

Report on an unannounced inspection of

HMP Lancaster Farms

by HM Chief Inspector of Prisons

20 April–1 May 2015

This inspection was carried out in partnership with the following bodies:

- Care Quality Commission
- General Pharmaceutical Council
- HM Inspectorate of Probation
- Ofsted

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This publication is available for download at: <http://www.justiceinspectrates.gov.uk/hmiprisons/>

Printed and published by:
Her Majesty's Inspectorate of Prisons
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London
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Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at: <http://www.justiceinspectors.gov.uk/hmiprisons/about-our-inspections/>

Introduction

We last inspected HMP Lancaster Farms in June 2011, just prior to its re-role from a local prison holding remanded and sentenced young adults to a training prison for the same age group. At our last inspection, we found an improved prison which we felt was well equipped for its new role but where resettlement work needed to improve. At this inspection Lancaster Farms had again been re-rolled, and for the few months prior to the inspection had been operating as an adult training prison with a resettlement function. We found that some areas of work were still in transition while others had built on the strengths that we had previously reported.

Lancaster Farms remained a basically safe and respectful prison. Support on arrival and through the early days at the prison was good, although some aspects of induction needed to be better. Most prisoners felt safe and despite challenges with new psychoactive substances (NPS) and some underdeveloped violence reduction processes, levels of violence were not excessive. Management of prisoners who had got into debt or felt threatened by others needed closer attention to ensure they were located in the right area of the prison. The last self-inflicted death had been in 2014 and action to address the issues raised by this was well advanced. We found support for those vulnerable to self-harm was good, with particularly strong work by the mental health and chaplaincy teams. Security arrangements were generally proportionate although some aspects of movement around the prison still needed to be adapted for the new population. Many prisoners reported that NPS were readily available, but we were reassured that robust management action was being taken to address the challenges this presented. Use of adjudications and segregation were both high and the reasons for this needed to be better understood. The segregation environment was reasonable and relationships between staff and prisoners were strong, but aspects of the regime were limited and the exercise yards were grim cages. Use of force was not high and de-escalation was the norm when it was needed. Substance misuse support was improving.

Living conditions were generally good, outside areas were pleasant and the prison as a whole benefited from an open and relaxed outlook. Despite this, some internal areas were grubby - we found pockets of graffiti and the doubled cells were particularly cramped. The food provided was better than we usually see and prisoners were positive in our survey, despite meals being served too early. Prisoners were very positive about the approach adopted by most staff, and the personal officer scheme was working well. In contrast, some aspects of equalities and diversity work had been neglected and monitoring to ensure equitable outcomes for the protected groups was not taking place. The needs of some disabled prisoners were not being met and work with foreign nationals was poor. Nevertheless, prisoners from a black and minority ethnic background and Muslim men were far more positive about safety and respectful treatment than we normally see, which may have been explained by the generally positive relationships evident. Work by the chaplaincy team was very strong - they were visible around the prison and prisoners were extremely positive about the support they provided. Despite some delays in seeing health care professionals, services were generally reasonable and meeting needs.

In contrast to the relatively strong picture we saw in safety and respect, outcomes in purposeful activity and resettlement were insufficient, and suffering to some extent from arrangements not keeping pace with the new population held. There were too few relevant work places, and not all the available activity places were being utilised. It was therefore not surprising, but still disappointing, to see that in a resettlement prison around 40% of prisoners were locked up during the working day. There were some good plans to increase the amount of work and vocational training offered, which were the priorities for the new population, but these had yet to be realised. In contrast, for those in activities, standards of work and achievements were generally good.

As at the last inspection, resettlement remained a disappointing picture overall. Offender management arrangements were in transition and not yet meeting the needs of prisoners; too many assessments and other key processes were not being completed to an adequate standard, or in a timely way; and contact between prisoners and their offender supervisors was too infrequent. Some good offending behaviour programmes were run, but there were gaps in what was offered. Public protection arrangements were seriously flawed and needed urgent attention to provide adequate safeguards. During the inspection the prison had moved to the new community rehabilitation company (CRC) resettlement arrangements, and the continuity in the various providers involved to maintain pre-release and through-the-gate support should ease the transition. Reintegration work was generally good, as was most support in the various resettlement pathways, but support for promoting and maintaining relationships with children and families could have been more creative.

Overall, we felt that good progress had been made in providing a safe and decent prison for the new population held, but that ongoing management attention was needed to address weakness in the amount and range of work offered, and in the support provided around the critical areas of offender management and public protection. It was reassuring that senior managers had recognised most of these weaknesses and had credible plans to address the shortfalls.

Nick Hardwick
HM Chief Inspector of Prisons

September 2015

Fact page

Task of the establishment

Lancaster Farms is a category C adult men's resettlement prison.

Prison status

Public

Region

The North West

Number held

543

Certified normal accommodation

495

Operational capacity

549

Date of last full inspection

June 2011

Brief history

The prison opened in 1993 as a remand centre and young offender institution (YOI). In 2008–2009 it became the sole dedicated YOI for the North West. In 2011, the establishment changed its role from a category B YOI to a category C YOI training establishment. In 2014, the prison then became an adult category C resettlement prison. It was still in transition at the time of the inspection and some provision still reflected the old population of young adults.

Short description of residential units

Coniston 1	First night centre and induction unit
Coniston 2	Inspire recovery unit
Derwent, Windermere, Buttermere	General population
Grizedale	Unit for prisoners on the enhanced regime in trusted occupations
Ullswater	Segregation unit.

Name of governor/director

Derek Harrison

Escort contractor

GeoAmey

Health service provider

Lancashire Care NHS Trust

Learning and skills providers

The Manchester College

Independent Monitoring Board chair

Eileona Wilkinson

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.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission or Healthcare Inspectorate Wales, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

- A9 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.
- A10 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A11 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 *Most prisoners' journeys to the prison were short. Reception and first night arrangements were good but induction processes needed to be improved. Most prisoners felt safe and fewer prisoners than at comparator prisons said they were victimised. Some safer custody processes were underdeveloped. Prisoners at risk of self-harm were well cared for but arrangements for adult safeguarding needed to be developed. Security arrangements were generally proportionate. The incentives and earned privileges (IEP) scheme promoted positive behaviour. The availability of drugs was high and the prison was taking a robust approach to the significant challenge of new psychoactive substances (NPSs) (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects). The number of adjudications was high but the process was reasonably well managed. Force was used proportionately. Relationships in the segregation unit were good and the general environment reasonable but exercise yards were grim. The regime and reintegration planning needed to be improved. Substance misuse support was improving. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S2 *At the last inspection in 2011 we found that outcomes for prisoners in Lancaster Farms were reasonably good against this healthy prison test. We made 16 recommendations in the area of safety. At this follow-up inspection we found that five of the recommendations had been achieved, two had been partially achieved, six had not been achieved and three were no longer relevant.*

S3 Most prisoners' journeys to the prison were relatively short and men were generally positive about their escort experience. Some property did not accompany men coming from other prisons, which was an ongoing problem. Reception was clean and bright; staff were friendly and efficient and processes were respectful. Prisoners moved through reception promptly to the first night centre. First night arrangements were good. There was a complex mix of prisoners in the first night centre, which needed greater management attention; however, we found no firm evidence that this had an impact on new arrivals and it was notable that 89% of prisoners said they felt safe on their first night. Induction processes needed to improve to ensure key departments provided consistent input and an induction officer contributed regularly. Peer workers were involved but it was inappropriate that they collected confidential health information.

S4 Levels of violence were not high and responses to questions about safety and victimisation in our survey were better than at comparator prisons. The layout of units and the open environment might have supported prisoners' perceptions of safety. There had been few serious incidents, most involving younger prisoners. Some processes were weak; there was no established strategy to monitor poor behaviour and while the newly introduced weekly tasking meeting identified prisoners who were a concern, not all decisions were implemented. Investigations, when they were carried out, were thorough, but not all were completed promptly. Safety largely relied on keeping individuals involved apart and we were told that NPSs were the main cause of these conflicts. The management and oversight of prisoners requiring protection needed improvement.

S5 There had been one self-inflicted death in 2014 and satisfactory progress had been made in addressing recommendations from the Prisons and Probation Ombudsman. We sampled a number of assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm, which included some good assessments and

evidence of caring interactions. Most reviews included a contribution from the health care department and chaplaincy but few prisoners had a regular case manager and care plans needed improvement. The number of prisoners who had harmed themselves was not high and there were few serious incidents. Few prisoners were placed on constant supervision. Prisoners on ACCTs spoke positively about the support they received. They were encouraged to participate in activities, could obtain support from the chaplaincy everyday and had good access to Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). Twenty-one prisoners on ACCTs had been held in segregation over the six months before the inspection but the prison had not recorded the exceptional circumstances to justify this. Insufficient arrangements were in place to address adult safeguarding or to respond to the Care Act².

- S6 Security was mostly proportionate but some aspects such as controlled movements around the prison were overly restrictive. Staff submitted a large number of security information reports and, while they were processed promptly, there were delays in targeted searches, reducing their effectiveness. Random mandatory drug testing rates were low; however, our survey revealed that more prisoners than the comparator said it was easy to get drugs. It was likely this related to NPSs.
- S7 In our survey more than half of prisoners said the IEP scheme encouraged them to change their behaviour. The prison did not have a system for reviewing IEP levels automatically, which meant some prisoners experienced delays in being promoted to the enhanced level. Few prisoners were on the basic level; they were well managed and had a reasonable regime, behaviour targets and timely reviews. The basic level was used to address suspected NPS users and we were assured that as far as possible appropriate checks and balances were in place to ensure proportionality and fairness. The regime and facilities in the unit for prisoners on the enhanced regime in trusted occupations needed to offer greater incentives.
- S8 The number of adjudications in the six months prior to the inspection was high and we found some that would have been more appropriately dealt with through the IEP scheme. Hearings were well run, prisoners were fully involved and punishments awarded were proportionate. There was an effective adjudications standards meeting.
- S9 The use of force was not high. Records we reviewed suggested that minimal force was used and de-escalation was normal practice. Special accommodation in the segregation unit was not used frequently and, when it was, only for as long as necessary.
- S10 The number of prisoners segregated was relatively high and the regime limited; however, staff were caring and supportive. Physical conditions were mostly reasonable but the exercise cages were bleak and dirty. Reviews were often poorly attended and there was no reintegration planning.
- S11 Substance misuse psychosocial services were still developing. A triage system prioritised prisoners with the greatest need effectively, but some waited too long for psychosocial interventions. Group work was available and a peer mentoring scheme was underway. Clinical treatment was on the whole delivered appropriately, but the administration of drug treatment medication was sometimes inadequately supervised.

² The Care Act 2014 outlines new obligations on local authorities and looks at the way in which local authorities should carry out carer's assessments and needs assessments; how they determine who is eligible for support; and how they charge for both residential care and community care.

Respect

- S12** *Living conditions were good although some areas needed redecoration or refurbishment. Single cells were used for two but the units were well designed. Prisoners were very positive about relationships with staff and the personal officer scheme worked well. Equalities and diversity work needed attention, but many prisoners reported that outcomes were reasonable. Faith provision was very good. Complaints were well managed but legal services were underdeveloped. Health services were reasonable overall. The food was good and canteen arrangements were adequate. **Outcomes for prisoners were reasonably good against this healthy prison test.***
- S13** *At the last inspection in 2011 we found that outcomes for prisoners in Lancaster Farms were reasonably good against this healthy prison test. We made 26 recommendations in the area of respect.³ At this follow-up inspection we found that nine of the recommendations had been achieved, seven had been partially achieved, nine had not been achieved and one was no longer relevant.*
- S14** The design of the units was excellent and the whole prison was light and open, which supported both safety and respect. Units and outside areas were mostly clean, but a few shower areas needed refurbishment. Nevertheless many cells did not have curtains or lockable cabinets, and some single cells were overcrowded with two occupants. Prisoners were mostly able to keep their cells clean and welcomed having cell privacy keys. Men could not have their own clothes sent into the prison.
- S15** Most prisoners said they had a member of staff they could turn to for help with a problem and more than the comparator said staff treated them with respect. Our observations confirmed this positive picture – interactions between staff and prisoners in all units were good. This was supported by a good personal officer scheme and there was evidence of regular and meaningful contact. The strong relationships meant that many everyday issues were resolved informally. Prisoner consultation meetings had been introduced, but some prisoners and staff told us they were not yet completely confident in the process.
- S16** Equality and diversity policies were out of date, equalities action team meetings lacked focus and equalities data were not used. Discrimination incident reporting forms (DIRF) were investigated well and demonstrated very good staff involvement in equalities issues. Prisoners were not, however, consulted adequately. Despite this, black and minority ethnic and Muslim prisoners were mainly very positive about life at Lancaster Farms; in our survey most felt staff treated them with respect. Support for foreign national prisoners was poor and, often, they received far too little notice of a decision to detain them at the end of their sentence. Prisoners with disabilities reported less favourably in some areas but 82% said staff treated them with respect, which was high. There was some evidence that these prisoners did not have all their needs met, even where they had more obvious difficulties. A number of disabled prisoners would have benefited from care plans. Gay, bisexual and transgender prisoners received some support but those from Gypsy, Roma Traveller groups had limited assistance. Faith provision was very good and pastoral care was particularly effective.
- S17** There had been a substantial increase in the number of complaints since the prison had changed its role from holding young adults to adults; many related to delays in prisoners' property arriving. We examined a sample and found the vast majority of responses were polite, addressed the complaint and were delivered promptly. Complaints were recorded, managed and investigated well. Legal services support was limited, although the prison library provided some good assistance.

³ 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.

- S18 Prisoners had mixed views of health care, but we found services were reasonably good. Partnership working and clinical governance were effective although health care complaints were not dealt with confidentially. The health care centre was a positive environment and met infection control standards. An appropriate range of primary care services was available, but waiting times for most services, including the GP, were too long. Not enough slots for external hospital appointments were offered and too many prisoners were rescheduled owing to emergencies and a lack of escort staff. Security during the transportation of medicine and the supervision of medication administration required improvement. Dental provision was good although there were delays. The integrated mental health team had experienced staff shortages but still provided a reasonably good and responsive service.
- S19 The food was good, and prisoners in our survey were much more positive than the comparator. Lunch and dinner were served too early but prisoners could eat some meals out of their cells with other prisoners. Canteen arrangements were adequate, although new arrivals experienced delays in receiving their first order.

Purposeful activity

S20 *Far too many prisoners were locked up during the working day and access to outside exercise was restricted. While there was a plan to provide more work for prisoners the current range of activities did not reflect prisoners' needs. Too many activity places were not being used. Personal development was effective and in education, there was also a good focus on prisoners developing employability skills. The standard of work was generally good, although success rates on a small number of functional skills courses needed to improve. Achievements of accredited qualifications for those in activities were good. The library and gym provided some good opportunities. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S21 *At the last inspection in 2011 we found that outcomes for prisoners in Lancaster Farms were reasonably good against this healthy prison test. We made nine recommendations in the area of purposeful activity. At this follow-up inspection we found that five of the recommendations had been achieved, two had been partially achieved and two had not been achieved.*

- S22** Time out of cell for those working full time was reasonable but many prisoners were locked up during the working day. In our two roll checks we found around 40% of prisoners locked up, which was far too many. Access to outside exercise was too restricted.
- S23** Senior managers had a clear vision for how to develop more prison work to better meet the needs of prisoners in an adult resettlement prison. Links between the prison and its internal partners were very effective. The operational management of learning and skills and work was good. The prison's self-assessment was comprehensive and good use was made of learner forums to inform the planning and development of provision, although quality assurance of provision that was not run by the Offender Learning and Skills Service needed improvement. Prison activities needed to be better sequenced and attendance in education required improvement.
- S24** The amount of work available was not sufficient for the new adult population but the variety of education courses was good. The education induction, initial assessment of prisoners' English and mathematics and the provision of careers advice were also good. Allocation to activities and pay rates were fair and equitable.

- S25 For those in activities most teaching, learning, coaching, and assessment were good; some aspects in education were outstanding. Individual learning plans (ILPs) and feedback to learners was not consistently good. There was a good focus on the development of English and mathematics skills. The education department used the virtual campus (internet access for prisoners to community education, training and employment opportunities) well to support learners. Behaviour management was effective and helped create mutual respect between prisoners and tutors.
- S26 Prisoners' progress and achievement of accredited qualifications were generally good, although in functional skills they required improvement. In education and vocational training the standard of work was mostly good. Standards of work in art were excellent. Prisoners developed good personal skills.
- S27 The library was well organised and stock was generally appropriate. Access was good, but the prison needed to improve its monitoring of library use and the way in which it supported education courses. The physical education (PE) department generally offered good indoor facilities, but access to outdoor activities needed to improve. Access to the gym and the range of qualifications offered were good. Recreational PE was good and appropriate PE programmes were in place. Induction was adequate but it provided insufficient information on healthy living and links with the health care department needed to improve. The cardiovascular equipment in the units was in a poor state and the new gym showers needed redecoration.

Resettlement

S28 *Resettlement and offender management were in transition and some arrangements did not meet the needs of the new adult population. Joint work was developing. Offender management work was too mixed; many assessments had not been completed and some were poor; and contact with prisoners was generally insufficient. Public protection arrangements required urgent attention. Reintegration work was reasonable and support in most of the reducing reoffending pathways was good. Efforts were being made to increase the range of group-based programmes offered and expand support to help prisoners maintain contact with their children and families. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S29 *At the last inspection in 2011 we found that outcomes for prisoners in Lancaster Farms were not sufficiently good against this healthy prison test. We made 23 recommendations in the area of resettlement. At this follow-up inspection we found that six of the recommendations had been achieved, five had been partially achieved, 10 had not been achieved and two were no longer relevant.*

S30 The overall strategic management of resettlement and offender management was in a period of transition owing to the new adult population and the transfer of the prison's resettlement function to the community rehabilitation company (CRC). Meetings had taken place with CRC providers to plan the imminent introduction of services. The prison intended to maintain continuity with essentially the same providers, which was likely to ease the transition. The prison had not yet realised its aim of holding many more prisoners with a year or longer to serve. Many arriving at the prison had little time left, which was presenting significant challenges. The reducing reoffending policy required updating to reflect these changes. It was positive that a joint action plan to improve the integration of work between the offender management unit (OMU), resettlement and the rest of the prison had been developed, but this was still work in progress. Release on temporary licence was underused.

- S31 OMU staff were under considerable pressure to complete work that should have been done by sending prisons. Offender supervisors and prisoners had very little contact, which prisoners found frustrating. P-Nomis (the Prison Service ITF system) was used well to record what contact there was with prisoners and exchange information between departments. Although some inroads had been made into the backlog of offender assessment system (OASys) documents, it was still significant and some we reviewed were insufficient. Not enough prisoners had up-to-date sentence plans with relevant objectives. Home detention curfew and re-categorisation reviews were delayed.
- S32 Public protection arrangements required urgent attention. Systems were weak and required effective, knowledgeable oversight and attention. We found OASys documents containing details of some prisoners who had committed offences against children or were a risk to children that had been overlooked. Multi-agency public protection arrangements (MAPPA) processes were not well understood and systems to identify MAPPA levels pre-release needed to be tighter. The inter-departmental risk management team meetings considered very few prisoners and minutes were poorly completed and failed to outline sufficient measures to address or manage identified risks.
- S33 A resettlement pathway needs assessment was completed for each new arrival, and referrals were made to service providers. A pre-release resettlement course was offered but prisoners appeared reluctant to attend. Arrangements were about to change in light of the new CRC arrangements.
- S34 Shelter provided a good accommodation service and in our survey, more prisoners than the comparator knew there was someone in the prison who could help with accommodation. Few prisoners left without an address. Careers advice and action planning to help prisoners enter employment or training after release were good, although links with external projects and employers to help inform the provision and provide better employment opportunities needed further development. Opportunities to produce CVs and job applications were good. The virtual campus worked well. The absence of sufficient work and vocational training while they were in prison prevented prisoners from developing their employability skills.
- S35 Pre-release planning for prisoners with physical and mental health needs was timely and effective. Appropriate liaison with community services ensured continuity of care. Resettlement opportunities for prisoners with substance use issues were excellent and prisoners had access to community and through-the-gate services as well as up to three months' post-release mentoring support. Some reasonable finance, benefit and debt support was offered but resources were stretched.
- S36 The visitors' centre was welcoming and refreshments were available. There were long delays in getting through to the visits booking line. The visits room was bright and pleasant but it had fixed furniture. Prisoners continued to have to wear standard issue clothing and coloured bibs. Only a small amount of confectionary and drinks was available through vending machines. Some family visits were organised but a wider range of support was needed to help prisoners maintain contact with relatives and friends.
- S37 Accredited programmes were offered but the range was not broad enough to ensure the needs of the new population were met. It was encouraging that the prison had recognised this and taken some action. The recently introduced Breaking the Cycle programme was a promising initiative, helping prisoners address conflict issues.

