

Report on an unannounced inspection of

HMP Lowdham Grange

by HM Chief Inspector of Prisons

15–26 June 2015

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England

Contents

Introduction	5
Fact page	7
About this inspection and report	9
Summary	11
Section 1. Safety	17
Section 2. Respect	27
Section 3. Purposeful activity	43
Section 4. Resettlement	49
Section 5. Summary of recommendations and housekeeping points	57
Section 6. Appendices	65
Appendix I: Inspection team	65
Appendix II: Progress on recommendations from the last report	67
Appendix III: Care Quality Commission Requirement notices	75
Appendix IV: Prison population profile	77
Appendix V: Summary of prisoner questionnaires and interviews	79

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.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

Introduction

Located in the East Midlands, not far from Nottingham, HMP Lowdham Grange is a training prison holding just over 900 adult male prisoners. Operated by the private provider SERCO, in recent years the function of the establishment has changed so that it now holds longer-term category B prisoners from across the country. Many of Lowdham's prisoners have committed serious offences; two-thirds are over the age of 30 and nearly all are serving sentences of more than four years. Over 40% of the population are serving indeterminate sentences, and more than 100 are serving life sentences.

We last inspected Lowdham Grange in 2011 when we commended the prison as an impressively safe, decent and purposeful place. The prison benefits from a number of significant advantages, not least having a mature, long-term and settled population. At this inspection we found that overall the prison continued to ensure some very positive outcomes for those held. The exception was safety which had deteriorated and the prison had yet to deal effectively with the levels of violence.

Lowdham Grange is a modern establishment which opened in 1998. It was clean, spacious and the grounds were very well maintained. Cellular accommodation was among the best we have inspected and access to services and amenities was very good. In keeping with a number of privately run establishments, the application of technology brought some significant benefits such as in cell telephones and automated wing kiosks for the management of general applications and other administrative tasks. A peer-led prisoner advice line was functioning well and had, in our view, the potential to be an example of good practice.

We observed good relationships between staff and prisoners, although the responses to our survey showed some negative perceptions among prisoners. Despite a settled population the quality of personal officer work was limited and disappointing. Formal consultation with prisoners was, however, better, as was the promotion of equality, which was given high priority in the prison. Work to support minorities was reasonably well structured and the prison had retained a full-time equalities officer, which we now see less frequently. Prisoner equalities representatives were also deployed to help promote this work.

Prisoners lacked confidence in the way in which formal complaints were dealt, but large numbers were still submitted. Our own assessment identified shortcomings in processes and management. Legal services provision was better. Some aspects of health provision required improvement and lacked the confidence of prisoners. Work to support prisoners with mental health needs was good.

Prisoners had good access to time out of cell and the majority were engaged in purposeful activity during the working day. The management and development of education, work and training was effective, with a clear focus on quality improvement. There was sufficient activity for all with a good range of work and training opportunities available. Prisoners were inducted well into learning and had good opportunities to achieve accredited qualifications. Teaching and coaching was good and achievement rates were generally high. The prison provided a well organised and accessible library and some aspects of PE provision were outstanding. Behaviour management, punctuality and attendance were all good and reflected a positive and purposeful culture in, and towards, work and learning.

The many positive and encouraging features we found at Lowdham Grange made our findings in safety all the more concerning and surprising. Simply put, the prison was not safe enough and safety generally, had deteriorated. Prisoners arriving from across the country were received well in the prison, but nearly half of respondents to our survey said they had felt unsafe at Lowdham and a quarter felt unsafe in the prison during the inspection. Levels of violence between prisoners and towards staff were high and too much of it was serious. Work to analyse, confront and reduce violence was taking place within the prison, with drug and debt issues identified as potential sources of the problem. We were however, unable to establish the effectiveness of this prevention work.

Some security measures were, in our view, applied crudely and disproportionately, particularly regarding incentives and earned privileges (IEP). The IEP scheme was applied rigidly and in a counterproductive manner that arguably undermined well being and discouraged incentive towards commitment and positive behaviour. Evidence of hooch and synthetic drugs was prevalent and in our survey prisoners suggested the widespread availability of such substances.

