

Report on an unannounced inspection of

HMP Pentonville

by HM Chief Inspector of Prisons

2–13 February 2015

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Introduction

HMP Pentonville is a large, overcrowded Victorian local prison in London, holding over 1,200 adults and young adult men at the time of the inspection. It continues to hold some of the most demanding and needy prisoners and this, combined with a rapid turnover and over 100 new prisoners a week, presents some enormous challenges.

When we last visited, only 17 months ago, the prison was performing poorly and we were concerned that it was struggling to meet the challenges it faced. At this inspection our fears were confirmed: we found that outcomes for prisoners had deteriorated further and were poor in all but one of our healthy prison tests. Continuing high levels of staff sickness and ongoing problems with recruitment meant the prison was running below its agreed staffing level and this was having an impact on many areas.

Prisoners' early experiences were characterised by difficulties in getting even their most basic needs met – we saw new prisoners located in filthy cells with no eating utensils, toiletries or adequate bedding. Most prisoners felt unsafe; levels of violence were much higher than in similar prisons and had almost doubled since the last inspection. The prison was working hard to combat violence and was starting to manage their relatively new young adult population – who presented some significant control and gang issues – well. However, staff supervision was often poor and more consultation with prisoners was required to understand the issues which caused violence and to take action to make the prison safer. With such a high number of violent incidents it was not surprising that the number of incidents where staff had to use force and the number of adjudications had also increased. Prisoners told us drugs were easily available and the positive drug testing rate was high even though too few prisoners were tested. The treatment and care for prisoners with drug and alcohol issues was good.

The prison remained very overcrowded and the poor physical environment was intensified by some extremely dirty conditions. Inspectors were shocked to see extensive mounds of rubbish outside wings, and filthy cells and shower areas. Clearly some areas had not been cleaned for a considerable time and remained dirty for much of the inspection. Many men shared very small and cramped cells designed for one and too often the cells had little furniture, extensive graffiti and broken windows. Prisoners struggled to gain daily access to showers, and to obtain enough clean clothing, cleaning materials and eating utensils.

Prisoners' perceptions of staff were poor. Some prisoners spoke about very helpful staff, but most described distant relationships with staff and were frustrated by their inability to get things done. We witnessed some indifferent responses to prisoners in need and some irresponsible behaviour.

Equality provision was very mixed. There had been some significant improvements in support and care for the substantial foreign national population. Support for Gypsy, Romany and Travellers was good and specific provision for young adults was underway. However, too little was being done to understand and meet the needs of the large black and minority ethnic population, disabled prisoners and older prisoners.

Prisoners remained dissatisfied with health care provision but we found that services had mostly improved with reduced waiting times, a suitable range of primary care services and some very good secondary mental health and inpatient care.

The prison continued to experience considerable problems in delivering an adequate working day and sufficient time unlocked. Prisoners' movements on and off wings to go to work and other activities were poorly monitored and organised, and some prisoners just did not get to where they were supposed to go. Prisoners had little time unlocked with the majority experiencing under six hours out of their cells each day, and some as little as one hour.

The delivery of learning and skills and work was inadequate. In spite of some improvements since the previous inspection, the quality and quantity of learning and skills and work had not improved enough. Little had been done to increase the engagement of prisoners in purposeful activity, which remained poor. There were still not enough education, training or work places for the population even if prisoners worked part-time, and the situation was compounded by poor utilisation of available places, leaving over 300 prisoners unemployed and only a quarter of the population engaged in purposeful activity at any one time. A new education and vocational training provider had taken over as the contractor a week before the inspection, but needed to improve. A quality improvement plan was in place but too many actions were not yet working or were in an early stage of implementation. Because of staff shortages, prisoners struggled to get access to the library and gymnasium.

Acute staff shortages had undermined the delivery of offender management which was very poor. Far too many prisoners, including those presenting a high risk of harm, were without an offender supervisor, sentence plan or risk management plan. Prisoners were categorised and transferred relatively swiftly but in the absence of a sentence plan many were transferred to any available prison rather than a prison where their offending needs would be met.

The demand for resettlement services was high with over 40 prisoners released into the community each week. All prisoners were screened on arrival to identify their resettlement needs and to make necessary referrals. The quality of resettlement services was very mixed. Despite some very proactive support around housing and accommodation, the proportion of prisoners released without accommodation had increased sharply since the previous inspection, from 10% to 15%. This reflected the national decrease in the availability of accommodation for prisoners on release. There was some excellent support for children and families and for prisoners with substance misuse problems, but not enough was being done to help prisoners with debt problems or to help them into work, training or education on release.

At the end of the last inspection we noted that Pentonville was struggling and without investment in its physical condition, adequate staffing levels to manage its complex population, and effective support from the centre, consideration should be given to whether it has a viable future. We understand that plans for renovating and improving the physical environment have been prepared, but at the time of this most recent inspection, the prison had deteriorated even further. Notwithstanding the need for investment, the very poor standards we observed – some of which were put right during the inspection when we demanded it – and the poor staff culture, evidenced, in our view, a failure of management and leadership. The prison needs a firmer grip and a persuasive plan that will ensure immediate deliverable and sustained improvements, as well as a more considered medium-term plan that will determine whether the prison has a future.

Nick Hardwick
HM Chief Inspector of Prisons

June 2015

Fact page

Task of the establishment

HMP Pentonville is a category B local prison for sentenced and remanded adult and young adult men.

Prison status (public or private, with name of contractor if private)

Public

Region/Department

Greater London

Number held

1,264

Certified normal accommodation

909

Operational capacity

1,316

Date of last full inspection

27 August – 6 September 2013

Brief history

HMP Pentonville has been a local prison for over 170 years. Some refurbishment has been undertaken but the original four cell blocks remain as they were when the prison opened in 1842.

Short description of residential units

A wing: First night and induction unit

C, D and G wings: General population

E1 wing: Segregation unit

E2 – E5 wings: Integrated drug treatment system maintenance and treatment unit

F1 – F4 wings: Integrated drug treatment system (drug and alcohol) stabilisation unit

F5 wing: Vulnerable prisoner unit

Health centre: 22-bed inpatient unit

J wing: Drug-free recovery wing

Name of governor/director

Kevin Reilly

Escort contractor

Serco

Health service provider

Care UK

Learning and skills providers

The Manchester College

Independent Monitoring Board chair

Gordon Cropper

About this inspection and report

About this inspection and report

A1 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, secure training centres, immigration detention facilities, police and court custody and military detention.

A2 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.

A3 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The tests 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 effectively helped to reduce the likelihood of reoffending.

A4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

- **outcomes for prisoners are good.**

There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

- **outcomes for prisoners are reasonably good.**

There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

- **outcomes for prisoners are not sufficiently good.**

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

- **outcomes for prisoners are poor.**

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

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection, unless these have already been reviewed by a short follow-up inspection.

This report

- A8 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A9 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A10 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance.

Summary

Safety

S1 *The reception area was busy and functional. First night assessments were good but conditions on the first night unit were poor. Too many prisoners felt unsafe, and less safe than at the time of the previous inspection. The number of violent incidents against staff and prisoners was high. Although violence reduction measures were in place, levels of violence and the seriousness of violence were increasing. Processes to support prisoners at risk of suicide and self-harm required improvement. The number of adjudications was high, the level of use force had doubled and use of special cells had increased dramatically. The regime on the segregation unit was poor. Drug availability and use were high. Arrangements to support those with substance misuse issues were good. **Outcomes for prisoners were poor against this healthy prison test.***

S2 *At the last inspection in 2013 we found that outcomes for prisoners in HMP Pentonville were not sufficiently good against this healthy prison test. We made 18 recommendations in the area of safety. At this follow-up inspection we found that three of the recommendations had been achieved, six had been partially achieved and nine had not been achieved.*

S3 Most prisoners had a short journey to the prison but the vans we saw were grubby and had extensive graffiti. There were good video-link facilities with local courts, and these were used extensively to reduce the need for prisoners to travel to and from court.

S4 The reception area was extremely busy, with up to 100 movements a day and an average of 90 new prisoners a week. Procedures were mostly efficient and functional. New prisoners had a first night interview in private in reception which covered safety and vulnerability issues.

S5 New prisoners were located on a dedicated first night wing. Many cells for new prisoners were dirty, with extensive graffiti, and often lacked essential equipment, such as pillows, eating utensils and kettles. We were not assured that new prisoners were adequately monitored or supported on their first night.

S6 All prisoners received a helpful induction presentation on the first weekday after their arrival, and Insiders (prisoners who introduce new arrivals to prison life) provided support.

S7 In our survey, two-thirds of prisoners said that they had felt unsafe at the establishment at some time and over 40% felt unsafe at the time of the inspection. Levels of violence were high, and prisoners reported high levels of victimisation from staff and other prisoners. The number of violent incidents had also almost doubled since the previous inspection and they were becoming more serious. A wide range of information about violent incidents was collated and analysed, and various violence reduction measures were in place but these were not yet effective in making the prison safer.

S8 Since the previous inspection, the prison had received over 100 young adult prisoners. The safer custody team monitored closely the impact of these young adults on rates of violence across the prison and progress had been made in reducing the proportion of incidents in which they were involved.

- S9 Vulnerable prisoners were kept safe but had a limited regime, and the young adults located on the vulnerable prisoner wing were not assessed for the risks posed to them by the adult males.
- S10 There had been one self-inflicted death since the previous inspection. The number of prisoners subject to assessment, care in custody and teamwork (ACCT) case management and support for those at risk of suicide or self-harm was relatively low. Although ACCTs contained reasonable assessments, care plans were weak and review meetings were poorly attended. There were not enough Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), and prisoners reported some difficulty in accessing them.
- S11 There were some significant gaps in procedural security, such as ineffective cell fabric checks and weak systems for accounting for prisoners. The management of intelligence was reasonably good but some important elements of dynamic security were weak. Relationships between staff and prisoners were sometimes distant (see below), and supervision was poor.
- S12 In our survey, more prisoners than at the time of the previous inspection said that drugs were easily available in the prison. Mandatory drug testing positive rates were high, but too few prisoners were tested for drug use under both random and suspicion testing. Drug tests were mainly for cannabis, but large finds of 'spice' (a new psychoactive substance which induces effects akin to cannabis) had been made. There was good information sharing between security staff, the police and substance misuse services but no detailed drug supply reduction strategy.
- S13 Prisoners had little confidence in the incentives and earned privileges scheme, targets were insufficiently individualised and prisoners waited too long for assessment.
- S14 The number of adjudications had increased considerably and was high, and charges had become more serious. The number of incidents of use of force had doubled, and was high. The paperwork we examined had been completed correctly and generally demonstrated de-escalation, but the analysis of data to identify patterns or trends was underdeveloped. The use special accommodation had increased considerably and was high, and authorisation documents did not always give assurance that its use was justified.
- S15 Day-to-day relationships between staff and prisoners on the segregation unit were good but the regime there was unacceptably poor.
- S16 For prisoners with substance misuse issues, clinical care was good, treatment was flexible and the stabilisation unit provided a safe environment. Phoenix Futures provided an impressive range of interventions, there was an active peer support scheme and the drug-free recovery wing offered high-quality support.

Respect

- S17** Areas of the prison were filthy. The amount of accumulated waste around the prison was shocking, with mounds of rubbish outside the wings. Communal areas were grubby and many cells were dirty, and poorly furnished and maintained. Prisoners struggled to get sufficient clean clothing, bedding, cleaning materials and eating utensils. Not all prisoners could shower every day. The application process had improved. Too few prisoners said that staff treated them respectfully. Equality arrangements had improved strategically and provision for foreign national prisoners was good, but more needed to be done to identify and address needs across all protected characteristics. Faith provision was good. The number of prisoner complaints submitted was high and we were not assured that complaints about staff had been investigated. Health services had improved and were reasonably good. **Outcomes for prisoners were poor against this healthy prison test.**
- S18** At the last inspection in 2013 we found that outcomes for prisoners in HMP Pentonville were not sufficiently good against this healthy prison test. We made 28 recommendations in the area of respect.² At this follow-up inspection we found that four of the recommendations had been achieved, 12 had been partially achieved and 12 had not been achieved.

- S19** Many external areas were covered in extensive amounts of food and clothing debris, and communal areas on some wings were grubby. Far too many cells were dirty and covered in graffiti, with missing, broken or non-closing windows and insufficient and poor-quality furniture. Most cells were overcrowded and cramped. Not all prisoners were able to shower daily and showers were often filthy and unhygienic. Prisoners struggled to get a sufficient amount of clean clothing, bedding and cleaning materials. Cell call bells were not answered sufficiently promptly.
- S20** The new Insider-led application process was effective and provided a tracked record to ensure that replies were received, although applications of a sensitive nature were not kept sufficiently confidential.
- S21** Only around half of prisoners felt that staff treated them respectfully. We witnessed some indifferent responses to prisoners in need of assistance, and prisoners often expressed their frustrations at their inability to get things done. The monthly 'User Voice' consultation meeting provided a useful forum for prisoners to discuss issues with senior managers.
- S22** A comprehensive equality policy had been developed but there was no accompanying action plan. Regular equality meetings were held and the equality monitoring tool was in use. Data were analysed but there was no evidence that action had been taken for out-of-range areas concerning young adults and black and minority ethnic prisoners. Formal support forums were available for only a few protected characteristics.
- S23** Prisoners from a black and minority ethnic background reported more negatively across a range of areas, including safety, but there had been no forums, recent specific support or consultation arrangements for them. Support for Gypsy, Romany and Traveller prisoners was good.
- S24** Support for the large number of foreign national prisoners was reasonably effective, with good consultation and access to independent advice, although there was no translated

² This included recommendations about the incentives and earned privileges scheme which, in our updated Expectations (Version 4, 2012), now appear under the healthy prison area of safety.

information available. Immigration detainees had excellent access to, and advice from, Home Office immigration staff.

- S25 Not all prisoners with disabilities had been identified and not all needs were met. Paid carers provided valuable social care. Prisoners with disabilities located on the inpatient unit had care plans, but those living elsewhere in the prison had no such support. There was no specific provision for older prisoners.
- S26 A discussion forum and follow-up groups had been held for young adults, and tailored activities were being introduced for this group.
- S27 Facilities were good for all faiths and a full chaplaincy team was in place. The chaplaincy and volunteers were well integrated into the prison regime and a mentoring service was provided through the community chaplain for prisoners close to and after release.
- S28 The number of complaints submitted was high. Prisoners had little confidence in the complaints system. Too many replies were cursory and did not fully address the issues raised. We were not assured that complaints about staff were always dealt with or investigated. There was no formal provision for bail and legal rights support.
- S29 Prisoners in our survey were relatively dissatisfied with health care provision but we found services to be reasonably good overall, although the amount of waste lying around the prison represented an unnecessary public health risk. There was an appropriate range of primary care services, with acceptable waiting times, although the management of long-term conditions was inadequate. The health care application process lacked confidentiality and failure-to-attend appointment rates were high. There was no separate confidential health care complaints system.
- S30 The inpatient unit and health centre provided bright and positive environments, but most wing-based treatment rooms did not meet infection control standards. Staff in the inpatient unit and day centre provided compassionate care for patients with complex health needs.
- S31 Medicines management was good, although there was insufficient supervision of medicines administration queues. Dental services were good. Primary mental health services were adequate and secondary mental health and day care services were good.
- S32 In our survey, fewer prisoners than at comparator prisons said that the food provided was good, although we considered it to be of reasonable quality and quantity. Many prisoners lacked sufficient essential equipment such as kettles or bowls, so were unable to eat some of the food provided. Some serveries were poorly cleaned and most trolleys were filthy.

Purposeful activity

- S33 *Most prisoners had too little time out of cell. Ofsted's overall assessment of learning and skills and work activities was inadequate. There were too few learning and skills and work places, and those available were underutilised. Unemployment rates were high. Only a quarter of prisoners were engaged in activity at any one time. The range of learning and skill and work activities was too limited and there was insufficient provision to meet the needs of all prisoners identified with low levels of English and mathematics. The quality of teaching and the achievements of prisoners required improvement. The quality of the library and PE provision were reasonable but access to both was poor. Outcomes for prisoners were poor against this healthy prison test.*

S34 At the last inspection in 2013 we found that outcomes for prisoners in HMP Pentonville were poor against this healthy prison test. We made 14 recommendations in the area of purposeful activity. At this follow-up inspection we found that one of the recommendations had been achieved, six had been partially achieved, six had not been achieved and one was no longer relevant.

- S35 Most prisoners were unlocked for around five and a half hours a day but for some this could be far less, and as little as one hour. All prisoners were locked up by 6pm and regular slippage in the timing of the regime further restricted association periods and limited their opportunity to telephone family and friends. During our roll checks, too many prisoners, around 40%, were locked in their cell during the core day.
- S36 A clear learning and skills and work strategy had been developed but this had not yet resulted in a sufficient improvement in the quality and quantity of learning and skills and work. Self-assessment and quality improvement processes had been established but, as yet, their impact was also too limited.
- S37 There were insufficient activity places for all prisoners to be employed, even on a part-time basis. Places were often underutilised, with only around a quarter of all prisoners engaged in activity at any one time. Around 380 prisoners were unemployed at the time of the inspection.
- S38 Many prisoners had very low levels of English and mathematics but there was insufficient provision to meet their needs. The range of learning and skills and work activities was too limited and the proportion of prisoners undertaking education and vocational training courses was low.
- S39 The quality of teaching, coaching and learning required improvement. In spite of some good teaching and learning, too much was dull and uninspiring. Too many prisoners were employed as wing workers and were not fully employed during the core day. Where prisoners were engaged in useful work, their skills were beginning to be recorded and recognised.
- S40 Success rates on education and vocational courses required improvement. Although punctuality was reasonable, attendance was variable and remained low across much of the provision. Learners on most education and training courses demonstrated generally appropriate levels of skills.
- S41 The library was a good facility, with good resources to support learning and reading, but access to it was problematic and few prisoners used it.
- S42 PE facilities were reasonable and the opening of a new gym was imminent. However, cancellations of gym sessions due to staff redeployment to other duties considerably reduced access for prisoners and very few used the facilities. A reasonable range of PE qualifications was offered and success rates were high. Health promotion was generally satisfactory.

Resettlement

- S43 Strategic oversight of resettlement was limited but planning for the introduction of new resettlement providers was well advanced. As a result of staff shortages, offender management was very poor. Very few prisoners, including many high risk of harm cases, had an offender supervisor, offender assessment system (OASys) assessment, sentence plan or risk management plan. Public protection arrangements for prisoners due for release were not sufficiently proactive. Categorisation arrangements were sound but many prisoners were transferred without a sentence plan to inform their move. Demand for resettlement services was high and all prisoners had their needs assessed. Resettlement pathway provision was mixed. Work to support children and families and those with substance misuse issues were particularly good but there was too little help with debt and employment and training on release. **Outcomes for prisoners were not sufficiently good against this healthy prison test.**
- S44 At the last inspection in 2013 we found that outcomes for prisoners in HMP Pentonville were not sufficiently good against this healthy prison test. We made 12 recommendations in the area of resettlement. At this follow-up inspection we found that three of the recommendations had been achieved, two had been partially achieved and seven had not been achieved.
- S45 There was no current needs analysis or strategy for reducing reoffending but plans for the introduction of new resettlement providers were well advanced. Multidisciplinary meetings had ended, which limited strategic oversight.
- S46 The offender management model was significantly underdeveloped and staff shortages and high levels of cross-deployment meant that only a few prisoners had an offender assessment system (OASys) assessment, sentence plan or risk management plan.
- S47 Less than half of all eligible prisoners, including many high risk of harm cases, had an offender supervisor, which limited opportunities for monitoring and progression. Home detention curfew processes were managed well but delays in receiving reports from the community offender manager meant that some prisoners were released after their earliest eligibility date.
- S48 For prisoners presenting a risk to the public, contact restrictions were applied appropriately. The interdepartmental risk management team meetings were poorly attended and did not provide adequate oversight of all relevant cases due for release. In most cases, multi-agency public protection arrangements (MAPPA) levels were not confirmed before release, which limited the opportunity for multi-agency release planning.
- S49 Categorisation work was up to date but because of a shortage of places in receiving establishments, too many category B prisoners, and some indeterminate-sentenced prisoners, spent too long at the prison with little opportunity to progress. Due to the lack of sentence plans, prisoners were transferred to available spaces rather than to progress in their sentence.
- S50 The number of prisoners requiring resettlement support was high, with over 40 released each week. All prisoners, including those on remand, underwent an interview on arrival using the basic custody screening tool to identify resettlement needs, and referrals were made to relevant support services.

- S51 Demand for help with housing needs was high. Despite proactive support from the housing advisers, too many prisoners were released without settled accommodation.
- S52 Preparation for education, training or employment on release was limited. The National Careers Service provider produced a useful skills action plan for prisoners, although this was not always used fully to inform the activity allocation process. There were few links with employers and the virtual campus (internet access for prisoners to community education, training and employment opportunities) was rarely used to help prisoners to develop employability skills or search for jobs.
- S53 Health discharge planning arrangements were timely and appropriate and pre-release planning for patients with enduring mental health problems was effective. For prisoners with substance misuse issues, a community engagement team, a through-the-gate service and strong links with drug intervention programme teams facilitated good post-release support.
- S54 There was insufficient finance, benefit and debt advice and support to meet need. Some limited advice was provided but there was little debt management provision and prisoners could not open bank accounts.
- S55 Provision for children and families was good, with a comprehensive range of services, including a family relationships course, advice service, family days and support for drug and alcohol users. The visitors centre provided excellent support to families and friends of prisoners, particularly for new visitors. Visits booking had improved and visitors were positive about their visit experience.
- S56 Offending behaviour provision was not informed by a recent needs analysis but the identification of thinking skills programme participants had improved. The small-scale restorative justice project was a promising initiative but its future was uncertain.

Main concerns and recommendations

- S57 Concern: In our survey, two-thirds of prisoners said that they had felt unsafe at the prison at some time and over 40% felt unsafe at the time of the inspection. Many told us that they felt victimised by staff and other prisoners. Despite some improvements in violence reduction work, the number of violent incidents against staff and prisoners had also almost doubled since the previous inspection and they were becoming more serious.

Recommendation: The reasons for the high and increasing levels of violence should be further explored, prisoners should be consulted and action should be taken to make the prison safer.

- S58 Concern: We found external areas of the prison to be filthy, with mounds of rubbish outside the wings. Many communal areas, including showers and serveries, were very grubby. Too many cells were dirty, covered in graffiti, not adequately furnished and did not have a lockable cabinet for each prisoner. Many had broken or damaged windows. Prisoners struggled to get sufficient clean clothing, bedding, cleaning materials or eating utensils.

