarily pending adjudication, but between June and November, only nine prisoners were there for reasons of good order. We were assured that access to off-unit activities for these prisoners was subject to a risk assessment and that continuing participation in courses and accredited programmes was encouraged and facilitated for all prisoners where possible.

Substance misuse

- 2.21 **Prisoners undergoing stabilisation/detoxification should be located in designated cells that allow for unrestricted observation. (3.55)**

Not achieved. All new prisoners undergoing stabilisation or detoxification were located on the induction unit (F wing), which had normal cell doors that limited the effectiveness of health care staff's night-time monitoring. This unit had previously been on B wing, which had door hatches that allowed unrestricted observation.

We repeat the recommendation.

Recommendations – respect

Residential units

- 2.22 **Two prisoners should not have to share cells designed for one. (2.17)**

Not achieved. The prison was originally designated to hold 260 prisoners, but overcrowding meant 434 were being held. Most cells designed to hold one prisoner held two, and there were three cells designed to hold two prisoners that had been designated to hold up to four in dormitory conditions.

We repeat the recommendation.

- 2.23 **Unconvicted prisoners should not be required to share cells with convicted prisoners. (2.18)**

Not achieved. The prison was still placing unconvicted prisoners in cells with convicted prisoners without prisoners' agreement, although each was subject to a cell-sharing risk assessment to ensure a degree of safety. Young adult prisoners did not share a cell with adult prisoners.

We repeat the recommendation.

- 2.24 **All cell toilets should be screened. (2.19)**

Not achieved. Some in-cell toilets were screened with a half stable door and others with a shower curtain both of which were insufficient. We also found evidence of prisoners using

bedding sheets to make temporary toilet screening.
We repeat the recommendation.

2.25 Prisoners should have lockable cupboards for their possessions. (2.20)

Not achieved. Only one of the cells we inspected had a lockable cupboard. The prison had provided lockable cupboards some time ago; however they had no locks, no keys and in some instances no fronts on them. The prison had recently purchased new lockable cupboards and was in the process of replacing old ones, but in the vast majority of cells this work had yet to be completed.

We repeat the recommendation.

2.26 All unconvicted prisoners should have the opportunity to launder their personal clothing and be allowed to mix personal and prison-issue clothing. (2.21)

Achieved. The prison allowed all prisoners to wear their own clothes. There was a separate prison laundry that laundered personal clothing on a rota basis and this worked well. All prisoners were offered prison clothing as well.

Staff-prisoner relationships

2.27 A prisoner council led by a senior manager should be established, with agreed terms of reference and a standard agenda covering all important areas. (2.26)

Partially achieved. The prison had reintroduced the prisoner consultative committee, but there had only been two meetings prior to the inspection in November and December 2012. The prisoner representatives were volunteers and did not form part of an elected prisoner council. There was a set agenda, and the meeting minutes reflected positive discussions with prisoners.

2.28 Personal officers should receive specific training about the scheme and what is required of them, including examples of effective wing file entries, which should include resettlement issues, any relevant family matters and progress with identified resettlement targets. (2.32)

Not achieved. There was no specific training for personal officers. Case history notes we examined reflected sporadic personal officer entries of a variable quality. We found little evidence of links with resettlement other than a synopsis of discussions at the pre-discharge board, and we found no entries that reflected links with family or family matters.

We repeat the recommendation.

Equality and diversity

Strategic management

2.29 The diversity policy and action plans should be based on a needs analysis of the population and should reflect the needs of older prisoners, Gypsy and Traveller groups and issues of sexuality. (4.5)

Not achieved. There had been no needs analysis since our last inspection. The strategic equality policy and action plan were based on legislation and did not specifically reflect or

address the individual needs of minority groups. The prison was aware of the number of prisoners from each minority group; however, due to a lack of consultation, there was a lack of focus on individual needs.

We repeat the recommendation.

Protected characteristics

- 2.30 **More race equality representatives should be appointed and encouraged to attend diversity meetings. (4.12)**

Achieved. The prison employed six equality representatives, but only two had received any training and none had job descriptions. The representatives attended monthly equalities meetings and were actively encouraged to contribute.

- 2.31 **Black and minority ethnic prisoner groups should be established and reasons behind negative perceptions about treatment discussed and addressed. (4.13)**

Not achieved. Around 5% of prisoners at Swansea were from a black and minority ethnic background. There were no black and minority ethnic prisoner consultation groups and the prison was not focused on this group's negative perception of their treatment. We found evidence that prisoner representatives had raised the issue of racism and explained that prisoners felt that their views were not valued. This had not been satisfactorily addressed.
We repeat the recommendation.

- 2.32 **There should be wider promotion of race and cultural diversity and recognition of events such as black history month. (4.14)**

Not achieved. Many prisoners had a limited knowledge of race and cultural diversity. Some events had been planned for black history month, but nothing had actually taken place. Little information about race and cultural diversity was displayed and promotion was not discussed at the equalities meeting.

We repeat the recommendation.