The use of disciplinary procedures had nearly doubled since the last inspection and use of force was both high and higher than at comparable prisons. The application of full restraint techniques and special accommodation was similarly high. We were not assured that use of force or the use of special accommodation was always fully justified or warranted and not all incidents were de-escalated as quickly as they might have been. The use of special accommodation and mechanical restraints on those in self-harm crisis was wrong and alternatives should be sought immediately. About one in 10 of the significant number of prisoners who had been segregated were experiencing self-harm. Such prisoners should only be held in segregation in exceptional circumstances.

Generally levels of self-harm had risen and were higher than at comparable prisons. Those in crisis cited debt-related bullying as a trigger to their self-harm. Good multidisciplinary structures were in place to support and monitor those in crisis and case management support was also reasonably good. Peer support was available for all, except those who were segregated, but generally care was good. Adult safeguarding work was developing, although work with the local authority and the integration of responses needed to be tighter.

A strength of the prison was its very good approach to resettlement and offender management. Reducing reoffending was underpinned by a useful assessment of need, and arrangements were well managed. The prisons offender management team were experienced, interested and knowledgeable about their caseload and worked well with what were a very high-risk group of offenders. Assessments and sentence plans were reasonable and up-to-date, and contact and support was evident. There was a useful range of offending behaviour interventions available and public protection work was sufficiently robust. Very few prisoners were discharged from the prison but prisoners were effectively encouraged to progress through their sentences. Those who were discharged received good support, although not yet from the new Community Rehabilitation Companies – responsible for work with medium- and low-risk offenders in custody and on release since May 2015 – who should be taking this provision forward.

Lowdham Grange is an effective prison that is undoubtedly doing some meaningful work with long-term, high-risk offenders. The prison has many good features and the very positive approach to work and learning, as well as risk of harm reduction, is commendable. Prisoners are being helped to progress through their sentence. The lack of safety in the prison is at odds with the other strengths of the prison, but the statistics speak for themselves. The prison has not been inactive in trying to deal with these problems but there is evidence to suggest that some of its responses have been reactive and unsophisticated. More work needs to be done at wing level to support the rehabilitation work of the prison and to encourage prisoners by incentivising them and continuing to support them as they are reconciled to the long sentences they face.

Nick Hardwick
HM Chief Inspector of Prisons

September 2015

Fact page

Task of the establishment

Category B training prison for adult men

Prison status

Private, run by Serco

Region

East Midlands

Number held

920

Certified normal accommodation

900

Operational capacity

920

Date of last full inspection

March 2011

Brief history

Opened in February 1998 as a an 'industrial prison' employing 300 prisoners in workshops with commercial partner companies, the prison now offers funded education and vocational training places, alongside 200 employment places provided through commercial partner contracts. New house blocks expanded the prison by 128 additional prisoner places in 2007 and 260 in 2010. Over the last two to three years, large numbers of category C prisoners were reallocated and the resulting changes in the population mean that more than 70% of prisoners are now under 40 and 94% are categorised at category B. The current 920 prisoners include an additional 32 places allowed under contractual overcrowding arrangements.

Short description of residential units

There are five house blocks comprising 14 residential wings – four each on house blocks 1 and 2 and two each on house blocks 3, 4 and 5. There is also a reintegration unit.