Recommendation: The cleanliness and conditions of cells, communal areas and external areas should be improved and prisoners should have access to sufficient clothing bedding, cleaning materials and eating utensils.

- S59 Concern: Only around half of all prisoners said that staff treated them respectfully and this was far worse than at similar prisons. We observed some indifferent and unhelpful staff behaviour, and some formal complaints from prisoners about staff were not responded to.
- Recommendation: The reasons for prisoners' poor perception of staff should be explored and formal complaints about poor behaviour should be investigated and acted on.**
- S60 Concern: The prison still did not have sufficient purposeful activity places for the population. Places that were available were not fully utilised and attendance was poor. There were high levels of unemployment and only a quarter of the population was engaged in activity at any one time. The range of learning and skills and work activities was too limited and the proportion of prisoners undertaking education and vocational training courses was low.
- Recommendation: There should be sufficient suitable employment and other activity places for the population and these should be fully utilised. More prisoners should have opportunities to gain educational and vocational qualifications.**
- S61 Concern: Offender management provision was poor. Staff shortages and high levels of cross-deployment meant that only a few prisoners had an OASys assessment, sentence plan or risk management plan. Less than half of all eligible prisoners, including many high risk of harm cases, had an offender supervisor, which limited opportunities for monitoring, risk management and progression.
- Recommendation: The offender management unit should be sufficiently resourced to ensure that all eligible prisoners receive an offender assessment system (OASys) assessment, sentence plan and risk management plan, as well as a nominated offender supervisor to monitor and support progress and contribute to risk management release planning.**

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

Prisoners transferring to and from the prison are treated safely, decently and efficiently.

- 1.1** *Most prisoners had a short journey to the prison but vans were often dirty, with extensive graffiti. Good use was made of video links with local courts. Prisoners being transferred were not informed in time to notify friends and family.*
- 1.2** Most prisoners travelled from local courts and had short journeys. Many vans arrived at the prison at the same time, which led to delays in prisoners disembarking. Fewer prisoners than at the time of the previous inspection were delayed in court cells because the transport contractor now provided a service to pick up prisoners from local courts at lunchtime.
- 1.3** In our survey, fewer prisoners than at comparator prisons and than at the time of the previous inspection said that the van they had travelled in had been clean. Those we inspected were clean in the mornings when collecting prisoners but contained extensive graffiti, and by the evening were littered and dirty.
- 1.4** Video-link facilities had been introduced and were well used, with around 230 hearings a month, reducing the need for prisoners to travel to and from court. .

Recommendation

- 1.5** **Vans used to transport prisoners should be kept clean and free of graffiti.**

Early days in custody

Expected outcomes:

Prisoners are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Prisoners' individual needs are identified and addressed, and they feel supported on their first night. During a prisoner's induction he/she is made aware of the prison routines, how to access available services and how to cope with imprisonment.

- 1.6** *The reception area was busy but processes were efficient and functional. First night interviews in reception adequately addressed safety and vulnerability concerns. Good use was made of Insiders during reception and induction. Preparation for new prisoners was inadequate; they were put into dirty, ill-equipped cells and received no enhanced monitoring on their first night. Induction procedures were good and vulnerable prisoners received an equivalent service.*

- I.7** The reception area was extremely busy, with up to 100 movements a day and an average of 90 new prisoners a week. It was spacious and well organised and holding rooms were generally clean, although they contained some graffiti.
- I.8** In our survey, far fewer prisoners than at comparator prisons and than at the time of the previous inspection said that they had been treated well in reception but, although staff were necessarily brisk in dealing with the large numbers, we did not see any disrespectful behaviour towards prisoners.
- I.9** Insiders (prisoners who introduce new arrivals to prison life) and Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) helped with reception duties and were available to advise new prisoners, serve meals and provide basic equipment. All new prisoners had a confidential interview with a first night officer, who checked on their feelings of safety and provided a reception pack (a grocery pack which usually contains basic food and drink items such as tea, milk, sugar and sweets), credit for a telephone call and basic information about the prison. Each prisoner was also given a comprehensive written information pack but it was not available in any languages other than English. They were offered a shower in reception but many did not take one and had difficulty in getting one on the first night centre.
- I.10** All prisoners went to the first night centre on A wing, where they had an initial health assessment. A team of Insiders was located on A wing and helped to settle new arrivals but, with no evening association, new prisoners did not have the opportunity to consult them on their first night..
- I.11** Preparation for new arrivals was extremely poor. Many cells for new prisoners were filthy and strewn with graffiti. Most did not have basic equipment such as pillows, televisions or kettles (see section on residential units). Although prisoners were provided with a bag of equipment for their first night, this was not complete. For example, one man we met on the morning after his arrival had been given breakfast packs of cereal and milk but no bowl, tea bags and sugar but no kettle, and toothpaste but no toothbrush. He did not have a pillow and had been given just one sheet and one blanket. In our survey, only 51% of respondents said that they had felt safe on their first night, against the 74% comparator.
- I.12** Night staff could identify where new prisoners were located on A wing but they did not provide any additional support, reassurance or enhanced monitoring.
- I.13** An officer and the Insiders gave a helpful induction presentation to new prisoners on the first weekday after their arrival; this covered basic information about the establishment, consistent with the written information they had been given in reception. During this induction session, new receptions met a representative from the chaplaincy, had a secondary health screening and could spend time with Insiders. Most were moved to other residential wings within a week.
- I.14** Prisoners who were moved to the vulnerable prisoners unit on their first night received an equivalent service, with a briefing from a member of residential staff which covered the induction presentation, as well as visits from health services and chaplaincy staff.

Recommendation

- I.15** **Newly arrived prisoners should be provided with clean first night accommodation and a full range of essential equipment, be able to take a shower and be subject to enhanced observations by night staff to ensure their safety.**

Bullying and violence reduction

Expected outcomes:

Everyone feels and is safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.

I.16 Too many prisoners felt unsafe and levels of victimisation were high. Levels of violence were high and had increased dramatically. There were some good safer custody measures in place but they had not proved effective in reducing violence and more consultation with prisoners was needed. Some progress had been made in reducing the proportion of incidents involving young adults. Vulnerable prisoners were kept safe.

- I.17** Levels of violence were very high and had increased dramatically. In the previous six months, there had been 185 assaults, 66 of which had been on staff and 119 on prisoners, and 80 fights; these figures were very much higher than at other, similar prisons and almost double those found at the time of the previous inspection. There had also been an increase in the number of incidents involving the use of weapons (see main recommendation S57).
- I.18** In our survey, more prisoners than at comparator prisons and than at the time of the previous inspection said that they had felt unsafe at the establishment at some time (66% versus 42% and 66% versus 48%, respectively), and more felt unsafe currently (43% versus 18% and 43% versus 24%, respectively). In addition, more than at comparator prisons and than at the time of the previous inspection said that they had been victimised by other prisoners (41% versus 29% and 41% versus 27%, respectively) and by staff (48% versus 30% and 48% versus 40%, respectively) (see main recommendation S57).
- I.19** There was no local policy for violence reduction but a high level of resources had been allocated to safer custody with a dedicated safer custody team of operational and administrative staff. There was good information sharing between security, safer custody, and residential staff, with a weekly intelligence sharing meeting. A wide range of data was collected and analysed at the monthly violence reduction meeting. However, prisoners were not routinely consulted about safety and their perceptions and concerns had not been identified (see main recommendation S57) and the local action plan was not yet effective in making the prison safer.
- I.20** Since the previous inspection, Pentonville now takes young adults, and on average the Prison holds 120 young adults at anyone time. The safer custody team monitored closely the impact of this population. They had established that these prisoners were involved in a disproportionate number of violent incidents. Some measures, such as increasing their access to activities, had been effective in reducing the representation of young adults in violent incidents but the prison was only just beginning to develop a strategy for dealing with gang-related issues by engaging with a community-based initiative.
- I.21** When prisoners were consistently involved in violence and bullying behaviour, they were referred to the multidisciplinary violence reduction boards, held weekly, which agreed behavioural targets and possible sanctions. Records of boards were logged in electronic case notes but it was not clear how the achievement of the targets set was monitored, with no systematic casework system in place. The detailed violence reduction log showed that a number of boards were overdue (see main recommendation S57).

- I.22 A pilot initiative involving mental health and safer custody staff, known as the enhanced support service, had been launched in September 2014 to provide support for consistently violent and disruptive prisoners. It had a caseload of nine at the time of the inspection and prisoners involved told us that they felt well supported.
- I.23 Vulnerable prisoners were located on the F5 landing and told us that they were kept safe. Although they had a limited regime, there were basic education classes on the wing and they could work in the clothing store and recycling.
- I.24 Young adults were located with adults on the vulnerable prisoner wing without any formal risk assessment to promote their safety.

Recommendation

- I.25 **The placement of young adults on the vulnerable prisoner wing should be informed by a comprehensive and individualised risk assessment to promote their safety.**

Self-harm and suicide prevention

Expected outcomes:

The prison provides a safe and secure environment which reduces the risk of self-harm and suicide. Prisoners are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- I.26 Levels of self-harm were similar to those at the time of the previous inspection and the number of assessment, care in custody and teamwork (ACCT) support documents opened had reduced. The quality of ACCT supervision and planning required improvement. There were insufficient Listeners and prisoners reported that they could not access them easily.
- I.27 The safer custody meeting considered a wide range of information about self-harm, discussed the management of particularly high-risk individuals and examined trends.
- I.28 Levels of self-harm were similar to those at the time of the previous inspection, with 129 prisoners involved in 229 incidents in the previous six months. The number subject to assessment, care in custody and teamwork (ACCT) case management procedures was lower than at other local prisons and than at the time of the previous inspection.
- I.29 Prisoners we spoke to who were on ACCTs had mixed views about their care. While most agreed that their issues were being partly addressed and that some staff were caring towards them, many said that their particular issues and some fundamental issues of safety and vulnerability in the prison were not being resolved.
- I.30 The quality of ACCT documents did not assure us that those at risk were well cared for. ACCTs contained reasonable assessments and showed regular and supportive interactions. However, care plans were not sufficiently detailed and did not always address the issues of concern. Review meetings were not adequately focused on the targets and some were late. Attendance was often poor and inconsistent, and care plans were not always updated.

- I.31** Safer cells for prisoners at risk of self-harm were still not available but there were gated cells for constant observation. We observed some good care for a prisoner under constant observation on A wing by wing staff, who brought a friend from another landing to sit with him. However, the cell was bare and stark and the prisoner complained about its location as he was constantly in sight of other prisoners.
- I.32** Since the previous inspection, there had been three deaths in custody. One had been self-inflicted, another had been due to natural causes and the cause of the third was still being investigated. When recommendations from the Prisons and Probation Ombudsman (PPO) investigations were received, they were shared with the safer custody team, and a consolidated action plan with recommendations from PPO reports was reviewed regularly.
- I.33** There were not enough Listeners in post but more were to be trained two weeks after the inspection. In our survey, only 35% of prisoners said that they could speak to a Listener at any time, which was considerably worse than the comparator (54%) and than at the time of the previous inspection (42%). Prisoners also told us that they had been refused access to Listeners. Most meetings with Listeners were held in one of two dedicated suites that had been provided since the previous inspection.

Recommendations

- I.34** **Case reviews and care plans for prisoners at risk of suicide and self-harm should be improved with consistent case management to ensure that identified needs are met.** (Repeated recommendation I.41)
- I.35** **Safer cells should be available on all residential wings.** (Repeated recommendation I.44)
- I.36** **Constant observation cells should be sited where they afford some privacy.**
- I.37** **Prisoners should be able to speak to a Listener in private when they request one.**

Safeguarding (protection of adults at risk)

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.³

- I.38** *There was still no adult safeguarding policy or training for staff.*

- I.39** The contact that had been made with the local adult safeguarding board at the time of the previous inspection had now lapsed and there was still no prison policy or training for staff in identifying prisoners in need or making referrals.

³ We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

Recommendation

- I.40 The initial contact made with the local safeguarding adults board should be followed up to establish effective safeguarding adults processes across the prison.** (Repeated recommendation I.49)

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.

- I.41** *The management of security intelligence was reasonably good but some important elements of dynamic security and basic security procedures were weak. There was no comprehensive drug strategy, mandatory drug testing rates were too high and too many prisoners said that it was easy to get illegal drugs at the prison.*
- I.42** Although the general condition of the prison was old and worn, we found no obvious weaknesses in the perimeter walls and fences. Regular checks and routine searches of the perimeter took place at appropriate times during the day, along with adequate searches of communal areas and activities buildings. However, some security netting outside residential areas was damaged and some had fallen down. Outside areas near to fences and gates were cluttered with rubbish, and wooden pallets and large pieces of debris were left lying close to outer fences and compound gates (see also section on residential units and main recommendation S58).
- I.43** There were other fundamental gaps in some security procedures. For example, although fabric checks of cells took place regularly, there were broken windows in cells with shards of heavy plastic hanging from window frames. Requests for target searches were sometimes not acted on quickly enough, the searching of staff had stalled and we found some basic errors in accounting for prisoners during roll checks. Too many prisoners received closed visits for reasons not directly related to visits.
- I.44** Some important elements of dynamic security were also weak. Relationships between staff and prisoners were sometimes distant (see section on staff–prisoner relationships) and the supervision of prisoners while they were unlocked was often poor.
- I.45** However, the management of intelligence was good. The flow of information into the security department was reasonable and it was dealt with quickly by trained full-time collators and an analyst, and communicated effectively to other departments, particularly the residential wings, to allow staff to make informed decisions about prisoners.
- I.46** Monthly security committee meetings were well attended and security objectives were agreed through the appropriate consideration of intelligence. In addition, there was a weekly residential intelligence meeting, to communicate recent intelligence and help to deal with current security issues.
- I.47** Joint work with the local police was effective, and additional police monitoring around the perimeter walls helped to reduce the amount of drugs entering the prison.

- I.48** Survey results, mandatory drug testing (MDT) rates and finds pointed to a high level of drug availability. The random MDT positive rate averaged 20.8% in the previous six months, against an annual target of 13%, and in our survey 41% of respondents said that it was easy to get illegal drugs in the prison, compared with 30% at the time of the previous inspection.
- I.49** Drug tests were mainly for cannabis, but large finds of 'spice' (a new psychoactive substance which induces effects akin to cannabis) had been made. The prison did not complete the necessary level of drug testing; the target of testing 5% of the population had been missed twice in the previous six months, and only 58% of requests for suspicion testing had been met.
- I.50** Information about drugs was shared at the residential intelligence meetings, which were also attended by substance misuse services staff. Funding had been secured to implement additional measures, such as installing closed-circuit television cameras for the external area and reinforced netting, but there was not a detailed drug supply reduction strategy or action plan to coordinate resources and direct action.

Recommendations

- I.51** **Prisoners should only be placed on closed visits for illicit or inappropriate activity related to visits or when there is sufficient intelligence to indicate the likelihood of such activity.** (Repeated recommendation I.58)
- I.52** **A more strategic approach to supply reduction should be developed, including the implementation of an up-to-date supply reduction strategy.**
- I.53** **The mandatory drug testing programme should be adequately resourced to undertake the required level of random and suspicion testing.**

Incentives and earned privileges⁴

Expected outcomes:

Prisoners understand the purpose of the incentives and earned privileges (IEP) scheme and how to progress through it. The IEP scheme provides prisoners with incentives and rewards for effort and behaviour. The scheme is applied fairly, transparently and consistently.

- I.54** *Prisoners had little confidence in the incentives and earned privileges scheme, targets were insufficiently individualised and prisoners waited too long for assessment.*

- I.55** In our survey, only 30% of prisoners said that they had been treated fairly in the incentives and earned privileges (IEP) scheme and only 35% that the different levels of the scheme encouraged them to change their behaviour – both of which were worse than at comparable prisons. The differentials in privileges were reasonable but prisoners had to wait three months after arrival before they were considered for enhanced status, which was too long for a prison with such a high turnover.

⁴ In the previous report, incentives and earned privileges were covered under the healthy prison area of respect. In our updated Expectations (Version 4, 2012) they now appear under the healthy prison area of safety.

- I.56** Newly arrived or newly sentenced prisoners underwent a 14-day assessment period, after which they were placed on either the basic or standard regime. We found over 40 prisoners who had not yet been assessed, and one prisoner had been on entry level for 76 days.
- I.57** Prisoners were placed appropriately on the basic regime in response to individual serious acts, or patterns, of poor behaviour. The regime for those on the basic level was poor; they could have a shower only twice a week, a telephone call on alternate days and a 30-minute exercise period each day.
- I.58** Target setting was poor for those on the basic level and it was difficult to see how they were able to demonstrate improvements in behaviour when association was available only twice a week.

Recommendations

- I.59** **Prisoners should not have to wait three months to apply for enhanced status.**
- I.60** **Prisoners on the basic regime should be set individualised targets and more opportunity to demonstrate improvements in behaviour.**

Housekeeping point

- I.61** Prisoners on the entry level of the incentives and earned privileges scheme should be reviewed no later than 14 days after arrival.

Discipline

Expected outcomes:

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

- I.62** *The number of adjudications had increased considerably and was high. Staff spent a long time dealing with them, which had an impact on the delivery of the segregation unit regime. The number of incidents involving the use of force had doubled and was high. Written accounts demonstrated that de-escalation was used. The analysis of data was underdeveloped. Although the environment in the segregation unit had improved slightly, some cells were dirty, with filthy toilets. Relationships between staff and prisoners on the unit were generally good but the regime was unacceptably poor. Monitoring of segregation had slipped, and information about the number of prisoners segregated and their length of stay on the unit was not sufficiently analysed or discussed.*

Disciplinary procedures

- I.63** The number of adjudications had increased considerably and was high, at an average of 431 a month. Charges had become more serious and the number of cases referred to independent adjudicators (visiting judges) remained high and represented about a quarter of the total number of adjudications.

- I.64** The high number of adjudications was having a negative impact on the delivery of the regime on the segregation unit (see section on segregation). We saw many examples where officers did not have the time to unlock prisoners on the unit for showers, telephone calls and exercise because adjudication hearings took all morning to complete.
- I.65** The written records of hearings showed that proceedings were conducted fairly and indicated that prisoners were given the opportunity to explain fully their version of events.

The use of force

- I.66** Levels of use of force had more than doubled since the previous inspection, and were high, with 288 incidents in the previous six months. The dedicated use of force committee, which had overseen processes and provided governance, had been disbanded and analysis of information, including the nature of the incident, its location, and the ethnicity and age of the prisoner, was inadequate.
- I.67** Use of force documentation had been completed correctly and assured us that spontaneous incidents were usually managed appropriately and that minimum force was used. De-escalation techniques were used to particularly good effect. The video recordings of planned incidents also reflected well-managed, correctly conducted interventions.
- I.68** Use of special accommodation had increased considerably and was high. In the last six months of 2014, it had been used 20 times, compared with four times in the six months before the previous inspection. Although we were told that the average time that prisoners spent there was about nine hours, we discovered that there had been much longer stays there, including at least four occasions when prisoners had spent all night in special accommodation. Much of the authorising paperwork was of poor quality and it did not always give assurance that use of this accommodation was justified or that prisoners were removed at the earliest opportunity.

Recommendations

- I.69** **Monitoring and analysis of the use of force should be improved.**
- I.70** **Authorising paperwork for the use of special accommodation should fully justify the need for its use and ensure that the prisoner is removed at the earliest opportunity.**

Segregation

- I.71** Given the size of the prison, the segregation unit was reasonably small, with 11 cells. It also had a gated cell and two special cells.
- I.72** Living conditions on the unit had improved slightly but the environment remained dark and dreary. Communal areas were clean, despite their worn condition. Most cells were reasonably clean and free from graffiti but some were dirty and had filthy toilets. Conditions in the special cells were grim and their use had increased considerably since the previous inspection (see section on use of force).
- I.73** Governance of segregation had slipped as the segregation monitoring and review group no longer met. As a result, monitoring was poor and it was difficult to calculate the exact

number of prisoners who had been segregated in the previous six months or accurately identify the amount of time that they had spent there.

- I.74** At the time of the inspection, there were 10 prisoners in segregation, with an average stay of six days. We were told that these numbers were fairly typical, with some notable exceptions.
- I.75** The day-to-day relationships between staff and prisoners on the unit were affable; prisoners were treated respectfully and staff appeared to care about their personal circumstances and to be comfortable in dealing with them.
- I.76** However, the regime on the unit was poor. As most prisoners there were on the basic level of the IEP scheme, they had little access to showers, telephone calls and exercise, which meant that they usually spent about 23 hours a day locked in their cells with nothing meaningful to do (see also section on incentives and earned privileges). This isolation was made worse by the fact that they were not permitted to have radios for distraction, regardless of the reason for their segregation.

Recommendations

- I.77** **The management and oversight of segregation should be improved.**
- I.78** **The regime for prisoners on the segregation unit should be improved and all prisoners should be allowed to have radios.**

Substance misuse

Expected outcomes:

Prisoners with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody.

- I.79** Drug- and alcohol-dependent prisoners received prompt, well-coordinated treatment and a good level of care on the prison's designated stabilisation unit. An impressive range of psychosocial interventions had been developed and the drug-free recovery wing provided structured, recovery-focused support.

- I.80** The substance misuse strategy was out of date, and there had not been a recent needs analysis. Drug and alcohol strategy committee meetings had been irregular and poorly attended. A new drug strategy lead was reviewing the policy and re-launching committee meetings with appropriate membership.
- I.81** Phoenix Futures provided an impressive range of interventions. A case management team assessed and prioritised prisoners, and an interventions team delivered prompt group or one-to-one sessions, according to need. At the time of the inspection, 506 prisoners were actively engaging with the service. The designated stabilisation unit on F wing provided a safe environment. Interventions ranged from daily groups co-delivered with nurses on the stabilisation unit, to four-day group work packages and innovative creative writing, drama and movement workshops. Mutual aid was well developed and included an active group of peer supporters, Alcoholics Anonymous, Narcotics Anonymous, and self-management and recovery training (SMART) groups, as well as regular service user meetings and a newsletter.

- I.82** Prisoners could also access a drug-free recovery wing, which was similar to a therapeutic community. The unit was well managed and offered a supportive environment, with structured activities, groups and regular compact-based drug testing.
- I.83** The clinical substance misuse team, from Care UK, delivered treatment that was prompt, flexible, well monitored and reviewed regularly. At the time of the inspection, 137 prisoners were being prescribed methadone, 16 buprenorphine and 23 were undergoing alcohol detoxification. The stabilisation unit provided sufficient spaces, and treatment continued on E wing. Clinical and psychosocial support services were well integrated and dual diagnosis leads ensured that there was good care coordination for prisoners with drug/alcohol and mental health problems.