Main concerns and recommendations

S38 Concern: Equality and diversity arrangements were under-developed. The prison did not have a clear understanding of the needs of all the protected groups, and arrangements to support some of them were insufficient. Monitoring of outcomes was not informing practice, and care planning for some needed to be better.

Recommendation: The needs of prisoners with protected characteristics should be identified and met promptly through monitoring, regular and direct consultation, effective use of prisoner representatives, individual assessment and when needed effective care planning.

S39 Concern: There were insufficient work opportunities to meet the needs of the new adult population and not all the activity places available were being used.

Recommendation: The prison should ensure there are sufficient prison work opportunities for the population and that work skills prisoners develop are recognised and recorded. The available activity places should be used fully.

S40 Concern: Many prisoners did not have an up-to-date OASys assessment or sentence plan and the quality of some we reviewed was insufficient to inform effective risk management and reduction.

Recommendation: Offender management work should ensure that all prisoners have a good quality and up-to-date assessment to inform sentence planning and risk reduction work.

S41 Concern: Public protection arrangements required urgent attention. Systems were inefficient and required effective, knowledgeable oversight and attention. We found OASys documents containing details of some prisoners who had committed offences against children or were a risk to children that had been overlooked.

Recommendation: The prison should introduce effective management oversight of all public protection procedures. All prisoners should be reviewed for MAPPA eligibility and their potential risks to children, and public protection issues should be correctly recorded on P-Nomis.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1** *Most prisoners said escort staff treated them well, although their property did not always arrive at the prison with them. Prisoners were on occasion held waiting in secure vehicles when reception was not staffed.*
- I.2** The prison's new role and population meant that over the previous three months, an average of between four and five prisoners were transferred to the prison every day; a similar number were transferred out or discharged. Most arrived from local prisons in the North West but despite this few had been told about the prison or given sufficient notification of their move.
- I.3** Most journeys on transfer from other prisons were short and prisoners said escort staff treated them well, but problems with property not arriving with prisoners was the most common formal complaint. Escort staff routinely handcuffed prisoners when moving them from the vehicle to reception regardless of the risks posed.
- I.4** Prisoners often waited in escort vans outside reception at lunchtime while reception staff either worked elsewhere or had their lunch break.

Recommendations

- I.5 All property should arrive with prisoners on transfer.**
- I.6 Prisoners should only be handcuffed subject to an individual risk assessment.**
- I.7 There should be arrangements to process prisoners arriving during the lunch period.** (Repeated recommendation I.7)

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.

- I.8** *Reception and first night arrangements were good. Reception was clean and bright, staff were friendly and efficient, and processes respectful; however, induction needed improvement.*

- I.9** The reception area was clean and bright, staff were friendly and efficient, and processes were respectful. In our survey 85% of prisoners said that they were treated well or very well in reception, more than the comparator. Searching was proportionate and staff patiently processed prisoners' property. Prisoners moved through reception promptly.
- I.10** First night arrangements were good. First night officers conducted confidential interviews in private. Those we observed focused largely on completing a compact (a signed agreement confirming adherence to community rules). A comprehensive information booklet was provided and prisoners were offered a reception pack of shop items. It was rare for prisoners to arrive late so new arrivals had time to settle in to Coniston I (the first night centre), have a shower and make a phone call. Phone accounts were transferred electronically from sending prisons. Prisoners were interviewed by health care staff.
- I.11** All new arrivals were moved to Coniston I and allocated single cells, but not all cells we viewed were clean or prepared. Some had graffiti and one had a broken cupboard. Each had a clean bedding pack. A complex mix of prisoners was held in the unit. In a log kept of prisoners who claimed they needed protection from others, 59% (20) were held in Coniston I, including those who found it difficult to cope with prison life and others who had been held in segregation and were waiting for a place in a main residential unit. Prisoners on open assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm were also frequently held in the unit. We found no evidence, however, that this had a negative impact on new receptions or that new arrivals were placed in other units due to a lack of space. In our survey 89% of prisoners (more than the comparator) said they felt safe on their first night. The prison acknowledged the challenging mix of prisoners and had begun to develop strategies to better manage the population in the unit.
- I.12** An 'induction carousel' took place Mondays and Wednesdays and involved new prisoners progressing around tables to meet representatives from different agencies and peer supporters. However, induction processes did not ensure key departments always provided input during the carousel. For example, Inspire recovery unit representatives consistently offered good information on drug services but there was no regular contribution from an induction officer, and systematic oversight to ensure all new prisoners had completed all elements of the induction. We welcomed the input of peer workers to the induction process, but it was inappropriate that they were collecting confidential health information. While nearly all prisoners said they had received some form of induction, only around a half (fewer than the comparator) said that it provided them with all the information they needed. There were also delays before new prisoners were allocated to regular activities.

Recommendation

- I.13 Induction should ensure prisoners are equipped with the information they need about the prison.**

Housekeeping point

- I.14** Peer workers should not collect confidential health information during the induction process.

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.15** *Most prisoners felt safe and survey responses about safety were impressive. Some processes, however, were underdeveloped. We were not assured that suspected perpetrators of bullying were monitored or that the management of those asking for protection was sufficiently robust.*
- I.16** Levels of violence were not high; an average of seven prisoner-on-prisoner assaults and four fights were recorded every month. Most prisoners felt safe and responses to questions about safety and victimisation in our survey were impressive. The layout of units and the open environment might have supported prisoners' perceptions.
- I.17** Few serious incidents had been reported, and those that were, mostly involved younger prisoners. These had been investigated and in some cases referred to the police. Prisoners reported few unexplained injuries, and these were investigated and logged to monitor any potential trends. Procedures were in place to review the 124 prisoners assessed as being a high risk for sharing a cell.
- I.18** Some other safer custody work, however, was weak. The prison had stopped using its tackling antisocial behaviour strategy in 2014 – we were told staff had lost faith in its effectiveness. There was now no established strategy to monitor poor behaviour.
- I.19** A weekly safeguarding meeting identified prisoners who were a concern. They included those suspected of being involved in violent incidents, prisoners requesting protection and men at risk of self-harm. Weekly updates were provided but we were not assured that all decisions, such as those relating to monitoring behaviour, were implemented. Transfer to another prison was often an outcome. When investigations were undertaken they were thorough but not all were completed promptly. Safer custody staff were regularly redeployed to other tasks.
- I.20** Safety largely relied on keeping individuals in conflict apart. We were told that problems relating to new psychoactive substances (NPSs) (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects), were the main reasons for conflicts between prisoners. A robust approach was being taken to the NPS challenge. A new course, Breaking the Cycle aimed to reduce conflicts, and appeared to be a positive initiative. Victim support plans however, were not used.
- I.21** Efforts were being made to understand and, where appropriate, challenge those who claimed they were at risk from other prisoners and who were refusing to leave residential units; they had a very restricted regime. Each had received a questionnaire on which to record their concerns. Of 34 identified, only four at the time of the inspection had been formally considered to require protection. The management and oversight of prisoners requiring protection, particularly in Coniston 1, was being developed to provide a more coherent response (see section on early days in custody).
- I.22** A quarterly violence reduction meeting considered emerging trends and reviewed an action plan.

Recommendation

- I.23 An effective anti bullying system should be in place to monitor and deter prisoners suspected of involvement in violence and to support victims.**

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.24 *Progress had been made in implementing recommendations made by the Prisons and Probation Ombudsman (PPO) following an apparent self-inflicted death in 2014. Those at risk of self-harm were well cared for through everyday contact with staff. Some ACCT processes could have been improved.*

- I.25** One apparent self-inflicted death had occurred in 2014 when the prison held only young adults. We were satisfied with progress being made to implement PPO recommendations following their investigation.
- I.26** On average 15 ACCT documents were opened each month, most as a result of staff concerns rather than as a consequence of self-harm. We sampled a number of ACCT documents, which included some good assessments and evidence of caring interactions. Most reviews included a contribution from the health care department and chaplaincy. Few had a regular case manager, which was frequently raised at safer custody meetings and clearer actions needed to be identified in care plans. Detailed quality assurance checks of ACCT documents were completed.
- I.27** A monthly safer custody meeting was well attended by managers and chaired by a senior manager. It included discussions of key issues and reviewed incidents of self-harm. The number of prisoners who had harmed themselves was not high – an average of three to four incidents had taken place each month. Few were serious or near fatal and, when they were, investigations or enhanced case reviews were completed. Few prisoners were placed on constant supervision – four in the previous six months. Strip-clothing was used occasionally but prisoners were only kept in such conditions for short periods. Eight safer cells were available when required.
- I.28** Prisoners on ACCT documents we spoke to were positive about the support they received. They were encouraged to participate in activities and the chaplaincy provided them with daily support. Prisoners' access to Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) was good; they were used throughout the prison, attended the monthly safer custody meeting, participated in induction and felt staff supported them well.
- I.29** Twenty-one prisoners on open ACCT documents had been held in segregation over the previous six months; the exceptional circumstances to justify this were not recorded.

Recommendations

- I.30 Prisoners subject to ACCT procedures should have a consistent case manager and care plans should contain specific, measurable, achievable, realistic and time-bound objectives.**
- I.31 A senior manager should identify and record the exceptional circumstances to justify a prisoner on an ACCT document being held in segregation.**

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.⁴

I.32 *There were no strategic arrangements in place to address adult safeguarding or respond to the Care Act 2014⁵.*

- I.33** There were no strategic arrangements in place to address adult safeguarding issues and the prison did not have a safeguarding policy. However some existing structures, including reception procedures, health care assessments and the weekly safeguarding meeting (see section on bullying and violence reduction) helped to identify adults at risks. The health care department's approach to safeguarding was more developed.
- I.34** The requirements of the Care Act 2014 came in to force on 1 April 2015 but the prison had done too little to develop structures with the local authority in preparation for its implementation, or by the time of the inspection. However one prisoner was subject to a local authority social care needs assessment during our inspection.

Recommendation

- I.35 The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes and to satisfy the requirements of the Care Act 2014.**

⁴ 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).

⁵ The Care Act 2014 outlines new obligations on local authorities and looks at the way in which local authorities should carry out carer's assessments and needs assessments; how they determine who is eligible for support; and how they charge for both residential care and community care.

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.36** *Security was not too restrictive but there were anomalies. A good number of information reports were submitted but not all searching as a result was carried out promptly although dynamic security was good. Governance of security was good. While mandatory drug testing (MDT) random rates were low, more prisoners than the comparator said it was easy to get drugs. The prison had responded robustly to the significant threat posed by prisoners' use of NPSs.*
- I.37** Security restrictions in the prison were mostly reasonable but there were some anomalies which were not appropriate for a category C training prison, in particular, controlled movements to activities. However, this was being reviewed.
- I.38** Closed visits were applied proportionately. During the inspection eight prisoners were on closed visits, all as a result of incidents and intelligence related to visits, and there were five barred visitors. Closed visits were reviewed every month and the restriction was removed when it was considered safe. Banned visitors were told how they could appeal the decision or apply for the ban to be lifted.
- I.39** Physical security required ongoing vigilance owing to the continuing threat of contraband, and additional security for vulnerable perimeter areas was being proposed to supplement the procedural and physical measures already in place.
- I.40** Strong dynamic security was underpinned by good staff-prisoner relationships. A large number of information reports, more than 100 a week, were received from a wide range of departments. Reports were promptly assessed by intelligence analysts, but when a need for searching was identified it was not always carried out. During the inspection we found 20 targeted searches were pending, dating back six weeks; they would have been ineffective after such a long period.
- I.41** The monthly security committee was effective and attended by representatives from relevant departments. The analysis of information was good and objectives were reviewed and updated. Residential staff we spoke to were aware of security concerns and told us residential managers briefed them regularly.
- I.42** The average positive random MDT rate for the six months to March 2015 was relatively low at 4.3%; however, this was not representative as the testing panel could not detect NPSs. In our survey, more than the comparator, 46% against 35%, said it was easy to get drugs. Search finds data and our discussions with prisoners confirmed that NPSs were the most commonly used drugs.
- I.43** The prison had taken a pragmatic approach to suspicion testing. Although there had been a large number of information reports concerning suspected NPS use, the security department requested suspicion testing only for suspected cannabis use as a result of the lack of an NPS test. In the three months from October to December 2014, 10 suspicion tests were conducted with seven positives – all for cannabis.

- I.44** A well-organised information-sharing programme for staff and prisoners combined with the introduction of robust use of the incentives and earned privileges (IEP) scheme (see section on IEP) and referrals of NPS-related charges to the independent adjudicator had contributed to a reduction in reported incidents.

Recommendation

- I.45** Searches should be carried out promptly once the need is identified.

Incentives and earned privileges⁶

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.46** *The IEP scheme was well managed and prisoners on the basic level received a reasonable regime.*

- I.47** The prison operated the national IEP scheme, which provided reasonable distinctions between the levels. In our survey, the number of prisoners who said they were treated fairly by the system was in line with comparator establishments, while more than the comparator (51%) said the scheme encouraged them to change their behaviour.
- I.48** There were 175 prisoners on the enhanced level, 32% of the prison population, which was reasonable. However, reviews of IEP levels were not held routinely and prisoners had to make an application for enhancement.
- I.49** During the inspection, 13 prisoners were on the basic level; this sanction was well managed. After three IEP warnings demotion to the basic level was considered but not automatically applied if the residential manager judged there to be mitigating circumstances. The basic regime allowed some association and attendance at activities. This enabled staff to set behaviour targets and monitor how well the prisoner was progressing. Reviews after seven days were meaningful and in a significant proportion of the cases we examined led to a return to the standard level.
- I.50** The exception was where the sanction was used as part of the prison's robust response to the use of NPSs. Prisoners suspected of using these substances, backed up by health care information, spent 28 days on the basic level; this was followed by a review after seven days but invariably prisoners did not as result, at this stage, return to the standard level. While this was at the limits of what we would consider proportionate, we were reassured that the robust approach being used was an appropriate response to the immediate challenges presented by NPS.
- I.51** Grizedale unit, the former health care facility, was designated as accommodation for enhanced prisoners in trusted occupations. The regime was more relaxed, but this trusted group of prisoners could have had greater freedom and more facilities.

⁶ 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.

Recommendation

- I.52** Facilities in the Grizedale unit should be improved to provide prisoners on the enhanced regime with greater incentives.

Housekeeping point

- I.53** Reviews of IEP levels should be conducted routinely at set intervals.

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.54** *There were a large number of adjudications, but they were well conducted and governance was good. Some referrals to the independent adjudicator could have been dealt with by the prison. The use of force was not high and what we observed was proportionate. Special accommodation was rarely used. Conditions in segregation, with the exception of the exercise area, were reasonable, and staff were caring and supportive. Segregation reviews were poor and too few prisoners were reintegrated.*

Disciplinary procedures

- I.55** The number of adjudications was high – 868 in the six months prior to the inspection. In the cases we examined most incidents reported for adjudication were appropriate but there were a number for insulting behaviour, which could have been dealt with more effectively through the IEP process.
- I.56** The room used for adjudications was unusually informal, which helped promote an interactive disciplinary process. Records of adjudications were not always detailed enough, but punishments we viewed were fair and mostly at the lower end of the tariff. The adjudication session we observed was well conducted, checks were made to ensure the prisoner understood what was happening at significant points and the matter was investigated well through questioning staff and the prisoner. Written submissions and attendance by relevant staff provided full background information.
- I.57** All charges relating to the possession of mobile phones were referred to the independent adjudicator, potentially leading to added days (an increase in the length of the prison element of a sentence, up to a maximum of three months). This was a crude response to the prison's problem with drug use and supporting intelligence to back up the view that the phone was used to elicit substances was not sought.
- I.58** There was a comprehensive quarterly adjudication standards meeting, which included managers involved in conducting adjudications. The meeting examined trend information and considered issues raised by staff and prisoners, appeals outcomes and quality assessments.

Recommendation

- I.59** The disciplinary approach adopted should be proportionate to the seriousness of the alleged offence.

Housekeeping point

- I.60** Adjudication records should be detailed and provide a full account of proceedings.

The use of force

- I.61** There had been 85 incidents involving the use of force in the six months prior to the inspection, which was not high. In more than half the incidents control and restraint techniques were used; however, in the cases we looked at we found that they were used for a minimal amount of time and that de-escalation was consistently attempted before force was used. Records made following a health care examination of prisoners had not been stored with use of force documents.
- I.62** Batons had been drawn on three occasions in the six months prior to the inspection but not used; each time this was in response to prisoners using weapons. Batons had been put away when the weapons had been dropped.
- I.63** Special accommodation had only been used three times in the six months prior to the inspection. It had been appropriately authorised and was justified when a prisoner's behaviour became violent or destructive. The longest stay in special accommodation was less than six hours and the shortest one hour; all were moved to normal accommodation once they had become compliant. During our inspection, special cells were strewn with litter and contained some graffiti.
- I.64** A quarterly use of force meeting was attended by an appropriate range of prison departments. A good range of use of force information was analysed so that trends could be identified and a critical review of practice informed continuing staff training.

Housekeeping points

- I.65** Records of health care examinations following the use of force should be completed and stored with use of force records.
- I.66** Special accommodation should be kept clean and graffiti free.

Segregation

- I.67** Two hundred and twelve prisoners had been segregated in the six months prior to the inspection, which was high, 107 of whom were held to maintain good order or discipline, including a number who had been disruptive in order to seek refuge from other prisoners.
- I.68** Conditions in the segregation unit were mostly reasonable and clean. Four cells had televisions and were used as an incentive for longer stay prisoners to behave well. The regime was restricted and the education room was not well used but reading material, in cell education activity and radios were available. Prisoners could take a shower and use the

telephone every day. All prisoners could spend a limited time in the open air every day, but only in grim, small separate cages soiled with pigeon droppings.

- I.69** Relationships between staff and prisoners held in the segregation unit were very good. We observed officers managing prisoners supportively and in a caring way.
- I.70** Segregation reviews were perfunctory and prisoners, residential staff and the Independent Monitoring Board had little involvement. There was no reintegration planning and prisoners were mostly released or transferred from segregation. An uncompromising approach was taken to prisoners who had assaulted staff – they were routinely transferred or held until release rather than reintegrated into the prison.

Recommendations

- I.71 Segregated prisoners should be able to exercise in clean open areas.**
- I.72 Segregation reviews should be meaningful and should involve the prisoner in a forum consisting of staff from relevant departments and their unit, and reintegration plans should be actively promoted where possible.**

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.73 *Psychosocial services were still developing. A triage system prioritised prisoners with the greatest needs effectively, but the waiting list for triage was too long. Group work and a peer mentoring scheme had been established. Clinical treatment was delivered appropriately although the supervision of medication administration was poor.*

- I.74** The charity Crime Reduction Initiatives delivered integrated psychosocial and clinical services under the operational title of Inspire. An up-to-date drug and alcohol strategy document was in place and an action plan was reviewed at a bimonthly drug strategy meeting. Representatives from some key prison department attended sporadically.
- I.75** The Inspire psychosocial service was in the process of development following the establishment's role change. All prisoners received one-to-one input from a dedicated recovery worker at induction.
- I.76** Owing to the change in the population, which had led to an increase in the number of referrals, the service was operating a triage process, prioritising prisoners with the greatest needs and those nearing their release date. Two hundred and four prisoners were on the active caseload and 33 were awaiting triage. Those with the lowest level of need waited up to four weeks for psychosocial interventions, which was too long. Prisoners had access to group work, one-to-one key work and in-cell personal work packs.
- I.77** The Inspire team benefited from an unusually high skills mix; it had been recruited to deliver the wide range of recovery-focused interventions that had been planned although not all of them were in place at the time of the inspection. A qualified counsellor was working with six

prisoners. One Inspire peer supporter was in place; a further five had been identified for training, which was of a high standard. Good support was also available for peers.