- 2.33 **Interventions for challenging racism and protecting victims of racist bullying should be established. (4.15)**

Partially achieved. There were no interventions to challenge perpetrators of racism but the equality policy included arrangements to support victims of racist bullying.

- 2.34 **Alternative arrangements for quality assurance should be established to ensure that all racist incident report forms are independently checked regularly. (4.16)**

Achieved. The Ethnic Youth Support Team, an independent Muslim organisation, quality assured a percentage of all discrimination incident reporting forms (DIRFs). The DIRFs we reviewed had all been quality assured and were of a good standard.

- 2.35 **Foreign national prisoners should be moved to immigration removal centres as soon as their criminal sentence has expired. (4.25)**

Partially Achieved. At the time of the inspection, there were two immigration detainees. One had become a detainee in the week prior to the inspection, while the other's sentence had expired in October 2012. We saw evidence that the UK Border Agency was mostly proactive in

transferring prisoners to immigration removal centres following the expiry of their sentence.
We repeat the recommendation

- 2.36 **The prison should establish links with an independent immigration advice agency to assist immigration detainees and other foreign national prisoners. (4.24)**

Partially achieved. The prison had established links with the detention advice service; however, it was poorly advertised and some prisoners we spoke to said they were unaware of any service.

We repeat the recommendation.

- 2.37 **Disability liaison officer should have training for the role, including in the legal obligations under the Disability Discrimination Act. (4.31)**

Achieved. The disability liaison officer had not received any formal training but had been to another establishment for personal development in this role and was now aware of the legal obligations under the Disability Discrimination Act, and was competent to undertake the role

- 2.38 **Reasonable adjustments should be made on all residential units to meet the needs of prisoners with disabilities and mobility problems. (4.32)**

Partially achieved. There were no designated cells for wheelchair users and we found evidence that this had adversely affected a prisoner. Apart from a shower with an integral seat on A wing and grab rails in some cells on other units, there were no other adaptations to accommodation.

We repeat the recommendation.

- 2.39 **Officers should assist prisoners in wheelchairs. (4.33)**

Partially achieved. At the time of the inspection there were no wheelchair users. Most staff we spoke to said they would assist wheelchair users; however, a minority said they would only do so in an emergency. Prisoners in our groups said that they had observed staff pushing prisoners in wheelchairs. There was no formal buddy system.

We repeat the recommendation.

- 2.40 **Prisoners with disabilities and older prisoners who are unable to work should be unlocked during the core day. (4.34)**

Achieved. Disabled and older prisoners were unlocked during the core day. However, there were no constructive activities for these prisoners during this period.

- 2.41 **Prisoners who are unable to work due to age should receive more than basic unemployment pay. (4.37)**

Achieved. Prisoners who were unable to work due to their age were paid £3.25 which was 75p a week more than an unemployed prisoner. However, this was still low and those we spoke to said it was insufficient to meet their needs

Faith and religious activity

- 2.42 **Appropriate provision should be provided for Muslim and Buddhist prisoners. (3.46)**

Not achieved. Faith provision for both Muslim and Buddhist prisoners remained inadequate as a permanent Imam or Buddhist minister had still not been recruited. The Imam from Cardiff prison attended on Monday mornings when prayers were held. Muslim and Buddhist prisoners were dissatisfied with faith provision.

We repeat the recommendation.

Complaints

- 2.43 Senior managers should regularly conduct quality assurance checks on responses to complaints. (3.35)

Not achieved. Senior managers had not undertaken quality assurance checks of the responses to complaints since October 2011.

We repeat the recommendation.

Health services

Governance arrangements

- 2.44 There should be an up-to-date health needs assessment, including a mental health analysis that reflects the needs of the prison population. (5.53)

Partially achieved. The last full health needs assessment was completed in 2008. Annual themed health needs assessments were planned from 2011, but at the time of our inspection, none had been published.

We repeat the recommendation.

Delivery of care (physical health)

- 2.45 The two prisoner health care waiting rooms and toilet should be refurbished. (5.54)

Achieved. The prisoner health care waiting area was refurbished in 2011 to a high standard.

- 2.46 The flooring in the treatment room on A/B wing should meet current infection control standards. (5.55)

Not achieved. The flooring in A/B wing treatment room was cracked and needed replacement to meet current infection control standards.

We repeat the recommendation.

- 2.47 All entries in clinical records should be complete and legible and staff signatures and designations should be legible and in line with NMC standards for record-keeping. (5.56)

Achieved. SystmOne, the electronic clinical recording system, was installed in August 2011; it generated legible records with the clinician's name, designation, the date and time. SystmOne records that we sampled complied with current record-keeping standards.