Recommendation

- I.84** **The drug and alcohol strategy should be updated, contain development targets and be informed by a comprehensive needs analysis. The drug and alcohol strategy committee should meet regularly and all relevant departments and service providers should attend.**

Good practice

- I.85** *Prisoners could access a drug-free recovery wing which was well managed and provided structured, recovery-focused support.*

Section 2. Respect

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.

- 2.1** *The amount of rubbish and dirt around the prison was shocking. Some of the cells were in an appalling state, and some external areas were strewn with clothing, bedding and general debris. Too many cells designed for one were overcrowded, with insufficient furniture and a lack of basic essential items. Some shower rooms were filthy, damp and unhygienic, and access to them was limited. Access to stored property was poor. Our survey results across the range of residential indicators were among the poorest we have seen.*
- 2.2** Outside areas were appalling and prisoners complained of an infestation of vermin and cockroaches (see Appendix V for a photograph of the area outside J wing). Despite a clean-up early in the inspection, some areas remained in a dreadful state, and there were extensive amounts of food debris and piles of clothing on ridges and security wire (see main recommendation S58, and Appendix V for a photograph of piles of clothing on ridges outside D wing).
- 2.3** Our survey results across the range of residential indicators were among the poorest we have seen. We saw many dirty cells across many wings and prisoners told us that they had insufficient access to cleaning equipment (see Appendix V for a photograph of a toilet in an occupied cell on G wing). Many single cells accommodated two prisoners and were cramped. Most had insufficient and poor-quality furniture, without a lockable cabinet for each prisoner (see recommendation 2.94), and many prisoners waited long periods for a full issue of bedding and basic essential items such as kettles, plates, cups and bowls. There were many missing or broken windows and some that would not close, leaving the cell freezing cold. There were extensive levels of (sometimes offensive) graffiti in cells. Empty cells were not routinely prepared for occupation and were often left in a filthy state, with the new occupant expected to clean it (see main recommendation S58, and Appendix V for a photograph of an empty G wing cell). On one occasion we found prisoners located in a cell with blood on the walls and door, and on another occasion with blood on the bunk bed (please see Appendix V); on neither occasion was the blood cleaned up when we raised our concerns with staff.
- 2.4** Some areas of the prison were reasonable, with E, F and J wings being the cleanest and most well-ordered accommodation. However, A, C and especially G wing were generally dirty, with communal areas covered in layers of dust and dirt. There were many wing cleaners but most had little idea of what was required of them.
- 2.5** Privacy screening in shower areas was poor and access for many prisoners was too limited. Most prisoners on A wing could shower only on alternate days and those on the basic level of the incentives and earned privileges scheme could shower only twice weekly (see section on incentives and earned privileges). Some showers were locked before the end of association, which further limited access. Some shower rooms were filthy and unhygienic, and some were in poor condition, with old clothing and rubbish strewn across wet, dirty

floors and mould growth on ceilings (see main recommendation S58, and Appendix V for photographs of the C wing shower room).

- 2.6** Despite adequate laundry facilities, prisoners struggled to get a sufficient amount of clean prison-issue clothing and bedding, mainly because too little was issued on reception and items were replaced on a one-for-one basis.
- 2.7** Cell call bells were not answered sufficiently promptly and we saw some calls being unattended for long periods. (See also section on staff prisoner relationships.)
- 2.8** Access to stored property was problematic, with very long waits experienced by many prisoners. The application system had been re-launched using Insiders (prisoners who introduce new arrivals to prison life) to coordinate and track applications. This was a helpful initiative and mostly worked well, although prisoner confidentiality was sometimes compromised when sensitive replies were not returned in an envelope.
- 2.9** Telephones had been installed on some exercise yards and workshops but prisoners continued to report difficulties in contacting their families and friends because they did not have access to them outside of the working day (see section on time out of cell). Many wing telephones were unscreened, offering little or no privacy.

Recommendations

- 2.10 Single cells should not be used to accommodate two prisoners**
- 2.11 Prisoners should have daily access to clean showers with privacy screens**
(Repeated recommendation 2.10)
- 2.12 Cell bells should be answered within five minutes.** (Repeated recommendation 2.9)
- 2.13 Prisoners should be able to use the telephone in private every day outside the working day.** (Repeated recommendation 2.12)

Housekeeping points

- 2.14** Prisoners should be able to access their stored property without delay.
- 2.15** The applications processes should be publicised to staff and prisoners, to ensure prison-wide adherence to the policy and that sufficient levels of privacy are maintained.

Staff-prisoner relationships

Expected outcomes:

Prisoners are treated with respect by staff throughout the duration of their time in custody, and are encouraged to take responsibility for their own actions and decisions.

- 2.16** Only around half of prisoners said that staff treated them respectfully. We witnessed some indifferent responses to prisoners' verbal requests and prisoners were frustrated at their inability to get things done. Consultation arrangements were good.

- 2.17** In our survey, only 52% of prisoners said that staff treated them respectfully, which was considerably worse than the comparator (75%) and than at the time of the previous inspection (61%). We witnessed some indifferent responses to prisoners' verbal requests and it appeared that landing staff had little time to talk to prisoners during their limited time unlocked. On one occasion, at around 8:30 in the morning when numerous cell call bells were ringing we observed a group of staff using the prisoner showers as a smoking room (see main recommendation S59).
- 2.18** There was no active personal officer scheme and on some of the wings there appeared to be little interaction between staff and prisoners, with staff routinely moving off the wings to work in other areas of the prison throughout the day. Prisoners often expressed their frustrations at their inability to get things done, saying that staff often failed to get back to them or avoided dealing with a request for assistance. We witnessed some indifferent responses to prisoners' verbal requests and it appeared that landing staff had little time to talk to prisoners during their limited time unlocked (see main recommendation S59).
- 2.19** Consultation arrangements had improved and the monthly 'User Voice' consultation meeting provided a useful forum for prisoners from all areas of the prison to discuss issues with senior managers. The prison took this initiative seriously and had engaged well with the council.

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic⁵ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

- 2.20** A comprehensive equality policy had been developed but no action plan. Regular equality meetings were held and protected characteristics were monitored using the equality monitoring tool, but there was no evidence that action had been taken for out-of-range areas. Formal support forums were available for only a few protected characteristics. Black and minority ethnic prisoners reported more negatively than white prisoners in our survey across a range of areas, including safety, but there was no formal support for them. Support for Gypsy, Romany and Traveller prisoners was good. Foreign national prisoners received reasonably good support and access to independent advice, although there was no translated information available. Immigration detainees had good access to, and advice from, Home Office immigration staff. Not all prisoners with disabilities had been identified and not all of their needs were met. Paid carers provided valuable social care. There was no specific provision for older prisoners. Consultation with young adults had started and specific activities for them were being introduced.

⁵ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Strategic management

- 2.21** A comprehensive equality policy had been developed but there was no action plan to support it. Prisoner equality meetings were held bimonthly. All protected characteristics were discussed there and meetings were well attended with prisoner representatives and staff from external organisations working in the prison and from the Zahid Mubarek Trust. This Trust also provided quality assurance for completed discrimination incident report forms (DIRFs). The nine prisoner equality representatives had a clear job description and provided valuable support to others.
- 2.22** Outcomes for some protected characteristics were monitored using the equality monitoring tool; however, this did not include disability and sexual orientation as there were insufficient data available for these characteristics. Areas giving cause for concern had been identified, particularly concerning disciplinary matters for young adults and black and minority ethnic prisoners, but there was no evidence that any action had been taken to address these issues, apart from one equality impact assessment for use of force.
- 2.23** A total of 47 DIRFs had been submitted in the previous six months. They were completed in a timely fashion and the quality of responses was reasonable, but not all had been countersigned by a senior manager. Prisoners who submitted a DIRF generally received a visit from the equality officer to discuss the issues involved.
- 2.24** Support and consultation forums were only available for a few minority groups.

Recommendations

- 2.25** **The equality policy should be supported by an action plan covering all the protected characteristics.**
- 2.26** **Equality monitoring should include all protected characteristics, and action should be taken to address issues identified for any specific group.**
- 2.27** **Appropriate support, including forums, should be provided to all groups of prisoners with protected characteristics.**

Protected characteristics

- 2.28** There were 655 (57%) prisoners from a black and minority ethnic background. In our survey, they reported more negatively than white prisoners across a range of areas; for example, 76% of them (compared with 54% of white prisoners) said that they had felt unsafe at some time at the prison and 47% (compared with 39% of white prisoners) that they currently felt unsafe. There had been no support forums for black and minority ethnic prisoners and no recent specific support.
- 2.29** Gypsy, Romany and Traveller prisoners had regular forums and received a good amount of support from an external organisation, The Irish Council for Prisoners overseas.
- 2.30** There were 373 (32%) foreign national prisoners. Support groups for them were held monthly, although those we spoke to said that they did not always go to these because of a lack of knowledge about them, and of staff to escort them there. Approximately 70–80 prisoners a week attended the morning and afternoon sessions, suggesting that many had not attended. The groups had been attended by various external agencies, which had given this group good access to independent legal advice and support.

- 2.31** There was no translated information and we were unable to find out if professional telephone interpreting services had been used regularly. Foreign national prisoners could have a free five-minute telephone call to help with maintaining contact with their families, irrespective of whether or not they received visits.
- 2.32** A total of 29 immigration detainees were being held at the time of the inspection, which was half the number held at the time of the previous inspection. Home Office immigration staff based on site had worked hard to reduce this number. Immigration staff worked in reception to identify foreign national prisoners quickly and ensure that action was taken to ascertain their immigration status immediately. There was a new fast-track system for those eligible for the early release scheme. Immigration detainees had good access to the immigration team and all received monthly updates on their status. Efforts were made to serve immigration documents before the end of prisoners' sentences.
- 2.33** The prison had identified around 190 (16%) prisoners as having a disability, although our survey suggested that there could have been as many as 275 (24%).
- 2.34** When a disability was identified, the prisoner was visited by a member of staff from the equality team, to complete an assessment. Communication and links with the health care department were poor and, although prisoners with disabilities located on the inpatient unit had care plans, those living elsewhere in the prison had no such support.
- 2.35** Personal emergency evacuation plans (PEEPs) were completed when required, although not all night staff knew where they were located. Some prisoners with disabilities had paid carers and those we spoke to who had such help were appreciative of the support they received. Carers were not formally trained and had no compact to outline their duties, but were clear about what was required of them. Four cells had been adapted for prisoners with poor mobility, although at the time of the inspection two were occupied by able-bodied prisoners when others with disabilities would have been better accommodated there.
- 2.36** Older prisoners and those with disabilities were often locked in their cells during the core day and had little to occupy them. Prisoners in both groups who were unable to work received additional pay, and retired prisoners did not have to pay to watch television. There was little other support for either of these groups.
- 2.37** Younger prisoners were located on all units. A discussion forum and follow-up groups had been held to establish their needs, and some specific activities such as a drama project had been provided. A new project from an external organisation, Trading Places, was due to start and was aimed at addressing issues surrounding knife crime with this age group.
- 2.38** There were effective procedures to manage transgender prisoners, who had access to the prison shop and facilities at HMP Holloway. Six prisoners had identified as gay or bisexual, and a support forum was due to take place for them.

Recommendations

- 2.39** **Prisoners with disabilities and older prisoners with identified needs should have a multidisciplinary care plan to which all staff have ready access and about which prisoners are consulted.** (Repeated recommendation 2.40)
- 2.40** **Older prisoners and prisoners with disabilities should be provided with regular and appropriate regime activities; this should include specific activities for vulnerable prisoners.** (Repeated recommendation 2.41)

- 2.41 Translated information should be provided in the most commonly spoken languages and professional telephone interpreting services used when required.**

Good practice

- 2.42** *The attendance of Home Office immigration staff in reception ensured that foreign national prisoners were identified on arrival and immigration issues dealt with quickly.*

Faith and religious activity

Expected outcomes:

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

- 2.43** *Faith facilities were good and a full chaplaincy team provided for all faiths. The chaplaincy and volunteers were well integrated into the prison regime and a mentoring service was provided through the community chaplain, to provide mentoring services for prisoners close to and after release.*

- 2.44** Faith facilities were good, with adequate space for all services and other faith-based activities. Additional facilities had been provided to cater for the large Muslim population (400 prisoners). All prisoners were able to attend religious services.
- 2.45** The chaplaincy team had increased in size and provided for all faiths adequately. Chaplains worked together well to ensure pastoral care for those of their own faiths and to cover general chaplaincy duties.
- 2.46** The chaplaincy was well integrated into prison life, and met all new arrivals within 24 hours. Chaplains regularly attended key meetings such as security, safer custody and equality.
- 2.47** Prisoner faith representatives had been appointed and they held copies of religious texts and prayer mats, which could be given to prisoners on request. They provided a link between prisoners and the chaplaincy.
- 2.48** There was a wide range of faith-based classes and groups. A community chaplain provided a mentoring service for prisoners, whereby they met mentors before release, with support continuing after release for as long as was required.

Complaints

Expected outcomes:

Effective complaints procedures are in place for prisoners, which are easy to access, easy to use and provide timely responses. Prisoners feel safe from repercussions when using these procedures and are aware of an appeal procedure.

- 2.49** *Too many replies to complaints were cursory and did not fully address the issues raised, and we were not assured that complaints about staff were always fully investigated. Too many prisoners had little confidence in the complaints system.*

- 2.50** The number of formal complaints submitted was high, with over 2,000 in the previous six months. Although the quality of some responses was reasonably good, too many were shallow and did not fully address the issues raised, and some were dismissive. Many complaints were about low-level domestic issues that should have been dealt with by wing staff. We were not assured that complaints about staff were dealt with properly (as it was not possible to track responses) or always fully investigated.
- 2.51** In our survey, only 14% of respondents (against the 31% comparator) said that complaints were handled fairly and 13% (against the 28% comparator) that they were dealt with quickly. Only 43% said that it was easy to make a complaint, and 27% that they had been prevented from making one, both of which were far worse than the comparators (51% and 20%, respectively).

Recommendation

- 2.52 Responses to complaints should be respectful and fully address the issues raised, and complaints against staff should be tracked and fully investigated.**

Housekeeping point

- 2.53** Low-level domestic issues should be resolved on the wings, to avoid the prisoner having to make a formal complaint.

Legal rights

Expected outcomes:

Prisoners are fully aware of, and understand their sentence or remand, both on arrival and release. Prisoners are supported by the prison staff to freely exercise their legal rights.

- 2.54** *There was no formal provision for bail and legal rights support. There were not enough legal visits rooms and they were in a poor condition.*

- 2.55** There were no staff trained to provide either legal rights support or bail information, although foreign national prisoners were well served (see section on equality and diversity).

- 2.56** There were 10 legal visits rooms but this was not enough to meet demand, and many of the rooms were in a poor condition.
- 2.57** Prisoners' Advice Service attended bimonthly to provide advice about prison law and make referrals to other services.

Recommendations

- 2.58 Formal advice about legal rights and bail information should be provided.**
- 2.59 More booths for legal and professional visits should be provided and they should be in a better condition.**

Health services

Expected outcomes:

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

- 2.60** Prisoners in our survey were relatively dissatisfied with health care provision but we found services to be reasonably good overall. Access to primary care services was good, but health service complaints and applications lacked confidentiality, and failure-to-attend rates were high. The management of long-term conditions was inadequate. The health centre was bright and clean, but most wing-based treatment rooms did not meet infection control standards. Staff on the inpatient unit provided compassionate care for patients with complex health needs. Medicines management was good, although there was insufficient supervision of medicines administration queues. Dental services were good. Primary mental health services were adequate and secondary mental health and day care services were good.

Governance arrangements

- 2.61** Working relationships between the health service commissioners, provider and the prison were good, and partnership board and internal governance meetings were developing, although not fully embedded. The health needs assessment was out of date.
- 2.62** Several staffing vacancies had impacted on service delivery, although new clinical managers were settling into their roles and driving service improvement. Mandatory training was well managed and new staff felt supported and had an appropriate induction. Too few staff in the primary care team had received clinical and managerial supervision.
- 2.63** There was a wide range of Care UK policies and procedures, although some staff referred to the previous provider's policies and were unclear about how to access current policies. However, staff were aware of the policies for preventing communicable diseases and the necessary action to take in the event of an outbreak.

- 2.64** The inpatient unit and health centre provided bright and clean environments but the treatment rooms on the wings and in reception did not meet infection control standards. Most clinics were delivered in the health centre. There was 24-hour nursing care on the wings and on the inpatient unit. Suitable, well-checked emergency equipment, including automated external defibrillators, were located strategically across the prison. We observed a rapid and good response to two emergency calls. An ambulance was called promptly in emergencies.
- 2.65** A health lead for older prisoners had not been identified and there was no established link with the prison for individuals with a disability. Prisoners had access to some age-appropriate screening programmes, such as Chlamydia screening for younger prisoners, but there was no bowel cancer and abdominal aortic aneurysm screening for older prisoners.
- 2.66** Health care complaints were submitted via the general prison complaints system, which lacked confidentiality. A total of 442 health care complaints had been submitted in the previous year. Most of the responses we sampled had not fully addressed the issues highlighted and there had been long delays in responding to a few complaints.
- 2.67** Health promotion was delivered during consultations and some leaflets were available in the health centre; however, there was little health promotion information displayed on the units and in the waiting rooms.
- 2.68** Waiting times for smoking cessation services were short and access to immunisations and screening for blood-borne viruses was good, and included treatment for hepatitis C. Barrier protection was available from health services staff, but this was not advertised.
- 2.69** The large volume of waste materials, including food waste, in external areas around the prison presented a potential health risk and was unacceptable and avoidable (see section on residential units and main recommendation S58).

Recommendations

- 2.70** **An up-to-date health needs analysis should inform all service provision.**
- 2.71** **All clinical areas should be fully compliant with infection control guidelines.**
- 2.72** **A designated senior health lead should develop health services for older prisoners and those with disabilities.**
- 2.73** **Prisoners should be able to complain about health services through a well-publicised confidential system, and all responses to complaints should be timely and fully address all the issues raised.**
- 2.74** **Systematic health promotion should take place throughout the prison, overseen by a prison health promotion action group, which should include prisoner representation.**

Housekeeping points

- 2.75** Health services staff should have regular access to individual management and clinical supervision and this should be recorded.

- 2.76** Health services staff should have easy access to, and be aware of, all current health policies and procedures.
- 2.77** Prisoners should be made aware of the availability of barrier protection.

Delivery of care (physical health)

- 2.78** In our survey, fewer prisoners than at comparator prisons said that they were satisfied with the overall quality of health services (26% versus 36%).
- 2.79** The initial health screening for new arrivals was undertaken promptly by a registered nurse. A comprehensive screening tool was used to identify immediate health needs, including mental health issues and learning disabilities. Appropriate referrals were made and a GP was available during the reception process. A professional telephone interpreting service was used when necessary. A further comprehensive health assessment, including required immunisations and blood-borne virus testing, occurred the following day.
- 2.80** The range of nurse-led clinics included daily well-man, wound care and phlebotomy clinics, and a sexual health clinic twice a week.
- 2.81** There were no nurse-led life-long conditions clinics and insufficient governance around the management of these conditions. However, action had started to address this, including the creation of a long-term conditions register and the implementation of care planning templates on SystmOne (the electronic medical record). Prisoners had good access to urgent and routine GP appointments. There was an appropriate range of clinics run by allied health professionals, with acceptable waiting times, although failure-to-attend rates were high. Health care applications were part of the new Insider-led prison process for general applications, which lacked confidentiality.
- 2.82** Prisoners with mental or physical health issues requiring an inpatient stay were located on the 22-bed inpatient unit. Staff there had an appropriate skill mix, and admission was based on clinical need, with excellent admission and discharge protocols. There were two rooms on the unit that could be used for barrier nursing and daily groups, including art, and a weekly community meeting. The standard of care planning was good and we saw compassionate care for patients with complex health needs. Health services staff liaised well with internal and external health professionals and with health services officers. The regime on the unit helped to promote patients' recovery and all those we spoke to were positive about the care they received.
- 2.83** External appointments were well managed and rarely cancelled.

Recommendations

- 2.84** **Prisoners with lifelong conditions should receive regular reviews and have an evidence-based care plan prepared by staff that are appropriately trained and supervised.** (Repeated recommendation 2.76)
- 2.85** **There should be an efficient, confidential health care application process, managed by health services staff.**

Housekeeping point

- 2.86** The high failure-to-attend rate for clinics should be investigated and measures taken to improve the use of appointments where appropriate.

Pharmacy

- 2.87** Pharmacy services were provided on-site by Care UK. Medicines were administered on each wing four times daily, at clinically appropriate times. However, administration was not well supervised by officers, which compromised confidentiality and increased the risk of diversion. Pharmacy-led medicines use reviews took place. Prisoners could consult a pharmacist for routine advice but this was not advertised.
- 2.88** Storage of medicines was appropriate and stock reconciliation and re-ordering procedures were good. There was a system for ensuring that patients did not receive out-of-date medication but this was not documented. Staff had access to a wide range of current reference sources, including up-to-date protocols and a formulary tailored to the prison environment. Controlled drugs were generally managed and stored correctly, although requisitions had not been signed to show that controlled drugs had been received on the wings. Errors, near misses and drug alerts were managed effectively. Pharmacy audits were completed regularly.
- 2.89** Comprehensive in-possession risk assessments were completed and reviewed appropriately. Prisoners in shared cells were unable to store in-possession medicines securely as there were no lockable cabinets (see also section on residential units). There were no targeted checks on prisoners with in-possession medication.
- 2.90** High levels of tradable medicines were prescribed for supervised consumption, although this had begun to reduce as the continuity of GPs had improved.
- 2.91** Drug administration records were complete and prisoners not attending for medication were appropriately followed up. A range of over-the-counter medicines, such as pain killers, were available out of hours and these supplies were documented.
- 2.92** A well-attended monthly medicines management committee ratified policies and monitored prescribing trends, including of tradable medicines.

Recommendations

- 2.93** **The queues for the collection and supervision of medicines should be adequately supervised to ensure that patient confidentiality is maintained and that the risk of diversion is limited.**
- 2.94** **Prisoners should have secure storage for medication.**
- 2.95** **Systematic checks should be conducted on patients receiving in-possession medication.**

Housekeeping points

- 2.96** Prisoner access to a pharmacist for routine advice about medicines should be well advertised.