- I.78** Twenty-one prisoners were receiving clinical drugs treatment. This number had previously been capped at 30 due to the limited availability of officers to supervise medication administration. Nineteen were receiving methadone, seven on maintenance doses and 15 on reducing doses, which was appropriate. Two prisoners were on reducing doses of diazepam and lofexidine for detoxification. Buprenorphine was not prescribed unless a prisoner was taking it when they arrived, which put some prisoners who wanted to finish their detoxification on buprenorphine at a disadvantage.
- I.79** Medication was administered from an appropriately equipped room and hatch in Coniston 2. The medication queue was, however, inadequately supervised. Prisoners crowded around the hatch and with only one officer unlocking prisoners and supervising the hatch, the observation of prisoners receiving medication was poor and at times non-existent.

Recommendations

- I.80** **The Inspire service should deploy resources to reduce the length of time prisoners have to wait between induction and triage.**
- I.81** **Prescribing regimes for drug dependency should be flexible and tailored to the individual and reflect national guidance.**
- I.82** **The establishment should ensure that all administration of medication substance misuse treatment is adequately supervised by suitably trained officers.**

Housekeeping point

- I.83** All key prison department representatives in the establishment should attend drug strategy meetings regularly.

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 design of the units was excellent and the whole prison was bright and open, which supported safety and respect. Residential units and the prison environment were mainly clean. However, many cells lacked curtains and lockable cabinets and were poorly ventilated. Single cells used for two prisoners were overcrowded and inadequately furnished. Prisoners welcomed having cell privacy keys.*

- 2.2** The design of the residential units was excellent; the prison was bright and open, which supported safety and respect. All units had good association areas. Units and outside areas were mostly clean, although some showers and phone booths were dirty and had graffiti. A number of showers needed refurbishment, were unscreened and had insufficient water pressure. Prisoners told us that showers frequently ran tepid. In our survey fewer prisoners than in comparator prisons said they could shower every day; it was unclear why, although regular cancellations of evening association could have accounted for this.
- 2.3** Despite the cell painting programme, many cells still needed redecorating. Many did not have curtains or lockable cabinets, and some were overcrowded. Cells designed for one prisoner were used to accommodate two (9% of all cells). They were too small and did not have sufficient furniture for two prisoners. Many cells had windows that did not open and ventilation was poor. Cell privacy keys had been provided during the inspection, which prisoners welcomed.
- 2.4** All prisoners could access cell cleaning material and clean bedding every week. Good laundry facilities were available on all wings. The prison also had a good supply of prison clothing; prisoners could wear their own clothes, but families could not send in additional clothing. Cell call bell responses were not monitored, although most prisoners told us response times were reasonable.
- 2.5** Only 17% of prisoners in our survey (fewer than the comparator) said they could normally get their stored property if they needed to. Problems with property generated 20% of all complaints, many of which related to problems with the transfer of property from sending prisons (see section on early days). Most prisoners said it was easy to submit an application but were critical of the time it took staff to respond. The applications process was not effectively tracked or managed.
- 2.6** Each unit had sufficient telephones, some of which were in privacy booths. In our survey more prisoners than in comparator prisons said they had problems gaining access to telephones, but we did not see any queues to use them.
- 2.7** The internal mail system appeared efficient; mail arrived at the prison and was delivered to units on the same day.

Recommendations

- 2.8 All showers should be screened, kept in good condition and supplied with constant water pressure and temperature.**
- 2.9 All cells should be provided with lockable cabinets.** (Repeated recommendation 2.4)
- 2.10 Cells designed to hold one prisoner should not be used to hold two.**
- 2.11 Prisoners should be able to receive clothing sent in through the post and have quicker access to their stored property.**
- 2.12 The application process should be efficiently tracked and managed.**

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.

2.13 *Prisoners were very positive about relationships with staff and we observed staff interacting well with them. The personal officer scheme was effective. A new prisoner consultation model had been introduced to offer more formal consultation, but some staff and prisoners said they did not yet have complete confidence in the process.*

2.14 In our survey, 89% of prisoners, more than in comparator prisons, said staff treated them with respect and we found they were mainly positive about staff-prisoner relationships. Most prisoners said they had a member of staff they could turn to for help. We saw staff interact well with prisoners in all units, especially during association.

2.15 The personal officer scheme worked effectively. In our survey, 79% of prisoners, compared with 68% at comparator prisons said they had a personal officer and most prisoners told us they knew and spoke to them. We examined a random sample of prisoner files and found that at least one personal officer entry in the previous month had been made for the majority of prisoners. Entries were mostly good and demonstrated that regular and meaningful contact took place. The strong relationships meant that many everyday issues were resolved informally.

2.16 There was a two-monthly consultation process with prisoner representatives. This new prisoner consultation model had been introduced at the end of 2014 to offer prisoners more formal consultation, but some prisoner representatives told us that they had never been invited to them, or that they did not understand how the process operated. Few issues had been addressed through these meetings and it was clear that some prisoners and staff did not yet have complete confidence in the process.

Recommendation

- 2.17 The prisoner consultation process should ensure that effective and timely action is taken to resolve prisoner concerns.**

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 characteristic⁷ 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.

2.18 *The strategic management of equalities work was weak. Policy and action planning was poor and meetings were insufficiently focused. However, investigations relating to discrimination incident reporting forms (DIRFs) were good; they demonstrated that staff were very involved in equalities issues and that outcomes were good. Those from black and minority ethnic backgrounds and Muslim prisoners were mainly positive about life at Lancaster Farms. There was some evidence that disabled prisoners did not have all of their needs met and that foreign nationals received poor support.*

Strategic management

- 2.19** The equalities policy was out of date and did not reflect current practice. There was no equalities action plan and no impact assessments had been conducted in the six months prior to the inspection. The quarterly equality action team meetings were poorly attended and did not always take place as scheduled. Meetings lacked focus; discussions took place on matters that were not relevant to equalities. There had been no analysis or discussion of equalities monitoring data in the year prior to the inspection, despite the fact this suggested prisoners from protected groups were disproportionately represented in a number of areas.
- 2.20** The equality officer position had been vacant for the six months prior to the inspection, which was affecting provision for foreign national prisoners and those with disabilities. Some cover had been provided, but only for investigations related to DIRFs. There had been 35 DIRFs in the six months prior to the inspection. Investigations were generally good and carried out thoroughly; they involved prisoners and witnesses well and demonstrated that discrimination was challenged effectively and tensions between groups were taken seriously and when possible, resolved.
- 2.21** Prisoner equality representatives received no training, no longer had regular meetings with a member of the equalities team and had mixed views about whether they felt supported in their role.
- 2.22** Prisoners in protected groups were seldom consulted. The prison could have done more to develop links with external support agencies for protected groups and to celebrate diversity.

Housekeeping point

- 2.23** The prison should engage with and promote external support groups for each protected group and help prisoners make contact with them.

⁷ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Protected characteristics

- 2.24** The equality needs of new arrivals were identified through a questionnaire which they completed with a peer worker. Although we were concerned that this would discourage the disclosure of sensitive information, we saw no evidence of this (see section on early days in custody, paragraph 1.12 and recommendation 1.14).
- 2.25** The prison had a black and minority ethnic population of 16%. Most were Muslim prisoners who accounted for 14% of the total population. In our survey, these prisoners were mainly positive about life at Lancaster Farms; 87% of prisoners from a black and minority ethnic background and 92% of Muslim prisoners said staff treated them with respect, similar to white and non-Muslim prisoners respectively.
- 2.26** Muslim prisoners had made some ongoing complaints about washing arrangements prior to Friday prayers and cross-contamination of food (see section on catering). However, we were satisfied that these issues were being dealt with well. Discriminatory behaviour was not tolerated and was dealt with effectively, and there was evidence that victims felt staff supported them well. (See also section on faith and religious activity.)
- 2.27** In the absence of an equalities officer, there was little provision for foreign national prisoners and there were no forums for the group. Foreign national prisoners had poor access to legal representation and the Home Office had not held a surgery in the six months prior to the inspection. Prison staff, who had no understanding of the legal system, were expected to explain complex legal documents, which prisoners were expected to sign. Some prisoners we spoke to had little knowledge or understanding of the progress of their immigration cases, which could have caused considerable anxiety.
- 2.28** Professional translation and interpretation services were not used sufficiently. Only old, out-of-date versions of the induction material were available in translated form. In a recent case, a written notice of the reasons for detaining a prisoner who spoke poor English was not translated or explained to him through an interpreter. We were told that prisoners were often only informed they were due to be detained shortly before the end of their sentence, which was unacceptable.
- 2.29** Foreign national prisoners did not receive enough support to maintain contact with their family. None of this group knew they were entitled to a free monthly phone call, which was only available to those who had not received a domestic visit.
- 2.30** Prisoners with disabilities were less favourable about some areas of our survey, but 82% said that staff treated them with respect, which was high. This was also striking given the large number of prisoners with disabilities who said they had mental health and emotional well-being issues (66%).
- 2.31** The lack of an equalities officer and embedded processes meant that support for prisoners with disabilities was inconsistent and some of their needs were not met. There were no paid carers and the role of volunteer carers was unclear; there were no unit care plans and the needs of individual prisoners were not reviewed regularly, even for those with the most obvious disabilities. Liaison with health care staff required improvement to ensure, with appropriate consent, that unit staff were accurately informed of their needs. Not all night staff understood the purpose of personal emergency and evacuation plans (PEEPs), and plans themselves were not tailored well enough to the individual.
- 2.32** There were too few activities for disabled and retired older prisoners. The needs of older prisoners had not been thought through, although there was no evidence they were not being met.

- 2.33** Information the prison held on the number of gay, bisexual and transgender and Gypsy, Roma and Traveller prisoners were in line with the results of our survey. One dedicated forum had been held in the six months prior to the inspection involving gay, bisexual and transgender prisoners. Although the prison had a Gypsy, Roma and Traveller prison representative, he did not have access to all the units, limiting the effectiveness of his role. As a result, there was little support for this group.

Recommendations

- 2.34** The prison should develop and maintain a foreign national prisoner action plan based on a regular review of the needs of this group.
- 2.35** The Home Office should serve all decisions to detain a prisoner at least one month before the end of a prisoner's sentence.
- 2.36** There should be a paid carer scheme for prisoners with disabilities and the role of carers should be clearly defined.
- 2.37** Older prisoners and those with disabilities should, where necessary, have an up-to-date PEEP and a multidisciplinary support plan with which all unit staff, including those on night duty, should be familiar.

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.

- 2.38** *Faith provision was very good and pastoral support particularly strong. The team was well integrated into the work of the prison.*

- 2.39** Just over half of prisoners said their religious beliefs were respected, similar to the comparator; 88% of Muslim prisoners said their beliefs were respected compared with 49% of non-Muslims. The small core team of chaplains, supported by sessional chaplains, covered the diverse religious affiliations of the prison population. Festivals for all faiths were celebrated in an appropriate manner.
- 2.40** The chapel was bright and clean and the multi-faith room, which was used for Muslim prayers, was adequate. Prisoners in our groups said it was easy to attend corporate worship – they did not have to make an application each time. Most prisoners in the segregation unit who wished to attend corporate worship could do so, following a risk assessment.
- 2.41** The chaplaincy was well integrated into the work of the prison and staff attended key meetings, ran family days and managed prison visitors (see section on children, families and contact with the outside world).
- 2.42** Pastoral support was very good. Chaplains were available in the units throughout the inspection and prisoners in our survey were more positive than the comparator about being able to speak to a religious leader in private. In our groups prisoners appreciated the support the chaplaincy provided for those at risk of suicide or self-harm (see section on self-harm

and suicide prevention). The team also regularly worked with prisoners on family issues and offered very good bereavement support.

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.

2.43 *Prisoners in our survey were more positive than the comparator about the fairness of complaint responses. With the exception of complaints addressed to other prisons, most responses were made within seven days. The recording, management and investigation of complaints were good.*

2.44 The number of complaints had more than doubled since the prison's role had changed. There were 1,010 in the six months prior to the inspection, compared with 476 in the previous six-month period. All units had complaint boxes with sufficient forms and confidential access envelopes (for complaints that are only read by the person to whom they are addressed).

2.45 In our survey, more prisoners than the comparator said they believed complaints were dealt with fairly (40% against 32%) but fewer thought they were dealt with within seven days (24% against 30%). Almost 20% of complaints related to problems prisoners had obtaining their property following their transfer from another prison (see section on residential units and early days).

2.46 We examined a sample of complaints and found the vast majority of responses were polite, addressed the complaint and, with the exception of those addressed to other prisons, were dealt with within seven days.

2.47 Complaint data and trends were discussed at senior management meetings. A robust quality assurance procedure was in place.

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.

2.48 *The prison had limited support for prisoners' legal needs, but the library offered useful information.*

2.49 The prison no longer employed legal services officers. Offender supervisors tried to assist prisoners who came to them with queries, but this was not formally part of their job. However, the library ran a useful one-to-one legal information surgery offering to help prisoners find information in the library and through the internet. Legal visits were reasonably well run.

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.

- 2.50** *Prisoners had mixed views of the health care provision but we found services reasonably good. Partnership working and clinical governance were effective although health care complaints were not always dealt with through a confidential complaints system, which was inappropriate. The health care centre was a positive environment that met infection control standards. There was an appropriate range of primary care services, but waiting times for most, including the GP, were too long. Too many external hospital appointments were rescheduled owing to emergencies and a lack of escort staff. Security during the transportation of medication and the supervision of medicine administration required improvement. Dental provision was good, although waiting times were too long. The integrated mental health team experienced staffing shortages but still provided a reasonably good responsive service.*
- 2.51** *The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁸ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The Care Quality Commission contributed to this inspection and they found there were no breaches of the relevant regulations.*

Governance arrangements

- 2.52** The CQC found there were no breaches of the relevant regulations.
- 2.53** A health needs assessment had been completed in August 2014. The service was adjusting to its new role as a category C prison and to changes in health delivery to meet the needs of an adult population. Working relationships between the prison, the commissioner NHS England and the provider Lancashire NHS Foundation Trust were good and partnership board meetings were well attended and covered all essential areas.
- 2.54** A patient forum was in place and a prisoner health care satisfaction survey completed on discharge was used to enhance service provision. Most prisoners we spoke to were happy with the standard of health care they received, although some were dissatisfied with the length of time it took to get an appointment.
- 2.55** The health centre was clean and bright; it met infection control standards and had regular infection control audits. Health care staff worked from 7.30 am until 8pm on weekdays and from 8am until 6pm at weekends.
- 2.56** Clinical leadership from suitably experienced senior nurses was sound. Team members felt supported, all appraisals were up to date and regular clinical supervision took place. Staff had good access to professional development opportunities and mandatory training was well managed.

⁸ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

- 2.57** Health care staff were clearly identifiable and the interactions we observed were caring and professional. Staff used an appropriate range of policies including those on safeguarding. Effective systems were in place for the management of communicable diseases and good links with the Royal Lancaster Infirmary had been established.
- 2.58** Emergency equipment, which included two automated external defibrillators located in the health care unit, was well organised and regularly checked. Custody staff had good access to defibrillators across the prison and approximately a quarter of custodial staff were trained in first aid and operating a defibrillator. First aid cover was provided on each shift, including at night, although some staff we spoke to said they did not feel confident enough to use a defibrillator. An ambulance was called promptly in an emergency.
- 2.59** The NHS health check for those between the ages of 40 and 74 had been implemented and a senior nurse made sure older prisoners had access to age-appropriate screening. Prisoners could obtain mobility and health aids if required.
- 2.60** Staff were aware of the Care Act 2014, which came into force on April 2015. Health care staff had made a referral to the local authority and a prisoner received a social care assessment during our inspection (see section on safeguarding (protection of adults at risk)).
- 2.61** Most health care complaints went through the establishment's system, which was inappropriate as it lacked confidentiality. All the responses we sampled, however, were timely, respectful and addressed the issues highlighted fully. Fifty-five complaints had been received from October 2014 to March 2015.
- 2.62** Appropriate health promotion information was displayed in the waiting room and in the units, although it was all in English and not in an easy-read format. There was one poster in the waiting room in alternative languages. Waiting times for smoking cessation services were too long. Access to immunisations and screening for blood-borne viruses was good and included treatment for hepatitis C through a joint clinic with substance misuse staff. Barrier protection was available.

Recommendations

- 2.63** Custody staff should all be trained in basic life support and the use of the automated defibrillator.
- 2.64** The complaints system should maintain medical confidentiality and prisoners should have access to information on how to make a health complaint.

Housekeeping point

- 2.65** Health promotion information should be available in a range of formats accessible to all prisoners.

Delivery of care (physical health)

- 2.66** A registered nurse undertook a comprehensive health screening for new arrivals and made appropriate referrals. A mental health assessment was also conducted by a member of the mental health team. Confidentiality and consent to share information were discussed.

- 2.67** In our survey, fewer prisoners than the comparator said it was easy to see a doctor (26% against 30%). Delphi Medical Services provided five GP sessions per week, covered by a regular GP and a few regular GP locums. The waiting time for a routine appointment was three weeks, which was too long. Two emergency sessions were provided every day. Out-of-hours' emergency cover was offered to the same level as in the community.
- 2.68** The primary care team provided a broad range of skills and ran various nurse-led clinics, including those providing vaccinations and blood tests. Long-term conditions were well managed. An appropriate range of primary care services included access to a podiatrist and an optician, although waiting times were too long.
- 2.69** Appointments were often adversely affected because prisoners' movements around the prison were restricted, which meant they arrived late or not at all for some appointments; some prisoners did not receive their appointment slips on time. This contributed to the high rate of missed appointments, which the service had started to monitor.
- 2.70** Clinical records we examined were good and care plans on the electronic clinical record system SystemOne were based on national guidance.
- 2.71** External hospital appointments were well managed and referrals were prompt, although too many were rearranged owing to emergencies and a lack of custody staff. Health care staff had electronic access to clinical information following a prisoner's visit to the local accident and emergency department, which was excellent.

Recommendations

- 2.72** **Waiting times for primary care services including the GP should not exceed clinically acceptable waiting times in the community.**
- 2.73** **The prison should have adequate escort arrangements for external hospital appointments to avoid unnecessary cancellations and meet the health care needs of the prison population.**

Good practice

- 2.74** *Collaborative working between Lancashire Care NHS Foundation Trust and Lancashire Royal Infirmary meant health care staff could receive clinical information promptly following a prisoner's visit to the accident and emergency department.*

Pharmacy

- 2.75** Lloyds Pharmacy supplied medication as named patient items, which were appropriately labelled. Original prescriptions were sent to Lloyds Pharmacy for reconciliation.
- 2.76** A pharmacy technician managed prescriptions and stock, but there was limited pharmacist input, although interviews for the post were held during the inspection.
- 2.77** Medicines were administered twice a day from four multi-purpose rooms in the units, some of which were dirty. Nurses carried out medicine administration efficiently via a hatch, and made accurate records on prescription charts. Custody officers did not actively manage or supervise the medication queues.

- 2.78** Two nurses administered controlled drugs, and in-possession medication was collected from the pharmacy technician in the health care centre. Prisoners who had their medication in possession had lockable cabinets for storage in their cells. The in-possession policy and risk assessment template was not followed robustly, and a large number of prisoners still received their medication through supervised administration.
- 2.79** Nurses transported medication and prescription charts to and from the units in unlocked bags when prisoners were moving around the prison, which posed a potential security risk. The pharmacy technician transported medicines from the gate to the pharmacy without an escort. Security for the keys to the controlled drug cabinet in the health care centre was not adequate.
- 2.80** The substance misuse team operated from the Inspire unit where methadone solution and a small range of medicines were stored and administered. However it was not adequately supervised (see section on substance misuse). This stock was securely transferred from the gate to the wing and robustly audited.
- 2.81** A prescribing formulary for medications (used to inform prescribing) had been ratified at the Lancashire offender health, drugs and therapeutics committee and was to be uploaded onto SystemOne.
- 2.82** The pharmacy had a good range of current patient group directions, which enabled nurses to supply and administer prescription-only medicine, and medication for treating minor ailments without a prescription. A nurse prescriber could prescribe an additional range of medicines. Medication for prisoners who were discharged or going to court was well managed.
- 2.83** We found some dressings that were out of date, and stock medicines were not audited against the supply. Fridge temperatures were recorded robustly. Drugs alerts were dealt with appropriately.