- 2.48 **The policy for untoward incidents and complaints should be updated and all incidents and complaints regularly reviewed and steps taken to increase the reporting of, and learning from, incidents and complaints. (5.57)**

Partially achieved. A comprehensive policy for managing problem incidents had been developed in October 2012, but the incident reviews sampled did not include any analysis or action plan. From April 2012, health care specific complaint forms were introduced, but the prison's business management unit coordinated the system, which meant it was not sufficiently confidential. The quality of the complaint responses sampled did not consistently address the issues raised. Processes enabling the prison to learn from complaints were underdeveloped. **We repeat the recommendation.**

- 2.49 **All health care sections of self-harm reports and use of force documents should be completed fully and clearly to ensure proper recording in line with NMC standards for record-keeping. (5.58)**

Not achieved. A significant number of the use of force documents sampled had no health care form attached, but those that were present were completed to a good standard. The self-harm reports sampled had been completed properly. **We repeat the recommendation.**

- 2.50 **There should be a clinical audit programme to inform service improvement for patients. (5.59)**

Partially achieved. An infection control audit and two pharmacy audits had been completed in 2012, but there was no targeted clinical audit programme. **We repeat the recommendation.**

- 2.51 **Triage protocols should be dated and appropriately evidenced. (5.60)**

Not achieved. There were undated and unreferenced triage protocols on D wing, which nursing staff said they used occasionally. **We repeat the recommendation.**

- 2.52 **There should be a policy for testing for blood-borne viruses. (5.61)**

Achieved. Nurses provided information and advice on blood-borne viruses, carried out testing and offered support. This was backed by a current policy.

- 2.53 **Prisoners who cannot speak or understand English well should have access to professional interpreting services for all health care consultations regardless of location. (5.62)**

Achieved. Prisoners had appropriate access to professional interpreting services for health care consultations.

- 2.54 **A health promotion strategy should be developed, including more displays of promotional material around the prison and oral health. (5.63)**

Partially achieved. The health promotion strategy (2008–2011) was a good whole prison approach to health promotion, but it needed to be reviewed and was not coordinated by a health promotion action group. The gym organised some positive health promotion activity

including twice yearly health-themed weeks, but there was no planned timetable for health promotion activities and health promotion displays around the prison were very limited.

2.55 Links should be strengthened with the gym to enable prescription-based exercise referrals. (5.64)

Not achieved. The links between the health care department and the gym remained underdeveloped. The gym offered yoga, weight management, carpet bowls for prisoners with limited physical ability and remedial gym, but referrals from health care were minimal.
We repeat the recommendation.

2.56 The reception screening should be completed fully to ensure prisoners' health needs are identified early. (5.65)

Achieved. Nurses completed a first night reception screening. Prisoners received a further comprehensive assessment the next morning and had immediate access to immunisation, a mental health nurse assessment or the GP if required.

2.57 The health care application system should be revised to ensure that prisoners have swifter access to GPs, whom they can see on request. (5.66)

Achieved. Health care applications were collected and dealt with by the night nurse. Prisoners requesting a GP appointment were booked a nurse triage appointment the next day. Emergency appointments were available with the GP daily and routine appointments took place within three days.

2.58 More frequent optician clinics should be provided to ensure urgent needs are met. (5.67)

Not achieved. We were advised that optician clinics were arranged as demand required, but several of the 22 prisoners on the waiting list had already waited for seven weeks to be seen. Reading glasses were freely available through the health care department.
We repeat the recommendation.

2.59 Medication administration charts should be appropriately and fully completed. (5.68)

Achieved. The medication prescription cards sampled were appropriately completed. The pharmacist carried out regular quality checks.

2.60 The timing of medication rounds should enable clinically effective intervals between doses. (5.69)

Achieved. Prisoners who had been risk assessed as needing supervised medication had access to medication at 8am, 11.30am, 3.30pm and 10pm, which created adequate intervals between doses and ensured that prisoners could access night-time medication.

2.61 Controlled drug cabinets should be secured to the wall in line with current legislation. (5.70)

Achieved. All controlled drug cabinets were secured to the wall.

2.62 Dosages on prescription charts should be written to reflect the dose denominations of tablets to reduce the need for manual dosage calculation. (5.71)

Achieved. Dosages on prescription charts clearly stated the different dose denominations of tablets required to make up a prescribed dose. The pharmacist completed regular quality checks.

Dentistry

- 2.63 All dental records should include medical history, basic periodontal assessment and oral cancer screening. (5.72)

Achieved. Dental records included medical history, basic periodontal assessment and oral cancer screening.

- 2.64 Dental staff should routinely consult the core clinical records. (5.73)

Not achieved. The dentist did not consult SystemOne or record information on it. We repeat the recommendation.

- 2.65 The dental chair unit should be replaced and include an amalgam separator. (5.74)

Not achieved. The dental chair unit was badly torn and the dental room needed complete refurbishment. The planned refurbishment of the dental suite had been postponed indefinitely, while a relocation of the health care department was being considered. We repeat the recommendation.

Delivery of care (mental health)

- 2.66 External hospital appointments should be cancelled only in exceptional circumstances. (5.75)

Achieved. There was a low demand for external hospital appointments, but two could be arranged daily. The prison rarely cancelled appointments.