Name of director

Trish Mitchell

Escort contractor

GEOAmey

Health service provider

Nottinghamshire Healthcare NHS Foundation Trust

Learning and skills provider

Serco

Independent Monitoring Board chair

Geoff Parkinson

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 IV respectively.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix V 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 *Prisoners reported feeling unsafe and there were high levels of violence against staff and prisoners. There was a good violence reduction strategy and a well-attended safety committee but these were yet to be effective. The national incentives and earned privileges (IEP) scheme had been implemented rigidly, which had removed some reasonable incentives making it harder to motivate good behaviour. There were high numbers of adjudications and some disproportionate security measures. Use of force was very high, as was the use of segregation, and too many prisoners in crisis were segregated or managed through the high use of special accommodation. Most other at-risk prisoners felt well cared for. Substance misuse services were good but use of new psychoactive substances (NPS) was increasing. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S2 *At the last inspection in 2011 we found that outcomes for prisoners in Lowdham Grange were good against this healthy prison test. We made 20 recommendations in the area of safety. At this follow-up inspection we found that nine of the recommendations had been achieved, two had been partially achieved, eight had not been achieved and one was no longer relevant.*
- S3 Most prisoners travelled long distances to Lowdham Grange and were negative about their experience under escort. They were then routinely handcuffed off vehicles and strip searched on arrival regardless of risk.
- S4 The reception area was welcoming and information was provided for new arrivals in a range of languages. However, they stayed in reception for too long before they were moved to the induction unit. All new arrivals saw health care staff and also received a comprehensive first night interview. They had access to peer support workers and were given enhanced checks by staff. First night cells were clean and graffiti-free. The rolling induction programme was thorough and accessed by all prisoners.
- S5 In our survey, nearly half of prisoners said that they had felt unsafe at the establishment at some time and a quarter felt unsafe at the time of the inspection. The levels of violence against staff and prisoners had risen since the previous inspection and were much higher than similar establishments. The violence reduction strategy was good and the safety committee was well attended, but these had not yet been effective in reducing violence.
- S6 Levels of self-harm were higher than in similar prisons. Prisoners in crisis spoke positively about the care they received, and the documentation for those on assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm was mostly of a good standard. However, too many prisoners were located in the segregation unit while on an open ACCT without exceptional circumstances or authorisation at an appropriate level. The use of special accommodation and mechanical restraints for prisoners who were actively self-harming was unacceptable.
- S7 Some security procedures were disproportionate to the risks posed and, although the prison was sighted on its security issues, actions from intelligence reports were not always prompt enough. Mandatory drug testing was below target but security finds and intelligence indicated a growing use of undetectable NPS (that mimic the effects of illegal drugs, such as cannabis, heroin or amphetamines, and may have unpredictable and life-threatening effects). In our

survey, more prisoners than the comparator and at the last inspection said that it was easy to get illegal drugs and alcohol.

- S8 The prison had implemented the national IEP scheme with some rigidity and there was evidence that this had affected prisoner perceptions of prison life and created greater hardship for some. The scheme was not used effectively to tackle the problem of prisoners refusing to work or to motivate positive behaviour.
- S9 The number of adjudications was much higher than in similar prisons and some records did not demonstrate sufficient exploration of the issues. Use of force was very high for the type of prison and, in our survey, twice as many prisoners as the comparator said they had force used against them in the last six months. Use of special accommodation was also high and we were not assured that it was always warranted. The use of segregation was much higher than similar prisons and than at the last inspection. The regime in the unit was basic and some cells were grubby and contained graffiti. Good order or discipline reviews were not always meaningful. Care and reintegration plans were sometimes too generic and did not always demonstrate sufficient efforts to return prisoners to residential units.
- S10 The drug and alcohol strategy was good and there was a supply and reduction action plan. However, the plan lacked timescales for robust monitoring, which was via the security meeting. There was some good joint working within the newly integrated substance misuse team, and regular multi-professional reviews were timely and comprehensive. There were some brief interventions for drug and alcohol users, and a self-management and recovery training (SMART) recovery programme, but no structured abstinence programme for prisoners on longer sentences.

Respect

S11 Accommodation and communal areas provided a decent environment to live and work in. Facilities in cells were good, and the development of automated machines, telephone hotlines and the peer-run prisoner advice line (PAL) were impressive. Staff-prisoner relationships were mainly respectful and we observed good interactions. Diversity work was good although there had been insufficient work to change the negative perceptions of foreign national prisoners and those with disabilities. Prisoners had little confidence in the complaints system. Our biggest concern remained with the provision of health services. Although there had been improvements, confidence in the service remained low and care outcomes were variable. Prisoners were positive about the food and could eat communally.
Outcomes for prisoners were reasonably good against this healthy prison test.

S12 At the last inspection in 2011 we found that outcomes for prisoners in Lowdham Grange were reasonably good against this healthy prison test. We made 26 recommendations in the area of respect. At this follow-up inspection we found that 11 of the recommendations had been achieved, seven had been partially achieved, seven had not been achieved and one was no longer relevant.