Recommendations

- 2.84** Prisoners should have access to a complete pharmaceutical service, including pharmacy-led medicine use reviews and audits.
- 2.85** Custody staff should be present when medicines are being dispensed to manage queues and ensure confidentiality.
- 2.86** In-possession risk assessments - which consider the risk of the patient having the drug in possession, and the risks of trading and diversion - should be completed consistently and all staff should have access to them.
- 2.87** Security during the transportation of medicines within the prison should be improved.

Housekeeping points

- 2.88** Security for the controlled drugs cabinet keys in the health care centre should be reviewed.
- 2.89** Date checks for all stock medicines, including dressings, should be carried out and documented.

Dentistry

2.90 Blackpool Foundation NHS Trust delivered the dental service. A dentist ran four sessions a week, supported by a dental nurse and a decontamination assistant. The dental suite was a well-equipped bright room. It met infection control standards and had separate decontamination facilities. The equipment was well maintained and in good working order. Fifty-nine patients were on the waiting list. The longest wait for a routine appointment was seven weeks, which was too long. A full range of treatment was provided and appointments were appropriately allocated based on prisoners' needs; emergency provision was effective. Oral health promotion was offered during the sessions. Dental waste was disposed of professionally.

Recommendation

2.91 Prisoners should have access to routine dental appointments within six weeks.

Delivery of care (mental health)

2.92 In our survey, more prisoners than the comparator (37% compared to 29%) said they had emotional well-being or mental health problems; of those who said they had these problems, more than the comparator (68% compared to 51%) said they received support in the prison.

2.93 Following a service review, the integrated mental health service was working to a new model of delivery from 1 April 2015. Three new staff were due to start by June 2015, joining the three existing members of staff – the team manager, team leader and a staff nurse.

2.94 The team had experienced significant staffing shortages over the previous few months and, owing to reduced staffing, 19 prisoners were on the waiting list. The team leader had established a risk register of all prisoners waiting for the service. The list was regularly reviewed and prioritised according to needs.

2.95 An initial mental health assessment was completed on reception, which identified any prisoner with mental health needs. The team had a duty rota and responded to urgent requests, seeing prisoners in the units if required. The team attended all assessment, care in custody and teamwork case management reviews for prisoners at risk of suicide or self-harm.

2.96 Prisoners with mild and moderate mental illness received support from the GP and some were seen by the mental health team. The mental health team worked effectively with the primary care and substance misuse teams and held regular meetings; the mental health team was well integrated within the prison. In the previous three years, 34% of custody staff had received mental health awareness training, which the team delivered.

2.97 An appropriate range of support was available, including self-help and guidance, cognitive behavioural therapy, 'solution-focused' therapy and access to a psychiatrist if required.

2.98 The team caseload was 76 and included prisoners on antipsychotic medication and individuals with anxiety disorders. Specialist counselling was not available although a part-time post had been identified in the new model. There had been no transfers to secure mental health units in the previous 12 months.

Recommendation

- 2.99 Prisoners should have prompt access to a full range of support for mild and moderate mental health problems, including counselling, clinical psychology and group therapies.**

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.

2.100 *The food was good, and prisoners in our survey were much more positive about it than the comparator. Lunch and dinner were served too early but prisoners could eat out of their cells with other prisoners.*

- 2.101** In our survey, 51% of prisoners said the food was good or very good, compared with 27% in similar prisoners and the food we sampled was good. A rolling four-week menu provided prisoners with a reasonable choice of meals with vegetarian, vegan and halal options. Sufficient fruit and vegetables were available for each meal. Special meals were prepared for a small number of religious and cultural celebrations.
- 2.102** Muslim prisoners were less positive about the food in our survey – only 34% said the food was good or very good, compared with 55% of non-Muslims. Although there were halal options for every meal, the choice was more restricted. Some issues involving the possible cross-contamination of halal food had arisen, but we were satisfied they had been addressed satisfactorily.
- 2.103** Breakfast packs were delivered the evening before they were to be consumed. Food was served at around 11.30am for lunch and 4.30pm for dinner, which was too early. Lunch could be eaten in association, but dinner could only be eaten in cells.
- 2.104** We observed that staff did not supervise some serveries adequately. The kitchen areas were clean and food was appropriately stored. All prisoners working in the kitchen were suitably qualified in food hygiene. The kitchen did not provide national vocational qualifications training, which would have improved prisoners' employment opportunities on release. Shortly before the inspection, the prison had taken delivery of a consignment of baking equipment so that fresh bread could be provided and baking qualifications offered.

Recommendations

- 2.105 Breakfast should be issued on the day it is to be eaten.** (Repeated recommendation 8.14)
- 2.106 Lunch should not be served before 12 noon and the evening meal not before 5pm.**
- 2.107 Serveries should be adequately supervised.**

Purchases

Expected outcomes:

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

2.108 *Most prisoners thought the shop sold a sufficient range of goods. There was an administration charge for catalogue orders.*

2.109 In our survey, more prisoners than the comparator (54% against 46%) said that the range of prison shop goods was sufficient to meet their needs. There was no significant difference between responses from black and minority ethnic or Muslim prisoners compared with white or non-Muslim prisoners. Prisoners were consulted about the shop list through a new consultation model (see section on staff-prisoner relationships); however, some prisoners did not have confidence in the process.

2.110 Shop orders were processed every week, which meant many prisoners could not place an order when they arrived and therefore had no access to the full range of goods for several days. Prisoners could order goods from catalogues but a 50p administration charge was applied.

Recommendations

2.111 **New arrivals should be able to submit orders for the shop within their first 24 hours at the prison.** (Repeated recommendation 8.18)

2.112 **There should be no administration charge for catalogue orders.**

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.⁹

- 3.1** *Too many prisoners were locked up during the working day and there were restrictions on association time due to staff shortages. Exercise periods were too short and exercise areas were uninviting.*
- 3.2** Full-time employed prisoners could spend almost nine hours out of their cells on weekdays. However, there were not enough full-time activity places, particularly jobs; only 70% in our survey said they had ever had a job in the prison, lower than at comparator establishments. Part-time employed prisoners were unlocked for up to six and a half hours on weekdays, unemployed prisoners for just over two hours.
- 3.3** We conducted two spot checks during normal working days and found an average of just 48% of prisoners at activities and 40% locked in their cells. These figures were not in keeping with the ethos or purpose of a training prison. Opportunities to unlock suitable prisoners such as those who were retired or on rest days were often not taken.
- 3.4** Evening association was until 7.15pm which was later than most adult male prisons, making it easier for prisoners to maintain contact with family and friends through telephone calls.
- 3.5** The regime was generally reliable with few unexpected cancellations of association or exercise. Staff shortages, however, meant association was cancelled on one evening a week as well as for a period over weekends in most residential units. In our survey, 49% of prisoners said they went on association five times a week or more, which was much lower than the comparator.
- 3.6** Exercise areas were still mostly bare and uninviting, although some did have limited seating. Outdoor exercise was limited to 45 minutes. It was offered during the morning domestic session and too many prisoners did not take advantage of it, because they were busy with other matters such as collecting medication or preparing for work. In our survey only 40% of prisoners said they went on exercise three days a week or more compared with 50% in similar prisons.

Recommendations

- 3.7 The full prison regime should be provided, more prisoners should be unlocked during the working day and men should have at least an hour a day of outside exercise.**
- 3.8 The environment in exercise yards should be improved and they should be better equipped. (Repeated recommendation 6.4)**

⁹ 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.

3.9 *The overall leadership and management of learning and skills required improvement. While there was a plan to provide more work, the current range of activities did not reflect the needs of the population. Too many of the available activity places were not filled. The prison ran a variety of classes designed to improve prisoners' personal development and employability skills. Prisoners' work was generally good, although success rates on a small number of functional skills courses needed to improve. Achievements of accredited qualifications for those in activities were good. The library and gym provided some good opportunities.*

3.10 *Ofsted¹⁰ made the following assessments about the learning and skills and work provision:*

<i>Overall effectiveness of learning and skills and work:</i>	<i>Requires improvement</i>
<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Good</i>
<i>Quality of learning and skills and work provision:</i>	<i>Good</i>
<i>Leadership and management of learning and skills and work:</i>	<i>Requires improvement</i>

Management of learning and skills and work

3.11 Senior managers had developed a good strategic vision for prison learning and skills and, with their key partners, had started to take appropriate action in response to the change in the prison population. Learning and skills had a high priority and the Offender Learning and Skills Service (OLASS) manager was a member of the senior management team. Partnership links between the OLASS provider and the National Careers Service were good. Senior managers recognised the need to develop more accredited work opportunities for the new adult population and planned to introduce additional workshops and accredited qualifications.

3.12 Arrangements for quality improvement were in place for the OLASS provision; they focused on improving teaching, learning and assessment. However, the findings from observations of teaching, learning and assessment did not sufficiently look at the provision's impact on learners over time, and action was not always taken swiftly to deal with areas identified as requiring improvement.

3.13 Quality improvement measures in the non-OLASS provision required further development particularly the observation of teaching, learning and coaching. Teaching staff were well qualified and attended regular staff training directly linked to their working environment.

¹⁰ 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>.

- 3.14** The overall operational day-to-day management of the learning and skills provision was good, although there were problems with attendance levels. The prison had its own self-assessment report, which was comprehensive and covered most aspects of learning and skills. The report identified many of the same areas requiring improvement as inspectors. The quality improvement group was effective and had a clear focus on reviewing performance and monitoring progress. Good use was made of learner forums to support planning and curriculum development.
- 3.15** Punctuality was mainly good, but attendance at activities was low – in education, around a quarter of prisoners did not attend planned classes. The way prison activities were sequenced meant in a minority of sessions prisoners were taken out of classes to attend other activities. The education and vocational training provision provided by The Manchester College was good.

Recommendations

- 3.16 All areas of the OLASS provision identified for improvement through teaching and learning observations should be dealt with swiftly.**
- 3.17 Quality improvement arrangements should be developed for the non-OLASS provision particularly for the observation of teaching, learning and coaching.**

Provision of activities

- 3.18** The prison did not provide enough activity places to occupy prisoners fully. The range and amount of work and vocational training in the prison was not sufficient, leading to significant numbers of prisoners being inactive or locked-up during the core working day (see section on time out of cell). Vocational courses included motor mechanics, electrical installation, construction skills, painting and decorating and industrial cleaning.
- 3.19** The variety of courses in education was good and there was a strong focus on English and mathematics. Prisoners in vocational training workshops had good opportunities to improve their English and mathematics. The curriculum allowed prisoners serving long and short sentences to gain accredited qualifications. Courses included art, cookery, business, media and information technology, as well as a variety of classes designed to improve prisoners' personal development and employability skills.
- 3.20** The education induction was effective and provided prisoners with a good level of information on activities taking place in the prison. The initial assessment of prisoners' English and mathematics skills informed the allocation process effectively and ensured prisoners were directed to the correct course.
- 3.21** Allocation to activities took place every week; the process was fair and equitable and prompt. There were waiting lists for the most popular courses. Timely careers advice and guidance provided by the Manchester College student support worker and the National Careers Service as part of the induction process was good. The pay structure was fair and equitable.

Quality of provision

- 3.22** Teaching, coaching, learning, and assessment in learning and skills in the OLASS provision was mostly good; in a minority of cases it was outstanding. The majority of teachers planned

challenging activities that met the needs of all learners and enabled them to build their knowledge and skills. Most of them motivated learners to make progress, providing them with clearly explained step-by-step methods for solving problems independently; a strong emphasis was placed on the value of learning to secure employment on release. Most teachers used questioning techniques effectively to check and reinforce learners' understanding and plan teaching and assessment so that prisoners could consolidate their learning.

- 3.23** Weaker lessons were characterised by an over-reliance on dull worksheets that failed to interest or challenge learners. A minority of teachers' written feedback was too brief and did not provide learners with sufficiently specific information so they knew what to do to improve. In a minority of cases, targets in individual learning plans did not clearly outline what they should do to make good progress. Every week, learners broke off from a lesson to attend a timetabled short session in the library; however, not enough teachers took advantage of these regular visits to integrate learning opportunities with lesson objectives.
- 3.24** Teaching, learning and assessment in the majority of English and mathematics lessons were good. Most teachers planned a sufficiently broad range of activities to meet the needs of all learners in discrete mixed ability groups. Most teachers used assessments to accelerate learners' understanding and application of key theoretical concepts and principles. More able prisoners were frequently provided with extension activities that promoted progress.
- 3.25** Accommodation and resources for education vocational training and prison workshops were good. Classroom wall space was used effectively to celebrate prisoners' work and help create a positive learning environment. The virtual campus (internet access for prisoners to community education, training and employment opportunities) was used well in education to support learners' work.
- 3.26** Coaching to support prisoners in vocational training was good. Tutors provided additional activities to stretch and challenge more able learners; however, this was occasionally at the expense of allowing new learners onto courses. Tutors skilfully checked and reinforced learning during practical tasks, enabling prisoners to develop their skills in well-resourced workshops. The promotion of health and safety was mostly good; however, in some training workshops a small number of learners did not wear personal protective equipment.
- 3.27** The management of behaviour was good and there was a high level of mutual respect between staff and learners.

Recommendations

- 3.28** **The overall quality of individual learning plans should be improved to ensure targets are clear and meaningful.**
- 3.29** **Feedback from teachers should provide prisoners with clear information on what they need to do to progress.**
- 3.30** **Library sessions should be better linked to lesson plans and classroom learning.**

Education and vocational achievements

- 3.31** Learners made good progress in achieving their accredited qualifications in education and vocational training and achievements on most courses were high. Achievements of English and mathematics qualifications were generally good and longer stay prisoners progressed to

higher qualifications. However, success rates on a small number of functional skills courses in English and mathematics needed to improve. Learners developed very effective personal, practical and employability skills. Prisoners' standards of work in education and vocational training were good. Work in art was excellent and prisoners had during the previous year achieved external awards in competitions. Disparities in the achievements of different groups of learners identified in 2013–14 had been successfully resolved and there were no longer any significant differences. The achievement of vocational qualifications in physical education (PE) was good.

Recommendation

- 3.32 The achievement of qualifications in under-performing courses should be improved.**

Library

- 3.33** The library was well organised, welcoming and well stocked with a good, up-to-date range of books. Easy-read material was promoted sensitively and effectively to encourage new readers. Legal reference books and Prison Service instructions were available. Books in a wide range of languages met the needs of prisoners with English as an additional language.
- 3.34** Access to the library had improved after new opening times that included weekend openings were introduced. Prisoners in each unit had a weekly visit to the library. Those on education courses could also visit the library at set times (see recommendation 3.30).
- 3.35** The library promoted reading effectively through initiatives such as the Toe by Toe mentoring scheme to help prisoners learn to read and Storybook Dads in which prisoners record stories for their children.
- 3.36** The library collected information on the number of visits it received and books issued but did not record library use by individual prisoners. As a result, managers did not monitor or evaluate how different groups of prisoners used the library.

Recommendation

- 3.37 Managers should record, monitor and analyse the use of the library by individual prisoners in order to maximise the use of the facility by various groups of prisoners.**

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.

3.38 *Prisoners had good access to an appropriate range of recreational PE and accredited vocational training courses. The vocational programme delivered training to level 3, providing prisoners with the skills to work in the sports industry. Induction was appropriate but provided very little advice on healthy living and eating. Links with the health care department were adequate, but information sharing with them needed to be better.*

3.39 PE was managed well and promoted effectively to prisoners during their induction and on the residential units. Recreational training provided a good range of activities and sports. The gym, run by a team of six prison staff supported by five gym orderlies, offered prisoners good access during the day and evenings and at weekends. Prisoners could visit the gym up to three times a week; those at work had equitable access. According to the PE department, around 70% of the population used the gym and went to activities regularly.

3.40 Fitness programmes met prisoners' diverse needs well – the prison organised specific activity sessions for men over 50, those on drug rehabilitation programmes and for prisoners recovering from injury. Resources were good. Two large sports halls were used for sports, circuit training, and coaching activities. The two cardiovascular areas and modular weight training facilities were well equipped. Changing facilities were clean and well maintained, although the showers in the new gym required redecoration.

3.41 An extensive vocational training programme provided a good range of training up to level 3. A well thought-out programme enabled prisoners to progress from part-time courses, developing their English and mathematics skills, to vocationally relevant courses for gym instructors at levels 2 and 3. Achievements were good.

3.42 The gym induction was appropriate, but insufficient information was provided on healthy living, diet and nutrition. Links with the health care department were in place; however, the quality of information that gym staff received from the department about prisoners requiring rehabilitation support was variable.

3.43 Some units and the segregation unit were equipped with two or three cardiovascular machines; however, most were in a poor state of repair and their use was not appropriately monitored. The outdoor all-weather pitch was unfit for use.

Recommendations

3.44 Showers in the new gym should be re-decorated and waterproofed to ensure the facility is usable.

3.45 A management and monitoring system should be introduced for the cardiovascular equipment in the units and all equipment should be kept in good repair.

3.46 An appropriate area should be re-established for outdoor sports and games.

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** *The strategic management of resettlement and offender management was undergoing a period of change; the population had recently changed from young adults to adults and the introduction of community rehabilitation company (CRC) services was imminent. As a result prisoners' needs were not yet being met in full. Many prisoners had arrived with little time left to serve. Release on temporary licence (ROTL) was underused.*
- 4.2** The overall strategic management of resettlement and offender management was in a period of change and resettlement services did not yet meet prisoners' needs. The population had changed from young adults to adult category C prisoners in late 2014 and this new population had some very different needs. For example, there were no specific offending behaviour programmes to address the needs of prisoners with convictions for domestic abuse or offences such as theft or burglary (see section on attitudes, thinking and behaviour).
- 4.3** The head of reducing reoffending managed the work of the pathway providers, each of which had a named lead staff member. Meetings had taken place with the new CRC providers Sodexo and Purple Futures, to plan service implementation on 1 May 2015, and published project and operational plans outlined timescales for delivery and areas of responsibility. Established existing providers had been contracted to deliver services, which would help maintain continuity and ease the transition (see reintegration planning). It was positive that resettlement and education and skills managers had held meetings with prisoners to discuss service developments.
- 4.4** Lancaster Farms' role as a resettlement prison, holding prisoners with a year or longer to serve, had yet to be established. Significant challenges were presented by many prisoners arriving with little time left to serve (a total of 386 men had transferred in from January to the end of March); 22.5% of the population had less than three months left to serve, 22% three to six months and 29% six to 12 months. Offender management unit (OMU) staff had to complete work such as OASys assessment and other important reviews that had not been done by sending prisons (see section on offender management).
- 4.5** The reducing reoffending strategy included all resettlement pathways but needed updating to reflect the changed population and new rehabilitation services. Prisoners had completed needs based questionnaires in January, but data had not yet been analysed to inform service development.
- 4.6** The reducing reoffending team met bimonthly and included prisoner representatives. A joint action plan to improve the integration of work between the OMU, resettlement and the rest of the prison had been developed but was still work in progress.
- 4.7** Although ROTL was available, it was used rarely; only two prisoners had applied unsuccessfully in the preceding six months.

Recommendations

- 4.8** The reducing reoffending strategy should be updated to ensure the resettlement needs of the population have been identified and a suitable range of services are provided and monitored.
- 4.9** Effective use should be made of ROTL for suitable prisoners.

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.