- 2.67 Patients waiting for secure beds under the Mental Health Act should not experience long delays. (5.76)

Achieved. Access to the visiting psychiatrists and specialist mental health nurses was good. Six patients were transferred to secure beds under the Mental Health Act in 2012. Five patients were transferred within two weeks and the sixth was transferred within five weeks.

Catering

- 2.68 Black and minority ethnic prisoners should be consulted about the food and efforts made to ensure it meets more diverse cultural preferences. (8.7)

Not achieved. There had been no specific consultation with black and minority ethnic prisoners about food. Regular surveys did not collate information about the ethnicity of respondents and were not used in any meaningful way to inform provision for minority groups. We repeat the recommendation.

Purchases

- 2.69 A suitable range of items to meet the needs of black and minority ethnic prisoners should be provided for sale. (8.11)

Achieved. The implementation of the national DHL contract for the prison shop saw an increase in the number and variety of products available as a whole through the canteen. There was now a variety of products specific to prisoners from minority groups.

Recommendations – purposeful activity

Time out of cell

- 2.70 Prisoners should be able to return to their cells to smoke or use the toilet during association periods without removing themselves from association for the entire period. (6.42)

Not achieved. Association was still unnecessarily curtailed for those who wanted to return to their cells, including for prisoners wanting to use the toilet or smoke.
We repeat the recommendation.

- 2.71 Prisoners should be given the opportunity for at least one hour of exercise in the open air every day. (6.43)

Not achieved. Most prisoners were given the opportunity to exercise daily between 8.30am and 9.15am; however, these times clashed with the issuing of medication and other domestic activities, which meant that it was not available to some. Exercise was cancelled regularly due to bad weather.
We repeat the recommendation.

Management of learning and skills and work

- 2.72 Induction procedures should be improved to ensure that all prisoners understand what opportunities are available to them. (6.25)

Achieved. Induction procedures had improved. Most prisoners attended an education induction session. As part of this they completed literacy and numeracy assessments. Education staff gave prisoners an easy-to-read leaflet that provided clear information about the type of classes available. Most prisoners had a good understanding of the education on offer. Education staff made good use of prisoner mentors to provide additional one-to-one sessions. This helped prisoners choose the right courses. As a result, take-up of education provision had increased by 20%. This meant that over 10% of the prison population were attending education classes.

- 2.73 The systems for screening and assessing learning needs during induction should better inform the planning of teaching, learning and support for prisoners. (6.26)

Achieved. Most prisoners completed an online literacy and numeracy assessment. Those who needed it also completed dyslexia diagnostic assessments. The results of these assessments were recorded on the prison intranet where all staff could see them. However, not all staff had

a good enough understanding of what the results meant. Prisoners who had dyslexia received effective dedicated support. The results of assessments were recorded on individual learning plans. The education manager monitored this well. Teachers worked well together to ensure learners' needs were being met.

2.74 The allocations system should take account of prisoners' existing education and work experience and sentence planning requirements. (6.27)

Achieved. The system for allocating prisoners to work had improved. A panel, including the resettlement officer and the information, advice and guidance worker, met every week to allocate all work places in the prison. The panel took into account the results of the literacy and numeracy assessments and used these appropriately to ensure that prisoners with the highest level of educational need were automatically referred to the learning and skills department. Wherever possible the panel considered a prisoners' previous work experience when allocating job roles.

Provision of activities

2.75 Effective systems for collecting and analysing learning and skills data should be introduced. (6.30)

Achieved. There had been very good progress in setting up effective systems to collect and analyse data. The education manager produced good quality reports on the retention, achievement and success of learners. In addition, there were useful reports on classroom attendance, the age and ethnicity of learners and the reasons for non-completion of courses. The education department made good use of this data to benchmark its performance against other Welsh prisons; it had also started to compare its performance with other local prisons in England. Teachers used the system effectively to carry out their own analysis of retention and attainment at class level.

Quality of provision

2.76 Prisoners with advanced skills should have adequate opportunities for further progression. (6.28)

Partially achieved. Prisoners with advanced skills accessed a range of employability skills courses. These included courses in health and safety at work and managing finances. Prisoners who worked as mentors completed a level 2 course in mentoring. However, overall, there were not enough opportunities for prisoners with advanced skills to access higher level courses. For example, prisoners who completed Information Technology (IT) at level 2 could not progress to a level 3. The education department had recognised this and planned to extend the range of courses in this area. Essential Skills provision had been changed to shorter units of accreditation. This was good for the majority of the short-stay population. However, this meant that prisoners could not complete the level 1 or 2 Essential Skills Wales qualifications.

2.77 There should be effective strategies to promote use of the Welsh language. (6.29)

Partially achieved. The education department had appointed a Welsh-speaking tutor to develop Welsh language and culture. A Welsh language course had been piloted and there were plans to run this in future. There were good arrangements to translate individual learning plans and information materials into Welsh. In IT there was good use of the BBC Wales

website. In the education department, all signage was bilingual and there were attractive bilingual wall displays. However, overall, there was not enough use of incidental Welsh in classes and the Welsh language and culture were not always embedded well enough into programmes of learning.