- S13 Communal areas were clean, bright and well presented and cell conditions continued to be among the best we have seen. Prisoners had good access to showers, telephones and mail, and applications submitted via the wing-based automated machines were well managed. The PAL was excellent and appreciated by prisoners. Prisoners had some delays in staff responses to cell call bells, as well as access to their stored property.

- S14 Staff-prisoner relationships were mostly respectful and the extensive use of first names was an example of this. We observed some good interactions, although in our survey prisoners were more negative than at comparator prisons about staff across a range of indicators. Staff entries in prisoner case notes did not always demonstrate their knowledge of the prisoners in their care.
- S15 Equality and diversity work continued to be given a high priority and strategic management was good. Monitoring data were discussed properly and used to inform the diversity impact assessment programme. There were consultation forums with protected groups, although they were not open to all prisoners to provide a source of support. However, a hotline to the equality officer did offer one-to-one support. Survey results from prisoners from black and minority ethnic backgrounds and Muslim prisoners were more positive than those from white or non-Muslim prisoners. However, foreign national prisoners and those with disabilities continued to be negative in our survey across a range of indicators, with some evidence to support these perceptions. Faith provision and facilities were good. The chaplaincy provided appropriate religious guidance and pastoral support, and there was a good range of classes.
- S16 The survey indicated little confidence in the complaints system. Responses were mostly timely but not all answered the complaint appropriately, and there was no quality assurance. Legal visits provision was good and prisoners could use 'access to justice' laptops and the library to progress their legal cases.
- S17 Health services required improvement in several areas and many prisoners had no confidence in the current service. The health care environments needed improvement to meet infection control standards, and the patient waiting room was of an unacceptable standard. There were some concerns about waiting lists, and medicine management required improvement. Overall there was an appropriate range of health clinics and good professional interactions. The quality of services we observed was good, and the mental health service providers provided timely and clinically appropriate interventions. A single provider had recently taken responsibility for health care and plans for improvement were ongoing, but the transitional arrangements had led to inconsistent care outcomes.
- S18 Food quantity and quality was good, although we observed meals being served too early. The kitchen catered for a range of diets and consultation was good. Prisoners were generally positive about the food and could eat all meals communally. Breakfast included decent quantities of bread and cereal. Prisoner access to the shop was particularly good.

Purposeful activity

S19 *Prisoners were able to spend considerable periods of time outside their cell. The variety and range of work and education had increased and improved since the last inspection. The assessment of overall effectiveness of learning and skills and work activities was good. Behaviour management in learning and skills was effective and the quality of teaching was good. Achievement rates and standards of work were mostly high and the sports academy was outstanding. However, although there was sufficient work or education for everyone, not all spaces were appropriately used and unemployment was not challenged sufficiently well. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S20 *At the last inspection in 2011 we found that outcomes for prisoners in Lowdham Grange were reasonably good against this healthy prison test. We made 14 recommendations in the area of purposeful activity. At this follow-up inspection we found that nine of the recommendations had been achieved, one had been partially achieved, one had not been achieved and three were no longer relevant.*

S21 Time out of cell for most prisoners was over 11 hours a day, which was very good, as was their access to daily exercise and association. On average, 13% of prisoners were locked up during our roll checks. This was better than we usually see, but should be improved in a training prison.

S22 Senior managers had a good focus on the improvement and development of the learning and skills provision. Since the last inspection, the range and variety of work and education had increased and were good. Quality improvement measures were in place but required further development, particularly linking the observation of teaching and learning to staff development. Data analysis needed to be used more effectively to evaluate the impact of quality improvement actions and performance management.

S23 The prison had sufficient activity places to engage prisoners purposefully but not all spaces were properly used. Data on the number of prisoners in activities were not analysed sufficiently to target and manage prisoners who refused to go to education or work. Prisoner allocation to activities needed to be better linked to initial assessment, and pay rates were a disincentive to prisoners in education.

S24 The overall standard of teaching, learning, coaching and assessment was good. Behaviour management was very effective and helped to create a positive learning environment, as did the use of learning support assistants. Individual learning plans were not consistently good but the standards of work in vocational training and work were of a high quality, and the achievement of accredited full qualifications was mostly high. Personal, social and employability skills development were also very good.