4.10 *The frequent redeployment of offender supervisors had an impact on the quantity and quality of offender management work. Too many prisoners did not have an up-to-date offender assessment system (OASys) document and some of those produced by the prison were insufficient. Public protection procedures urgently needed to be addressed; risk management was weak and not all prisoners presenting a risk to children or subject to multi-agency public protection arrangements (MAPPA) were identified.*

- 4.11** The OMU was led by the acting head of OMU, assisted by a custodial manager, six offender supervisors, including two seconded probation officers, and six case administrators. An additional offender supervisor did not have a caseload and focused solely on completing OASys documents. OMU staff were under considerable pressure to complete work that should have been done by sending prisons, such as OASys and HDC reviews, and the frequent redeployment of uniformed offender supervisors, estimated to account for at least 300 hours each month, had a negative impact on the quantity and quality of work.
- 4.12** Probation officers managed very high risk cases and had their caseloads capped at 70. Caseloads of uniformed offender supervisors averaged around 100; they also dealt with high risk cases when probation officers had no capacity to do so. Only probation officers received formal supervision from a senior probation officer.
- 4.13** All prisoners were allocated to an offender supervisor, but in our survey, fewer prisoners than the comparator said they had a named offender supervisor (68% against 73%) or a sentence plan (58% against 68%). In our groups and individually, many prisoners expressed their frustration about the lack of contact with their offender supervisor and there was little evidence of planned meetings. However, when it did take place, contact was well recorded on P-Nomis (the Prison Service IT system), of which staff across all departments made good use.
- 4.14** Although the number of prisoners without a current OASys document had been reduced from 241 in January to 165 by the end of April, too many prisoners did not have one that was up to date. OASys completions were prioritised for those who needed to be referred to accredited programmes or wanted to be considered for release on home detention curfew (HDC) or prisoners due a re-categorisation review.

- 4.15** OMU staff did not use the National Offender Management Service (NOMS) OASys prioritisation interim policy as they were uncomfortable with the quality of assessments produced as a result; the policy discouraged staff from undertaking full assessments and reviews on all but high risk prisoners and introduced risk reviews for lower risk prisoners.
- 4.16** Inspectors looked at 12 cases in detail; six cases were in scope for offender management (prisoners serving 12 months or more and classified as posing a high risk to the public) and six were out of scope (those not subject to offender management arrangements).
- 4.17** It was evident that OMU staff were unsure about which cases they should manage and which were the responsibility of offender managers in the community; the prison had completed two OASys documents, even though community-based offender managers were responsible for them. There was no clarity about how outstanding assessments from offender managers should be chased up when necessary.
- 4.18** The six assessments (67%) completed by offender managers that we reviewed were generally sufficient. Three completed by the prison (33%), however, had inadequate assessments of prisoners' risk factors, were insufficiently updated to reflect progress during their sentence and failed to set effective sentence plan objectives.
- 4.19** Some risk of serious harm screenings (RoSH) were inaccurate and RoSH analyses failed to contain enough information about specific areas of risk. Offender supervisors did not have a sufficient understanding of risks, for example, a prisoner's record of domestic abuse call outs in one case was not recognised as an indicator of their future risk. Few of the prisoners involved knew whether they had sentence plans or what they contained.
- 4.20** In the previous six months, 100 prisoners had been considered for release on HDC, 55 of whom were released, 13 on their eligibility date. The prison did not routinely monitor the reasons why prisoners' HDC was delayed, but a significant number had been transferred to the prison from other establishments without the necessary HDC paperwork and within their HDC timescale; the prison was working hard to catch up.

Recommendation

- 4.21** **Offender supervisors should have regular contact with prisoners proportionate to their level of risk and needs.**

Housekeeping point

- 4.22** All OMU staff should understand which cases fall within the scope of offender management arrangements.

Public protection

- 4.23** Public protection staff screened all newly arrived prisoners. However, risk management procedures were weak and required effective, knowledgeable oversight and attention (see paragraph 4.19). The prison did not identify all prisoners with a conviction for an offence against a child, assessed in their OASys document as presenting an ongoing risk to children or subject to multi-agency public protection arrangements, (MAPPA) which was concerning because this was needed to trigger the appropriate public protection work required.

- 4.24** MAPPA alerts on P-Nomis were unreliable and there was no process to ensure that prison staff knew what prisoners' MAPPA levels were in all cases six months pre-release. MAPPA F forms (information-sharing reports) for prisoners on MAPPA level 2 (where the active involvement of one or more agency is required) or 3 (prisoners on the highest risk level) were completed well.
- 4.25** None of the cases sampled demonstrated that offender supervisors gave information to offender managers about prisoners' behaviour in custody or progress to inform planned post-release supervision.
- 4.26** Inter-departmental risk management team (IRMT) meetings were held every month but did not consider many prisoners. We were told meetings reviewed only high risk prisoners 'causing concern'; the public protection policy clearly required meetings to review all prisoners received within the previous six weeks who were assessed as potentially posing a high risk at Lancaster Farms and/or in the community.
- 4.27** Meetings were poorly recorded and lacked evidence of any qualitative discussion. Some minutes omitted names of staff attending, prisoner details, or any agreed action to address and manage identified risks. Planned actions were not reviewed at subsequent meetings, and we were not assured that staff attendance met the terms of reference. (See main recommendation S41.)

Recommendation

- 4.28** **IRMT arrangements, including terms of reference and meeting minutes, should be revised to ensure all high risk cases are fully considered, record keeping is comprehensive and MAPPA risk levels are identified in a timely way pre-release.**

Categorisation

- 4.29** Prisoners with less than two years left to serve received a categorisation review every six months, while those with over two years left received one annually. Many prisoners arrived at Lancaster Farms past their categorisation review date and although the prison was striving to address this, it was hampered by the number involved and offender supervisor redeployment. A total of 42 prisoners were overdue a re-categorisation review at the end of March and a further 60 reviews were due in April.
- 4.30** Prisoners did not have the opportunity to contribute or attend re-categorisation boards; prisoners received notification of the decision in writing. Men could make progressive moves to open establishments without difficulty.

Recommendation

- 4.31** **Categorisation reviews should be undertaken at appropriate times and prisoners should be invited to contribute to and attend boards.**

Indeterminate sentence prisoners

- 4.32** Twenty-two prisoners were serving indeterminate sentences, 16 of them for public protection. There were no specific forums or events to help this group reduce their risks or make progress towards eventual resettlement.

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.

4.33 *Offender supervisors identified prisoners' resettlement needs. CRC staff were to begin producing individual resettlement plans for all prisoners the week following the inspection. Shelter provided a good range of accommodation services. There was good access to careers advice, but the limited amount of purposeful work in the prison did not provide prisoners with sufficient opportunities to develop a good work ethic. Education provision had a good focus on employability. Pre-release planning for prisoners with physical and mental health needs was effective. Outcomes for prisoners with drug and alcohol problems were excellent. Prisoners were offered a good range of finance, benefit and debt services, although resources had been reduced and in future were uncertain. Some family visits were organised, but a wider range of support was needed to help prisoners maintain relationships with family and friends. Accredited offending behaviour courses were offered, but the range was too narrow.*

4.34 Offender supervisors met newly arrived prisoners to complete a resettlement pathway needs assessment and made referrals to service providers. We were told that the information was used to set initial sentence plan objectives, but were not assured that this was done consistently.

4.35 Under the new rehabilitation model, the resettlement needs of all prisoners throughout their sentence would be coordinated by the new CRC providers Sodexo and Purple Futures. The week following the inspection, CRC staff already working in the prison (see section on strategic management of resettlement) would begin completing individual resettlement plans, using basic custody screenings of prisoners' resettlement needs undertaken at local establishments.

4.36 A pre-release resettlement course was offered, but prisoners were reluctant to attend. However, the new CRC arrangements would require all prisoners to have a final resettlement plan developed in the last 12 weeks of their sentence and support would continue on their release in the community.

Accommodation

4.37 In our survey, more prisoners than the comparator knew there was someone in the prison who could help with accommodation. Shelter staff provided a good range of accommodation services and helped prisoners find housing, mainly regionally, but also nationally. It also offered advice on claiming housing benefit. Shelter representatives participated in induction and all prisoners approaching their release date had their accommodation needs assessed. Few prisoners left without an address.

Education, training and employment

4.38 The quality of the National Careers Service provided by the Greater Merseyside Connexions Partnership through their agent Economic Solutions was good. Access to careers advice and guidance was good, and initial action plans focusing on longer-term career objectives produced as part of the education induction were effective.

- 4.39** Links with a small number of external projects and employers to help inform the provision and provide better employment opportunities needed further development. Opportunities to produce CVs and job applications were good.
- 4.40** The prison had a good understanding of vacancies in the areas to which prisoners were to be released. The education provision had a good focus on employability. Very effective use was made of the virtual campus (internet access for prisoners to community education, training and employment opportunities) which helped prisoners to develop good job search skills. The limited amount of purposeful work available in the prison, however, did not provide prisoners with sufficient opportunities to develop a good work ethic.

Health care

- 4.41** Pre-release planning for prisoners with physical and mental health needs was timely and effective and a pre-discharge clinic was in place. Prison staff liaised with community services appropriately, ensuring continuity of care. A week's supply of medication was given to prisoners on discharge.

Drugs and alcohol

- 4.42** Outcomes for prisoners with drug and alcohol problems were excellent. Crime Reduction Initiatives (the Inspire service provider) provided drug intervention programme services in the North West region, helping to maintain continuity of care where prisoners needed substance use support on release.
- 4.43** The prison was also involved with the Gateways resettlement scheme, which offered a wide range of interventions, including post-release mentoring support and abstinence recovery housing. Gateways in partnership with the Work Company, a non-profit employment and recruitment organisation, delivered a service preparing substance users to access employment, training and education following a programme of one-to-one mentoring and up to 12 weeks' community support post-release.
- 4.44** Gateways also ran a Take Home Naloxone scheme that trained prisoners with a history and continued risk of injecting drug use to apply an opiate overdose antidote kit. The kits were issued at the point of release.

Good practice

- 4.45** *The range and quality of the reintegration interventions offered through Gateways and its associated partnership gave prisoners with substance use problems an excellent set of support options.*

Finance, benefit and debt

- 4.46** A Shelter worker offered support to resolve a range of debt and financial problems but the service had been reduced to one day a week and resources were stretched. Shelter had not met all new receptions over the previous month and there was no longer any peer support directing prisoners to services.
- 4.47** Referrals were received from across the prison, particularly from the OMU. Over the previous six months 65 prisoners had received help with debt queries and 47 had been given assistance in opening bank accounts before release. A Shelter worker attended the

resettlement course. An employment and benefit advisor worked at the prison two days a week and saw all prisoners five to six weeks before release; he also attended the resettlement course and helped prisoners arrange appointments to claim jobseeker's allowance. The education department offered a level 1 course in budgeting and money management and outcomes were good.

Children, families and contact with the outside world

- 4.48** Management oversight of the children and families pathway was shared between the security and resettlement departments; the security department took the lead in managing the visits process.
- 4.49** Partners of Prisoners and Families Support Group (POPS) managed the visitors' centre. It was welcoming and volunteer staff provided a small selection of refreshments.
- 4.50** The visits hall was clean and bright but it had fixed seating. There was a small children's play area, which we were told was supervised by volunteers at weekends. Since the prison's change of role, the number of children attending visits had increased significantly and while no children were present at the session we observed, we were told that at weekends the area was too small for the number attending. Prisoner supervision was adequate.
- 4.51** Visits were available in one-hour slots and two visiting sessions could be booked on the same day. There were adequate visits slots to meet the size of the population. Visits could be booked by telephone or through the internet. Many prisoners and some visitors told us that it was very difficult to obtain a response from the telephone booking line because it was continuously engaged. We rang the booking line eight times over a two-hour period during published opening hours and found it engaged on every occasion. We successfully obtained a response on the ninth attempt.
- 4.52** In the session we observed, access to the visits hall was prompt and well managed, but prisoners had to wear identification bibs. Visitors who had booked two consecutive slots had to leave the visits hall for 30 minutes before the next slot, which unnecessarily interrupted the visit. The main complaint from visitors and prisoners we spoke to was the lack of refreshments available in the visits hall. Only vending machines selling confectionary and hot and cold drinks were available and queues formed quickly. Many visitors did not have coins for the machines. We were told that a kiosk selling sandwiches and drinks had been operating until 2014.
- 4.53** A family visit forum was held bimonthly, which was a good way of consulting families and other visitors, but we were informed it was a recent innovation and little had yet been achieved. Parenting courses were available and the chaplaincy organised family days four times a year but little other family support was offered.

Recommendations

- 4.54** **The prison should ensure that the visitors' centre can comfortably manage the significant increase in children attending visits sessions.**
- 4.55** **There should be a greater variety of refreshments in the visits hall.**
- 4.56** **Family support provision should be developed to ensure it meets the needs of the new prisoner population.**

Housekeeping points

- 4.57** Visitors telephoning the booking line should receive a prompt response.
- 4.58** Prisoners should not have to wear bibs during visits. (Repeated recommendation 9.63)
- 4.59** Visitors who have booked two one-hour slots should not have to leave the visit hall in between each session.

Attitudes, thinking and behaviour

- 4.60** The prison offered two NOMS-accredited offending behaviour programmes, Resolve, which addressed violent offending behaviour, and the Thinking Skills Programme. The prison planned to deliver the programmes to 53 prisoners over the year.
- 4.61** Access was reasonable. Self-referrals were accepted which offset the problems with sentence planning in the OMU (see section on offender management and planning) and offender supervisors authorised participation.
- 4.62** The prison acknowledged that the range of programmes available was too narrow for the new population, whose needs had not been fully assessed. Information on prisoners' needs was being collected, particularly for prisoners involved in domestic abuse and crimes such as theft and burglary. The information was being used to bid for suitable programmes.
- 4.63** Facilitators had also been trained to deliver the A – Z motivation programme, aimed at prisoners whose reluctance to participate in programmes or activities was impeding their progression. The prison planned to deliver this intervention during the year. The victim awareness programme offered until a short time before the inspection was no longer available, although in-cell victim awareness work was still provided.
- 4.64** A new one-day programme, Breaking the Cycle, had been delivered to 30 prisoners. This was a voluntary programme dealing with conflict resolution.

Recommendation

- 4.65** **A range of interventions should be developed to meet the assessed offending behaviour needs of the prison population.**

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 needs of prisoners with protected characteristics should be identified and met promptly through monitoring, regular and direct consultation, effective use of prisoner representatives, individual assessment and when needed effective care planning. (S38)
- 5.2** The prison should ensure there are sufficient prison work opportunities for the population and that work skills prisoners develop are recognised and recorded. The available activity places should be used fully. (S39)
- 5.3** Offender management work should ensure that all prisoners have a good quality and up-to-date assessment to inform sentence planning and risk reduction work. (S40)
- 5.4** The prison should introduce effective management oversight of all public protection procedures. All prisoners should be reviewed for MAPPA eligibility and their potential risks to children, and public protection issues should be correctly recorded on P-Nomis. (S41)

Recommendation

To the Home Office

- 5.5** The Home Office should serve all decisions to detain a prisoner at least one month before the end of a prisoner's sentence. (2.35)

Recommendations

Courts, escort and transfers

- 5.6** All property should arrive with prisoners on transfer. (1.5)
- 5.7** Prisoners should only be handcuffed subject to an individual risk assessment. (1.6)
- 5.8** There should be arrangements to process prisoners arriving during the lunch period. (1.7, repeated recommendation 1.7)

Early days in custody

- 5.9** Induction should ensure prisoners are equipped with the information they need about the prison. (1.13)

Bullying and violence reduction

- 5.10** An effective anti bullying system should be in place to monitor and deter prisoners suspected of involvement in violence and to support victims. (1.23)

Self-harm and suicide prevention

- 5.11** Prisoners subject to ACCT procedures should have a consistent case manager and care plans should contain specific, measurable, achievable, realistic and time-bound objectives. (1.30)
- 5.12** A senior manager should identify and record the exceptional circumstances to justify a prisoner on an ACCT document being held in segregation. (1.31)

Safeguarding

- 5.13** The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes and to satisfy the requirements of the Care Act 2014. (1.35)

Security

- 5.14** Searches should be carried out promptly once the need is identified. (1.45)

Incentives and earned privileges

- 5.15** Facilities in the Grizedale unit should be improved to provide prisoners on the enhanced regime with greater incentives. (1.52)
- 5.16** The disciplinary approach adopted should be proportionate to the seriousness of the alleged offence. (1.59)

Discipline

- 5.17** Segregated prisoners should be able to exercise in clean open areas. (1.71)
- 5.18** Segregation reviews should be meaningful and should involve the prisoner in a forum consisting of staff from relevant departments and their unit, and reintegration plans should be actively promoted where possible. (1.72)

Substance misuse

- 5.19** The Inspire service should deploy resources to reduce the length of time prisoners have to wait between induction and triage. (1.80)
- 5.20** Prescribing regimes for drug dependency should be flexible and tailored to the individual and reflect national guidance. (1.81)
- 5.21** The establishment should ensure that all administration of medication substance misuse treatment is adequately supervised by suitably trained officers. (1.82)

Residential units

- 5.22** All showers should be screened, kept in good condition and supplied with constant water pressure and temperature. (2.8)
- 5.23** All cells should be provided with lockable cabinets. (2.9, repeated recommendation 2.4)
- 5.24** Cells designed to hold one prisoner should not be used to hold two. (2.10)
- 5.25** Prisoners should be able to receive clothing sent in through the post and have quicker access to their stored property. (2.11)
- 5.26** The application process should be efficiently tracked and managed. (2.12)

Staff-prisoner relationships

- 5.27** The prisoner consultation process should ensure that effective and timely action is taken to resolve prisoner concerns. (2.17)

Equality and diversity

- 5.28** The prison should develop and maintain a foreign national prisoner action plan based on a regular review of the needs of this group. (2.34)
- 5.29** The Home Office should serve all decisions to detain a prisoner at least one month before the end of a prisoner's sentence. (2.35)
- 5.30** There should be a paid carer scheme for prisoners with disabilities and the role of carers should be clearly defined. (2.36)
- 5.31** Older prisoners and those with disabilities should, where necessary, have an up-to-date PEEP and a multidisciplinary support plan with which all unit staff, including those on night duty, should be familiar. (2.37)

Health services

- 5.32** Custody staff should all be trained in basic life support and the use of the automated defibrillator. (2.63)
- 5.33** The complaints system should maintain medical confidentiality and prisoners should have access to information on how to make a health complaint. (2.64)
- 5.34** Waiting times for primary care services including the GP should not exceed clinically acceptable waiting times in the community. (2.72)
- 5.35** The prison should have adequate escort arrangements for external hospital appointments to avoid unnecessary cancellations and meet the health care needs of the prison population. (2.73)
- 5.36** Prisoners should have access to a complete pharmaceutical service, including pharmacy-led medicine use reviews and audits. (2.84)
- 5.37** Custody staff should be present when medicines are being dispensed to manage queues and ensure confidentiality. (2.85)

- 5.38** In-possession risk assessments - which consider the risk of the patient having the drug in possession, and the risks of trading and diversion - should be completed consistently and all staff should have access to them. (2.86)
- 5.39** Security during the transportation of medicines within the prison should be improved. (2.87)
- 5.40** Prisoners should have access to routine dental appointments within six weeks. (2.91)
- 5.41** Prisoners should have prompt access to a full range of support for mild and moderate mental health problems, including counselling, clinical psychology and group therapies. (2.99)

Catering

- 5.42** Breakfast should be issued on the day it is to be eaten. (2.105, repeated recommendation 8.14)
- 5.43** Lunch should not be served before 12 noon and the evening meal not before 5pm. (2.106)
- 5.44** Serveries should be adequately supervised. (2.107)

Purchases

- 5.45** New arrivals should be able to submit orders for the shop within their first 24 hours at the prison. (2.111, repeated recommendation 8.18)
- 5.46** There should be no administration charge for catalogue orders. (2.112)

Time out of cell

- 5.47** The full prison regime should be provided, more prisoners should be unlocked during the working day and men should have at least an hour a day of outside exercise. (3.7)
- 5.48** The environment in exercise yards should be improved and they should be better equipped. (3.8, repeated recommendation 6.4)

Learning and skills and work activities

- 5.49** All areas of the OLASS provision identified for improvement through teaching and learning observations should be dealt with swiftly. (3.16)
- 5.50** Quality improvement arrangements should be developed for the non-OLASS provision particularly for the observation of teaching, learning and coaching. (3.17)
- 5.51** The overall quality of individual learning plans should be improved to ensure targets are clear and meaningful. (3.28)
- 5.52** Feedback from teachers should provide prisoners with clear information on what they need to do to progress. (3.29)
- 5.53** Library sessions should be better linked to lesson plans and classroom learning. (3.30)
- 5.54** The achievement of qualifications in under-performing courses should be improved. (3.32)