Recommendations – resettlement

Strategic management of resettlement

- 2.78 A needs analysis should establish the demand for interventions such as for domestic violence, alcohol and victim awareness, which should be provided if required. (9.122)

Partially achieved. A comprehensive needs analysis had been undertaken to support the development of the reducing reoffending policy (2011–14). It was a useful document drawing on broad data relating to public health and indices of deprivation in the locality, along with information on offending and the offender assessment system (OASys). However, it failed to include other information about prisoners' resettlement pathway needs, such as finance benefit and debt or housing. Despite this, there had been an increase in the availability of interventions that broadly matched the level of needs identified. An anger management awareness programme had been developed and was being delivered through the resettlement team, and there were advanced plans to introduce a programme in conjunction with Relate on domestic violence. The forgiveness programme and Sycamore Tree victim awareness programme were also offered.

- 2.79 The reducing reoffending policy should be based on an up-to-date needs analysis and should include a strategy for action for each of the reducing reoffending pathways and a named lead. (9.9)

Partially achieved. The reducing reoffending strategy included broad objectives but needed to be more specific and time bound.

- 2.80 All members of the resettlement policy committee should be represented at meetings. (9.10)

Achieved. The resettlement stakeholders committee meeting was now convened monthly with good representation from across the establishment.

- 2.81 The prison should regularly bring together voluntary and community sector groups providing services to review their contribution to the development of the reducing reoffending strategy. (9.11)

Partially achieved. There was no specific forum for community sector groups providing resettlement services, although a number attended the monthly resettlement stakeholders committee meeting, including the family support worker and Jobcentre Plus provider.

Offender management and planning

- 2.82 Offender managers should ensure that all OASys assessments are up to date and completed to a sufficient quality. (9.41)

Partially achieved. At the time of the inspection, 42 prisoners were formally in scope for offender management (prisoners serving 12 months or more and classified as posing a high risk to the public). Offender managers were responsible for completing these prisoners' OASys documents and reviews. Although cases examined during the inspection all had up-to-date assessments, this was not monitored by the offender management unit to ensure that they were consistently completed.

We repeat the recommendation.

- 2.83 **Offender managers should have regular contact with prisoners to coordinate well and help ensure delivery of the sentence plan. (9.42)**

Partially achieved. The frequency of contact was not monitored by the offender management unit and, although cases we saw indicated regular, if on occasion infrequent, contact between the offender manager and prisoner, not all contact was known about.

We repeat the recommendation.

- 2.84 **Case records should contain up-to-date information on the work done with prisoners and the ongoing contact with offender supervisors. (9.43)**

Partially achieved. The frequency of contact between prisoners and offender supervisors varied but sampled records reflected some engagement. It was positive that offender supervisors used this to inform regular information-sharing reports that outlined progress and developments, which were forwarded to identified offender managers.

- 2.85 **Good quality risk management plans should be produced in all relevant cases. (9.44)**

Achieved. A sample of risk management plans for prisoners who were in scope and out of scope (those not subject to offender management arrangements) and serving over 12 months, were looked at during the inspection. Overall the plans appeared to accurately reflect the risk posed by the individual.

- 2.86 **Assessments of the risk of harm to others should draw on all available sources of evidence and, where relevant, should be effectively communicated to other staff involved with the prisoner. (9.45)**

Achieved. From the sample of both in- and out-of-scope cases reviewed during the inspection, assessments of risk of harm were undertaken to a reasonable standard and indicated that a good range of information had been used to make the assessment.

Reintegration planning

Education training and employment

- 2.87 **A specialist advice and guidance service should be provided to help prepare prisoners for work, training or education after release. (9.59)**

Achieved. The prison had employed a qualified information, advice and guidance worker to prepare prisoners for release. The worker attended all pre-release courses and discharge boards and had started to refer prisoners to outside agencies. There were good, developing links with local arts projects, projects for people with mental health problems and the local

voluntary service council. Prisoners with literacy and numeracy needs were referred appropriately to local education providers. There were good links with a range of third sector organisations.

2.88 Prisoners should be given relevant and appropriate help to improve their job hunting skills during the pre-release course. (9.60)

Partially achieved. The education department ran an appropriate range of employability courses. These included Ready Steady Work, where prisoners completed accredited units on how to prepare a CV and how to do well at interview. There was a notice board in the education department showing local vacancies. However the virtual campus system, where prisoners were able to search online for jobs and write and store their CVs, had not been working for several months. This limited the range of job search activities that prisoners carried out. Progress to restart the system had been too slow.

Drugs and alcohol

2.89 The drug strategy policy should include alcohol services and be informed by a needs analysis and detailed action plans and performance measures. (9.71)

Partially achieved. The 2012 drug strategy policy had a positive recovery focus but the alcohol element needed development. The drug strategy action plan lacked detail around goals, actions and performance measures.

We repeat the recommendation.