S25 The library was well organised and met the needs of prisoners but book losses were high. Access for prisoners was good but data analysis was not sufficiently developed to ensure that all prisoner groups were regularly using the library. Better links needed to be made with education.

S26 The sports academy was outstanding, providing an excellent range of qualifications from entry level to level 3. Recreational PE was good and peer mentors were very effectively used. All prisoners had good access to the gym and accreditation was high on most courses.

Resettlement

- S27 *The strategic management of resettlement, offender management and public protection was good. The prison's focus was on managing some serious long-term prisoners and the team responsible did this well. Offender supervisors had good knowledge of their prisoners and engaged and motivated them to address their risk factors. Prisoners were positive about this support, and they all had a plan to assist with their progress. Their needs were met sufficiently at the relevant stages, despite a small backlog of assessments. Reintegration planning was sufficient for the few prisoners released from Lowdham. Arrangements to support family ties were good, and provision to challenge attitudes, thinking and behaviour was mostly very good. **Outcomes for prisoners were good against this healthy prison test.***
- S28 *At the last inspection in 2011 we found that outcomes for prisoners in Lowdham Grange were reasonably good against this healthy prison test. We made 20 recommendations in the area of resettlement. At this follow-up inspection we found that 11 of the recommendations had been achieved, three had been partially achieved, five had not been achieved and one was no longer relevant.*
- S29 The reducing reoffending strategy was underpinned by a comprehensive prisoner needs analysis, and the offender management, public protection and resettlement pathways functions worked together effectively. Governance arrangements and structures for the strategic management of offender management and public protection were good.
- S30 A small number of prisoners were released from Lowdham Grange but there no arrangements as yet with community rehabilitation companies (CRCs)². Despite this, and due to the efforts of the prison, outcomes for the prisoners directly released were not adversely affected. Although offender management had a pivotal role within the prison, not all staff were supportive of or understood this work, and there was no embedded or coordinated approach across the prison.
- S31 In our survey, respondents were more positive than the comparators across a range of indicators about offender management. Prisoners we spoke with were also complimentary about the support they received from offender supervisors. The offender management team was experienced, committed and properly focused, and devoted time and resources appropriately to higher risk offenders or those at key points of their sentence. Offender supervisors knew their prisoners well and focused on their risk reduction, including engaging and motivating them to address risk factors. There was a relatively small backlog of probation service-generated OASys (offender assessment system) assessments, with efforts to chase these up with community offender managers. While all prisoners had some kind of plan to enable progress, some identified offending behaviour needs were hampered by the lack of an up-to-date OASys assessment or sentence plan. For those who had them, the quality of OASys, including risk management plans and sentence plans, ranged from adequate to very good.
- S32 In the context of the complex and challenging population, public protection arrangements were sound. Arrangements for recategorisation were also appropriate.
- S33 Provision across most resettlement pathways met the needs of the relatively few prisoners released from Lowdham. All prisoners received a comprehensive initial assessment from

² From May 2015 rehabilitation services, both in custody and after release, have been organised through community rehabilitation companies (CRCs) who are responsible for work with medium- and low-risk offenders. The National Probation Service (NPS) has maintained responsibility for high- and very high-risk offenders.

their offender supervisor, and referrals and formal pre-discharge arrangements were appropriate to the individual prisoner.

- S34 Visits provision was good and considered the long journeys made by many visitors. Other provision to support relationships was strong with regular family days and access to Storytime Dads recording for prisoners' children. Accredited relationship education was very good. It was disappointing that Skype was no longer available for foreign nationals to keep in touch with family overseas.
- S35 The extensive range of accredited and non-accredited interventions was appropriate for the population and broadly met identified need, but the need to address domestic violence had been identified as a significant gap. Places were prioritised appropriately and there was a good completion rate. Some prisoners also benefited from targeted one-to-one work with the psychology team.

Main concerns and recommendations

- S36 Concern: Prisoners felt unsafe, bullying and debt were problems, and levels of violence were high, with some serious incidents. Formal support for victims was underdeveloped.