- 2.97** Date-checking procedures for medications should be documented.
- 2.98** Requisitions for controlled drugs should be signed when medicines are received on the wings.

Dentistry

- 2.99** In our survey, fewer prisoners than at comparator establishments said that they were satisfied with the quality of dental services (20% versus 30%), although we found dental services to be of a good standard.
- 2.100** Waiting times for routine and urgent appointments were within an acceptable timeframe, although the failure-to-attend rate was too high (see housekeeping point 2.86). A full range of treatments was provided and appointments were allocated appropriately, based on need, and emergency provision was effective. Oral health promotion was good.
- 2.101** The dental surgery had good facilities, including a separate decontamination room, although the floor around the dental chair needed repair and therefore was not compliant with infection control guidelines (see recommendation 2.71). Dental waste was disposed of professionally.

Delivery of care (mental health)

- 2.102** Barnet, Enfield and Haringey Mental Health NHS Trust provided secondary mental health, inpatient and day care services. Working relationships between the prison and mental health staff were effective but few prison officers had received mental health awareness training.
- 2.103** At the time of the inspection, there were 69 prisoners on the caseload for the secondary mental health team. There was an open referral system and prisoners were assessed promptly. Regular allocation and review meetings were held. Patients with mild and moderate mental illness received brief interventions, if appropriate, and some were directed to day care and/or referred to the GP and the primary mental health nurse. Primary mental health services were adequate and there were plans to broaden them further.
- 2.104** The day centre offered weekday support, including yoga, pottery, art and guitar lessons, for up to 30 patients with mental and/or physical health needs. Participating prisoners we spoke to were very positive about the service but there was a waiting list. There was no counselling service.
- 2.105** Psychiatrist input was excellent and included fortnightly sessions from a learning disabilities consultant. There was clinical psychology and occupational therapy input and plans to develop the existing secondary care provision.
- 2.106** Too many prisoners experienced delays in being transferred to external mental health facilities. Between September 2014 and January 2015, 28 people had been transferred, of whom 53% had waited longer than two weeks, with the longest wait being 20 weeks.

Recommendations

- 2.107 Discipline staff should have mental health awareness training so that they can take appropriate action when a prisoner has mental health problems.** (Repeated recommendation 2.99)
- 2.108 A comprehensive primary mental health service should be provided, offering a full range of support for prisoners with mild and moderate mental health problems, including psychological therapies and counselling.**

Catering

Expected outcomes:

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

- 2.109 Our survey results on the food provided were generally poor but we found it to be of a reasonable quality and provided in sufficient amounts. Some food serving areas and trolleys were dirty and unhygienic, and meals were served too early.**
- 2.110** In our survey, only 16% of prisoners overall said that the food provided was good or very good, although foreign national and Muslim prisoners were more positive than their British and non-Muslim counterparts. We judged the food to be of a reasonable quality and provided in sufficient quantities.
- 2.111** The kitchen was clean and mostly in good order, although a few appliances had never worked since the refit in 2012, which caused some logistical issues, and there were some problems with the flooring.
- 2.112** Wing servery workers were untrained and had insufficient time to clean, which meant that serveries remained dirty overnight, exacerbating the reported problems with vermin (see section on residential units). Many food trolleys were in a dreadful and unhygienic state and had not been cleaned for some time (see Appendix V for a photograph of a food trolley).
- 2.113** Breakfast packs were very small and issued on the day before consumption. Lunch was served at prisoners' cell doors, which reduced the opportunity for many prisoners to interact with staff and other prisoners. Lunch and dinner were served too early, at 11.30am and 4.30pm, respectively.
- 2.114** Many prisoners lacked sufficient essential equipment such as kettles or bowls, so were unable to eat some of the food provided, such as dried noodles (see section on residential units and main recommendation S58).

Recommendations

- 2.115 Breakfast should be served on the morning it is eaten and lunch should not be served before noon and the evening meal not before 5pm.** (Repeated recommendation 2.105)

- 2.116 All catering equipment and areas should be in good order and problems with the flooring should be addressed. Wing serveries and equipment should be cleaned comprehensively immediately after use.**

Housekeeping point

- 2.117 All prisoners involved in the preparation and serving of food should be appropriately trained in food hygiene.**

Purchases

Expected outcomes:

Prisoners can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely.

- 2.118** *The range of goods available in the prison shop was reasonable and met diverse needs but newly arrived prisoners could wait too long to receive their first order. Many prisoners complained that problems with their orders took too long to be rectified.*

- 2.119** We judged the range of goods available in the prison shop to be reasonable, and to meet diverse needs. However many prisoners complained that problems with orders often took too long to be rectified.

- 2.120** New prisoners could wait up to 11 days before receiving a shop order as forms were collected only on Thursday mornings. There were no catalogues from which prisoners could order goods but there were well-developed plans to introduce some. Prisoners could order newspapers and magazines every week.

Recommendation

- 2.121 Prisoners should be able to access a full prison shop order within 72 hours of arrival.**

Housekeeping point

- 2.122 Problems with shop orders should be dealt with quickly.**

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.⁶

- 3.1** Too many prisoners were locked up during the working day. Access to association was too limited and the regime was not always adhered to.
- 3.2** Most prisoners could be unlocked for around five and a half hours per day but for some this could be far less, and as little as one hour.
- 3.3** Association took place only during the day and prisoners on A wing only had association on alternate days. This limited association time not only impacted on prisoners well-being, but also limited access to showers and contact with families and friends, especially those who were not at home during the working day. There was too little to do during association and, despite the addition of some pool and table tennis tables, most prisoners either remained in their cells or leant over landing guard rails for the whole period.
- 3.4** We saw regular slippage in the timing of the regime, which further curtailed activity and association periods, and (with the exception of the first night wing) the prison regularly was fully locked up by 6pm.
- 3.5** During our roll checks, over 40% of prisoners were locked in their cell during the core day, which was worse than at the time of the previous inspection. Some residential staff did not know who was or was not on the wings, and some prisoners told us that they should have been in activities but had not been unlocked to go to them.

Recommendations

- 3.6** Prisoners' time out of cell should be increased, and they should have access to daily association, including some evening association.
- 3.7** The published daily routines for prisoners, including association and exercise, should be adhered to consistently. (Repeated recommendation S47)

⁶ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Learning and skills and work activities

Expected outcomes:

All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.

- 3.8** The overall assessment of learning and skills and work activities was inadequate. There were too few learning and skills and work places and those available were underutilised. The unemployment rate was high. Only around a quarter of prisoners were engaged in activity at any one time. The range of learning and skills and work activities was too limited and there was insufficient provision to meet prisoners' low skill levels in English and mathematics. The quality of teaching and prisoners' achievements required improvement. The quality of the library was reasonable but access was exceptionally poor.
- 3.9** Ofsted⁷ made the following assessments about the learning and skills and work provision:
- | | |
|---|-----------------------------|
| <i>Overall effectiveness of learning and skills and work:</i> | <i>Inadequate</i> |
| <i>Achievements of prisoners engaged in learning and skills and work:</i> | <i>Requires improvement</i> |
| <i>Quality of learning and skills and work provision:</i> | <i>Requires improvement</i> |
| <i>Leadership and management of learning and skills and work:</i> | <i>Inadequate</i> |

Management of learning and skills and work

- 3.10** The management of learning and skills and work was inadequate. In spite of some improvements since the previous inspection, the quality and quantity of learning and skills and work had not improved enough. Little had been done to increase the engagement of prisoners in purposeful activity, which remained poor. The education and vocational training provided by The Manchester College, which had taken over as the new contractor a week before the inspection, required improvement.
- 3.11** The prison's self-assessment report was generally well informed and data were analysed and used appropriately. However, the report failed to recognise the impact of the large proportion of prisoners who could not or would not engage in learning and skills and work activities.
- 3.12** Too many actions in the quality improvement plan were not yet working or were in an early stage of implementation. Improvements to the provision had been hampered by a shortage of staff, and a lack of clear leadership and strategic direction. Quality improvement group meetings were often poorly attended and had insufficient discussions about the quality of teaching, learning and assessment. Managers had a well-defined strategic plan for learning and skills that was supported by the governor, but this had yet to have a significant impact on provision.

⁷ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (*inter alia*) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

- 3.13** Observations of teaching, learning and assessment were carried out across much of the provision, but had not yet extended to most of the areas that were not managed by The Manchester College. There was insufficient sharing of best practices in teaching and learning. Recent and more robust moderation of observations had taken place to provide a clearer and accurate reflection of the provision.
- 3.14** Pay rates were not clearly matched to job roles and responsibilities, although this did not disadvantage prisoners from attending education courses. The promotion of safeguarding, and of equality and diversity were appropriate and staff had been trained adequately.

Recommendations

- 3.15** **Arrangements to improve teaching, learning and assessment should be sufficiently effective and raise quality to at least good.**
- 3.16** **Attendance at quality improvement group meetings should be improved and include more robust discussion about the quality of teaching, learning and assessment.**
- 3.17** **Observations of teaching, learning and assessment should extend across all areas of the provision, to provide clearer information about the quality and to be able to share best practices.**

Provision of activities

- 3.18** There were insufficient activity places for all prisoners and only around 35% of the population could be accommodated at any one time. However, the places that were available were considerably underutilised. Only about a quarter of prisoners were in learning and skills and work at any one time and too many of these, around 68 prisoners, were employed as wing workers and were under-occupied. An unacceptably high proportion of prisoners were either out on the wings doing very little or locked up during the core day. A high number of prisoners, around 380, were unemployed (see main recommendation S60).
- 3.19** Allocation processes were informed by the results of initial assessments but, despite a large proportion of prisoners needing to improve their English and mathematics from low levels, the number engaged in classes was too small (see recommendation 3.26). There was reasonable provision for prisoners who required English for speakers of other languages (ESOL) courses.
- 3.20** The variety of learning and skills and work activities was poor, as was the range of activities for vulnerable prisoners. Work opportunities included orderly jobs, peer mentoring, tailoring workshop duties, kitchen work and wing work, including cleaning. Where prisoners were engaged in useful work, such as in the textile workshop and the kitchen, their skills were beginning to be recognised and recorded, although this was at an early stage. No vocational qualifications were available in these areas (see main recommendation S60).
- 3.21** The range of education courses was too limited. Courses were offered in subjects such as English, mathematics, information communication technology, art and media, radio production and ESOL. Part-time vocational training courses were restricted to carpentry and barbering, although industrial cleaning was about to be introduced. The number of learners enrolled on education and vocational training courses and distance learning

courses was low, at approximately 249 and nine, respectively. Most courses were part time (see main recommendation S60).

Quality of provision

- 3.22** The quality of teaching, coaching and learning overall was not sufficiently good. In the best sessions, learning was set in clear and relevant contexts, the pace of learning was good and the enthusiasm of the teachers kept learners concentrating on the task and taking an active part in the session. However, in most sessions, although learners made some progress, activities were often dull and uninspiring and did not consistently meet the needs of all. Too often, all learners in a session worked at the same tasks at the same time, despite being identified as having different learning needs, which left some of them struggling and disengaged. In a small proportion of sessions, work was too easy for the more able learners. Where learners worked on tasks at different levels, this too often consisted of completing tedious worksheets, which did little to aid their progress. Prisoners were well behaved in education and training sessions and there was a good level of respect between staff and learners.
- 3.23** Teaching staff were well qualified and had good expertise in the subjects they taught, which they used appropriately to explain concepts and guide and correct prisoners' work during sessions. Classrooms were of variable standard; some were characterised by attractive and useful wall displays, while in others displays were limited and uninteresting. Most classrooms in the main education centre were cramped and poorly ventilated. The quality and use of learning resources were mixed; some teachers used well-conceived materials in sessions which they had produced themselves, such as flash cards. However, computer use was mainly limited to diagnostic testing and teachers' use of interactive whiteboards was basic.
- 3.24** Induction to learning and skills was adequate and most prisoners were seen by college staff and staff from the National Careers Service provider. Staff were knowledgeable, and engaged and interacted well with prisoners, although individual interviews were not always carried out privately and conversations could be overheard by other prisoners. Initial assessment of prisoners' English and mathematics support needs was carried out routinely with all new arrivals. However, the tools used to check levels of English and mathematics were paper-based tests, which were outdated and did not distinguish levels above level 1.
- 3.25** There were not enough education sessions to meet the needs of all prisoners identified with low levels of English and mathematics. Outreach support was provided for prisoners in some workshops but was not available across all work areas or on the wings, particularly for the large number of unemployed prisoners. Appropriate use was made of peer mentors, where available, to provide extra support in sessions. The few learners on distance learning courses were supported well by staff from The Manchester College.

Recommendations

- 3.26** **All prisoners with identified learning needs in English and/or mathematics should be appropriately supported across the prison and in discrete classes.**
- 3.27** **Teachers should ensure that all learners, particularly the more able, are suitably challenged to achieve their full potential.**

Housekeeping point

- 3.28** Rigorous tests should be introduced to assess and identify prisoners' English and mathematics support needs at all levels more accurately.

Education and vocational achievements

- 3.29** On some courses, a high proportion of prisoners completed short units and full awards successfully. However, overall success rates were variable and some were too low – for example, in functional skills in English at entry level and short courses in employability. On vocational courses, success rates were equally variable but were low on level 2 in barbering. Current data indicated that success rates on most courses were showing a slight improvement.
- 3.30** Prisoners developed useful skills, knowledge and understanding. Those studying English at higher levels demonstrated increased confidence and skills. In entry-level ESOL classes, prisoners became more accurate when using present and past tenses in spoken English.
- 3.31** On vocational training courses, most learners demonstrated good standards of work. Punctuality was reasonable but attendance, although improved, remained low across much of the provision (see main recommendation S60).

Recommendation

- 3.32** Success rates should be improved further, to at least good, across all qualifications, and particularly in English.

Library

- 3.33** The library provided by the London Borough of Islington was a good facility but access for prisoners was poor. In the previous six months, only about 40 prisoners a week took part in scheduled visits from the wings. The timetable for visits was limited and sessions were often cancelled owing to the lack of escorting officers. A small number of prisoners visited from education classes and workshops
- 3.34** The library was spacious, provided a welcoming environment and was managed effectively by a librarian and two assistants. It contained a large number of books but stock loss was high. It catered well for foreign national prisoners, offering a large variety of books, spanning more than 40 languages, which were updated regularly. It offered a wide range of easy readers for prisoners who needed them, but there were few books available that were directly relevant to education or vocational courses offered in the prison. Computers in the library provided access to the virtual campus (internet access for prisoners to community education, training and employment opportunities) but they were rarely used (see housekeeping point 4.41).
- 3.35** The library supported a useful range of activities to encourage literacy and reading, including two reading groups and the Family Fables programme, which enabled fathers to record stories for their children. It worked closely and successfully with English teachers to promote the Six-Book Challenge, and trained Shannon Trust mentors to help prisoners on the wings individually with their reading.

Recommendation

- 3.36 Library access should be improved for all prisoners.** (Repeated recommendation 3.26)

Physical education and healthy living

Expected outcomes:

All prisoners understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.

- 3.37** *The range of PE facilities had improved and was generally satisfactory, but access to recreational PE had declined and was exceptionally poor. Too many gym sessions were cancelled owing to cross-deployment of staff. Showers and changing facilities were poor. The newly completed gym, with much improved facilities, was not yet open. An appropriate variety of accredited PE courses were offered and success rates were high.*

- 3.38** The range of PE facilities was reasonable and had improved. They included a sports hall, weights and cardiovascular room and a small temporary gym. However, the sports hall was run down and the cardiovascular room was cramped. A new, well-equipped gym with well-furnished showers and modesty screens was to open soon after the inspection. Showers and changing rooms in the current facilities were inadequate and in poor repair. There was no outside PE facility.
- 3.39** Cancellations of gym sessions due to staff redeployment to other duties considerably reduced access for prisoners, and in our survey only 4% of prisoners said that they used the gym regularly, which was far worse than the 28% comparator.
- 3.40** Most prisoners received an appropriate induction to PE during their first two weeks at the prison. PE staff had good links with the health care department and gave appropriate support to prisoners requiring remedial PE or who were judged unsuitable to participate in normal physical activities.
- 3.41** A reasonable range of PE qualifications up to level 3 was offered. Success rates were high, with most of those who started a qualification completing successfully. Health promotion was generally satisfactory and the level 1 healthy living course had recently been reintroduced to meet the needs of the increasing numbers of young adults in the prison.

Recommendation

- 3.42 Prisoners' access to PE should be improved.**

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival at the prison.
Resettlement underpins the work of the whole prison, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need.
Good planning ensures a seamless transition into the community.

- 4.1** *Planning for the new resettlement and through-the-gate provision was well under way. However, strategic oversight of reducing reoffending had declined over the previous year. The profile of resettlement provision across the prison was not high enough.*

- 4.2** Planning for the introduction of the new community rehabilitation company, which would deliver some resettlement and through-the-gate provision, was well under way and the service was due to start in May 2015. However, there had been insufficient strategic oversight of reducing reoffending for almost a year. For example, there was no current needs analysis or strategy, despite the significant change to the population with the introduction of young adults. Many of the tasks in the pathway action plan had not been achieved and there had not been any strategic or pathway meetings for most of the year. The head of reducing reoffending kept in touch with service providers on an individual basis but this did not replace the value of multidisciplinary strategic meetings to drive forward agreed priorities and set new plans.

- 4.3** The profile of resettlement across the prison was not high enough, and resettlement services were not promoted well enough on the wings. The 'What's in it for me?' booklet provided information about the available services but it was not always issued to prisoners on arrival. Insiders (prisoners who introduce new arrivals to prison life) had been introduced to signpost prisoners to services but, in our survey, fewer prisoners than at similar prisons and than at the time of the previous inspection said that they knew who to turn to for help, and fewer said that a member of staff had helped them to prepare for release.

Recommendation

- 4.4** **Resettlement services should be promoted more widely, so that more prisoners know who to turn to for help and feel prepared for release.**

Offender management and planning

Expected outcomes:

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

- 4.5** Offender management provision was poor and did not actively support prisoners' progression. Staff shortages and high levels of cross-deployment meant that prisoners, including many high risk of harm cases, were not routinely allocated to an offender supervisor. Public protection restrictions were applied and reviewed appropriately but not enough was done to identify multi-agency public protection arrangements (MAPPA) levels before release and the interdepartmental risk management team was no longer effective enough. Some child contact applications took too long to be dealt with and there were delays in approving telephone numbers for those subject to restrictions. The transfer of many category B prisoners to more suitable prisons took far too long owing to the lack of spaces nationally.

- 4.6** Offender management provision was poor. Staff shortages and high levels of cross-deployment meant that prisoners were not routinely allocated to an offender supervisor. At the time of the inspection, only two out of seven probation offender supervisors were in post. They held 77 cases between them. Less than half of the remaining 418 eligible prisoners had been allocated a uniformed offender supervisor because of staff shortages, which had been a persistent problem for well over two years. These prisoners were not being supported, encouraged or motivated to progress and there was a lack of contact with offender managers in the community.

- 4.7** Offender assessment system (OASys) assessments, sentence plans and risk management plans were not at the core of the work and few prisoners had them. Allocation of cases was reactive and in response to a specific action needed, such as completion of a parole report, rather than ongoing management of the case (see main recommendation S61).

- 4.8** In the OASys assessments and sentence plans that we looked at, the sentence plan objectives were relevant and outcome focused. The prisoners had been fully engaged with their initial sentence plan but reviews had not been completed. Risk management plans in these cases were limited as they did not always incorporate actions both in and out of custody.

- 4.9** The OMU was disjointed, with four distinct teams, which hindered collaborative working. Management oversight was lacking and basic performance issues were not monitored – for example, the number of OASys assessments requiring completion or differential performance between offender supervisors. The lack of clarity and communication about priorities and the absence of team meetings were major causes of frustration among many OMU staff.

- 4.10** Home detention curfew processes were managed well and were approved appropriately but delays in receiving reports from the community offender manager meant that some prisoners were released after their earliest eligibility date.

Recommendation

- 4.11 Community offender supervisors should respond to home detention curfew requests promptly, to enable prisoners to be released at their earliest eligibility date.**

Public protection

- 4.12** Arrangements to promote public protection in relation to visits, mail and telephone monitoring, sexual offences prevention orders and restraining orders were satisfactory. Initial screening was undertaken on arrival, restrictions were applied appropriately, and the prisoner was informed about these and could appeal. Restrictions were reviewed regularly and removed at the earliest opportunity. At the time of the inspection, there were eight prisoners subject to mail and telephone monitoring.
- 4.13** Applications for contact with children by those subject to public protection restrictions were managed appropriately and discussed at interdepartmental risk management team (IRMT) meetings but delays in Children's Services undertaking their assessment meant that prisoners could wait several months for contact.
- 4.14** It sometimes took too long for telephone numbers to be added to the accounts of prisoners subject to public protection restrictions and we saw some that had been waiting a few months. Prisoners were not told if their application was denied.
- 4.15** Most of the prisoners eligible for multi-agency public protection arrangements (MAPPA) who were due for release did not have a clear management level, potentially resulting in the OMU missing opportunities to get involved in multi-agency planning. Reports to MAPPA meetings were completed when requested but tended to provide little analysis of behaviour owing to the lack of an up-to-date OASys assessment and little information on P-Nomis (electronic case notes) about behaviour and progression. Too many prisoners were incorrectly identified on P-Nomis as MAPPA cases.
- 4.16** The effectiveness of the IRMT meeting had declined and many OMU staff told us that it was not fit for purpose. Attendance was poor, with few staff outside the OMU attending; it therefore operated with insufficient information about prisoners' current behaviour.
- 4.17** Many MAPPA and high risk of harm prisoners did not have an offender supervisor, an OASys assessment or a sentence plan. Consequently, risks were not always identified and managed, and the prisoners concerned were not always referred to the IRMT for release planning. For example, one MAPPA prisoner due for release in the week after the inspection had not had an offender supervisor, OASys assessment or a sentence plan throughout his sentence and his case had not been discussed by the IRMT to plan for his release. There was no record of contact between the prison and the community-based offender manager about his case and no evidence of the prisoner doing any offending behaviour work to reduce his risk of harm in the future.

Recommendations

- 4.18 All public protection prisoners should have their telephone numbers screened promptly and should be informed if their application is denied. (Repeated recommendation 4.19)**

- 4.19 Multi-agency public protection arrangements (MAPPA) levels should be confirmed six months before release and the interdepartmental risk management team should be reviewed to improve its effectiveness and oversight of all relevant cases.**

Housekeeping point

- 4.20** The identification of MAPPA-eligible cases on P-Nomis should be up to date and accurate.