2.90 An appropriate level of services and programmes for prisoners with alcohol problems should be provided. (9.72)

Achieved. Alcohol problems were identified through the health care reception screening process. Clinical interventions including detoxification and specialist nurse input was offered following a comprehensive assessment. The substance misuse team offered individual support. Prisoners with alcohol problems could access the drug recovery wing. There were weekly Alcoholics Anonymous meetings.

2.91 Prisoners undertaking the short duration programme should be paid appropriately. (9.73)

No longer relevant. The short duration programme ceased in November 2012.

2.92 A peer support scheme should be developed to offer additional support to prisoners who complete the short duration programme. (9.74)

No longer relevant. The short duration programme ceased in November 2012.

2.93 A dedicated drug support/drug testing unit should be established where prisoners receive additional support to remain drug-free. (9.75)

Achieved. A drug recovery unit (B wing) and a drug-free wing (C wing) opened in June 2012. B wing provided an individual care package lasting between eight and 10 weeks, to help prisoners progress in their recovery from substance misuse. C wing focused on encouraging a positive work ethic in preparation for release and accepted prisoners from throughout the prison.

- 2.94 **An intensive drug/alcohol rehabilitation programme should be provided for prisoners in Wales. (9.76)**

Not achieved. There were no intensive substance misuse rehabilitation programmes available in any Welsh prison, which reduced the treatment options available to prisoners.
We repeat the recommendation.

Children, families and contact with the outside world

- 2.95 **All unconvicted prisoners should have equal access to visits. (9.94)**

Not achieved. The IEP policy indicated that unconvicted prisoners were entitled to a different number of visits, depending on their level.
We repeat the recommendation.

- 2.96 **The visits booking system should be accessible and able to deal with the number of calls it routinely receives. (9.95)**

Achieved. Although there had been problems with visitors accessing the visits booking line, these problems appeared to have been largely resolved. Visitors could also book by e-mail.

- 2.97 **Closed visits should be authorised only when there is a significant risk justified by security intelligence not just a drug dog or drug test indication. (9.96)**

Not achieved. Closed visits were still imposed too frequently for reasons not relating directly to illicit activity during visits and without other intelligence to support this. Reviews were regular but too informal and we were not assured that further intelligence was taken into account when decisions were taken on whether prisoners should remain on closed visits. Some prisoners appeared to stay on closed visits for too long.
We repeat the recommendation.

- 2.98 **A well-run and properly equipped visitors' centre should be provided that is open at least one hour before and one hour after the advertised visiting times. (9.97)**

Partially achieved. Since the last inspection the prison had established a small visitors' centre. The centre was open for around 45 minutes before visits started and visitors were able to wait in relative comfort once they had undergone the necessary security checks. There was a small play area and a good range of information. Drinks and snacks were not currently available although there were plans to introduce them.

- 2.99 **The visits waiting room should be heated and have toilet and refreshment facilities. (9.98)**

No longer applicable. Due to the introduction of the visitors' centre this facility was no longer used.

- 2.100 **Prisoners should not have to wear bibs in the visits rooms. (9.99)**

Not achieved. Prisoners were still required to wear bibs during visits.
We repeat the recommendation.

- 2.101 **A supervised play area should be provided during all visits sessions. (9.100)**

Partially achieved. The play area was staffed by volunteers, but not every day. An active programme of recruitment was being undertaken but it was proving difficult to find suitable support. As an alternative, funding had been sought to develop activity boxes with games and toys that small children could play with at the visits table.

2.102 Families should be invited to attend sentence planning reviews. (9.101)

Not achieved. Families were not invited to, and therefore did not attend, sentence planning meetings.

We repeat the recommendation

2.103 Prisoners should be able to undertake general relationship counselling with their immediate family. (9.102)

Achieved. The integrated family support coordinator was also a qualified counsellor and was able to offer counselling to couples on an ad-hoc basis. Further support, including follow-up work, was also available through the chaplaincy.

2.104 Prisoners should be able to receive incoming calls from children or to deal with arrangements for them. (9.103)

Not achieved. This facility was still not available at the prison.

2.105 Release on temporary licence should be used to allow suitable primary carers to keep in contact with their children. (9.104)

Not achieved. Release on temporary licence (ROTL) was still rare and no prisoners had had access to ROTL in the previous six months.

We repeat the recommendation.

2.106 A qualified family support worker should be employed. (9.105)

Achieved. An integrated family support coordinator had been in post since October 2012, funded by the prison but employed by the Prisoner Advice and Care Trust.

2.107 Prisoners should have access to toilet facilities during visits. (9.106)

Not achieved. Prisoners were still not able to access toilets during visits.

We repeat the recommendation.

2.108 Prisoners using the closed visits booths should be able to have refreshments. (9.107)

Not achieved. Visitors were still not able to obtain refreshments for prisoners they were visiting if the visit was provided under closed conditions, regardless of whether the visit was planned or instigated due to an indication by one of the prison drug dogs.

We repeat the recommendation.