Recommendation: The number of violent incidents should be reduced. The prison should implement plans to increase staff supervision during high risk periods, and introduce formal support for victims of bullying and violence.

- S37 Concern: Too many prisoners in crisis were located in the segregation unit while on case management, with no evidence that this was in response to exceptional circumstance or that alternatives had been considered.

Recommendation: Prisoners in crisis should only be held in the segregation unit in exceptional circumstances and this should be well documented.

- S38 Concern: There was a high incidence of use of force, with some uses not justified and not de-escalated at the earliest opportunity. Special accommodation and mechanical restraints had been used inappropriately for prisoners who were actively self-harming.

Recommendation: The prison should reduce the number of uses of force, and all use of force should be justified and de-escalated as soon as possible. Special accommodation and mechanical restraints should not be used in response to prisoners who are actively self-harming.

- S39 Concern: Prisoners were frustrated by the long waits to access health services, mainly due to the application and triage system. The prison had not addressed our previous main recommendation about the need for prisoners to have quick access to the GP.

Recommendation: The health care application and triage process should ensure that prisoners get prompt and needs-led access to the most appropriate health care professional to assess their condition and deliver appropriate care, and the prison should monitor health care waiting times and publish the results within the prison.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

I.1 *Prisoners travelled long distances to arrive at Lowdham Grange and were negative about their experience under escort.*

I.2 Lowdham Grange was a national resource, and in our survey, 74% of prisoners said they had travelled for over two hours to reach the prison. While most were offered food and drink, they were more negative than the comparator about escort staff, and only 6% said they had received toilet breaks. While fewer prisoners than the comparator said that escort vehicles were clean, all those we saw were clean and graffiti-free. Reception staff told us that prisoners' property did not always travel with them, which caused frustrations on arrival.

I.3 As at the previous inspection, many prisoners, particularly those from London, told us that it was difficult for them to be transferred closer to home. Prisoners were still not always given 24-hours notice of a transfer.

I.4 All prisoners, regardless of risk, were required to wear red prison issue tracksuits on escorts to external appointments, which was disproportionate.

Recommendations

I.5 **Prisoners should be given comfort breaks at least every two and a half hours on journeys to and from the establishment.** (Repeated recommendation I.8)

I.6 **Subject to evidenced security considerations, prisoners should be given enough notice of planned transfers to be able to inform their family.** (Repeated recommendation I.10)

I.7 **Prisoners should be able to wear their own clothes while under escort, unless there are well-evidenced security concerns.**

Early days in custody

Expected outcomes:

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

- 1.8** *New arrivals stayed in reception for too long and mostly locked in small holding cells. They all received a first night interview and health screening. We observed some distant relationships between reception staff and prisoners. First night cells were clean, well equipped and graffiti-free. New arrivals had access to peer support workers and received enhanced checks by staff. The rolling induction programme was thorough.*
- 1.9** On arrival at the prison, all prisoners were routinely handcuffed off the vehicles and underwent a strip search and mandatory drugs test, which was disproportionate in the absence of supporting intelligence (see also paragraph 1.33 and recommendation 1.37).
- 1.10** In our survey, only 36% of prisoners said they had stayed in reception for less than two hours. Both prisoners and staff cited delays with receiving the health screening, as well as the need to process large amounts of property, as the cause of these waits. We observed new arrivals who had excessive waits of up to five hours before they were moved to the induction wing. In our survey, although more prisoners than the comparators said they had problems on arrival, fewer said they had received help with these, despite the long time spent in reception
- 1.11** All new arrivals were checked in by reception staff who went through various compacts with each of them. Information booklets were available for those who did not speak English. Induction orderlies, who were also 'buddies' (prisoners trained to provide emotional support to fellow prisoners), offered a drink to all new arrivals, who were then given a health screening and comprehensive first night interview. However, there were missed opportunities for new arrivals to interact with staff and peer support workers, and instead they spent most of their time in reception locked in small holding cells with little to occupy them. While we observed some good interaction between staff and new arrivals, some relationships were more distant.
- 1.12** All new arrivals spent their first night on E wing, the induction unit. As with other residential units, E wing provided a good standard of accommodation, with clean and well-equipped first night cells and communal areas. All new arrivals had access to buddies and were given enhanced checks by staff. Most new arrivals had access to showers and their evening meal on E wing, with arrangements in reception for late arrivals. Access to the prison shop was particularly good (see paragraph 2.112). However, prisoners told us of difficulties in contacting families on arrival, as there were delays in clearing the telephone numbers they could call. None of the new arrivals we observed could make calls until the following day, which could have caused anxiety for family or friends waiting to hear how they were.
- 1.13** The rolling induction programme took place over a week with new arrivals joining the next session after their arrival. The induction was comprehensive and delivered well by both staff and prisoners. Induction information was provided in all first night cells, and induction orderlies assisted with day-to-day queries, including showing new prisoners how to use the wing automated machines (see paragraph 2.7). Time out of cell for prisoners during induction was better than we normally see.