Categorisation

- 4.21** Categorisation work was up to date, and processes were inclusive, fair and transparent. Because of a shortage of places in receiving establishments, too many category B prisoners, particularly vulnerable prisoners, spent too long at the establishment with little opportunity to demonstrate progression. In addition, the lack of sentence plans meant that prisoners were transferred to the spaces available, rather than to address specific risks or offending behaviour.

Recommendation

- 4.22 Category B prisoners should not stay too long at the establishment. Sentence plan objectives and proactive offender supervision should aim to ensure that they are transferred quickly to the most appropriate establishment.**

Indeterminate sentence prisoners

- 4.23** Prisoners potentially facing an indeterminate sentence were not identified during their first days in custody or offered any specific support.
- 4.24** Indeterminate-sentenced prisoners (ISPs) were allocated to an appropriately trained offender supervisor but contact with them was mainly reactive (see main recommendation S61). There was no specific provision for this group, such as ISP family days or a support forum, and there was too little offending behaviour work to enable them to demonstrate progression. In addition, some ISPs, particularly category B, remained at the establishment for too long (see section on categorisation and recommendation 4.22). Parole report preparation was up to date.

Recommendation

- 4.25 There should be a system to identify and support potential indeterminate sentence prisoners during the first days of custody, and throughout the remand and trial period. (Repeated recommendation 4.25)**

Reintegration planning

Expected outcomes:

Prisoners' resettlement needs are addressed prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community.

- 4.26** *The number of prisoners requiring resettlement support on release was high. Good attention was given to screening all prisoners' needs on arrival and ensuring that referrals were made to resettlement help. Arrangements for assessing need before release were less well developed. The integrated offender management project provided good case management and through-the-gate support. Resettlement pathway provision was mixed. Work to support children and families and those with substance misuse issues was particularly good but there was too little help with debt and employment and training on release. The lack of a local needs analysis made it difficult to evidence the range and amount of offending behaviour work needed.*

- 4.27** The number of prisoners requiring resettlement support was high, with around 40 prisoners released each week. All prisoners, including those on remand, were interviewed on arrival by an offender supervisor using the basic custody screening tool (BCST), which was part of OASys. This provided an indication of the work needed under each of the seven resettlement pathways. It had replaced the previous assessment tool after a gap of about six months in 2014 during which no assessments had been carried out.

- 4.28** The BCST interview room lacked privacy, which made it difficult for staff to ask personal questions about the prisoner's life events. We saw evidence of referrals being made as a result of this assessment and these being picked up by the resettlement providers. However, formal pre-release assessment and planning had largely ended in the previous year.

- 4.29** Prisoners from Haringey, Islington and Newham who had been identified as prolific offenders were well managed under the integrated offender management project and received good case management and through-the-gate support.

- 4.30** There was little evidence of oversight of the effectiveness of resettlement services since the ending of the resettlement pathway meetings and the reducing reoffending committee. The pathways action plan was mainly out of date, with most targets not achieved, and prisoners were not routinely asked about the quality of the services provided.

Recommendations

- 4.31** **All prisoners should have a resettlement needs assessment and plan across the resettlement pathways well ahead of their release.**

- 4.32** **The effectiveness and sufficiency of all resettlement provision should be regularly monitored in partnership with service providers and service users to ensure needs are being effectively met.** (Repeated recommendation 4.31)

Accommodation

- 4.33** Demand for help with housing needs was high. In our survey, more prisoners than at similar prisons said that they had had a housing problem on arrival at the establishment.

- 4.34** St Mungo's Broadway provided good support to sentenced prisoners, including links to an agency to help those being released. The housing advisers worked with a large number of prisoners (466 in the previous six months). We were told that they had helped to secure accommodation on release for 91 prisoners who would otherwise have been homeless. Many other prisoners had been helped to find temporary accommodation with family and friends.
- 4.35** Despite this proactive support, the proportion of prisoners released without accommodation had increased sharply since the previous inspection, from 10% to 15%. This reflected the decrease nationally in the availability of accommodation for prisoners on release.

Education, training and employment

- 4.36** Preparation for prisoners to be released into education, training or employment was limited and arrangements were disjointed, with insufficient coordination of activities. Links with employers were underdeveloped.
- 4.37** The Focus on Resettlement programme encouraged prisoners to identify their own goals and needs on release and then helped them to link appropriately to agencies in the community. However, this course was due to end a couple of months after the inspection (see section on attitudes, thinking and behaviour).
- 4.38** The quality of the National Careers Service provided by PLIAS Resettlement Ltd, subcontracted from Prospects, was good and provided detailed and helpful interviews with prisoners, leading to relevant skills action plans. However, these were not always used to inform allocations to learning and skills and work. Good advice and guidance was given to prisoners about to be released. The virtual campus (internet access for prisoners to community education, training and employment opportunities) was rarely used to help to develop employability skills or search for jobs on release.

Recommendation

- 4.39** **Better links should be established, with a wider range of employers, to provide more jobs for prisoners on release.**

Housekeeping points

- 4.40** Skill action plans should be used in allocations to activity.
- 4.41** Prisoners should use the virtual campus to develop employability skills and search for jobs on release.

Health care

- 4.42** Health discharge planning arrangements were timely and appropriate, and prisoners were given a one-week supply of medication on discharge. Pre-release planning for patients with enduring mental health problems was effective, with good links with external services to ensure continuity of care. There was a palliative care policy if required.

Drugs and alcohol

- 4.43** There were good throughcare arrangements for prisoners released with substance misuse issues. Phoenix Futures had a community engagement team to link these prisoners with community services. A pre-release life skills course was available and a family worker offered ‘families in recovery’ workshops. A through-the-gate worker had been appointed specifically to work with young adults, and volunteers had been trained to offer such support to all prisoners with drug or alcohol issues. Drug intervention programme workers came to the prison regularly to meet their clients, and 14 of them attended the monthly continuity of care meeting.

Finance, benefit and debt

- 4.44** There was insufficient advice and support to help prisoners resolve financial problems, even though 37% of respondents to our survey said that they had had money worries on arrival at the prison. Prisoners could no longer open bank accounts and there was little debt management provision. The support from Islington People’s Rights was limited and debt workers were able to see only about 20 prisoners a month. Jobcentre Plus staff were available to set up fresh benefits claims before release. Only 9% of respondents to our survey said that they knew how to get help with financial problems.

Recommendation

- 4.45 All prisoners with finance and debt problems should be able to access specialist help and, where relevant, they should be able open bank accounts before release.**

Children, families and contact with the outside world

- 4.46** Provision under this pathway was comprehensive. Havering College provided the Story-Sack programme, in which prisoners made story sacks for their children. This activity also included a family visit. Building Futures provided good support to those whose relationships had been affected by alcohol and substance use.
- 4.47** A family relationships course was provided by Parents and Children Together (PACT), and Families First provided advice and guidance to families from Islington.
- 4.48** There was a wide range of family visits, which took place in school holidays. However, attendance was dependent on the prisoner’s incentives and earned privileges status and those on the basic level could not apply. Additional visits were provided through Arsenal Football Club.
- 4.49** The visitors centre, staffed by prison staff and Spurgeons, was small but provided a welcoming environment. Excellent support was offered to first-time visitors and those who had difficulty in booking visits because of language issues. Visits booking had improved, with visitors able to book online and via email, and visitors were positive about their visit experience.

- 4.50** Visits started on time during the inspection and entry procedures, including searching, were carried out respectfully. There was a good rapport between visitors and searching staff. The prisoner searching and waiting areas were in a poor state of repair and dirty.
- 4.51** The visits hall was cramped but used well. Refreshment provision and the staffed play area for children were good. We were impressed by the compassionate approach shown by prison staff to visitors. The family contact room was used to provide privacy at times of bereavement or when mothers wanted to feed young babies.
- 4.52** Closed visits booths were clean but in full sight of all visitors. Prisoners on closed visits could not access the full range of refreshments on sale.

Recommendations

- 4.53** **Family visits days should be open to all prisoners, regardless of their IEP level.** (Repeated recommendation 4.50)
- 4.54** **The prisoner search area and waiting room should be clean and refurbished.**
- 4.55** **Closed visits booths should be located out of sight of other visits.**

Housekeeping point

- 4.56** Prisoners on closed visits should have access to the full range of refreshments.

Attitudes, thinking and behaviour

- 4.57** At the time of the inspection, interventions to address reoffending included the thinking skills programme (TSP), Focus on Resettlement, the Sycamore Tree programme and therapeutic work provided by Phoenix Futures to address drug and alcohol use.
- 4.58** However, this provision was not informed by a local needs analysis, which made it difficult to evidence the full extent of need. In addition, the Focus on Resettlement programme was due to end shortly after the inspection, which would leave a significant gap for a resettlement prison. The Sycamore Tree programme was delivered only once a year, which did not meet demand as many prisoners were waiting to be offered a place and many more had not had their need assessed. Identification of TSP participants had improved but too many potential candidates had not been fully assessed, which hindered the prioritisation of places.
- 4.59** The small-scale restorative justice project was a promising initiative. Eight case conferences, involving the prisoner facing their victim, had been held to date but the future of the programme was uncertain after July 2015, when the pilot project would end.

Recommendation

- 4.60** **The scale and type of provision to address offending behaviour should be based on a local analysis of need.**

Additional resettlement services

- 4.61** There was no provision to support prisoners who had experienced abuse but adequate attention was given to identifying relevant issues during the basic custody screening interview.

Recommendation

- 4.62 Prisoners should be able to access interventions to help them address experiences of abuse.**

Section 5. Summary of recommendations and housekeeping points

The following is a listing of repeated and new recommendations, housekeeping points and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report, and in the previous report where recommendations have been repeated.

Main recommendations To the governor

- 5.1** The reasons for the high and increasing levels of violence should be further explored, prisoners should be consulted and action should be taken to make the prison safer. (S57)
- 5.2** The cleanliness and conditions of cells, communal areas and external areas should be improved and prisoners should have access to sufficient clothing bedding, cleaning materials and eating utensils. (S58)
- 5.3** The reasons for prisoners' poor perception of staff should be explored and formal complaints about poor behaviour should be investigated and acted on. (S59)
- 5.4** There should be sufficient suitable employment and other activity places for the population and these should be fully utilised. More prisoners should have opportunities to gain educational and vocational qualifications. (S60)
- 5.5** The offender management unit should be sufficiently resourced to ensure that all eligible prisoners receive an offender assessment system (OASys) assessment, sentence plan and risk management plan, as well as a nominated offender supervisor to monitor and support progress and contribute to risk management release planning. (S61)

Recommendations

Courts, escort and transfers

- 5.6** Vans used to transport prisoners should be kept clean and free of graffiti. (I.5)

Early days in custody

- 5.7** Newly arrived prisoners should be provided with clean first night accommodation and a full range of essential equipment, be able to take a shower and be subject to enhanced observations by night staff to ensure their safety. (I.15)

Bullying and violence reduction

- 5.8** The placement of young adults on the vulnerable prisoner wing should be informed by a comprehensive and individualised risk assessment to promote their safety. (I.25)

Self-harm and suicide

- 5.9** Case reviews and care plans for prisoners at risk of suicide and self-harm should be improved with consistent case management to ensure that identified needs are met. (I.34, repeated recommendation I.41)
- 5.10** Safer cells should be available on all residential wings. (I.35, repeated recommendation I.44)
- 5.11** Constant observation cells should be sited where they afford some privacy. (I.36)
- 5.12** Prisoners should be able to speak to a Listener in private when they request one. (I.37)

Safeguarding

- 5.13** The initial contact made with the local safeguarding adults board should be followed up to establish effective safeguarding adults processes across the prison. (I.40, repeated recommendation I.49).

Security

- 5.14** Prisoners should only be placed on closed visits for illicit or inappropriate activity related to visits or when there is sufficient intelligence to indicate the likelihood of such activity. (I.51, repeated recommendation I.58)
- 5.15** A more strategic approach to supply reduction should be developed, including the implementation of an up-to-date supply reduction strategy. (I.52)
- 5.16** The mandatory drug testing programme should be adequately resourced to undertake the required level of random and suspicion testing. (I.53)

Incentives and earned privileges

- 5.17** Prisoners should not have to wait three months to apply for enhanced status. (I.59)
- 5.18** Prisoners on the basic regime should be set individualised targets and more opportunity to demonstrate improvements in behaviour. (I.60)

Discipline

- 5.19** Monitoring and analysis of the use of force should be improved. (I.69)
- 5.20** Authorising paperwork for the use of special accommodation should fully justify the need for its use and ensure that the prisoner is removed at the earliest opportunity. (I.70)
- 5.21** The management and oversight of segregation should be improved. (I.77)
- 5.22** The regime for prisoners on the segregation unit should be improved and all prisoners should be allowed to have radios. (I.78)

Substance misuse

- 5.23** The drug and alcohol strategy should be updated, contain development targets and be informed by a comprehensive needs analysis. The drug and alcohol strategy committee should meet regularly and all relevant departments and service providers should attend. (1.84)

Residential units

- 5.24** Single cells should not be used to accommodate two prisoners (2.10)
- 5.25** Prisoners should have daily access to clean showers with privacy screens (2.11, repeated recommendation 2.10)
- 5.26** Cell bells should be answered within five minutes. (2.12, repeated recommendation 2.9)
- 5.27** Prisoners should be able to use the telephone in private every day outside the working day. (2.13, repeated recommendation 2.12)

Equality and diversity

- 5.28** The equality policy should be supported by an action plan covering all the protected characteristics. (2.25)
- 5.29** Equality monitoring should include all protected characteristics, and action should be taken to address issues identified for any specific group. (2.26)
- 5.30** Appropriate support, including forums, should be provided to all groups of prisoners with protected characteristics. (2.27)
- 5.31** Prisoners with disabilities and older prisoners with identified needs should have a multidisciplinary care plan to which all staff have ready access and about which prisoners are consulted. (2.39, repeated recommendation 2.40)
- 5.32** Older prisoners and prisoners with disabilities should be provided with regular and appropriate regime activities; this should include specific activities for vulnerable prisoners. (2.40, repeated recommendation 2.41)
- 5.33** Translated information should be provided in the most commonly spoken languages and professional telephone interpreting services used when required. (2.41)

Complaints

- 5.34** Responses to complaints should be respectful and fully address the issues raised, and complaints against staff should be tracked and fully investigated. (2.52)

Legal rights

- 5.35** Formal advice about legal rights and bail information should be provided. (2.58)
- 5.36** More booths for legal and professional visits should be provided and they should be in a better condition. (2.59)

Health services

- 5.37** An up-to-date health needs analysis should inform all service provision. (2.70)
- 5.38** All clinical areas should be fully compliant with infection control guidelines. (2.71)
- 5.39** A designated senior health lead should develop health services for older prisoners and those with disabilities. (2.72)
- 5.40** Prisoners should be able to complain about health services through a well-publicised confidential system, and all responses to complaints should be timely and fully address all the issues raised. (2.73)
- 5.41** Systematic health promotion should take place throughout the prison, overseen by a prison health promotion action group, which should include prisoner representation. (2.74)
- 5.42** Prisoners with lifelong conditions should receive regular reviews and have an evidence-based care plan prepared by staff that are appropriately trained and supervised. (2.84, repeated recommendation 2.76)
- 5.43** There should be an efficient, confidential health care application process, managed by health services staff. (2.85)
- 5.44** The queues for the collection and supervision of medicines should be adequately supervised to ensure that patient confidentiality is maintained and that the risk of diversion is limited. (2.93)
- 5.45** Prisoners should have secure storage for medication. (2.94)
- 5.46** Systematic checks should be conducted on patients receiving in-possession medication. (2.95)
- 5.47** Discipline staff should have mental health awareness training so that they can take appropriate action when a prisoner has mental health problems. (2.107, repeated recommendation 2.99)
- 5.48** A comprehensive primary mental health service should be provided, offering a full range of support for prisoners with mild and moderate mental health problems, including psychological therapies and counselling. (2.108)

Catering

- 5.49** Breakfast should be served on the morning it is eaten and lunch should not be served before noon and the evening meal not before 5pm. (2.115, repeated recommendation 2.105)
- 5.50** All catering equipment and areas should be in good order and problems with the flooring should be addressed. Wing serveries and equipment should be cleaned comprehensively immediately after use. (2.116)

Purchases

- 5.51** Prisoners should be able to access a full prison shop order within 72 hours of arrival. (2.121)

Time out of cell

- 5.52** Prisoners' time out of cell should be increased, and they should have access to daily association, including some evening association. (3.6)
- 5.53** The published daily routines for prisoners, including association and exercise, should be adhered to consistently. (3.7, repeated recommendation S47)

Learning and skills and work activities

- 5.54** Arrangements to improve teaching, learning and assessment should be sufficiently effective and raise quality to at least good. (3.15)
- 5.55** Attendance at quality improvement group meetings should be improved and include more robust discussion about the quality of teaching, learning and assessment. (3.16)
- 5.56** Observations of teaching, learning and assessment should extend across all areas of the provision, to provide clearer information about the quality and to be able to share best practices. (3.17)
- 5.57** All prisoners with identified learning needs in English and/or mathematics should be appropriately supported across the prison and in discrete classes. (3.26)
- 5.58** Teachers should ensure that all learners, particularly the more able, are suitably challenged to achieve their full potential. (3.27)
- 5.59** Success rates should be improved further, to at least good, across all qualifications, and particularly in English. (3.32)
- 5.60** Library access should be improved for all prisoners. (3.36, repeated recommendation 3.26)

Physical education and healthy living

- 5.61** Prisoners' access to PE should be improved. (3.42)

Strategic management of resettlement

- 5.62** Resettlement services should be promoted more widely, so that more prisoners know who to turn to for help and feel prepared for release. (4.4)

Offender management and planning

- 5.63** Community offender supervisors should respond to home detention curfew requests promptly, to enable prisoners to be released at their earliest eligibility date. (4.11)
- 5.64** All public protection prisoners should have their telephone numbers screened promptly and should be informed if their application is denied. (4.18, repeated recommendation 4.19)
- 5.65** Multi-agency public protection arrangements (MAPPA) levels should be confirmed six months before release and the interdepartmental risk management team should be reviewed to improve its effectiveness and oversight of all relevant cases. (4.19)

- 5.66** Category B prisoners should not stay too long at the establishment. Sentence plan objectives and proactive offender supervision should aim to ensure that they are transferred quickly to the most appropriate establishment. (4.22)
- 5.67** There should be a system to identify and support potential indeterminate sentence prisoners during the first days of custody, and throughout the remand and trial period. (4.25, repeated recommendation 4.25)

Reintegration planning

- 5.68** All prisoners should have a resettlement needs assessment and plan across the resettlement pathways well ahead of their release. (4.31)
- 5.69** The effectiveness and sufficiency of all resettlement provision should be regularly monitored in partnership with service providers and service users to ensure needs are being effectively met. (4.32, repeated recommendation 4.31)
- 5.70** Better links should be established, with a wider range of employers, to provide more jobs for prisoners on release. (4.39)
- 5.71** All prisoners with finance and debt problems should be able to access specialist help and, where relevant, they should be able open bank accounts before release. (4.45)
- 5.72** Family visits days should be open to all prisoners, regardless of their IEP level. (4.53, repeated recommendation 4.50)
- 5.73** The prisoner search area and waiting room should be clean and refurbished. (4.54)
- 5.74** Closed visits booths should be located out of sight of other visits. (4.55)
- 5.75** The scale and type of provision to address offending behaviour should be based on a local analysis of need. (4.60)
- 5.76** Prisoners should be able to access interventions to help them address experiences of abuse. (4.62)

Housekeeping points

Incentives and earned privileges

- 5.77** Prisoners on the entry level of the incentives and earned privileges scheme should be reviewed no later than 14 days after arrival. (1.61)

Residential units

- 5.78** Prisoners should be able to access their stored property without delay. (2.14)
- 5.79** The applications processes should be publicised to staff and prisoners, to ensure prison-wide adherence to the policy and that sufficient levels of privacy are maintained. (2.15)

Complaints

- 5.80** Low-level domestic issues should be resolved on the wings, to avoid the prisoner having to make a formal complaint. (2.53)

Health services

- 5.81** Health services staff should have regular access to individual management and clinical supervision and this should be recorded. (2.75)
- 5.82** Health services staff should have easy access to, and be aware of, all current health policies and procedures. (2.76)
- 5.83** Prisoners should be made aware of the availability of barrier protection. (2.77)
- 5.84** The high failure-to-attend rate for clinics should be investigated and measures taken to improve the use of appointments where appropriate. (2.86)
- 5.85** Prisoner access to a pharmacist for routine advice about medicines should be well advertised. (2.96)
- 5.86** Date-checking procedures for medications should be documented. (2.97)
- 5.87** Requisitions for controlled drugs should be signed when medicines are received on the wings. (2.98)

Catering

- 5.88** All prisoners involved in the preparation and serving of food should be appropriately trained in food hygiene. (2.117)

Purchases

- 5.89** Problems with shop orders should be dealt with quickly. (2.122)

Learning and skills and work activities

- 5.90** Rigorous tests should be introduced to assess and identify prisoners' English and mathematics support needs at all levels more accurately. (3.28)

Offender management and planning

- 5.91** The identification of MAPPA-eligible cases on P-Nomis should be up to date and accurate. (4.20)

Reintegration planning

- 5.92** Skill action plans should be used in allocations to activity. (4.40)
- 5.93** Prisoners should use the virtual campus to develop employability skills and search for jobs on release. (4.41)
- 5.94** Prisoners on closed visits should have access to the full range of refreshments. (4.56)

Examples of good practice

Substance misuse

- 5.95** Prisoners could access a drug-free recovery wing which was well managed and provided structured, recovery-focused support. (1.85)

Equality and diversity

- 5.96** The attendance of Home Office immigration staff in reception ensured that foreign national prisoners were identified on arrival and immigration issues dealt with quickly. (2.42)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Alison Perry	Team leader
Sandra Fieldhouse	Inspector
Andrew Rooke	Inspector
Paul Rowlands	Inspector
Gordon Riach	Inspector
Karen Dillon	Inspector
Collette Daoud	Researcher
Rachel Prime	Researcher
Jessica Kelly	Researcher

Specialist inspectors

Sigrid Engelen	Substance misuse inspector
Maureen Jamieson	Health services inspector
Paul Tarbuck	Health services inspector
Liz Wands-Murray	CQC inspector
Helen Boniface	Pharmacist
Neil Edwards	Ofsted inspector
Mark Shackleton	Ofsted inspector
Alastair Pearson	Ofsted inspector
Nigel Scarff	Offender management inspector
Krystyna Findley	Offender management inspector