Section 3: Summary of recommendations

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

Recommendations	To the governor
<hr/> Courts, escorts and transfers <hr/>	
3.1	Prisoners should not have to wait in court cells for long periods before being transferred to prison custody and should arrive at the prison before 7pm. (2.7)
<hr/> Early days in custody <hr/>	
3.2	All prisoners should be given a free telephone call on arrival. (2.9)
<hr/> Self-harm and suicide prevention <hr/>	
3.3	All staff should receive refresher training in ACCT procedures. (2.11)
3.4	There should be better promotion of the Samaritans helpline and prisoners should be able to access it free of charge from landing telephones. (2.12)
<hr/> Incentives and earned privileges <hr/>	
3.5	There should be periodic analysis of incentives and earned privileges data, such as by location and age, to detect and respond to emerging patterns and trends and inform annual reviews of the scheme. (2.17)
<hr/> Disciplinary procedures <hr/>	
3.6	Prisoners relocating to the segregation unit should be strip-searched only if a risk assessment indicates it is necessary. (2.19)
<hr/> Substance misuse <hr/>	
3.7	Prisoners undergoing stabilisation/detoxification should be located in designated cells that allow for unrestricted observation. (2.21)
<hr/> Residential units <hr/>	
3.8	Two prisoners should not have to share cells designed for one. (2.22)
3.9	Unconvicted prisoners should not be required to share cells with convicted prisoners. (2.23)
3.10	All cell toilets should be screened. (2.24)

- 3.11 Prisoners should have lockable cupboards for their possessions. (2.25)

Staff-prisoner relationships

- 3.12 Personal officers should receive specific training about the scheme and what is required of them, including examples of effective wing file entries, which should include resettlement issues, any relevant family matters and progress with identified resettlement targets. (2.28)

Strategic management

- 3.13 Diversity procedures should ensure through regular consultation with prisoners that the needs of minority groups are monitored and met. (2.1)
- 3.14 The diversity policy and action plans should be based on a needs analysis of the population and should reflect the needs of older prisoners, Gypsy and Traveller groups and issues of sexuality. (2.29)

Protected characteristics

- 3.15 Services for men with disabilities should be improved to include better identification procedures and appropriate individual care plans based on assessed needs. (2.2)
- 3.16 Black and minority ethnic prisoner groups should be established and reasons behind negative perceptions about treatment discussed and addressed. (2.31)
- 3.17 There should be wider promotion of race and cultural diversity and recognition of events such as black history month. (2.32)
- 3.18 Foreign national prisoners should be moved to immigration removal centres as soon as their criminal sentence has expired. (2.35)
- 3.19 The prison should establish links with an independent immigration advice agency to assist immigration detainees and other foreign national prisoners. (2.36)
- 3.20 Reasonable adjustments should be made on all residential units to meet the needs of prisoners with disabilities and mobility problems. (2.38)
- 3.21 Officers should assist prisoners in wheelchairs. (2.39)

Faith and religious activity

- 3.22 Appropriate provision should be provided for Muslim and Buddhist prisoners. (2.42)

Complaints

- 3.23 Senior managers should regularly conduct quality assurance checks on responses to complaints. (2.43)

Governance arrangements

- 3.24 There should be an up-to-date health needs assessment, including a mental health analysis that reflects the needs of the prison population. (2.44)

Delivery of care (physical health)

- 3.25 The flooring in the treatment room on A/B wing should meet current infection control standards. (2.46)
- 3.26 The policy for untoward incidents and complaints should be updated and all incidents and complaints regularly reviewed and steps taken to increase the reporting of, and learning from, incidents and complaints. (2.48)
- 3.27 All health care sections of self-harm reports and use of force documents should be completed fully and clearly to ensure proper recording in line with NMC standards for record-keeping. (2.49)
- 3.28 There should be a clinical audit programme to inform service improvement for patients. (2.50)
- 3.29 Triage protocols should be dated and appropriately evidenced. (2.51)
- 3.30 Links should be strengthened with the gym to enable prescription-based exercise referrals. (2.55)
- 3.31 More frequent optician clinics should be provided to ensure urgent needs are met. (2.58)

Dentistry

- 3.32 Dental staff should routinely consult the core clinical records. (2.64)
- 3.33 The dental chair unit should be replaced and include an amalgam separator. (2.65)

Catering

- 3.34 Black and minority ethnic prisoners should be consulted about the food and efforts made to ensure it meets more diverse cultural preferences. (2.68)

Time out of cell

- 3.35 Prisoners should be able to return to their cells to smoke or use the toilet during association periods without removing themselves from association for the entire period. (2.70)
- 3.36 Prisoners should be given the opportunity for at least one hour of exercise in the open air every day. (2.71)

Provision of activities

- 3.37 Additional activity places should be provided to keep all men purposefully occupied. (2.3)

Offender management and planning

- 3.38 Offender managers should ensure that all OASys assessments are up to date and completed to a sufficient quality. (2.82)
- 3.39 Offender managers should have regular contact with prisoners to coordinate well and help ensure delivery of the sentence plan. (2.83)