Recommendations

- I.14 **New arrivals should not be held in reception for an excessive period.**
- I.15 **Reception holding cells should contain reading materials, televisions or similar activities to occupy new arrivals.**
- I.16 **Prisoners should receive a free telephone call on their first night.**

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.17 *More prisoners felt unsafe at Lowdham Grange than at comparable prisons. Levels of violence against staff and prisoners were high and many incidents were serious. The prison was aware of the issues and taking appropriate action but this had not yet led to a reduction in incidents. Formal support for victims was underdeveloped.*

- I.18 Despite a seemingly relaxed environment, there was evidence that debt, bullying and violence were problems at Lowdham Grange. In our survey, prisoners were more negative than the comparators across three-quarters of safety indicators. Nearly half said they had felt unsafe in the prison, and a quarter said they felt unsafe at the time of the inspection, which were higher than the comparators and at the previous inspection. Levels of violence against both prisoners and staff were high, with 87 assaults and 16 fights during the previous six months. Twenty-one incidents had been serious, resulting in broken bones, puncture wounds and scalds. The majority of violence related to illicit trade within the establishment.
- I.19 The prison was focused on tobacco and drug-related debt as the cause of much violence. Residential managers investigated incidents thoroughly, and the safer custody team collated data from incidents and prisoner surveys, which informed the violence reduction policy. The safer custody meeting (which discussed suicide and self-harm as well as violence) was well attended by staff but had limited input from prisoners. The analysis of patterns and trends was better than we normally see. The prison used this information to take appropriate action, including the monitoring of unusual shop purchases, and was about to increase the visibility of staff during high risk periods. However, this action had not yet led to a reduction in violent incidents. (See main recommendation S36.)
- I.20 Since the previous inspection, the prison had ceased using monitoring documents for perpetrators or victims of violence. While perpetrators were now dealt with through the incentives and earned privileges (IEP) scheme and the adjudications process, there was little formal support for victims, who were regularly moved to new locations, and in some cases to the reintegration unit (see section on segregation).

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.

- 1.21** *Levels of self-harm were higher than in similar prisons and many prisoners were on case management due to debt or bullying. There was good care for prisoners in crisis on normal location but we were concerned about the use of segregation, special cell and mechanical restraints for this group. Prisoners had good access to buddies.*
- 1.22** Levels of self-harm had risen since the previous inspection and were high with 167 incidents by 61 prisoners in the previous six months. Many prisoners in crisis who we spoke to highlighted debt-related bullying as a trigger, and this was supported by the prison's own analysis.
- 1.23** The prison had a comprehensive strategy, well-attended multidisciplinary safer custody meetings and good monitoring of trends. Support for those with more complex needs was managed through the multi agency safety and health (MASH) meetings coordinated by psychology and health care staff (see paragraph 1.30). The last self-inflicted death had occurred during the previous inspection in 2011, and the prison had incorporated the Prisons and Probation Ombudsman's recommendations into a continuous action plan.
- 1.24** Care for prisoners in crisis on normal location was good. Prisoners on open assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm spoke positively about the support from staff, who we found were knowledgeable about those in their care and focused on encouraging them into activity. The quality of ACCT documentation was reasonably good.
- 1.25** In the previous six months, 34 prisoners had been located in the segregation unit while on an open ACCT, which was too many, and with no evidence that this was in response to exceptional circumstances or had been appropriately authorised (see paragraph 1.51.) The use of special accommodation for this group was also high, and we found two occasions where special accommodation and mechanical restraints had been used in response to prisoners who were actively self-harming, which was unacceptable (see paragraph 1.49 and main recommendation S37).
- 1.26** Prisoners had good access to a group of 28 prisoner buddies, who provided peer support to prisoners in crisis. However, meetings between the buddies and safer custody team to provide support and oversight were infrequent. Prisoners had excellent access to the Samaritans through their in-cell telephones, and prisoners working on the prisoner advice line (PAL) (see paragraph 2.7) were also buddy trained.