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2013, most journeys were short. Prisoners waited on vans outside reception for too long, but thereafter processes were generally swift. First night arrangements had improved, but not everyone received a full induction. Too many prisoners felt unsafe. Staffing shortages and other changes were creating instability. Prisoners reported high levels of victimisation, despite some good violence reduction arrangements. Support for prisoners who were most vulnerable to self-harm was reasonable. An approach to safeguarding was being developed, but formal prison-wide protocols were required. Security arrangements were proportionate, but the positive mandatory drug testing (MDT) rate was too high. The incentives and earned privileges (IEP) scheme was used to address problematic behaviour, but the regime for those on the basic level was too punitive. Disciplinary procedures were well managed. The number of use of force incidents was not high. The segregation environment and regime were very poor. Substance misuse services were well developed. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

The Prison Service should ensure that staffing levels and investment in the physical environment of the prison are sufficient to create a decent and stable environment in which all the prison's activities can take place safely and securely. (S44)

Not achieved

Recommendations

Prisoners should be held in court cells for the minimum possible period and should not have to wait long periods in vans. (I.5)

Partially achieved

The physical environment in reception and on the first night unit should be improved. (I.17)

Not achieved

All prisoners should be processed through reception quickly, regardless of the time of their arrival and should not wait for long periods before being seen by first night staff. (I.18)

Partially achieved

All prisoners should receive the full induction programme. (I.19)

Achieved

All violent incidents should be reported and investigated promptly and the cross-deployment of safer custody staff should be reduced. (I.28)

Partially achieved

The safer custody meeting should carefully analyse data and consider the recommendations of all relevant investigations and reports. Action plans should be reviewed periodically to ensure changes in practice are embedded. (I.40)

Achieved

Case reviews and care plans for prisoners at risk of suicide and self-harm should be improved with consistent case management to ensure that identified needs are met. (I.41)

Not achieved (recommendation repeated, I.34)

A Listener/Samaritan-type support service should be available for prisoners at risk of self-harm who do not speak good English. (I.42)

Partially achieved

Prisoners should be able to speak to Listeners in private. (I.43)

Partially achieved

Safer cells should be available on all residential wings. (I.44)

Not achieved (recommendation repeated, I.35)

The initial contact made with the local safeguarding adults board should be followed up to establish effective safeguarding adults processes across the prison. (I.49)

Not achieved (recommendation repeated, I.40)

The prison should ensure that suspicion testing takes place within the required timeframe. (I.57)

Not achieved

Prisoners should only be placed on closed visits for illicit or inappropriate activity related to visits or when there is sufficient intelligence to indicate the likelihood of such activity. (I.58)

Not achieved (recommendation repeated, I.51)

The basic regime should provide minimum levels of daily access to some services and be designed to provide prisoners with sufficient opportunities to demonstrate an improvement in their behaviour. (I.63)

Not achieved

Prisoners in segregation should be supported with a much fuller regime and active case planning to help them return to the normal location. (I.78)

Partially achieved

The availability of group work courses should match assessed needs. (I.87)

Achieved

All relevant departments and service providers should regularly attend the drug strategy committee. (I.88)

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2013, the prison was overcrowded. Communal areas were clean, but some living conditions were very poor. Too many men shared cells designed for one and prisoners were frustrated about many aspects of life at the prison. Staff-prisoner relationships were mixed and tensions were evident. Personal officer arrangements had improved, but too many prisoners said they did not have a member of staff who would help them. Equality and diversity support had improved, but more support was needed for men with disabilities. The prison was not suitable for foreign national detainees. Prisoners did not have confidence in the complaints process. Legal services support was good. Health services were adequate. The food was better than we normally see and canteen arrangements were reasonable. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

The prison should ensure that conditions in the cells and residential areas are improved and reflect modern standards of cleanliness and conditions. (S45)

Not achieved

Home Office immigration staff should serve all decisions to detain a person at least one month before the end of a prisoner's sentence. No-one in Pentonville should be detained under immigration powers. (S46)

Partially achieved

Recommendations

Cell bells should be answered within five minutes. (2.9)

Not achieved (recommendation repeated, 2.11)

Prisoners should have daily access to clean showers with privacy screens. (2.10)

Not achieved (recommendation repeated, 2.11)

Prisoners should have access to adequate supplies of all items of prison kit, including cleaning materials, and there should be more frequent access to stored property. (2.11)

Not achieved

Prisoners should be able to use the telephone in private every day outside the working day. (2.12)

Not achieved (recommendation repeated, 2.13)

The prison should identify weaknesses in staff-prisoner relationships and prepare an action plan to resolve them. (2.19)

Not achieved

A comprehensive diversity policy should be agreed based on a needs analysis of the population and should outline how the needs of all minority groups will be met.

Action plans should be informed by systematic monitoring of all protected characteristics. (2.27)

Partially achieved

The prison should establish regular forums and consultation with prisoners across each of the main diversity strands. (2.28)

Partially achieved

The prison should continue to investigate significant inequalities in outcomes for black and minority ethnic prisoners and devise specific plans to address them. A professional interpreting service should be used whenever matters of accuracy and/or confidentiality are a factor. (2.39)

Not achieved

Prisoners with disabilities and older prisoners with identified needs should have a multidisciplinary care plan to which all staff have ready access and about which prisoners are consulted. (2.40)

Partially achieved (recommendation repeated, 2.39)

Older prisoners and prisoners with disabilities should be provided with regular and appropriate regime activities; this should include specific activities for vulnerable prisoners. (2.41)

Not achieved (recommendation repeated, 2.40)

The wider needs of young adults held in the general population should be considered, and appropriate provision put in place to ensure these needs are met. Consideration should be given to safety, accommodation, activities and resettlement issues. (2.42)

Partially achieved

All prisoners should be able to attend religious services of their faith irrespective of their IEP status. (2.47)

Achieved

All complaints should receive full and detailed responses. (2.51)

Not achieved

More booths for legal and professional visits should be provided. (2.54)

Not achieved

All clinical areas should be fully compliant with infection control guidelines. (2.63)

Partially achieved

Systematic health promotion should take place throughout the prison, overseen by a prison health promotion action group, which should include prisoner representation. Prisoners should have easy access to barrier protection and smoking cessation. (2.64)

Partially achieved

Patients should be able to see a GP for a routine appointment within a week and waiting times for all other services should be equivalent to the community. (2.74)

Achieved

Sufficient nurses should be trained in clinical assessment and patient group directions to ensure prisoners receive prompt access to an appropriate intervention. (2.75)

Partially achieved

Prisoners with lifelong conditions should receive regular reviews and have an evidence-based care plan prepared by staff that are appropriately trained and supervised. (2.76)

Not achieved (recommendation repeated, 2.83)

All record keeping should comply with relevant professional guidance and should accurately outline the care plan, the outcome of the intervention and an ongoing plan where appropriate. (2.77)

Partially achieved

The inpatient unit should provide an adequate therapeutic regime for all patients. (2.78)

Achieved

Patient group directions and the minor ailments policy should be reviewed by the medicines management committee, and staff should be appropriately trained in their use. A copy of the original signed patient group directions should be present in the treatment rooms and be read and signed by all relevant staff. (2.84)

Partially achieved

Discipline staff should have mental health awareness training so that they can take appropriate action when a prisoner has mental health problems. (2.99)

Not achieved (recommendation repeated, 2.107)

Prisoners should have timely access to a full range of support for mild and moderate mental health problems, including counselling, clinical psychology and group therapies. (2.100)

Partially achieved

Breakfast should be served on the morning it is eaten and lunch should not be served before noon and the evening meal not before 5pm. (2.105)

Not achieved (recommendation repeated, 2.115)

Supervision of serveries should be improved. (2.106)

Achieved

Purposeful activity

Prisoners are able, and expected, to engage in activity that is likely to benefit them.

At the last inspection, in 2013, there were major disruptions to the prison regime, which were poorly managed; this was substantially reducing time out of cell and purposeful activity. The planned ‘emergency core day’ would result in further curtailments. Management of learning and skills was inadequate, but managers were aware of what needed to improve. The number of activity places available was insufficient, allocation processes were poor and not all opportunities were being used. The quality of teaching was mostly good. Achievements were reasonable for those who attended activities, although the range was narrow. The library and gym provided some good opportunities, but access to both was inadequate. Outcomes for prisoners were poor against this healthy prison test.

Main recommendations

The published daily routines for prisoners, including association and exercise, should be adhered to consistently. (S47)

Not achieved (recommendation repeated, 3.7)

There should be sufficient suitable employment and other activity places for the population and these should be fully utilised. (S48)

Not achieved

Recommendations

There should be clear leadership and strategic planning of all purposeful activities, including learning and skills. (3.9)

Achieved

Observations of teaching, learning and assessment should be developed to include all areas of learning and skills and to share best practice. (3.10)

Partially achieved

Communication and coordination across learning and skills should be improved, and there should be a wider range of employer links. (3.11)

Partially achieved

Initial assessments of prisoners' literacy and numeracy needs should be used to allocate prisoners more effectively to purposeful activity. (3.14)

Partially achieved

Accredited vocational training should be increased to provide skills that can be developed in short periods of time and be relevant for employment on release. (3.15)

Partially achieved

The virtual campus should be operational and available to prisoners for learning and job search activities. (3.18)

Not achieved

All prisoners with identified learning needs in literacy and numeracy should be appropriately supported. (3.19)

Not achieved

Employability and practical skills developed by prisoners in existing work areas should be accredited. (3.22)

Partially achieved

Library access should be improved for all prisoners. (3.26)

Not Achieved (recommendation repeated, 3.36)

Additional ventilation extractor systems should be installed in the fitness area. (3.34)

No longer relevant

Access arrangements for recreational PE should be improved to ensure allocations are fair and provide all prisoners with equal access. (3.35)

Partially achieved

Existing PE places should be maximised and there should be sufficient PE facilities for all prisoners to receive their minimum PE entitlement each week. (3.36)

Not achieved

Resettlement

Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.

At the last inspection, in 2013, strategic management of resettlement was good and based on a comprehensive needs analysis. There were delays and backlogs in some key offender management processes, but the quality of the work with high risk prisoners was good. Public protection arrangements were robust. There was a good and developing initial assessment of needs, but too many prisoners were not included. Provision in the reducing reoffending pathways were mixed, and some needs were not being adequately met, but too many were released without settled accommodation. The prison had a good focus on children and families. A small number of accredited offending behaviour courses were offered. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

The management and organisation of the OMU and resettlement services should be reviewed and all staff vacancies filled in order to establish a case management approach. This should ensure that all key work objectives are more effectively met, for example, case allocations are effective, OASys documents are completed, HDC assessments take place within eligibility dates and initial and pre-release needs assessments are carried out. (S49)

Not achieved

Recommendations

Prisoners should have easy, direct access to resettlement services, which should be well-publicised and resourced to meet the assessed needs of the population. (4.6)

Not achieved

All public protection prisoners should have their telephone numbers screened promptly and should be informed if their application is denied. (4.19)

Not achieved (recommendation repeated, 4.18)

Applications for discretionary permission to see named children from prisoners subject to child protection restrictions should be monitored and discussed at the monthly public protection meeting. (4.20)

Achieved

There should be a system to identify and support potential indeterminate sentence prisoners during the first days of custody, and throughout the remand and trial period. (4.25)

Not achieved (recommendation repeated, 4.25)

The effectiveness and sufficiency of all resettlement provision should be regularly monitored in partnership with service providers and service users to ensure needs are being effectively met. (4.31)

Not achieved (recommendation repeated, 4.32)

All prisoners requiring support with accommodation issues should have full access to a specialised service. (4.34)

Achieved

Remand prisoners should be able to have daily visits and all visits should start on time. (4.49)

Partially achieved

Family visits days should be open to all prisoners, regardless of their IEP level. (4.50)

Not achieved (recommendation repeated, 4.53)

The visits application process for convicted prisoners should operate efficiently. (4.51)

Achieved

Closed visits booths should be clean and located out of sight of other visits. (4.52)

Partially achieved

Prisoners should be encouraged to disclose experiences of domestic violence, rape or abuse and able to participate in supportive interventions, such as counselling. (4.56)

Not achieved

Appendix III: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced	37	451	38.4
Recall	5	81	6.8
Convicted unsentenced	25	155	14.2
Remand	57	420	37.5
Civil prisoners	0	0	0.0
Detainees	0	29	2.3
Other	1	11	0.9
Total	125	1,147	100.0

Sentence	18–20-year-olds	21 and over	%
Unsentenced	82	630	56.0
Less than six months	5	76	6.4
six months to less than 12 months	4	58	4.9
12 months to less than 2 years	13	68	6.4
2 years to less than 4 years	4	58	4.9
4 years to less than 10 years	5	44	3.9
10 years and over (not life)	10	113	9.7
ISPP (indeterminate sentence for public protection)	1	66	5.3
Life	Life – Non ISPP	18	2.8
	Life - ISPP	0	1.3
Total	125	1,147	100.0

Age	Number of prisoners	%
Minimum age: 18	-	-
Under 21 years	125	9.8
21 years to 29 years	451	35.5
30 years to 39 years	376	29.6
40 years to 49 years	222	17.5
50 years to 59 years	73	5.7
60 years to 69 years	19	1.5
70 plus years	6	0.5
Maximum Age: 80	-	-
Total	1,272	100.0

Nationality	18–20-year-olds	21 and over	%
British	92	775	68.2
Foreign nationals	28	338	28.8
Not stated	5	34	3.0
Total	125	1,147	100.0

Security category	18–20-year-olds	21 and over	%
Category B	0	90	7.1
Category C	0	278	21.9
Category D	0	6	0.5
Unclassified	2	10	0.9

Unclassified	59	407	36.6
Unsentenced	31	353	30.2
YOI closed	32	3	2.8
YOI open	1	0	0.1
Total	125	1,147	100.0

Ethnicity	18–20-year-olds	21 and over	%
White			
Irish	1	19	1.6
Any other background	9	201	16.5
English/Welsh/Scot/N. Irish/British	22	338	28.3
Gypsy or Irish Traveller	0	8	0.6
	32	566	47.0
Mixed			
Any other background	3	24	2.1
White and Asian	0	5	0.4
White and Black African	1	5	0.5
White and Black Caribbean	7	25	2.5
	11	59	5.5
Asian or Asian British			
Asian or Asian British: Any other background	6	37	3.4
Bangladeshi	8	36	3.5
Chinese	0	0	0.0
Indian	3	43	3.6
Pakistani	4	47	4.0
	21	163	14.5
Black or black British			
African	23	105	10.1
Any other background	8	57	5.1
Caribbean	25	152	13.9
	56	314	29.1
Other ethnic group			
Any other background	4	21	2.0
Arab	1	5	0.5
	5	26	2.4
Not stated			
Code missing	0	16	1.3
Prefer not to say	0	3	0.2
	0	19	1.5
Total	125%	1,147	100.0

Religion	18–20-year-olds	21 and over	%
Baptist	0	0	0.0
Church of England	11	150	12.7
Roman Catholic	16	243	20.4
Other Christian denominations	24	191	16.9
Muslim	54	347	31.5
Sikh	1	17	1.4
Hindu	0	12	0.9
Buddhist	0	10	0.8
Jewish	0	5	0.4

Other	0	10	0.8
No religion	19	162	14.2
Not stated	0	0	0.0
Total	125	1,147	100.0

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)	Not available		
Total			

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	12	0.9	139	10.9
1 month to 3 months	5	0.4	99	7.8
3 months to six months	14	1.1	141	11.1
six months to 1 year	11	0.9	111	8.7
1 year to 2 years	1	0.1	25	2.0
2 years to 4 years	0	0.0	2	0.2
4 years or more	0	0.0	0	0.0
Total	43	3.4	517	40.7

Sentenced prisoners only

	18–20-year-olds	21 and over	%
Foreign nationals detained post sentence expiry	0	12	0.9
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/ restrictions).	16	224	18.9
Total	16	224	19.8

Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	34	2.7	228	17.9
1 month to 3 months	1	0.1	54	4.2
3 months to six months	28	2.2	208	16.4
six months to 1 year	14	1.1	129	10.1
1 year to 2 years	5	0.4	8	0.6
2 years to 4 years	0	0.0	3	0.2
4 years or more	0	0.0	0	0.0
Total	82	6.4%	630	49.5

Main offence	18–20-year-olds	21 and over	%
Violence against the person	Not available		
Sexual offences			
Burglary			
Robbery			
Theft and handling			
Fraud and forgery			
Drugs offences			
Other offences			
Civil offences			
Offence not recorded /holding warrant			
Total			

Appendix IV: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment. Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

Survey response

At the time of the survey on 2 and 3 February 2015, the prisoner population at HMP Pentonville was 1,258. Using the method described above, questionnaires were distributed to a sample of 239 prisoners.

We received a total of 200 completed questionnaires, a response rate of 84%. This included three questionnaires completed via interview. Fourteen respondents refused to complete a questionnaire, 13 questionnaires were not returned and 12 were returned blank.

Wing/Unit	Number of completed survey returns
A	32
C	26
D	20
E	23
F	28
G	56
J	11
Health care	4
Segregation unit	0

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Pentonville.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data have been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from HMP Pentonville in 2015 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 36 local prisons since April 2011.
- The current survey responses from HMP Pentonville in 2015 compared with the responses of prisoners surveyed at HMP Pentonville in 2013.
- A comparison within the 2015 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2015 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2015 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2015 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

Survey summary

Section I: About You

Q1.1 What wing or houseblock are you currently living on?

See shortened methodology

Q1.2 How old are you?

Under 21	19 (10%)
21 - 29	70 (35%)
30 - 39	53 (27%)
40 - 49	42 (21%)
50 - 59	12 (6%)
60 - 69	2 (1%)
70 and over	0 (0%)

Q1.3 Are you sentenced?

Yes	96 (48%)
Yes - on recall	20 (10%)
No - awaiting trial	47 (24%)
No - awaiting sentence	34 (17%)
No - awaiting deportation	3 (2%)

Q1.4 How long is your sentence?

Not sentenced	84 (43%)
Less than 6 months	22 (11%)
6 months to less than 1 year	13 (7%)
1 year to less than 2 years	22 (11%)
2 years to less than 4 years	15 (8%)
4 years to less than 10 years	19 (10%)
10 years or more	13 (7%)
IPP (indeterminate sentence for public protection)	6 (3%)
Life	0 (0%)

Q1.5 Are you a foreign national? (i.e. do not have UK citizenship.)

Yes	38 (19%)
No	160 (81%)

Q1.6 Do you understand spoken English?

Yes	192 (96%)
No	8 (4%)

Q1.7 Do you understand written English?

Yes	186 (94%)
No	11 (6%)

Q1.8	What is your ethnic origin?			
	White - British (English/ Welsh/ Scottish/ Northern Irish)	52 (27%)	Asian or Asian British - Chinese	0 (0%)
	White - Irish	7 (4%)	Asian or Asian British - other	2 (1%)
	White - other	26 (14%)	Mixed race - white and black Caribbean	7 (4%)
	Black or black British - Caribbean	29 (15%)	Mixed race - white and black African	3 (2%)
	Black or black British - African	25 (13%)	Mixed race - white and Asian	3 (2%)
	Black or black British - other	3 (2%)	Mixed race - other	1 (1%)
	Asian or Asian British - Indian	6 (3%)	Arab	0 (0%)
	Asian or Asian British - Pakistani	14 (7%)	Other ethnic group	8 (4%)
	Asian or Asian British - Bangladeshi	6 (3%)		
Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?			
	Yes			7 (4%)
	No			182 (96%)
Q1.10	What is your religion?			
	None	22 (11%)	Hindu	1 (1%)
	Church of England	44 (23%)	Jewish	1 (1%)
	Catholic	38 (20%)	Muslim	63 (33%)
	Protestant	0 (0%)	Sikh	5 (3%)
	Other Christian denomination	14 (7%)	Other	4 (2%)
	Buddhist	1 (1%)		
Q1.11	How would you describe your sexual orientation?			
	Heterosexual/ Straight			187 (99%)
	Homosexual/Gay			1 (1%)
	Bisexual			1 (1%)
Q1.12	Do you consider yourself to have a disability? (i.e. do you need help with any long term physical, mental or learning needs.)			
	Yes			46 (23%)
	No			150 (77%)
Q1.13	Are you a veteran (ex- armed services)?			
	Yes			7 (4%)
	No			190 (96%)
Q1.14	Is this your first time in prison?			
	Yes			67 (34%)
	No			131 (66%)
Q1.15	Do you have children under the age of 18?			
	Yes			109 (55%)
	No			89 (45%)

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?		
	Less than 2 hours		126 (63%)
	2 hours or longer		52 (26%)
	Don't remember		22 (11%)

Q2.2	On your most recent journey here, were you offered anything to eat or drink?	
	My journey was less than two hours	126 (63%)
	Yes	13 (7%)
	No	54 (27%)
	Don't remember	7 (4%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	My journey was less than two hours	126 (64%)
	Yes	6 (3%)
	No	61 (31%)
	Don't remember	5 (3%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	87 (44%)
	No	93 (47%)
	Don't remember	17 (9%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	125 (64%)
	No	62 (32%)
	Don't remember	7 (4%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well	28 (14%)
	Well	69 (35%)
	Neither	67 (34%)
	Badly	15 (8%)
	Very badly	12 (6%)
	Don't remember	7 (4%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)	
	Yes, someone told me	104 (53%)
	Yes, I received written information	11 (6%)
	No, I was not told anything	74 (38%)
	Don't remember	11 (6%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	142 (72%)
	No	45 (23%)
	Don't remember	9 (5%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	Less than 2 hours	41 (21%)
	2 hours or longer	149 (76%)
	Don't remember	7 (4%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	134 (68%)
	No	51 (26%)
	Don't remember	11 (6%)