- 5.55** Managers should record, monitor and analyse the use of the library by individual prisoners in order to maximise the use of the facility by various groups of prisoners. (3.37)

Physical education and healthy living

- 5.56** Showers in the new gym should be re-decorated and waterproofed to ensure the facility is usable. (3.44)
- 5.57** A management and monitoring system should be introduced for the cardiovascular equipment in the units and all equipment should be kept in good repair. (3.45)
- 5.58** An appropriate area should be re-established for outdoor sports and games. (3.46)

Strategic management of resettlement

- 5.59** The reducing reoffending strategy should be updated to ensure the resettlement needs of the population have been identified and a suitable range of services are provided and monitored. (4.8)
- 5.60** Effective use should be made of ROTL for suitable prisoners. (4.9)

Offender management and planning

- 5.61** Offender supervisors should have regular contact with prisoners proportionate to their level of risk and needs. (4.21)
- 5.62** IRMT arrangements, including terms of reference and meeting minutes, should be revised to ensure all high risk cases are fully considered, record keeping is comprehensive and MAPPA risk levels are identified in a timely way pre-release. (4.28)
- 5.63** Categorisation reviews should be undertaken at appropriate times and prisoners should be invited to contribute to and attend boards. (4.31)

Reintegration planning

- 5.64** The prison should ensure that the visitors' centre can comfortably manage the significant increase in children attending visits sessions. (4.54)
- 5.65** There should be a greater variety of refreshments in the visits hall. (4.55)
- 5.66** Family support provision should be developed to ensure it meets the needs of the new prisoner population. (4.56)
- 5.67** A range of interventions should be developed to meet the assessed offending behaviour needs of the prison population. (4.65)

Housekeeping points

Early days in custody

- 5.68** Peer workers should not collect confidential health information during the induction process. (1.14)

Incentives and earned privileges

5.69 Reviews of IEP levels should be conducted routinely at set intervals. (1.53)

Discipline

5.70 Adjudication records should be detailed and provide a full account of proceedings. (1.60)

5.71 Records of health care examinations following the use of force should be completed and stored with use of force records. (1.65)

5.72 Special accommodation should be kept clean and graffiti free. (1.66)

Substance misuse

5.73 All key prison department representatives in the establishment should attend drug strategy meetings regularly. (1.83)

Equality and diversity

5.74 The prison should engage with and promote external support groups for each protected group and help prisoners make contact with them. (2.23)

Health services

5.75 Health promotion information should be available in a range of formats accessible to all prisoners. (2.65)

5.76 Security for the controlled drugs cabinet keys in the health care centre should be reviewed. (2.88)

5.77 Date checks for all stock medicines, including dressings, should be carried out and documented. (2.89)

Offender management and planning

5.78 All OMU staff should understand which cases fall within the scope of offender management arrangements. (4.22)

Reintegration planning

5.79 Visitors telephoning the booking line should receive a prompt response. (4.57)

5.80 Prisoners should not have to wear bibs during visits. (4.58, repeated recommendation 9.63)

5.81 Visitors who have booked two one-hour slots should not have to leave the visit hall in between each session. (4.59)

Examples of good practice

- 5.82** Collaborative working between Lancashire Care NHS Foundation Trust and Lancashire Royal Infirmary meant health care staff could receive clinical information promptly following a prisoner's visit to the accident and emergency department. (2.74)

- 5.83** The range and quality of the reintegration interventions offered through Gateways and its associated partnership gave prisoners with substance use problems an excellent set of support options. (4.45)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy chief inspector
Sean Sullivan	Team leader
Gary Boughen	Inspector
Joss Crosbie	Inspector
Paul Fenning	Inspector
Deri Hughes-Roberts	Inspector
Andy Rooke	Inspector
Michelle Bellham	Researcher
Colette Daoud	Researcher
Catherine Shaw	Researcher

Specialist inspectors

Paul Roberts	Substance misuse inspector
Maureen Jamieson	Health services inspector
Kathleen Byrne	Care Quality Commission inspector
Rachel O’Callaghan	Pharmacist
Martin Hughes	Ofsted inspector
Stephen Miller	Ofsted inspector
Matt Vaughan	Ofsted inspector
Ian Simpkins	Offender management inspector
Liz Smith	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 2011, arrangements for first days in custody were mostly satisfactory although we were not assured that all new arrivals received a first night interview. The number of violent incidents remained high and strategies to address this were too reactive and lacked sophistication. Measures to prevent suicide and self-harm were very effective with the quality of case management particularly impressive. The prison processed a significant amount of security intelligence and applied security interventions proportionately. The segregation unit had a reasonable regime and decent standards of care. The number of adjudications was very high. Recorded use of force was similarly high but governance had improved. The abuse of illicit drugs was low. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

Initial risk assessments should always be carried out with new arrivals in private and on the day they arrive, and there should be a record of follow-up actions where issues are identified. (HP53)

Achieved

All staff should be actively involved in monitoring and addressing violence and bullying, and the tackling antisocial behaviour (TAB) strategy should be vigorously applied. (HP54)

Not achieved

Recommendations

Prisoners should only be handcuffed from the escort vehicle to reception if required by specific risks. (1.5)

Not achieved

Prisoners should be escorted to the prison as soon as they have been dealt with by the courts, and escort vans should arrive at the prison before 7pm. (1.6)

No longer relevant

There should be arrangements to process prisoners arriving during the lunch period. (1.7)

Not achieved (recommendation repeated, 1.7)

Private rooms should be available to interview new arrivals. (1.14)

Achieved

New arrivals should have the opportunity for a shower on the day they arrive. (1.29)

Achieved

The induction carousel should be held in a suitable environment that affords privacy. (1.36)

Partially achieved

The quality of entries in tackling antisocial behaviour (TAB) documents should be improved and the violence reduction committee should quality assure them. (3.6)

Not achieved

The prison should take specific steps to reduce the number of fights and assaults. (3.16)

Not achieved

The quality of investigation into all violent incidents should be improved. (3.17)

Partially achieved

Support for the victims of violence should be better developed. (3.18)

Not achieved

Prisoners should have 24-hour access to Listeners. (3.30)

Achieved

Minor infringements of prison rules and childish behaviour should be dealt with using less formal procedures than adjudications. (7.10)

No longer relevant

The widespread use of loss of association as punishment for minor offences should be reduced. (7.17)

No longer relevant

Force should be used as a last resort and only when attempts at meaningful de-escalation have failed. (7.19)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2011, the quality of the prison's environment was good and there had been significant improvements in prisoner access to basic amenities, although there were needless restrictions on the wearing of own clothes. Staff-prisoner relationships were improving and, although mixed, there was some good personal officer work. The quality of food was adequate, although not popular, and dining in association was a positive feature of the establishment. There was effective work to promote diversity. The handling of applications and complaints had improved. There was an engaged chaplaincy. The quality of health care was very good. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Toilets in double cells should have privacy screening. (2.2)

Achieved

All cells should all be provided with lockable cabinets. (2.4)

Not achieved (recommendation repeated, 2.9)

The offensive display policy should be implemented. (2.7)

Partially achieved

Prisoners should be able to wear their own clothes. (2.12)

Achieved

Access to wing laundries should be flexible and the provision of prison kit should be improved. (2.14)

Achieved

Staff should address prisoners by their titles or preferred names. (2.16)

Achieved

The diversity policy should be published. (4.1)

Partially achieved

The sexual orientation action plan should be further developed. (4.4)

Not achieved

There should be stronger links with appropriate community organisations that can offer a range of relevant support to foreign nationals. (4.25)

Not achieved

There should be more analysis and better understanding of the negative views expressed by foreign national prisoners. (4.31)

Not achieved

Information should be available for prisoners in a range of languages. (4.32)

Partially achieved

The prison should adapt cells to accommodate prisoners with disabilities. (4.33)

Not achieved

Contract cleaning that meets NHS standards should be extended to all health care areas. (5.3)

Achieved

All discipline staff should have annual first aid and basic life support skills training. (5.21)

Partially achieved

Prisoners should be informed of the time and nature of internal health care appointments before the day of the appointment. (5.31)

Partially achieved

There should be a dedicated primary mental health service closely linked to or integrated with the secondary mental health service. (5.32)

Achieved

There should be regular audit of medicines against usage. (5.38)

Not achieved

The pharmacy service level agreement should allow sufficient time for the pharmacist to take a more active role in health initiatives at the prison, including direct contact with patients. Clinical audit and prescribing review should also be encouraged. (5.39)

Not achieved

Discipline officers should provide active support during administration of medications on the wings.

(5.46)

Partially achieved

Prisoners should be able to have their medication in possession, subject to individual risk assessment.

(5.47)

Partially achieved

The prison and the PCT should ensure that in cases where the risk and actual occurrence of self-harm is deemed very significant, there is an early and planned approach which expedites mental health assessment and transfer to an appropriate therapeutic placement and the potential use of mechanical restraints is avoided. (5.64)

Achieved

All officers, including newly trained officers, should receive regular mental health awareness training.

(5.66)

Achieved

Prisoners awaiting transfer under the Mental Health Act should be transferred expeditiously to ensure their well-being. (5.72)

No longer relevant

Steps should be taken to address prisoners' poor perceptions of the quality of food. (8.2)

Achieved

Breakfast should be issued to prisoners on the morning it is to be eaten. (8.14)

Not achieved (recommendation repeated, 2.105)

New arrivals should be able to submit orders for the shop within their first 24 hours at the prison.

(8.18)

Not achieved (recommendation repeated, 2.111)

Purposeful activity

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

At the last inspection, in 2011, access to time out of cell was limited but could exceed seven hours a day for prisoners fully engaged with the regime. Access to evening association had improved but remained brief for many. There were sufficient activity places and attendance at activity was good but nearly a quarter of prisoners were locked up during the working part of the day. Management of learning and skills was good and based on 12 vocational pathways. Education and training staff worked well together. Standards in learning and skills had improved and the range and quality of education and training were good. Learner achievements were good and there was opportunity for learning progression. Attendance at the library had improved. The PE department provided a good service. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

Time out of cell should be significantly increased, and the core day should provide more domestic and association time and for a longer duration. (HP55)

Achieved

Recommendations

Prisoners should be allowed out of their cell daily to attend to domestic activity, such as showers. (6.2)

Achieved

The environment in exercise yards should be improved and they should be better equipped. (6.4)
Not achieved (recommendation repeated, 3.8)

The prison should work with The Manchester College to ensure that all education staff are well informed and trained in safeguarding. (6.17)

Achieved

The allocation board should manage the allocation of wing cleaning and orderly roles to ensure fair and equitable deployment of prisoners. (6.18)

Achieved

Individual learning plans should include short-term goals to ensure learners effectively engage in plans to support their progress and achievement. (6.28)

Partially achieved

The variety of learning resources should be extended to reduce the over-reliance on worksheets. (6.36)

Achieved

The use of electronic individual learning plans should be widened to enable all prisoners to access their targets easily and be aware of their progress. (6.37)

Partially achieved

Data on participation in PE by different groups should be improved to enable PE staff to identify and respond to any under-representation effectively. (6.54)

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 2011, there was no up-to-date reducing reoffending policy but the strategic approach to resettlement was generally appropriate. There had been a needs analysis but it had significant gaps. Custody planning for remand prisoners was weak and of little value but work with sentenced prisoners was better. Supervisory contact with sentenced prisoners varied in frequency and quality, and further case management supervision and better quality assurance were required. Work with indeterminate-sentenced prisoners was generally good, as was public protection. Pathway work was broadly appropriate but pre-release assessments required further development. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

All prisoners should receive custody or sentence planning. (HP56)

Not achieved

The frequency of offender supervisors' contact with prisoners on their caseload should be agreed, and there should be casework supervision for all offender supervisors to support their work with prisoners. (HP57)

Not achieved

Recommendations

Voluntary and community sector groups should be invited to be represented at the reducing reoffending forum. (9.2)

Achieved

The membership and work of the reducing reoffending forum should reflect the prison's approach to diversity and inclusion. (9.3)

Not achieved

There should be an up-to-date reducing reoffending policy. (9.6)

Not achieved

The reducing reoffending strategy should include development objectives, identified through the annual resettlement needs analysis, for all resettlement pathways, offender management and public protection work. (9.7)

Not achieved

The prison should ensure that prisoners are aware that family members can attend sentence planning meetings and reviews, and they should be encouraged to invite them. (9.12)

Not achieved

Prisoners should not be transferred to other establishments while home detention curfew assessments are under way. (9.13)

Achieved

Prisoners should have access to release on temporary licence wherever possible to support resettlement plans. (9.14)

Partially achieved

Offender supervisors should be included in ACCT self-harm monitoring or anti-bullying reviews of prisoners for whom they are responsible. (9.16)

Not achieved

The prison should introduce pre-release meetings that draw on pathway and offender management work, along with that in the pre-release course, to review progress and plan responses to post-release needs. (9.19)

No longer relevant

All sentence planning meetings should be formally managed with contributions invited for all departments involved with the prisoner. (9.25)

Partially achieved

Offender supervisors should be actively involved with public protection meetings concerning the prisoners for whom they are responsible. (9.30)

Partially achieved

There should be further interventions to assist prisoners with debt management problems. (9.46)

Achieved

Psychometric test results taken pre- and post-short duration programme courses should be annotated to individual prisoners as a measure of progress. (9.51)

No longer relevant

Links with employers should be further developed to establish employment opportunities for prisoners on release. (9.43)

Not achieved

There should be greater promotion of the accommodation services to ensure that prisoners are aware of their availability. (9.36)

Achieved

Visits booking arrangements should be improved. (9.57)

Partially achieved

Facilities for children in visits should be improved, including the staffing of the children's play area. (9.59)

Partially achieved

The prison should respond to complaints by visitors systematically and make the responses known to them. (9.61)

Achieved

Prisoners should not have to wear bibs during visits. (9.63)

Not achieved (recommendation repeated as housekeeping point, 4.58)

There should not be delays in getting prisoners to visits. (9.67)

Achieved

There should be sufficient offending behaviour programmes to meet the needs of the prisoner population. (9.71)

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 yr olds	21 and over	%
Sentenced		493	90.9
Recall		49	9
Convicted unsentenced		0	
Remand		0	
Civil prisoners		0	
Detainees		0	
Total		542	99.3

Sentence	18 – 20 yr olds	21 and over	%
Unsentenced		0	0
Less than 6 months		4	0.7
6 months to less than 12 months		5	0.9
12 months to less than 2 years		68	12.5
2 years to less than 4 years		253	46.7
4 years to less than 10 years		177	32.7
10 years and over (not life)		12	2.2
ISPP (indeterminate sentence for public protection)		16	3
Life		6	1.1
Total		542	100

Age	Number of prisoners	%
Please state minimum age here:		
Under 21 years	0	0
21 years to 29 years	287	53
30 years to 39 years	161	29.7
40 years to 49 years	64	11.8
50 years to 59 years	28	5.2
60 years to 69 years	1	0.2
70 plus years	1	0.2
Please state maximum age here:		
Total	542	100

Nationality	18 – 20 yr olds	21 and over	%
British		532	98.2
Foreign nationals		9	1.7
Total		541	99.9

Security category	18 – 20 yr olds	21 and over	%
Uncategorised unsentenced		0	0
Uncategorised sentenced		0	0
Category A		0	0
Category B		0	0
Category C		532	98.2
Category D		10	1.8
Other			
Total		542	100

Ethnicity	18 – 20 yr olds	21 and over	%
White		447	
British		438	80.8
Irish		5	0.9
Gypsy/Irish Traveller		1	0.2
Other white		3	0.6
Mixed		11	2
White and black Caribbean		6	1.1
White and black African		1	0.2
White and Asian		3	0.6
Other mixed		1	0.2
Asian or Asian British		61	11.3
Indian		7	1.3
Pakistani		40	7.4
Bangladeshi		3	0.6
Chinese		1	0.2
Other Asian		10	1.8
Black or black British		13	2.4
Caribbean		6	1.1
African		4	0.7
Other black		3	0.6
Other ethnic group		2	0.4
Arab		0	0
Other ethnic group		2	0.4
Not stated		8	1.5
Total		542	100

Religion	18 – 20 yr olds	21 and over	%
Baptist		0	0
Church of England		105	19.4
Roman Catholic		137	25.3
Other Christian denominations		30	5.5
Muslim		75	13.8
Sikh		0	0
Hindu		2	0.4
Buddhist		4	0.7
Jewish		2	0.4
Other		1	0.2
No religion		185	34.1
Total		542	100

Other demographics	18 – 20 yr olds	21 and over	%
Veteran (ex-armed services)		9	1.6
Total		542	100

Sentenced prisoners only

Length of stay	18 – 20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			69	12.7
1 month to 3 months			163	30.1
3 months to 6 months			202	37.3
6 months to 1 year			92	17
1 year to 2 years			9	1.7
2 years to 4 years			6	1.1
4 years or more			0	0
Total			541	99.8

Sentenced prisoners only

	18 – 20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry		0	0
Public protection cases (<i>this does not refer to public protection sentence categories but cases requiring monitoring/ restrictions</i>).		222	41
Total		222	41

Unsentenced prisoners only

Length of stay	18 – 20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			0	0
1 month to 3 months			0	0
3 months to 6 months			0	0
6 months to 1 year			0	0
1 year to 2 years			0	0
2 years to 4 years			0	0
4 years or more			0	0
Total			0	0

Main offence	18 – 20 yr olds	21 and over	%
Violence against the person		106	19.6
Sexual offences		0	0
Burglary		124	22.9
Robbery		86	15.9
Theft and handling		11	2
Fraud and forgery		7	1.3
Drugs offences		121	22.3
Other offences		86	15.9
Civil offences		1	0.18
Offence not recorded/holding warrant		0	
Total		542	100

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 establishment¹¹. 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 20 April 2015 the prisoner population at HMP Lancaster Farms was 540. Using the method described above, questionnaires were distributed to a sample of 202 prisoners.

We received a total of 156 completed questionnaires, a response rate of 77%. This included four questionnaires completed via interview. Twelve respondents refused to complete a questionnaire, 15 questionnaires were not returned and 19 were returned blank.

¹¹ 95% confidence interval with a sampling error of 3%. The formula assumes a 75% response rate (65% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Wing/Unit	Number of completed survey returns
B	31
C	42
D	39
G	3
W	37
Segregation unit	4

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Lancaster Farms.

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 significant¹² 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 Lancaster Farms in 2015 compared with responses from prisoners surveyed in all other category C training prisons. This comparator is based on all responses from prisoner surveys carried out in 35 category C training prisons since April 2008.
- 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 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.