Drugs and alcohol

- 3.40 The drug strategy policy should include alcohol services and be informed by a needs analysis and detailed action plans and performance measures. (2.89)
- 3.41 An intensive drug/alcohol rehabilitation programme should be provided for prisoners in Wales. (2.94)

Children, families and contact with the outside world

- 3.42 All unconvicted prisoners should have equal access to visits. (2.95)
- 3.43 Closed visits should be authorised only when there is a significant risk justified by security intelligence not just a drug dog or drug test indication. (2.97)
- 3.44 Prisoners should not have to wear bibs in the visits rooms. (2.100)
- 3.45 Families should be invited to attend sentence planning reviews. (2.102)
- 3.46 Release on temporary licence should be used to allow suitable primary carers to keep in contact with their children. (2.105)
- 3.47 Prisoners should have access to toilet facilities during visits. (2.107)
- 3.48 Prisoners using the closed visits booths should be able to have refreshments. (2.108)

Appendix I: Inspection team

Kellie Reeve	Team leader
Keith McInnis	Inspector
Kevin Parkinson	Inspector
Andrew Lund	Inspector

Specialist inspectors

Majella Pearce	Health care and substance misuse inspector
Rachael Bubalo	Estyn

Appendix II: Prison population profile

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

Population breakdown by:

Status	18-20 yr olds	21 and over	%
Sentenced	16	257	64.4
Recall	-	25	5.9
Convicted unsentenced	5	43	11.3
Remand	3	74	18.2
Civil prisoners	0	0	0
Detainees	0	0	0
Total	24	400	100

Sentence	18-20 yr olds	21 and over	%
Unsentenced	6	109	27.1
Less than 6 months	14	81	22.4
6 months to less than 12 months	0	54	12.7
12 months to less than 2 years	2	74	17.9
2 years to less than 3 years	1	43	10.4
3 years to less than 4 years	0	18	4.2
4 years to less than 10 years	1	18	4.5
10 years and over (not life)	0	0	0
ISPP	0	0	0
Life	0	3	0.7
Total	24	400	100

Age	Number of prisoners	%
Please state minimum age 18	-	-
Under 21 years	24	5.7
21 years to 29 years	168	39.6
30 years to 39 years	152	35.8
40 years to 49 years	56	13.2
50 years to 59 years	19	4.5
60 years to 69 years	5	1.2
70 plus years	0	0
Please state maximum age 68	-	-
Total	424	100

Nationality	18-20 yr olds	21 and over	%
British	20	368	91.5
Foreign nationals	2	18	4.7
Not stated	2	14	3.8
Total	24	400	100

Security category	18-20 yr olds	21 and over	%
Uncategorised unsentenced	-	-	0
Uncategorised sentenced	1	-	0.2
Cat A	-	-	-
Cat B	0	6	1.4
Cat C	0	266	62.7

Cat D	0	8	1.9
Other	23	120	33.7
Total	24	400	100

Ethnicity	18–20 yr olds	21 and over	%
<i>White</i>			
British	22	359	89.86
Irish	0	2	0.47
Other white	-	7	1.65
<i>Mixed</i>			
White and black Caribbean	-	1	0.2
White and black African	-	-	-
White and Asian	-	1	0.2
Other mixed	-	1	0.2
<i>Asian or Asian British</i>			
Indian	-	3	0.7
Pakistani	-	1	0.2
Bangladeshi	-	1	0.2
Other Asian	1	7	1.9
<i>Black or black British</i>			
Caribbean	-	-	-
African	-	-	-
Other black	-	2	0.5
<i>Chinese or other ethnic group</i>			
Chinese		1	0.2
Arab	1	1	0.5
Other ethnic group		1	0.2
<i>Not stated</i>	-	12	2.8
Total	24	400	100

Religion	18–20 yr olds	21 and over	%
Baptist	-	1	0.2
Church of England	1	59	14.2
Roman Catholic	2	59	14.4
Other Christian denominations	4	55	13.9
Muslim	1	8	2.1
Sikh	0	2	0.5
Hindu	0	1	0.2
Buddhist	0	1	0.2
Jewish	0	0	0
Other	0	1	0.2
No religion	16	210	53.3
Not stated	0	3	0.7
Total	24	400	100

Other demographics	18-20 yr olds	21 and over	%
Gypsy/Romany/Traveller	0	2	0.5
Total	0	2	0.5

Sentenced prisoners only

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	8	1.9	79	18.6
1 month to 3 months	7	1.7	107	25.2
3 months to 6 months	3	0.7	70	16.5
6 months to 1 year	0	0	32	7.5
1 year to 2 years	0	0	3	0.7
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
Total	18	4.2	291	68.6

Unsentenced prisoners only

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	2	0.5	33	7.8
1 month to 3 months	1	0.2	44	10.4
3 months to 6 months	3	0.7	31	7.3
6 months to 1 year	0	0	1	0.2
1 year to 2 years	0	0	0	0
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
Total	6	1.4	109	25.7