Q3.3	Overall, how were you treated in reception?	
	Very well	18 (9%)
	Well	67 (34%)
	Neither	59 (30%)
	Badly	31 (16%)
	Very badly	19 (10%)
	Don't remember	4 (2%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	Loss of property	48 (24%)
	Housing problems	57 (29%)
	Contacting employers	15 (8%)
	Contacting family	89 (45%)
	Childcare	7 (4%)
	Money worries	72 (37%)
	Feeling depressed or suicidal	47 (24%)
	Physical health	39 (20%)
	Mental health	39 (20%)
	Needing protection from other prisoners	22 (11%)
	Getting phone numbers	75 (38%)
	Other	14 (7%)
	Did not have any problems	25 (13%)
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?	
	Yes	33 (17%)
	No	136 (70%)
	Did not have any problems	25 (13%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)	
	Tobacco	160 (80%)
	A shower	18 (9%)
	A free telephone call	54 (27%)
	Something to eat	132 (66%)
	PIN phone credit	108 (54%)
	Toiletries/ basic items	76 (38%)
	Did not receive anything	13 (7%)
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)	
	Chaplain	70 (37%)
	Someone from health services	111 (59%)
	A Listener/Samaritans	47 (25%)
	Prison shop/ canteen	28 (15%)
	Did not have access to any of these	40 (21%)
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)	
	What was going to happen to you	52 (28%)
	What support was available for people feeling depressed or suicidal	43 (23%)
	How to make routine requests (applications)	59 (32%)
	Your entitlement to visits	58 (31%)
	Health services	63 (34%)
	Chaplaincy	57 (31%)
	Not offered any information	65 (35%)

Q3.9	Did you feel safe on your first night here?	
	Yes	101 (51%)
	No	84 (43%)
	Don't remember	12 (6%)
Q3.10	How soon after you arrived here did you go on an induction course?	
	Have not been on an induction course	50 (26%)
	Within the first week	98 (51%)
	More than a week	35 (18%)
	Don't remember	11 (6%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	50 (27%)
	Yes	54 (29%)
	No	70 (37%)
	Don't remember	14 (7%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	Did not receive an assessment	49 (26%)
	Within the first week	53 (28%)
	More than a week	70 (37%)
	Don't remember	15 (8%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....						
		Very easy	Easy	Neither	Difficult	Very difficult	N/A
	Communicate with your solicitor or legal representative?	7 (4%)	29 (16%)	29 (16%)	51(27%)	55 (29%)	16 (9%)
	Attend legal visits?	10 (6%)	52 (30%)	30(17%)	27 (16%)	33 (19%)	22 (13%)
	Get bail information?	3 (2%)	8 (5%)	23(14%)	34 (21%)	62 (38%)	32 (20%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
		Not had any letters				35 (18%)	
		Yes				84 (43%)	
		No				75 (39%)	
Q4.3	Can you get legal books in the library?						
		Yes				50 (26%)	
		No				30 (16%)	
		Don't know				110 (58%)	
Q4.4	Please answer the following questions about the wing/unit you are currently living on:						
		Yes		No		Don't know	
	Do you normally have enough clean, suitable clothes for the week?	73 (38%)		120 (62%)		1 (1%)	
	Are you normally able to have a shower every day?	84 (44%)		107 (56%)		1 (1%)	
	Do you normally receive clean sheets every week?	135 (72%)		49 (26%)		4 (2%)	
	Do you normally get cell cleaning materials every week?	71 (37%)		114 (60%)		6 (3%)	
	Is your cell call bell normally answered within five minutes?	24 (13%)		156 (83%)		8 (4%)	
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	58(31%)		126 (68%)		1 (1%)	
	If you need to, can you normally get your stored property?	17 (9%)		128 (68%)		42 (22%)	

Q4.5	What is the food like here?		
	<i>Very good</i>	3 (2%)	
	<i>Good</i>	28 (15%)	
	<i>Neither</i>	42 (22%)	
	<i>Bad</i>	54 (28%)	
	<i>Very bad</i>	65 (34%)	
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?		
	<i>Have not bought anything yet/ don't know</i>	18 (10%)	
	<i>Yes</i>	70 (37%)	
	<i>No</i>	101 (53%)	
Q4.7	Can you speak to a Listener at any time, if you want to?		
	<i>Yes</i>	69 (35%)	
	<i>No</i>	58 (30%)	
	<i>Don't know</i>	68 (35%)	
Q4.8	Are your religious beliefs respected?		
	<i>Yes</i>	108 (57%)	
	<i>No</i>	42 (22%)	
	<i>Don't know/ N/A</i>	39 (21%)	
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?		
	<i>Yes</i>	81 (42%)	
	<i>No</i>	35 (18%)	
	<i>Don't know/ N/A</i>	78 (40%)	
Q4.10	How easy or difficult is it for you to attend religious services?		
	<i>I don't want to attend</i>	21 (11%)	
	<i>Very easy</i>	40 (21%)	
	<i>Easy</i>	66 (34%)	
	<i>Neither</i>	27 (14%)	
	<i>Difficult</i>	14 (7%)	
	<i>Very difficult</i>	8 (4%)	
	<i>Don't know</i>	19 (10%)	

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?			
	<i>Yes</i>	111 (58%)		
	<i>No</i>	62 (32%)		
	<i>Don't know</i>	20 (10%)		
Q5.2	Please answer the following questions about applications (<i>If you have not made an application please tick the 'not made one' option</i>).			
		<i>Not made one</i>	<i>Yes</i>	<i>No</i>
	<i>Are applications dealt with fairly?</i>	26 (15%)	64 (36%)	88 (49%)
	<i>Are applications dealt with quickly (within seven days)?</i>	26 (16%)	33 (20%)	106 (64%)
Q5.3	Is it easy to make a complaint?			
	<i>Yes</i>	80 (43%)		
	<i>No</i>	59 (31%)		
	<i>Don't know</i>	49 (26%)		

Q5.4 Please answer the following questions about complaints (If you have not made a complaint please tick the 'not made one' option).

	<i>Not made one</i>	Yes	No
Are complaints dealt with fairly?	72 (39%)	16 (9%)	95 (52%)
Are complaints dealt with quickly (within seven days)?	72 (40%)	14 (8%)	92 (52%)

Q5.5 Have you ever been prevented from making a complaint when you wanted to?

Yes	46 (27%)
No	125 (73%)

Q5.6 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?

<i>Don't know who they are</i>	65 (35%)
<i>Very easy</i>	12 (6%)
<i>Easy</i>	15 (8%)
<i>Neither</i>	32 (17%)
<i>Difficult</i>	42 (22%)
<i>Very difficult</i>	22 (12%)

Section 6: Incentive and earned privileges scheme

Q6.1 Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels)

<i>Don't know what the IEP scheme is</i>	29 (15%)
<i>Yes</i>	56 (29%)
<i>No</i>	78 (41%)
<i>Don't know</i>	27 (14%)

Q6.2 Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)

<i>Don't know what the IEP scheme is</i>	29 (16%)
<i>Yes</i>	64 (35%)
<i>No</i>	58 (32%)
<i>Don't know</i>	31 (17%)

Q6.3 In the last six months have any members of staff physically restrained you (C&R)?

<i>Yes</i>	23 (12%)
<i>No</i>	163 (88%)

Q6.4 If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?

<i>I have not been to segregation in the last 6 months</i>	137 (77%)
<i>Very well</i>	1 (1%)
<i>Well</i>	8 (5%)
<i>Neither</i>	14 (8%)
<i>Badly</i>	6 (3%)
<i>Very badly</i>	11 (6%)

Section 7: Relationships with staff

Q7.1 Do most staff treat you with respect?

<i>Yes</i>	98 (52%)
<i>No</i>	92 (48%)

Q7.2 Is there a member of staff you can turn to for help if you have a problem?

<i>Yes</i>	101 (54%)
<i>No</i>	85 (46%)

Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	28 (15%)
	No	164 (85%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	13 (7%)
	Never	62 (32%)
	Rarely	59 (30%)
	Some of the time	41 (21%)
	Most of the time	10 (5%)
	All of the time	9 (5%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	168 (87%)
	In the first week	9 (5%)
	More than a week	4 (2%)
	Don't remember	12 (6%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	168 (92%)
	Very helpful	3 (2%)
	Helpful	5 (3%)
	Neither	4 (2%)
	Not very helpful	2 (1%)
	Not at all helpful	1 (1%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	Yes	126 (66%)
	No	64 (34%)
Q8.2	Do you feel unsafe now?	
	Yes	80 (43%)
	No	106 (57%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	Never felt unsafe	64 (36%)
	Everywhere	53 (30%)
	Segregation unit	12 (7%)
	Association areas	40 (22%)
	Reception area	28 (16%)
	At the gym	13 (7%)
	In an exercise yard	48 (27%)
	At work	14 (8%)
	During movement	32 (18%)
	At education	16 (9%)
	At meal times	25 (14%)
	At health services	19 (11%)
	Visits area	25 (14%)
	In wing showers	41 (23%)
	In gym showers	10 (6%)
	In corridors/stairwells	26 (15%)
	On your landing/wing	40 (22%)
	In your cell	22 (12%)
	At religious services	11 (6%)
Q8.4	Have you been victimised by other prisoners here?	
	Yes	78 (41%)
	No	112 (59%)

Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	Insulting remarks (about you or your family or friends)	23 (12%)
	Physical abuse (being hit, kicked or assaulted)	23 (12%)
	Sexual abuse	4 (2%)
	Feeling threatened or intimidated	32 (17%)
	Having your canteen/property taken	17 (9%)
	Medication	12 (6%)
	Debt	7 (4%)
	Drugs	10 (5%)
	Your race or ethnic origin	9 (5%)
	Your religion/religious beliefs	6 (3%)
	Your nationality	8 (4%)
	You are from a different part of the country than others	7 (4%)
	You are from a traveller community	3 (2%)
	Your sexual orientation	0 (0%)
	Your age	6 (3%)
	You have a disability	5 (3%)
	You were new here	12 (6%)
	Your offence/ crime	7 (4%)
	Gang related issues	15 (8%)
Q8.6	Have you been victimised by staff here?	
	Yes	91 (48%)
	No	97 (52%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	Insulting remarks (about you or your family or friends)	34 (18%)
	Physical abuse (being hit, kicked or assaulted)	19 (10%)
	Sexual abuse	4 (2%)
	Feeling threatened or intimidated	32 (17%)
	Medication	13 (7%)
	Debt	3 (2%)
	Drugs	5 (3%)
	Your race or ethnic origin	18 (10%)
	Your religion/religious beliefs	12 (6%)
	Your nationality	13 (7%)
	You are from a different part of the country than others	6 (3%)
	You are from a traveller community	5 (3%)
	Your sexual orientation	0 (0%)
	Your age	9 (5%)
	You have a disability	7 (4%)
	You were new here	19 (10%)
	Your offence/ crime	8 (4%)
	Gang related issues	12 (6%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	76 (45%)
	Yes	36 (21%)
	No	57 (34%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?					
	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	23 (13%)	7 (4%)	14 (8%)	24 (13%)	57 (31%)	59 (32%)
The nurse	21 (12%)	9 (5%)	32 (18%)	30 (17%)	41 (23%)	45 (25%)
The dentist	33 (18%)	1 (1%)	10 (6%)	19 (11%)	42 (23%)	74 (41%)

Q9.2	What do you think of the quality of the health service from the following people?					
	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	35 (19%)	14 (8%)	41 (23%)	28 (15%)	33 (18%)	31 (17%)
The nurse	32 (18%)	15 (8%)	36 (20%)	38 (21%)	28 (16%)	30 (17%)
The dentist	64 (36%)	8 (5%)	15 (8%)	30 (17%)	29 (16%)	31 (18%)

Q9.3	What do you think of the overall quality of the health services here?					
	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
Not been						26 (15%)
Very good						7 (4%)
Good						32 (18%)
Neither						35 (20%)
Bad						44 (25%)
Very bad						35 (20%)

Q9.4	Are you currently taking medication?					
	<i>Yes</i>	<i>No</i>				
Yes						
No						

Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?					
	<i>Not taking medication</i>	<i>Yes, all my meds</i>	<i>Yes, some of my meds</i>	<i>No</i>		
Not taking medication					107 (57%)	
Yes, all my meds					18 (10%)	
Yes, some of my meds					28 (15%)	
No					34 (18%)	

Q9.6	Do you have any emotional or mental health problems?					
	<i>Yes</i>	<i>No</i>				
Yes						
No						

Q9.7	Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff.)					
	<i>Do not have any emotional or mental health problems</i>	<i>Yes</i>	<i>No</i>			
Do not have any emotional or mental health problems				122 (66%)		
Yes				20 (11%)		
No				42 (23%)		

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?					
	<i>Yes</i>	<i>No</i>				
Yes						
No						

Q10.2	Did you have a problem with alcohol when you came into this prison?					
	<i>Yes</i>	<i>No</i>				
Yes						
No						

Q10.3 Is it easy or difficult to get illegal drugs in this prison?

<i>Very easy</i>	57 (31%)
<i>Easy</i>	17 (9%)
<i>Neither</i>	15 (8%)
<i>Difficult</i>	7 (4%)
<i>Very difficult</i>	5 (3%)
<i>Don't know</i>	80 (44%)

Q10.4 Is it easy or difficult to get alcohol in this prison?

<i>Very easy</i>	18 (10%)
<i>Easy</i>	16 (9%)
<i>Neither</i>	19 (11%)
<i>Difficult</i>	8 (4%)
<i>Very difficult</i>	19 (11%)
<i>Don't know</i>	100 (56%)

Q10.5 Have you developed a problem with illegal drugs since you have been in this prison?

<i>Yes</i>	17 (9%)
<i>No</i>	166 (91%)

Q10.6 Have you developed a problem with diverted medication since you have been in this prison?

<i>Yes</i>	10 (6%)
<i>No</i>	170 (94%)

Q10.7 Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?

<i>Did not / do not have a drug problem</i>	109 (61%)
<i>Yes</i>	45 (25%)
<i>No</i>	26 (14%)

Q10.8 Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?

<i>Did not / do not have an alcohol problem</i>	140 (74%)
<i>Yes</i>	38 (20%)
<i>No</i>	10 (5%)

Q10.9 Was the support or help you received, whilst in this prison, helpful?

<i>Did not have a problem/ did not receive help</i>	121 (66%)
<i>Yes</i>	47 (26%)
<i>No</i>	14 (8%)

Section 11: Activities**Q11.1 How easy or difficult is it to get into the following activities, in this prison?**

	<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
Prison job	34 (19%)	4 (2%)	20 (11%)	18 (10%)	52 (28%)	55 (30%)
Vocational or skills training	35 (20%)	6 (3%)	18 (10%)	32 (18%)	43 (25%)	39 (23%)
Education (including basic skills)	26 (15%)	8 (5%)	44 (25%)	33 (19%)	33 (19%)	30 (17%)
Offending behaviour programmes	51 (30%)	2 (1%)	18 (11%)	30 (18%)	31 (18%)	39 (23%)

Q11.2 Are you currently involved in the following? (Please tick all that apply to you.)

<i>Not involved in any of these</i>	83 (48%)
<i>Prison job</i>	39 (22%)
<i>Vocational or skills training</i>	15 (9%)
<i>Education (including basic skills)</i>	42 (24%)
<i>Offending behaviour programmes</i>	6 (3%)

	If you have been involved in any of the following, while in this prison, do you think they will help you on release?	<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Prison job	65 (43%)	31 (20%)	44 (29%)	12 (8%)
	Vocational or skills training	58 (43%)	36 (26%)	25 (18%)	17 (13%)
	Education (including basic skills)	54 (36%)	47 (31%)	31 (20%)	20 (13%)
	Offending behaviour programmes	67 (48%)	31 (22%)	25 (18%)	18 (13%)
Q11.4	How often do you usually go to the library?				
	Don't want to go				21 (11%)
	Never				98 (53%)
	Less than once a week				41 (22%)
	About once a week				21 (11%)
	More than once a week				3 (2%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	Don't use it				79 (45%)
	Yes				33 (19%)
	No				65 (37%)
Q11.6	How many times do you usually go to the gym each week?				
	Don't want to go				37 (20%)
	0				93 (51%)
	1 to 2				44 (24%)
	3 to 5				6 (3%)
	More than 5				1 (1%)
Q11.7	How many times do you usually go outside for exercise each week?				
	Don't want to go				17 (9%)
	0				15 (8%)
	1 to 2				47 (26%)
	3 to 5				62 (34%)
	More than 5				42 (23%)
Q11.8	How many times do you usually have association each week?				
	Don't want to go				0 (0%)
	0				7 (4%)
	1 to 2				37 (21%)
	3 to 5				85 (47%)
	More than 5				51 (28%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)				
	Less than 2 hours				94 (51%)
	2 to less than 4 hours				38 (21%)
	4 to less than 6 hours				29 (16%)
	6 to less than 8 hours				6 (3%)
	8 to less than 10 hours				3 (2%)
	10 hours or more				8 (4%)
	Don't know				6 (3%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes	34 (19%)
	No	146 (81%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	95 (52%)
	No	86 (48%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	113 (62%)
	No	68 (38%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	23 (13%)
	<i>Very easy</i>	16 (9%)
	<i>Easy</i>	46 (25%)
	<i>Neither</i>	32 (18%)
	<i>Difficult</i>	30 (16%)
	<i>Very difficult</i>	24 (13%)
	<i>Don't know</i>	11 (6%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	84 (46%)
	<i>Yes</i>	40 (22%)
	<i>No</i>	58 (32%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	142 (78%)
	<i>No contact</i>	19 (10%)
	<i>Letter</i>	7 (4%)
	<i>Phone</i>	8 (4%)
	<i>Visit</i>	14 (8%)
Q13.3	Do you have a named offender supervisor in this prison?	
	<i>Yes</i>	20 (11%)
	<i>No</i>	157 (89%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	84 (46%)
	<i>Yes</i>	20 (11%)
	<i>No</i>	80 (43%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	164 (89%)
	<i>Very involved</i>	4 (2%)
	<i>Involved</i>	7 (4%)
	<i>Neither</i>	2 (1%)
	<i>Not very involved</i>	1 (1%)
	<i>Not at all involved</i>	6 (3%)

Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)	
	Do not have a sentence plan/ not sentenced	164 (89%)
	Nobody	11 (6%)
	Offender supervisor	3 (2%)
	Offender manager	5 (3%)
	Named/ personal officer	1 (1%)
	Staff from other departments	7 (4%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	Do not have a sentence plan/ not sentenced	164 (90%)
	Yes	9 (5%)
	No	7 (4%)
	Don't know	2 (1%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	Do not have a sentence plan/ not sentenced	164 (89%)
	Yes	12 (7%)
	No	4 (2%)
	Don't know	4 (2%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	Do not have a sentence plan/ not sentenced	164 (90%)
	Yes	3 (2%)
	No	11 (6%)
	Don't know	5 (3%)
Q13.10	Do you have a needs based custody plan?	
	Yes	16 (9%)
	No	93 (54%)
	Don't know	63 (37%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?	
	Yes	15 (8%)
	No	163 (92%)
Q13.12	Do you know of anyone in this prison who can help you with the following on release? (please tick all that apply to you.)	
		Do not need help Yes No
	Employment	25 (15%) 20 (12%) 124 (73%)
	Accommodation	19 (11%) 30 (18%) 122 (71%)
	Benefits	17 (10%) 27 (16%) 123 (74%)
	Finances	22 (13%) 13 (8%) 128 (79%)
	Education	23 (14%) 21 (13%) 118 (73%)
	Drugs and alcohol	33 (19%) 41 (24%) 96 (56%)
Q13.13	Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?	
	Not sentenced	84 (47%)
	Yes	34 (19%)
	No	61 (34%)

Appendix V: Inspection photographs

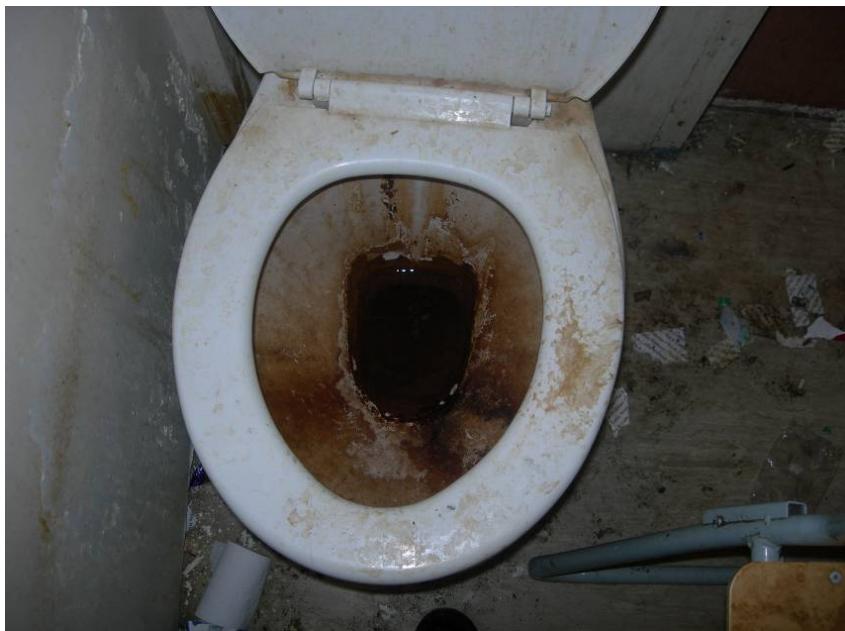
Area outside J wing.



Piles of clothing on ridges outside D wing.



A toilet in an occupied cell on G wing.



An empty G wing cell.



The changing area in the C wing shower.



The C wing showers.



A food trolley.



Blood on a bunk bed.