¹² A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

Survey summary

Section I: About You

Q1.2	How old are you?		
	<i>Under 21</i>		0 (0%)
	<i>21 - 29</i>		81 (52%)
	<i>30 - 39</i>		45 (29%)
	<i>40 - 49</i>		24 (15%)
	<i>50 - 59</i>		5 (3%)
	<i>60 - 69</i>		0 (0%)
	<i>70 and over</i>		0 (0%)
Q1.3	Are you sentenced?		
	<i>Yes</i>		135 (87%)
	<i>Yes - on recall</i>		20 (13%)
	<i>No - awaiting trial</i>		0 (0%)
	<i>No - awaiting sentence</i>		0 (0%)
	<i>No - awaiting deportation</i>		0 (0%)
Q1.4	How long is your sentence?		
	<i>Not sentenced</i>		0 (0%)
	<i>Less than 6 months</i>		4 (3%)
	<i>6 months to less than 1 year</i>		14 (9%)
	<i>1 year to less than 2 years</i>		28 (18%)
	<i>2 years to less than 4 years</i>		55 (36%)
	<i>4 years to less than 10 years</i>		42 (28%)
	<i>10 years or more</i>		1 (1%)
	<i>IPP (indeterminate sentence for public protection)</i>		4 (3%)
	<i>Life</i>		4 (3%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship.)		
	<i>Yes</i>		3 (2%)
	<i>No</i>		151 (98%)
Q1.6	Do you understand spoken English?		
	<i>Yes</i>		154 (100%)
	<i>No</i>		0 (0%)
Q1.7	Do you understand written English?		
	<i>Yes</i>		154 (99%)
	<i>No</i>		1 (1%)
Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	118 (76%)	<i>Asian or Asian British - Chinese</i> 0 (0%)
	<i>White - Irish</i>	1 (1%)	<i>Asian or Asian British - other</i> 3 (2%)
	<i>White - other</i>	4 (3%)	<i>Mixed race - white and black Caribbean.</i> 3 (2%)
	<i>Black or black British - Caribbean.....</i>	5 (3%)	<i>Mixed race - white and black African</i> 2 (1%)
	<i>Black or black British - African</i>	0 (0%)	<i>Mixed race - white and Asian</i> 0 (0%)
	<i>Black or black British - other</i>	0 (0%)	<i>Mixed race - other</i> 0 (0%)
	<i>Asian or Asian British - Indian</i>	5 (3%)	<i>Arab</i> 0 (0%)
	<i>Asian or Asian British - Pakistani.....</i>	14 (9%)	<i>Other ethnic group</i> 1 (1%)
	<i>Asian or Asian British - Bangladeshi.....</i>	0 (0%)	

Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	Yes		2 (1%)
	No		149 (99%)
Q1.10	What is your religion?		
	None	51 (34%)	Hindu 0 (0%)
	Church of England	40 (26%)	Jewish 1 (1%)
	Catholic	27 (18%)	Muslim 26 (17%)
	Protestant	3 (2%)	Sikh 0 (0%)
	Other Christian denomination	2 (1%)	Other 0 (0%)
	Buddhist	2 (1%)	
Q1.11	How would you describe your sexual orientation?		
	Heterosexual/ Straight		153 (99%)
	Homosexual/Gay		2 (1%)
	Bisexual		0 (0%)
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		41 (26%)
	No		114 (74%)
Q1.13	Are you a veteran (ex- armed services)?		
	Yes		8 (5%)
	No		146 (95%)
Q1.14	Is this your first time in prison?		
	Yes		38 (25%)
	No		113 (75%)
Q1.15	Do you have children under the age of 18?		
	Yes		84 (55%)
	No		70 (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		114 (75%)
	2 hours or longer		35 (23%)
	Don't remember		3 (2%)
Q2.2	On your most recent journey here, were you offered anything to eat or drink?		
	My journey was less than two hours		114 (74%)
	Yes		24 (16%)
	No		16 (10%)
	Don't remember		0 (0%)
Q2.3	On your most recent journey here, were you offered a toilet break?		
	My journey was less than two hours		114 (75%)
	Yes		2 (1%)
	No		37 (24%)
	Don't remember		0 (0%)
Q2.4	On your most recent journey here, was the van clean?		
	Yes		90 (60%)
	No		50 (33%)
	Don't remember		10 (7%)

Q2.5	On your most recent journey here, did you feel safe?		
	Yes		135 (90%)
	No		14 (9%)
	Don't remember		1 (1%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?		
	Very well		47 (31%)
	Well		72 (48%)
	Neither		25 (17%)
	Badly		3 (2%)
	Very badly		1 (1%)
	Don't remember		3 (2%)
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		90 (59%)
	Yes, I received written information		5 (3%)
	No, I was not told anything		57 (38%)
	Don't remember		1 (1%)
Q2.8	When you first arrived here did your property arrive at the same time as you?		
	Yes		129 (85%)
	No		22 (15%)
	Don't remember		0 (0%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?			
	Less than 2 hours		125 (83%)	
	2 hours or longer		17 (11%)	
	Don't remember		9 (6%)	
Q3.2	When you were searched, was this carried out in a respectful way?			
	Yes		137 (92%)	
	No		6 (4%)	
	Don't remember		6 (4%)	
Q3.3	Overall, how were you treated in reception?			
	Very well		59 (39%)	
	Well		69 (46%)	
	Neither		15 (10%)	
	Badly		4 (3%)	
	Very badly		1 (1%)	
	Don't remember		2 (1%)	
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	26 (18%)	Physical health	13 (9%)
	Housing problems	25 (17%)	Mental health	36 (25%)
	Contacting employers	0 (0%)	Needing protection from other prisoners	11 (8%)
	Contacting family	15 (10%)	Getting phone numbers	8 (6%)
	Childcare	0 (0%)	Other	5 (3%)
	Money worries	15 (10%)	Did not have any problems	63 (44%)
	Feeling depressed or suicidal	19 (13%)		

Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?	
	Yes	40 (28%)
	No	39 (27%)
	Did not have any problems	63 (44%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)	
	Tobacco	124 (83%)
	A shower	56 (38%)
	A free telephone call	64 (43%)
	Something to eat	75 (50%)
	PIN phone credit	97 (65%)
	Toiletries/ basic items	71 (48%)
	Did not receive anything	6 (4%)
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	100 (67%)
	Someone from health services	104 (69%)
	A Listener/Samaritans	46 (31%)
	Prison shop/ canteen	40 (27%)
	Did not have access to any of these	21 (14%)
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	70 (47%)
	What support was available for people feeling depressed or suicidal	62 (42%)
	How to make routine requests (applications)	68 (46%)
	Your entitlement to visits	54 (36%)
	Health services	80 (54%)
	Chaplaincy	81 (55%)
	Not offered any information	34 (23%)
Q3.9	Did you feel safe on your first night here?	
	Yes	133 (89%)
	No	10 (7%)
	Don't remember	6 (4%)
Q3.10	How soon after you arrived here did you go on an induction course?	
	Have not been on an induction course	15 (10%)
	Within the first week	51 (34%)
	More than a week	80 (53%)
	Don't remember	4 (3%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	15 (10%)
	Yes	67 (46%)
	No	56 (39%)
	Don't remember	7 (5%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	Did not receive an assessment	21 (14%)
	Within the first week	32 (21%)
	More than a week	84 (56%)
	Don't remember	12 (8%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	<i>Communicate with your solicitor or legal representative?</i>	18 (13%)	47 (33%)	19 (13%)	19 (13%)	15 (11%)	24 (17%)
	<i>Attend legal visits?</i>	17 (13%)	42 (33%)	17 (13%)	6 (5%)	5 (4%)	39 (31%)
	<i>Get bail information?</i>	5 (4%)	17 (14%)	20 (16%)	15 (12%)	12 (10%)	53 (43%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	<i>Not had any letters</i>						41 (27%)
	<i>Yes</i>						53 (35%)
	<i>No</i>						56 (37%)
Q4.3	Can you get legal books in the library?						
	<i>Yes</i>						49 (33%)
	<i>No</i>						13 (9%)
	<i>Don't know</i>						87 (58%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:						
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>			
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	113 (75%)	33 (22%)	4 (3%)			
	<i>Are you normally able to have a shower every day?</i>	132 (87%)	18 (12%)	1 (1%)			
	<i>Do you normally receive clean sheets every week?</i>	117 (77%)	28 (18%)	7 (5%)			
	<i>Do you normally get cell cleaning materials every week?</i>	118 (79%)	27 (18%)	5 (3%)			
	<i>Is your cell call bell normally answered within five minutes?</i>	59 (39%)	73 (49%)	18 (12%)			
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	114 (76%)	34 (23%)	2 (1%)			
	<i>If you need to, can you normally get your stored property?</i>	25 (17%)	52 (35%)	73 (49%)			
Q4.5	What is the food like here?						
	<i>Very good</i>						7 (5%)
	<i>Good</i>						71 (47%)
	<i>Neither</i>						42 (28%)
	<i>Bad</i>						18 (12%)
	<i>Very bad</i>						14 (9%)
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>						4 (3%)
	<i>Yes</i>						80 (54%)
	<i>No</i>						65 (44%)
Q4.7	Can you speak to a Listener at any time, if you want to?						
	<i>Yes</i>						93 (62%)
	<i>No</i>						10 (7%)
	<i>Don't know</i>						47 (31%)
Q4.8	Are your religious beliefs respected?						
	<i>Yes</i>						80 (55%)
	<i>No</i>						13 (9%)
	<i>Don't know/ N/A</i>						52 (36%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?						
	<i>Yes</i>						92 (63%)
	<i>No</i>						7 (5%)
	<i>Don't know/ N/A</i>						47 (32%)

Q4.10 How easy or difficult is it for you to attend religious services?

<i>I don't want to attend</i>	31 (21%)
<i>Very easy</i>	45 (31%)
<i>Easy</i>	30 (20%)
<i>Neither</i>	8 (5%)
<i>Difficult</i>	6 (4%)
<i>Very difficult</i>	2 (1%)
<i>Don't know</i>	25 (17%)

Section 5: Applications and complaints**Q5.1 Is it easy to make an application?**

<i>Yes</i>	127 (85%)
<i>No</i>	20 (13%)
<i>Don't know</i>	2 (1%)

Q5.2 Please answer the following questions about applications (If you have not made an application please tick the 'not made one' option).

	<i>Not made one</i>	<i>Yes</i>	<i>No</i>
<i>Are applications dealt with fairly?</i>	25 (17%)	69 (48%)	50 (35%)
<i>Are applications dealt with quickly (within seven days)?</i>	25 (18%)	40 (29%)	74 (53%)

Q5.3 Is it easy to make a complaint?

<i>Yes</i>	80 (56%)
<i>No</i>	21 (15%)
<i>Don't know</i>	43 (30%)

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>	<i>Yes</i>	<i>No</i>
<i>Are complaints dealt with fairly?</i>	65 (46%)	30 (21%)	45 (32%)
<i>Are complaints dealt with quickly (within seven days)?</i>	65 (47%)	17 (12%)	55 (40%)

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

<i>Yes</i>	18 (12%)
<i>No</i>	127 (88%)

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>	41 (29%)
<i>Very easy</i>	18 (13%)
<i>Easy</i>	27 (19%)
<i>Neither</i>	34 (24%)
<i>Difficult</i>	16 (11%)
<i>Very difficult</i>	5 (4%)

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>	6 (4%)
<i>Yes</i>	80 (54%)
<i>No</i>	49 (33%)
<i>Don't know</i>	14 (9%)

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>	6 (4%)
	Yes	75 (51%)
	No	54 (37%)
	<i>Don't know</i>	11 (8%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	Yes	9 (6%)
	No	139 (94%)
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>	113 (80%)
	Very well	8 (6%)
	Well	2 (1%)
	Neither	10 (7%)
	Badly	5 (4%)
	Very badly	3 (2%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes	131 (89%)
	No	16 (11%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	107 (73%)
	No	40 (27%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	50 (34%)
	No	99 (66%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	5 (3%)
	Never	11 (7%)
	Rarely	32 (22%)
	Some of the time	53 (36%)
	Most of the time	28 (19%)
	All of the time	19 (13%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	31 (21%)
	<i>In the first week</i>	60 (40%)
	<i>More than a week</i>	39 (26%)
	<i>Don't remember</i>	19 (13%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	31 (22%)
	Very helpful	39 (28%)
	Helpful	36 (26%)
	Neither	18 (13%)
	Not very helpful	10 (7%)
	Not at all helpful	6 (4%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?		
	Yes		34 (23%)
	No		116 (77%)
Q8.2	Do you feel unsafe now?		
	Yes		16 (11%)
	No		129 (89%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)		
	Never felt unsafe	116 (81%)	At meal times
	Everywhere	9 (6%)	At health services
	Segregation unit	2 (1%)	Visits area
	Association areas	12 (8%)	In wing showers
	Reception area	1 (1%)	In gym showers
	At the gym	9 (6%)	In corridors/stairwells
	In an exercise yard	6 (4%)	On your landing/wing
	At work	14 (10%)	In your cell
	During movement	15 (10%)	At religious services
	At education	15 (10%)	
Q8.4	Have you been victimised by other prisoners here?		
	Yes		27 (18%)
	No		122 (82%)
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)		9 (6%)
	Physical abuse (being hit, kicked or assaulted)		8 (5%)
	Sexual abuse		0 (0%)
	Feeling threatened or intimidated		12 (8%)
	Having your canteen/property taken		6 (4%)
	Medication		3 (2%)
	Debt		4 (3%)
	Drugs		4 (3%)
	Your race or ethnic origin		3 (2%)
	Your religion/religious beliefs		2 (1%)
	Your nationality		1 (1%)
	You are from a different part of the country than others		3 (2%)
	You are from a traveller community		0 (0%)
	Your sexual orientation		0 (0%)
	Your age		0 (0%)
	You have a disability		4 (3%)
	You were new here		5 (3%)
	Your offence/ crime		1 (1%)
	Gang related issues		7 (5%)
Q8.6	Have you been victimised by staff here?		
	Yes		25 (17%)
	No		123 (83%)

Q8.7 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends)</i>	4 (3%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	3 (2%)
<i>Sexual abuse</i>	0 (0%)
<i>Feeling threatened or intimidated</i>	11 (7%)
<i>Medication</i>	1 (1%)
<i>Debt</i>	1 (1%)
<i>Drugs</i>	2 (1%)
<i>Your race or ethnic origin</i>	2 (1%)
<i>Your religion/religious beliefs</i>	1 (1%)
<i>Your nationality</i>	0 (0%)
<i>You are from a different part of the country than others</i>	0 (0%)
<i>You are from a traveller community</i>	0 (0%)
<i>Your sexual orientation</i>	0 (0%)
<i>Your age</i>	0 (0%)
<i>You have a disability</i>	4 (3%)
<i>You were new here</i>	3 (2%)
<i>Your offence/ crime</i>	2 (1%)
<i>Gang related issues</i>	3 (2%)

Q8.8 If you have been victimised by prisoners or staff, did you report it?

<i>Not been victimised</i>	109 (79%)
<i>Yes</i>	10 (7%)
<i>No</i>	19 (14%)

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	15 (10%)	10 (7%)	27 (19%)	16 (11%)	52 (36%)	25 (17%)
The nurse	13 (9%)	22 (16%)	57 (41%)	15 (11%)	21 (15%)	11 (8%)
The dentist	19 (13%)	3 (2%)	12 (9%)	6 (4%)	40 (28%)	61 (43%)

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	26 (18%)	16 (11%)	40 (28%)	19 (13%)	31 (21%)	13 (9%)
The nurse	16 (11%)	25 (18%)	50 (36%)	19 (14%)	21 (15%)	9 (6%)
The dentist	48 (34%)	8 (6%)	24 (17%)	15 (11%)	23 (16%)	22 (16%)

Q9.3 What do you think of the overall quality of the health services here?

<i>Not been</i>	11 (8%)
<i>Very good</i>	17 (12%)
<i>Good</i>	46 (32%)
<i>Neither</i>	24 (17%)
<i>Bad</i>	27 (19%)
<i>Very bad</i>	17 (12%)

Q9.4 Are you currently taking medication?

<i>Yes</i>	71 (49%)
<i>No</i>	73 (51%)

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>	73 (50%)
<i>Yes, all my meds</i>	43 (30%)
<i>Yes, some of my meds</i>	18 (12%)
<i>No</i>	11 (8%)

Q9.6	Do you have any emotional or mental health problems?	
	Yes	52 (37%)
	No	89 (63%)
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>	89 (64%)
	Yes	34 (24%)
	No	16 (12%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	38 (27%)
	No	102 (73%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	26 (18%)
	No	115 (82%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy	48 (34%)
	Easy	17 (12%)
	Neither	13 (9%)
	Difficult	1 (1%)
	Very difficult	4 (3%)
	Don't know	58 (41%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy	12 (8%)
	Easy	16 (11%)
	Neither	10 (7%)
	Difficult	10 (7%)
	Very difficult	18 (13%)
	Don't know	76 (54%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	12 (9%)
	No	129 (91%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	5 (4%)
	No	136 (96%)
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>	94 (70%)
	Yes	25 (19%)
	No	16 (12%)
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>	115 (82%)
	Yes	16 (11%)
	No	10 (7%)

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>	105 (79%)
	Yes	21 (16%)
	No	7 (5%)

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	18 (13%)	23 (16%)	32 (23%)	26 (18%)	24 (17%)	19 (13%)
	Vocational or skills training	26 (19%)	22 (16%)	44 (32%)	21 (15%)	16 (12%)	9 (7%)
	Education (including basic skills)	16 (12%)	42 (31%)	46 (34%)	17 (13%)	8 (6%)	6 (4%)
	Offending behaviour programmes	44 (32%)	10 (7%)	25 (18%)	19 (14%)	23 (17%)	15 (11%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	<i>Not involved in any of these</i>					35 (25%)	
	Prison job					56 (40%)	
	Vocational or skills training					24 (17%)	
	Education (including basic skills)					35 (25%)	
	Offending behaviour programmes					7 (5%)	
Q11.3	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	37 (30%)	41 (33%)	33 (27%)	13 (10%)		
	Vocational or skills training	33 (30%)	43 (39%)	21 (19%)	13 (12%)		
	Education (including basic skills)	26 (24%)	39 (35%)	32 (29%)	13 (12%)		
	Offending behaviour programmes	39 (37%)	32 (30%)	22 (21%)	13 (12%)		
Q11.4	How often do you usually go to the library?						
	<i>Don't want to go</i>					17 (12%)	
	Never					31 (22%)	
	<i>Less than once a week</i>					33 (24%)	
	<i>About once a week</i>					54 (39%)	
	<i>More than once a week</i>					5 (4%)	
Q11.5	Does the library have a wide enough range of materials to meet your needs?						
	<i>Don't use it</i>					37 (27%)	
	Yes					54 (40%)	
	No					44 (33%)	
Q11.6	How many times do you usually go to the gym each week?						
	<i>Don't want to go</i>					21 (15%)	
	0					24 (17%)	
	1 to 2					40 (28%)	
	3 to 5					50 (35%)	
	More than 5					9 (6%)	
Q11.7	How many times do you usually go outside for exercise each week?						
	<i>Don't want to go</i>					9 (6%)	
	0					32 (23%)	
	1 to 2					44 (31%)	
	3 to 5					31 (22%)	
	More than 5					26 (18%)	

Q11.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	5 (3%)
	<i>0</i>	4 (3%)
	<i>1 to 2</i>	4 (3%)
	<i>3 to 5</i>	61 (42%)
	<i>More than 5</i>	71 (49%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)	
	<i>Less than 2 hours</i>	26 (18%)
	<i>2 to less than 4 hours</i>	27 (19%)
	<i>4 to less than 6 hours</i>	26 (18%)
	<i>6 to less than 8 hours</i>	29 (20%)
	<i>8 to less than 10 hours</i>	14 (10%)
	<i>10 hours or more</i>	12 (8%)
	<i>Don't know</i>	10 (7%)

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?	
	<i>Yes</i>	48 (34%)
	<i>No</i>	92 (66%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	53 (38%)
	<i>No</i>	88 (62%)
Q12.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	43 (31%)
	<i>No</i>	96 (69%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	23 (16%)
	<i>Very easy</i>	7 (5%)
	<i>Easy</i>	31 (22%)
	<i>Neither</i>	14 (10%)
	<i>Difficult</i>	32 (23%)
	<i>Very difficult</i>	27 (19%)
	<i>Don't know</i>	8 (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>	0 (0%)
	<i>Yes</i>	103 (72%)
	<i>No</i>	40 (28%)
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>	40 (29%)
	<i>No contact</i>	41 (30%)
	<i>Letter</i>	24 (17%)
	<i>Phone</i>	23 (17%)
	<i>Visit</i>	30 (22%)

Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	95 (68%)
	No	45 (32%)
Q13.4	Do you have a sentence plan?	
	Not sentenced	0 (0%)
	Yes	79 (58%)
	No	58 (42%)
Q13.5	How involved were you in the development of your sentence plan?	
	Do not have a sentence plan/ not sentenced	58 (43%)
	Very involved	23 (17%)
	Involved	21 (15%)
	Neither	12 (9%)
	Not very involved	10 (7%)
	Not at all involved	12 (9%)
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	58 (44%)
	Nobody	35 (27%)
	Offender supervisor	20 (15%)
	Offender manager	21 (16%)
	Named/ personal officer	14 (11%)
	Staff from other departments	15 (11%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	Do not have a sentence plan/ not sentenced	58 (42%)
	Yes	50 (36%)
	No	13 (9%)
	Don't know	16 (12%)
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	58 (43%)
	Yes	15 (11%)
	No	45 (33%)
	Don't know	18 (13%)
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	58 (42%)
	Yes	25 (18%)
	No	29 (21%)
	Don't know	25 (18%)
Q13.10	Do you have a needs based custody plan?	
	Yes	6 (4%)
	No	67 (49%)
	Don't know	65 (47%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?	
	Yes	28 (20%)
	No	111 (80%)

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.)