Main comparator and comparator to last time

Prisoner survey responses HMP Pentonville 2015

Prisoner survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

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Number of completed questionnaires returned		200	5932	200	200
SECTION 1: General information					
1.2 Are you under 21 years of age?		10%	5%	10%	0%
1.3 Are you sentenced?		58%	67%	58%	59%
1.3 Are you on recall?		10%	9%	10%	12%
1.4 Is your sentence less than 12 months?		18%	20%	18%	22%
1.4 Are you here under an indeterminate sentence for public protection (IPP prisoner)?		3%	3%	3%	3%
1.5 Are you a foreign national?		19%	13%	19%	27%
1.6 Do you understand spoken English?		96%	97%	96%	94%
1.7 Do you understand written English?		94%	96%	94%	92%
1.8 Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)		56%	23%	56%	54%
1.9 Do you consider yourself to be Gypsy/ Romany/ Traveller?		4%	5%	4%	7%
1.1 Are you Muslim?		33%	11%	33%	23%
1.11 Are you homosexual/gay or bisexual?		1%	3%	1%	3%
1.12 Do you consider yourself to have a disability?		24%	23%	24%	21%
1.13 Are you a veteran (ex-armed services)?		4%	6%	4%	4%
1.14 Is this your first time in prison?		34%	32%	34%	34%
1.15 Do you have any children under the age of 18?		55%	53%	55%	57%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1 Did you spend more than 2 hours in the van?		26%	21%	26%	23%
For those who spent two or more hours in the escort van:					
2.2 Were you offered anything to eat or drink?		18%	37%	18%	31%
2.3 Were you offered a toilet break?		8%	9%	8%	6%
2.4 Was the van clean?		44%	58%	44%	48%
2.5 Did you feel safe?		64%	75%	64%	65%
2.6 Were you treated well/very well by the escort staff?		49%	67%	49%	54%
2.7 Before you arrived here were you told that you were coming here?		53%	65%	53%	56%
2.7 Before you arrived here did you receive any written information about coming here?		6%	3%	6%	2%
2.8 When you first arrived here did your property arrive at the same time as you?		72%	80%	72%	78%
SECTION 3: Reception, first night and induction					
3.1 Were you in reception for less than 2 hours?		21%	42%	21%	41%
3.2 When you were searched in reception, was this carried out in a respectful way?		68%	78%	68%	68%
3.3 Were you treated well/very well in reception?		43%	63%	43%	52%

Main comparator and comparator to last time

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	When you first arrived:				
3.4	Did you have any problems?	87%	75%	87%	83%
3.4	Did you have any problems with loss of property?	25%	14%	25%	18%
3.4	Did you have any housing problems?	29%	20%	29%	27%
3.4	Did you have any problems contacting employers?	8%	5%	8%	6%
3.4	Did you have any problems contacting family?	45%	31%	45%	39%
3.4	Did you have any problems ensuring dependants were being looked after?	4%	3%	4%	2%
3.4	Did you have any money worries?	37%	23%	37%	25%
3.4	Did you have any problems with feeling depressed or suicidal?	24%	22%	24%	21%
3.4	Did you have any physical health problems?	20%	18%	20%	15%
3.4	Did you have any mental health problems?	20%	22%	20%	16%
3.4	Did you have any problems with needing protection from other prisoners?	11%	7%	11%	6%
3.4	Did you have problems accessing phone numbers?	38%	31%	38%	38%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	20%	34%	20%	25%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	80%	80%	80%	78%
3.6	A shower?	9%	31%	9%	26%
3.6	A free telephone call?	27%	57%	27%	46%
3.6	Something to eat?	66%	72%	66%	72%
3.6	PIN phone credit?	54%	54%	54%	69%
3.6	Toiletries/ basic items?	38%	59%	38%	59%
	SECTION 3: Reception, first night and induction continued				
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	37%	46%	37%	32%
3.7	Someone from health services?	59%	68%	59%	66%
3.7	A Listener/Samaritans?	25%	32%	25%	49%
3.7	Prison shop/ canteen?	15%	22%	15%	21%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	28%	43%	28%	37%
3.8	Support was available for people feeling depressed or suicidal?	23%	39%	23%	35%
3.8	How to make routine requests?	32%	36%	32%	32%
3.8	Your entitlement to visits?	31%	37%	31%	37%
3.8	Health services?	34%	46%	34%	45%
3.8	The chaplaincy?	31%	41%	31%	29%
3.9	Did you feel safe on your first night here?	51%	74%	51%	59%
3.10	Have you been on an induction course?	74%	75%	74%	78%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	39%	52%	39%	46%

Main comparator and comparator to last time

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3.12	Did you receive an education (skills for life) assessment?	74%	73%	74% 69%
SECTION 4: Legal rights and respectful custody				
	In terms of your legal rights, is it easy/very easy to:			
4.1	Communicate with your solicitor or legal representative?	19%	39%	19% 30%
4.1	Attend legal visits?	36%	53%	36% 49%
4.1	Get bail information?	7%	19%	7% 10%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	43%	41%	43% 46%
4.3	Can you get legal books in the library?	26%	37%	26% 35%
	For the wing/unit you are currently on:			
4.4	Are you normally offered enough clean, suitable clothes for the week?	38%	51%	38% 56%
4.4	Are you normally able to have a shower every day?	44%	75%	44% 45%
4.4	Do you normally receive clean sheets every week?	72%	72%	72% 81%
4.4	Do you normally get cell cleaning materials every week?	37%	55%	37% 45%
4.4	Is your cell call bell normally answered within five minutes?	13%	29%	13% 24%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	31%	61%	31% 54%
4.4	Can you normally get your stored property, if you need to?	9%	21%	9% 12%
4.5	Is the food in this prison good/very good?	16%	21%	16% 22%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	37%	48%	37% 40%
4.7	Are you able to speak to a Listener at any time, if you want to?	35%	54%	35% 42%
4.8	Are your religious beliefs are respected?	57%	49%	57% 52%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	42%	51%	42% 38%
4.10	Is it easy/very easy to attend religious services?	54%	44%	54% 43%
SECTION 5: Applications and complaints				
5.1	Is it easy to make an application?	58%	74%	58% 68%
	For those who have made an application:			
5.2	Do you feel applications are dealt with fairly?	42%	52%	42% 34%
5.2	Do you feel applications are dealt with quickly (within seven days)?	24%	37%	24% 26%
5.3	Is it easy to make a complaint?	43%	51%	43% 51%
	For those who have made a complaint:			
5.4	Do you feel complaints are dealt with fairly?	14%	31%	14% 18%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	13%	28%	13% 23%
5.5	Have you ever been prevented from making a complaint when you wanted to?	27%	20%	27% 23%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	14%	19%	14% 23%
SECTION 6: Incentives and earned privileges scheme				
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	30%	41%	30% 39%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	35%	42%	35% 46%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	12%	9%	12% 10%

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6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	23%	36%	23%	28%
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	52%	75%	52%	61%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	54%	70%	54%	67%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	15%	28%	15%	25%
7.4	Do staff normally speak to you most of the time/all of the time during association?	10%	18%	10%	14%
7.5	Do you have a personal officer?	13%	38%	13%	46%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	53%	66%	53%	67%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	66%	42%	66%	48%
8.2	Do you feel unsafe now?	43%	18%	43%	24%
8.4	Have you been victimised by other prisoners here?	41%	29%	41%	27%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	12%	12%	12%	10%
8.5	Hit, kicked or assaulted you?	12%	8%	12%	6%
8.5	Sexually abused you?	2%	2%	2%	2%
8.5	Threatened or intimidated you?	17%	16%	17%	11%
8.5	Taken your canteen/property?	9%	7%	9%	6%
8.5	Victimised you because of medication?	6%	5%	6%	3%
8.5	Victimised you because of debt?	4%	4%	4%	2%
8.5	Victimised you because of drugs?	5%	4%	5%	3%
8.5	Victimised you because of your race or ethnic origin?	5%	3%	5%	5%
8.5	Victimised you because of your religion/religious beliefs?	3%	3%	3%	3%
8.5	Victimised you because of your nationality?	4%	3%	4%	4%
8.5	Victimised you because you were from a different part of the country?	4%	4%	4%	2%
8.5	Victimised you because you are from a Traveller community?	2%	1%	2%	1%
8.5	Victimised you because of your sexual orientation?	0%	1%	0%	2%
8.5	Victimised you because of your age?	3%	2%	3%	3%
8.5	Victimised you because you have a disability?	3%	3%	3%	4%
8.5	Victimised you because you were new here?	6%	6%	6%	6%
8.5	Victimised you because of your offence/crime?	4%	6%	4%	5%
8.5	Victimised you because of gang related issues?	8%	5%	8%	5%
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	48%	30%	48%	40%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	18%	11%	18%	13%

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	Percentages which are not highlighted show there is no significant difference				
8.7	Hit, kicked or assaulted you?	10%	5%	10%	5%
8.7	Sexually abused you?	2%	1%	2%	2%
8.7	Threatened or intimidated you?	17%	12%	17%	10%
8.7	Victimised you because of medication?	7%	5%	7%	2%
8.7	Victimised you because of debt?	2%	2%	2%	1%
8.7	Victimised you because of drugs?	3%	3%	3%	2%
8.7	Victimised you because of your race or ethnic origin?	10%	3%	10%	10%
8.7	Victimised you because of your religion/religious beliefs?	6%	3%	6%	4%
8.7	Victimised you because of your nationality?	7%	3%	7%	7%
8.7	Victimised you because you were from a different part of the country?	3%	3%	3%	2%
8.7	Victimised you because you are from a Traveller community?	3%	2%	3%	2%
8.7	Victimised you because of your sexual orientation?	0%	1%	0%	1%
8.7	Victimised you because of your age?	5%	2%	5%	2%
8.7	Victimised you because you have a disability?	4%	3%	4%	2%
8.7	Victimised you because you were new here?	10%	5%	10%	8%
8.7	Victimised you because of your offence/crime?	4%	5%	4%	4%
8.7	Victimised you because of gang related issues?	6%	3%	6%	3%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	39%	32%	39%	37%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	11%	22%	11%	16%
9.1	Is it easy/very easy to see the nurse?	23%	45%	23%	32%
9.1	Is it easy/very easy to see the dentist?	6%	9%	6%	6%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	37%	40%	37%	32%
9.2	The nurse?	35%	53%	35%	45%
9.2	The dentist?	20%	30%	20%	28%
9.3	The overall quality of health services?	26%	36%	26%	28%
9.4	Are you currently taking medication?	43%	51%	43%	48%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	58%	61%	58%	65%
9.6	Do you have any emotional well being or mental health problems?	35%	38%	35%	30%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	32%	44%	32%	44%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	37%	32%	37%	35%

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10.2	Did you have a problem with alcohol when you came into this prison?	24%	22%	24%	22%
10.3	Is it easy/very easy to get illegal drugs in this prison?	41%	34%	41%	30%
10.4	Is it easy/very easy to get alcohol in this prison?	19%	14%	19%	16%
10.5	Have you developed a problem with drugs since you have been in this prison?	9%	8%	9%	9%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	6%	8%	6%	9%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	63%	60%	63%	62%
10.8	Have you received any support or help with your alcohol problem while in this prison?	79%	56%	79%	66%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	77%	76%	77%	73%
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	13%	32%	13%	16%
11.1	Vocational or skills training?	14%	30%	14%	23%
11.1	Education (including basic skills)?	30%	45%	30%	37%
11.1	Offending behaviour programmes?	12%	18%	12%	19%
	Are you currently involved in any of the following activities:				
11.2	A prison job?	22%	43%	22%	34%
11.2	Vocational or skills training?	9%	9%	9%	8%
11.2	Education (including basic skills)?	24%	25%	24%	21%
11.2	Offending behaviour programmes?	4%	7%	4%	10%
11.3	Have you had a job while in this prison?	57%	68%	57%	61%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	36%	39%	36%	44%
11.3	Have you been involved in vocational or skills training while in this prison?	57%	55%	57%	52%
	For those who have had vocational or skills training while in this prison:				
11.3	Do you feel the vocational or skills training will help you on release?	46%	45%	46%	46%
11.3	Have you been involved in education while in this prison?	64%	66%	64%	66%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	48%	51%	48%	47%
11.3	Have you been involved in offending behaviour programmes while in this prison?	53%	53%	53%	52%
	For those who have been involved in offending behaviour programmes while in this prison:				
11.3	Do you feel the offending behaviour programme(s) will help you on release?	42%	42%	42%	45%
11.4	Do you go to the library at least once a week?	13%	29%	13%	30%
11.5	Does the library have a wide enough range of materials to meet your needs?	19%	33%	19%	27%
11.6	Do you go to the gym three or more times a week?	4%	27%	4%	8%
11.7	Do you go outside for exercise three or more times a week?	57%	39%	57%	60%
11.8	Do you go on association more than five times each week?	28%	43%	28%	20%
11.9	Do you spend ten or more hours out of your cell on a weekday?	4%	9%	4%	6%

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SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	19%	32%	19%	28%
12.2	Have you had any problems with sending or receiving mail?	53%	49%	53%	48%
12.3	Have you had any problems getting access to the telephones?	62%	34%	62%	57%
12.4	Is it easy/ very easy for your friends and family to get here?	34%	37%	34%	44%
SECTION 13: Preparation for release					
	For those who are sentenced:				
13.1	Do you have a named offender manager (home probation officer) in the probation service?	41%	62%	41%	45%
	For those who are sentenced what type of contact have you had with your offender manager:				
13.2	No contact?	48%	41%	48%	43%
13.2	Contact by letter?	18%	30%	18%	24%
13.2	Contact by phone?	20%	13%	20%	10%
13.2	Contact by visit?	35%	37%	35%	41%
13.3	Do you have a named offender supervisor in this prison?	11%	31%	11%	15%
	For those who are sentenced:				
13.4	Do you have a sentence plan?	20%	36%	20%	28%
	For those with a sentence plan:				
13.5	Were you involved/very involved in the development of your plan?	55%	58%	55%	58%
	Who is working with you to achieve your sentence plan targets:				
13.6	Nobody?	52%	44%	52%	64%
13.6	Offender supervisor?	14%	32%	14%	23%
13.6	Offender manager?	24%	28%	24%	16%
13.6	Named/ personal officer?	5%	11%	5%	7%
13.6	Staff from other departments?	33%	18%	33%	13%
	For those with a sentence plan:				
13.7	Can you achieve any of your sentence plan targets in this prison?	50%	55%	50%	24%
13.8	Are there plans for you to achieve any of your targets in another prison?	60%	26%	60%	23%
13.9	Are there plans for you to achieve any of your targets in the community?	16%	32%	16%	33%
13.10	Do you have a needs based custody plan?	9%	7%	9%	13%
13.11	Do you feel that any member of staff has helped you to prepare for release?	8%	11%	8%	11%
	For those that need help do you know of anyone in this prison who can help you on release with the following:				
13.12	Employment?	14%	29%	14%	22%
13.12	Accommodation?	20%	36%	20%	26%
13.12	Benefits?	18%	39%	18%	23%
13.12	Finances?	9%	24%	9%	15%
13.12	Education?	15%	30%	15%	24%
13.12	Drugs and alcohol?	30%	43%	30%	42%
	For those who are sentenced:				
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	36%	47%	36%	50%

Diversity analysis



Key question responses (ethnicity, foreign national and religion) HMP Pentonville 2015

Prisoner survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
Number of completed questionnaires returned		107	85	38	160	63	130
1.3	Are you sentenced?	61%	59%	42%	61%	62%	58%
1.5	Are you a foreign national?	18%	22%			23%	19%
1.6	Do you understand spoken English?	97%	95%	84%	99%	99%	95%
1.7	Do you understand written English?	99%	89%	75%	99%	97%	93%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			52%	58%	79%	43%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	1%	7%	6%	3%	2%	5%
1.1	Are you Muslim?	48%	16%	37%	31%		
1.12	Do you consider yourself to have a disability?	22%	26%	11%	27%	21%	25%
1.13	Are you a veteran (ex-armed services)?	1%	6%	6%	3%	2%	4%
1.14	Is this your first time in prison?	34%	33%	65%	26%	41%	32%
2.6	Were you treated well/very well by the escort staff?	48%	51%	55%	48%	42%	53%
2.7	Before you arrived here were you told that you were coming here?	51%	52%	35%	58%	40%	58%
3.2	When you were searched in reception, was this carried out in a respectful way?	59%	79%	76%	68%	51%	77%
3.3	Were you treated well/very well in reception?	41%	43%	50%	42%	34%	48%
3.4	Did you have any problems when you first arrived?	87%	87%	84%	88%	87%	88%
3.7	Did you have access to someone from health care when you first arrived here?	64%	53%	61%	58%	55%	59%
3.9	Did you feel safe on your first night here?	43%	62%	70%	48%	45%	56%
3.10	Have you been on an induction course?	78%	70%	88%	72%	79%	72%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	20%	18%	12%	21%	15%	22%
4.4	Are you normally offered enough clean, suitable clothes for the week?	40%	34%	49%	36%	44%	33%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.4	Are you normally able to have a shower every day?	42%	46%	61%	40%	44%	44%
4.4	Is your cell call bell normally answered within five minutes?	13%	14%	28%	9%	14%	12%
4.5	Is the food in this prison good/very good?	17%	16%	36%	12%	21%	14%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	28%	45%	47%	35%	32%	39%
4.7	Are you able to speak to a Listener at any time, if you want to?	31%	43%	35%	36%	35%	37%
4.8	Do you feel your religious beliefs are respected?	64%	49%	72%	54%	75%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	40%	44%	46%	41%	33%	44%
5.1	Is it easy to make an application?	50%	65%	68%	56%	49%	61%
5.3	Is it easy to make a complaint?	35%	52%	46%	42%	29%	49%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	33%	28%	25%	31%	25%	31%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	37%	35%	25%	38%	34%	36%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	14%	11%	9%	13%	19%	10%
7.1	Do most staff, in this prison, treat you with respect?	41%	63%	64%	49%	42%	56%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	56%	54%	57%	54%	52%	55%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	12%	8%	16%	8%	8%	11%
7.4	Do you have a personal officer?	14%	13%	25%	10%	17%	12%
8.1	Have you ever felt unsafe here?	76%	54%	54%	69%	74%	63%
8.2	Do you feel unsafe now?	47%	39%	35%	45%	41%	45%
8.3	Have you been victimised by other prisoners?	42%	36%	31%	43%	42%	40%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	17%	17%	6%	19%	17%	17%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4%	6%	3%	5%	5%	5%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	4%	1%	0%	3%	3%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	5%	0%	5%	5%	4%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
8.5	Have you been victimised because you have a disability? (By prisoners)	3%	3%	3%	3%	2%	2%
8.6	Have you been victimised by a member of staff?	52%	41%	31%	52%	51%	46%
8.7	Have you ever felt threatened or intimidated by staff here?	20%	14%	8%	19%	22%	14%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	10%	8%	3%	11%	8%	10%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	10%	1%	0%	7%	12%	3%
8.7	Have you been victimised because of your nationality? (By staff)	11%	3%	6%	7%	7%	6%
8.7	Have you been victimised because you have a disability? (By staff)	5%	3%	3%	4%	4%	4%
9.1	Is it easy/very easy to see the doctor?	12%	12%	8%	12%	10%	12%
9.1	Is it easy/ very easy to see the nurse?	23%	23%	29%	22%	19%	24%
9.4	Are you currently taking medication?	42%	43%	25%	48%	32%	48%
9.6	Do you feel you have any emotional well being/mental health issues?	33%	37%	27%	37%	31%	37%
10.3	Is it easy/very easy to get illegal drugs in this prison?	38%	44%	25%	45%	37%	43%
11.2	Are you currently working in the prison?	21%	26%	23%	22%	17%	26%
11.2	Are you currently undertaking vocational or skills training?	7%	12%	11%	7%	6%	10%
11.2	Are you currently in education (including basic skills)?	25%	23%	37%	20%	30%	22%
11.2	Are you currently taking part in an offending behaviour programme?	5%	1%	3%	4%	6%	3%
11.4	Do you go to the library at least once a week?	15%	11%	20%	12%	7%	17%
11.6	Do you go to the gym three or more times a week?	4%	4%	6%	3%	9%	2%
11.7	Do you go outside for exercise three or more times a week?	56%	60%	57%	57%	59%	56%
11.8	On average, do you go on association more than five times each week?	24%	36%	29%	29%	21%	31%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	4%	5%	6%	4%	4%	5%
12.2	Have you had any problems sending or receiving mail?	55%	52%	49%	54%	46%	55%
12.3	Have you had any problems getting access to the telephones?	65%	60%	70%	60%	65%	61%

Diversity Analysis



Key question responses (disability) HMP Pentonville 2015

Prisoner survey responses (missing data has been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		46	150
1.3	Are you sentenced?	59%	58%
1.5	Are you a foreign national?	9%	22%
1.6	Do you understand spoken English?	98%	95%
1.7	Do you understand written English?	98%	94%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	51%	57%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	7%	3%
1.1	Are you Muslim?	29%	34%
1.12	Do you consider yourself to have a disability?		
1.13	Are you a veteran (ex-armed services)?	5%	3%
1.14	Is this your first time in prison?	16%	40%
2.6	Were you treated well/very well by the escort staff?	51%	49%
2.7	Before you arrived here were you told that you were coming here?	58%	53%
3.2	When you were searched in reception, was this carried out in a respectful way?	68%	69%
3.3	Were you treated well/very well in reception?	46%	42%
3.4	Did you have any problems when you first arrived?	100%	83%
3.7	Did you have access to someone from health care when you first arrived here?	74%	55%
3.9	Did you feel safe on your first night here?	58%	50%
3.10	Have you been on an induction course?	70%	76%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	16%	21%

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	30%	40%
4.4	Are you normally able to have a shower every day?	39%	45%
4.4	Is your cell call bell normally answered within five minutes?	7%	14%
4.5	Is the food in this prison good/very good?	14%	17%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	28%	40%
4.7	Are you able to speak to a Listener at any time, if you want to?	42%	34%
4.8	Do you feel your religious beliefs are respected?	47%	60%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	51%	40%
5.1	Is it easy to make an application?	52%	59%
5.3	Is it easy to make a complaint?	33%	45%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	34%	29%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	38%	34%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	16%	12%
7.1	Do most staff, in this prison, treat you with respect?	51%	51%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	55%	55%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	11%	10%
7.4	Do you have a personal officer?	5%	16%
8.1	Have you ever felt unsafe here?	65%	66%
8.2	Do you feel unsafe now?	49%	41%
8.3	Have you been victimised by other prisoners?	52%	37%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	21%	16%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	7%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	5%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	11%	2%
8.5	Have you been victimised because of your age? (By prisoners)	5%	3%

Diversity Analysis

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.5	Have you been victimised because you have a disability? (By prisoners)	11%	0%
8.6	Have you been victimised by a member of staff?	52%	46%
8.7	Have you ever felt threatened or intimidated by staff here?	21%	16%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	11%	9%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	7%	6%
8.7	Have you been victimised because of your nationality? (By staff)	7%	7%
8.7	Have you been victimised because of your age? (By staff)	5%	5%
8.7	Have you been victimised because you have a disability? (By staff)	14%	0%
9.1	Is it easy/very easy to see the doctor?	15%	11%
9.1	Is it easy/ very easy to see the nurse?	31%	20%
9.4	Are you currently taking medication?	74%	34%
9.6	Do you feel you have any emotional well being/mental health issues?	74%	22%
10.3	Is it easy/very easy to get illegal drugs in this prison?	52%	38%
11.2	Are you currently working in the prison?	14%	25%
11.2	Are you currently undertaking vocational or skills training?	14%	7%
11.2	Are you currently in education (including basic skills)?	26%	24%
11.2	Are you currently taking part in an offending behaviour programme?	3%	4%
11.4	Do you go to the library at least once a week?	8%	14%
11.6	Do you go to the gym three or more times a week?	2%	4%
11.7	Do you go outside for exercise three or more times a week?	51%	59%
11.8	On average, do you go on association more than five times each week?	29%	28%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	0%	6%
12.2	Have you had any problems sending or receiving mail?	53%	51%
12.3	Have you had any problems getting access to the telephones?	52%	65%