	<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
Employment	40 (31%)	35 (27%)	55 (42%)
Accommodation	40 (31%)	39 (30%)	49 (38%)
Benefits	39 (30%)	37 (29%)	53 (41%)
Finances	37 (31%)	25 (21%)	58 (48%)
Education	38 (31%)	31 (25%)	54 (44%)
Drugs and alcohol	40 (32%)	46 (37%)	38 (31%)

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?

<i>Not sentenced</i>	0 (0%)
<i>Yes</i>	64 (47%)
<i>No</i>	73 (53%)

Main comparator and comparator to last time



Prisoner survey responses HMP Lancaster Farms 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

		HMP Lancaster Farms	Cat C training prisons comparator
	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		156	6080
SECTION 1: General information			
1.2	Are you under 21 years of age?	0%	3%
1.3	Are you sentenced?	100%	100%
1.3	Are you on recall?	13%	9%
1.4	Is your sentence less than 12 months?	12%	6%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	9%
1.5	Are you a foreign national?	2%	8%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	99%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	21%	26%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	1%	4%
1.1	Are you Muslim?	17%	13%
1.11	Are you homosexual/gay or bisexual?	1%	3%
1.12	Do you consider yourself to have a disability?	27%	20%
1.13	Are you a veteran (ex-armed services)?	5%	6%
1.14	Is this your first time in prison?	25%	37%
1.15	Do you have any children under the age of 18?	55%	50%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	23%	45%
	For those who spent two or more hours in the escort van:		
2.2	Were you offered anything to eat or drink?	60%	72%
2.3	Were you offered a toilet break?	5%	8%
2.4	Was the van clean?	60%	64%
2.5	Did you feel safe?	90%	80%
2.6	Were you treated well/very well by the escort staff?	79%	71%
2.7	Before you arrived here were you told that you were coming here?	59%	62%
2.7	Before you arrived here did you receive any written information about coming here?	3%	15%

Main comparator and comparator to last time

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2.8	When you first arrived here did your property arrive at the same time as you?	85%	87%
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	83%	52%
3.2	When you were searched in reception, was this carried out in a respectful way?	92%	84%
3.3	Were you treated well/very well in reception?	85%	74%
	When you first arrived:		
3.4	Did you have any problems?	56%	60%
3.4	Did you have any problems with loss of property?	18%	17%
3.4	Did you have any housing problems?	17%	14%
3.4	Did you have any problems contacting employers?	0%	2%
3.4	Did you have any problems contacting family?	10%	19%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	2%
3.4	Did you have any money worries?	10%	14%
3.4	Did you have any problems with feeling depressed or suicidal?	13%	14%
3.4	Did you have any physical health problems?	9%	12%
3.4	Did you have any mental health problems?	25%	14%
3.4	Did you have any problems with needing protection from other prisoners?	8%	5%
3.4	Did you have problems accessing phone numbers?	6%	17%
	For those with problems:		
3.5	Did you receive any help/ support from staff in dealing with these problems?	51%	36%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	83%	76%
3.6	A shower?	38%	26%
3.6	A free telephone call?	43%	41%
3.6	Something to eat?	50%	58%
3.6	PIN phone credit?	65%	52%
3.6	Toiletries/ basic items?	48%	44%
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?	67%	51%
3.7	Someone from health services?	69%	69%
3.7	A Listener/Samaritans?	31%	32%
3.7	Prison shop/ canteen?	27%	21%

Main comparator and comparator to last time

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	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	47%	51%
3.8	Support was available for people feeling depressed or suicidal?	42%	41%
3.8	How to make routine requests?	46%	44%
3.8	Your entitlement to visits?	37%	42%
3.8	Health services?	54%	54%
3.8	The chaplaincy?	55%	48%
3.9	Did you feel safe on your first night here?	89%	82%
3.10	Have you been on an induction course?	90%	91%
	For those who have been on an induction course:		
3.11	Did the course cover everything you needed to know about the prison?	52%	59%
3.12	Did you receive an education (skills for life) assessment?	86%	83%
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?	46%	47%
4.1	Attend legal visits?	47%	50%
4.1	Get bail information?	18%	14%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	35%	40%
4.3	Can you get legal books in the library?	33%	43%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	75%	67%
4.4	Are you normally able to have a shower every day?	87%	92%
4.4	Do you normally receive clean sheets every week?	77%	76%
4.4	Do you normally get cell cleaning materials every week?	79%	66%
4.4	Is your cell call bell normally answered within five minutes?	39%	36%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	76%	68%
4.4	Can you normally get your stored property, if you need to?	17%	24%
4.5	Is the food in this prison good/very good?	51%	27%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	54%	46%
4.7	Are you able to speak to a Listener at any time, if you want to?	62%	56%
4.8	Are your religious beliefs are respected?	55%	53%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	63%	58%
4.10	Is it easy/very easy to attend religious services?	51%	50%

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SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	85%	82%
	For those who have made an application:		
5.2	Do you feel applications are dealt with fairly?	58%	59%
5.2	Do you feel applications are dealt with quickly (within seven days)?	35%	43%
5.3	Is it easy to make a complaint?	56%	60%
	For those who have made a complaint:		
5.4	Do you feel complaints are dealt with fairly?	40%	32%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	24%	30%
5.5	Have you ever been prevented from making a complaint when you wanted to?	12%	20%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	32%	29%
SECTION 6: Incentives and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	54%	51%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	51%	46%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	6%	6%
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?	36%	38%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	89%	78%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	73%	74%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	34%	29%
7.4	Do staff normally speak to you most of the time/all of the time during association?	32%	19%
7.5	Do you have a personal officer?	79%	68%
	For those with a personal officer:		
7.6	Do you think your personal officer is helpful/very helpful?	69%	62%
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	23%	34%
8.2	Do you feel unsafe now?	11%	15%
8.4	Have you been victimised by other prisoners here?	18%	26%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	6%	12%
8.5	Hit, kicked or assaulted you?	5%	7%
8.5	Sexually abused you?	0%	1%
8.5	Threatened or intimidated you?	8%	16%

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8.5	Taken your canteen/property?	4%	6%
8.5	Victimised you because of medication?	2%	5%
8.5	Victimised you because of debt?	3%	4%
8.5	Victimised you because of drugs?	3%	4%
8.5	Victimised you because of your race or ethnic origin?	2%	3%
8.5	Victimised you because of your religion/religious beliefs?	1%	3%
8.5	Victimised you because of your nationality?	1%	2%
8.5	Victimised you because you were from a different part of the country?	2%	4%
8.5	Victimised you because you are from a Traveller community?	0%	1%
8.5	Victimised you because of your sexual orientation?	0%	1%
8.5	Victimised you because of your age?	0%	3%
8.5	Victimised you because you have a disability?	3%	3%
8.5	Victimised you because you were new here?	3%	5%
8.5	Victimised you because of your offence/crime?	1%	4%
8.5	Victimised you because of gang related issues?	5%	4%
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	17%	30%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	3%	11%
8.7	Hit, kicked or assaulted you?	2%	4%
8.7	Sexually abused you?	0%	1%
8.7	Threatened or intimidated you?	7%	13%
8.7	Victimised you because of medication?	1%	4%
8.7	Victimised you because of debt?	1%	2%
8.7	Victimised you because of drugs?	1%	2%
8.7	Victimised you because of your race or ethnic origin?	1%	4%
8.7	Victimised you because of your religion/religious beliefs?	1%	3%
8.7	Victimised you because of your nationality?	0%	2%
8.7	Victimised you because you were from a different part of the country?	0%	3%
8.7	Victimised you because you are from a Traveller community?	0%	1%
8.7	Victimised you because of your sexual orientation?	0%	1%
8.7	Victimised you because of your age?	0%	2%

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8.7	Victimised you because you have a disability?	3%	3%
8.7	Victimised you because you were new here?	2%	4%
8.7	Victimised you because of your offence/crime?	1%	4%
8.7	Victimised you because of gang related issues?	2%	2%
	For those who have been victimised by staff or other prisoners:		
8.8	Did you report any victimisation that you have experienced?	35%	40%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	26%	30%
9.1	Is it easy/very easy to see the nurse?	57%	53%
9.1	Is it easy/very easy to see the dentist?	11%	13%
	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?	47%	47%
9.2	The nurse?	61%	58%
9.2	The dentist?	35%	43%
9.3	The overall quality of health services?	48%	43%
9.4	Are you currently taking medication?	49%	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?	85%	83%
9.6	Do you have any emotional well being or mental health problems?	37%	29%
	For those who have problems:		
9.7	Are you being helped or supported by anyone in this prison?	68%	51%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	27%	24%
10.2	Did you have a problem with alcohol when you came into this prison?	18%	17%
10.3	Is it easy/very easy to get illegal drugs in this prison?	46%	35%
10.4	Is it easy/very easy to get alcohol in this prison?	20%	22%
10.5	Have you developed a problem with drugs since you have been in this prison?	9%	8%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	4%	7%
	For those with drug or alcohol problems:		
10.7	Have you received any support or help with your drug problem while in this prison?	61%	64%
10.8	Have you received any support or help with your alcohol problem while in this prison?	61%	64%

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	For those who have received help or support with their drug or alcohol problem:		
10.9	Was the support helpful?	75%	77%
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	39%	43%
11.1	Vocational or skills training?	48%	39%
11.1	Education (including basic skills)?	65%	54%
11.1	Offending behaviour programmes?	26%	22%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	40%	59%
11.2	Vocational or skills training?	17%	15%
11.2	Education (including basic skills)?	25%	24%
11.2	Offending behaviour programmes?	5%	12%
11.3	Have you had a job while in this prison?	70%	82%
	For those who have had a prison job while in this prison:		
11.3	Do you feel the job will help you on release?	47%	42%
11.3	Have you been involved in vocational or skills training while in this prison?	70%	73%
	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?	56%	56%
11.3	Have you been involved in education while in this prison?	76%	78%
	For those who have been involved in education while in this prison:		
11.3	Do you feel the education will help you on release?	46%	59%
11.3	Have you been involved in offending behaviour programmes while in this prison?	63%	70%
	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?	48%	51%
11.4	Do you go to the library at least once a week?	42%	44%
11.5	Does the library have a wide enough range of materials to meet your needs?	40%	48%
11.6	Do you go to the gym three or more times a week?	41%	34%
11.7	Do you go outside for exercise three or more times a week?	40%	50%
11.8	Do you go on association more than five times each week?	49%	70%
11.9	Do you spend ten or more hours out of your cell on a weekday?	8%	16%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	34%	33%
12.2	Have you had any problems with sending or receiving mail?	38%	44%

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12.3	Have you had any problems getting access to the telephones?	31%	24%
12.4	Is it easy/ very easy for your friends and family to get here?	27%	28%
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?	72%	83%
For those who are sentenced what type of contact have you had with your offender manager:			
13.2	No contact?	42%	35%
13.2	Contact by letter?	25%	35%
13.2	Contact by phone?	24%	25%
13.2	Contact by visit?	31%	33%
13.3	Do you have a named offender supervisor in this prison?	68%	73%
For those who are sentenced:			
13.4	Do you have a sentence plan?	58%	68%
For those with a sentence plan:			
13.5	Were you involved/very involved in the development of your plan?	56%	53%
Who is working with you to achieve your sentence plan targets:			
13.6	Nobody?	48%	48%
13.6	Offender supervisor?	27%	35%
13.6	Offender manager?	29%	27%
13.6	Named/ personal officer?	19%	12%
13.6	Staff from other departments?	21%	16%
For those with a sentence plan:			
13.7	Can you achieve any of your sentence plan targets in this prison?	63%	63%
13.8	Are there plans for you to achieve any of your targets in another prison?	19%	20%
13.9	Are there plans for you to achieve any of your targets in the community?	32%	29%
13.10	Do you have a needs based custody plan?	4%	7%
13.11	Do you feel that any member of staff has helped you to prepare for release?	20%	16%
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?	39%	34%
13.12	Accommodation?	44%	38%
13.12	Benefits?	41%	41%
13.12	Finances?	30%	27%
13.12	Education?	36%	34%
13.12	Drugs and alcohol?	55%	44%
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?	47%	55%

Diversity analysis



Key question responses (ethnicity, and religion) HMP Lancaster Farms 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

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		33	123	26	126
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	3%	2%	3%	2%
1.6	Do you understand spoken English?	100%	100%	100%	100%
1.7	Do you understand written English?	100%	99%	100%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			97%	6%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	1%	0%	2%
1.1	Are you Muslim?	78%	1%		
1.12	Do you consider yourself to have a disability?	16%	29%	8%	30%
1.13	Are you a veteran (ex-armed services)?	9%	4%	8%	5%
1.14	Is this your first time in prison?	39%	22%	48%	21%
2.6	Were you treated well/very well by the escort staff?	73%	80%	73%	80%
2.7	Before you arrived here were you told that you were coming here?	52%	61%	50%	62%
3.2	When you were searched in reception, was this carried out in a respectful way?	87%	93%	88%	93%
3.3	Were you treated well/very well in reception?	85%	85%	84%	85%
3.4	Did you have any problems when you first arrived?	42%	60%	39%	60%
3.7	Did you have access to someone from health care when you first arrived here?	40%	78%	34%	77%
3.9	Did you feel safe on your first night here?	84%	91%	80%	91%
3.10	Have you been on an induction course?	91%	90%	92%	89%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	38%	48%	34%	49%

Diversity analysis

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	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	81%	74%	84%	74%
4.4	Are you normally able to have a shower every day?	88%	87%	89%	87%
4.4	Is your cell call bell normally answered within five minutes?	40%	39%	40%	39%
4.5	Is the food in this prison good/very good?	40%	55%	34%	55%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	49%	55%	44%	55%
4.7	Are you able to speak to a Listener at any time, if you want to?	61%	63%	69%	60%
4.8	Do you feel your religious beliefs are respected?	81%	48%	88%	49%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	75%	60%	84%	58%
5.1	Is it easy to make an application?	94%	83%	97%	82%
5.3	Is it easy to make a complaint?	55%	56%	54%	56%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	54%	55%	58%	53%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	53%	51%	58%	51%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	3%	7%	0%	8%
7.1	Do most staff, in this prison, treat you with respect?	87%	89%	92%	88%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	75%	71%	76%	72%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	28%	33%	28%	33%
7.4	Do you have a personal officer?	88%	77%	89%	78%
8.1	Have you ever felt unsafe here?	21%	23%	16%	24%
8.2	Do you feel unsafe now?	6%	12%	8%	11%
8.3	Have you been victimised by other prisoners?	9%	21%	11%	20%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	9%	8%	11%	7%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	1%	8%	1%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	1%	3%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	0%	3%	0%

Diversity analysis

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	Percentages which are not highlighted show there is no significant difference				
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	4%	0%	3%
8.6	Have you been victimised by a member of staff?	12%	18%	11%	18%
8.7	Have you ever felt threatened or intimidated by staff here?	6%	8%	8%	8%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3%	1%	3%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	1%	0%	1%
8.7	Have you been victimised because of your nationality? (By staff)	0%	0%	0%	0%
8.7	Have you been victimised because you have a disability? (By staff)	0%	4%	0%	3%
9.1	Is it easy/very easy to see the doctor?	24%	26%	22%	26%
9.1	Is it easy/ very easy to see the nurse?	59%	56%	55%	58%
9.4	Are you currently taking medication?	28%	55%	22%	56%
9.6	Do you feel you have any emotional well being/mental health issues?	17%	42%	9%	42%
10.3	Is it easy/very easy to get illegal drugs in this prison?	40%	48%	48%	46%
11.2	Are you currently working in the prison?	38%	41%	30%	42%
11.2	Are you currently undertaking vocational or skills training?	14%	18%	22%	17%
11.2	Are you currently in education (including basic skills)?	48%	19%	56%	19%
11.2	Are you currently taking part in an offending behaviour programme?	3%	6%	4%	5%
11.4	Do you go to the library at least once a week?	69%	35%	70%	36%
11.6	Do you go to the gym three or more times a week?	50%	39%	44%	41%
11.7	Do you go outside for exercise three or more times a week?	34%	42%	26%	44%
11.8	On average, do you go on association more than five times each week?	37%	52%	39%	51%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	10%	8%	13%	8%
12.2	Have you had any problems sending or receiving mail?	38%	38%	32%	40%
12.3	Have you had any problems getting access to the telephones?	42%	28%	50%	27%

Diversity Analysis



Key question responses (disability) HMP Lancaster Farms 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

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	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		41	114
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	0%	2%
1.6	Do you understand spoken English?	100%	100%
1.7	Do you understand written English?	100%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	12%	24%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	2%	1%
1.1	Are you Muslim?	5%	22%
1.12	Do you consider yourself to have a disability?	-	-
1.13	Are you a veteran (ex-armed services)?	5%	5%
1.14	Is this your first time in prison?	17%	28%
2.6	Were you treated well/very well by the escort staff?	75%	81%
2.7	Before you arrived here were you told that you were coming here?	50%	63%
3.2	When you were searched in reception, was this carried out in a respectful way?	93%	93%
3.3	Were you treated well/very well in reception?	82%	87%
3.4	Did you have any problems when you first arrived?	84%	47%
3.7	Did you have access to someone from health care when you first arrived here?	73%	69%
3.9	Did you feel safe on your first night here?	79%	93%
3.10	Have you been on an induction course?	82%	93%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	53%	44%

Diversity Analysis

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	70%	78%
4.4	Are you normally able to have a shower every day?	88%	88%
4.4	Is your cell call bell normally answered within five minutes?	36%	41%
4.5	Is the food in this prison good/very good?	58%	50%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	50%	55%
4.7	Are you able to speak to a Listener at any time, if you want to?	55%	65%
4.8	Do you feel your religious beliefs are respected?	39%	61%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	54%	67%
5.1	Is it easy to make an application?	70%	91%
5.3	Is it easy to make a complaint?	50%	58%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	42%	59%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	37%	57%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	12%	4%
7.1	Do most staff, in this prison, treat you with respect?	82%	93%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	63%	77%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	30%	32%
7.4	Do you have a personal officer?	75%	81%
8.1	Have you ever felt unsafe here?	25%	21%
8.2	Do you feel unsafe now?	13%	10%
8.3	Have you been victimised by other prisoners?	26%	16%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	13%	6%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	2%	2%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	2%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	0%	1%
8.5	Have you been victimised because of your age? (By prisoners)	0%	0%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	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)	10%	0%
8.6	Have you been victimised by a member of staff?	28%	13%
8.7	Have you ever felt threatened or intimidated by staff here?	10%	6%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	1%
8.7	Have you been victimised because of your nationality? (By staff)	0%	0%
8.7	Have you been victimised because of your age? (By staff)	0%	0%
8.7	Have you been victimised because you have a disability? (By staff)	10%	0%
9.1	Is it easy/very easy to see the doctor?	26%	25%
9.1	Is it easy/ very easy to see the nurse?	51%	59%
9.4	Are you currently taking medication?	77%	39%
9.6	Do you feel you have any emotional well being/mental health issues?	66%	26%
10.3	Is it easy/very easy to get illegal drugs in this prison?	46%	47%
11.2	Are you currently working in the prison?	42%	39%
11.2	Are you currently undertaking vocational or skills training?	14%	18%
11.2	Are you currently in education (including basic skills)?	22%	26%
11.2	Are you currently taking part in an offending behaviour programme?	2%	6%
11.4	Do you go to the library at least once a week?	43%	42%
11.6	Do you go to the gym three or more times a week?	27%	45%
11.7	Do you go outside for exercise three or more times a week?	39%	40%
11.8	On average, do you go on association more than five times each week?	50%	48%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	11%	8%
12.2	Have you had any problems sending or receiving mail?	48%	34%
12.3	Have you had any problems getting access to the telephones?	27%	33%