Recommendation

- 1.27** **The safer custody team should have regular meetings with buddies.**

Safeguarding (protection of adults at risk)

Expected outcomes:

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

I.28 *Some individual prisoners at risk because of their health, disability or age received good support from a range of departments, although there was no formal safeguarding policy.*

I.29 Dependent on their need, prisoners at risk due to their health, disability or age were managed by the health care, violence reduction, suicide and self-harm prevention or equality departments, and individuals received good support. Individual departments could also refer those with more complex needs to the MASH meeting (see paragraph I.23) attended by psychology, programmes, health care and substance misuse services. The MASH meeting assessed each case and, if appropriate, drafted individual care plans for prisoners. However, there was no formal safeguarding adults policy outlining how the different processes worked together.

I.30 The equality and health care departments had prepared well for the implementation of the Care Act in April 2015, and the prison undertook initial social care screening of new arrivals to identify those who required an assessment by the local authority. However, the local authority had not yet carried out any assessments, despite regular follow-up and escalation of the issue from the equality lead.

Recommendation

I.31 **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.**

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.32 *Some security procedures were disproportionate. Intelligence objectives were appropriate but there were some delays in response to intelligence reports. Illicit substances and diverted medications were widely available, including finds of new psychoactive substances (NPS).*

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

- I.33** Some security procedures unnecessarily restricted prisoner access to the regime. All new arrivals were handcuffed from the vehicle to reception, then strip searched and given a mandatory drug test, all in the absence of supporting intelligence (see paragraph 1.9). Prisoners wishing to use the toilet during a visit were required to have the rest of their visit in closed conditions (see paragraph 4.38), and 10% of prisoners leaving visits were strip searched. At the time of the inspection, 16 prisoners were subject to closed visits, most unrelated to incidents in visits, and this sanction was not removed at the earliest opportunity. Movement around the prison and risk assessments for access to work activity were appropriate to the population's risk.
- I.34** The monthly security meeting was well attended and considered a range of appropriate security objectives. Between December 2014 and May 2015, over 3,500 intelligence reports had been submitted and processed, which was much higher than similar prisons. Much of this intelligence related to violence and unauthorised articles. However, resulting actions, including target searching for weapons, were not always prompt.
- I.35** Our survey results and disclosure by prisoners indicated a wide availability of drugs and alcohol. A low random mandatory drug testing (MDT) rate of 4% (the average for the previous six months) masked the increasing use of NPS – new drugs that mimic the effects of illegal drugs, such as cannabis, heroin or amphetamines, and may have unpredictable and life-threatening effects. There were regular finds of NPS and illicit alcohol (hooch), and the prison was trying to educate prisoners during their induction about the risks.
- I.36** Suspicion drug tests were well managed and timely. Frequent testing, which could support prisoners trying to avoid drug use, was hardly used.

Recommendations

- I.37** **Security arrangements, including the use of closed visits, strip searching and handcuffs, should only be authorised when supported by intelligence.**
- I.38** **Intelligence-led searching should be conducted promptly.**
- I.39** **Random mandatory drug testing for new arrivals should cease and be replaced by a renewed focus on the quality of drug intelligence and the use of frequent testing to support prisoners trying to avoid illicit drugs.**

Incentives and earned privileges⁴

Expected outcomes:

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

- I.40** *The incentives and earned privileges (IEP) scheme was a source of frustration for prisoners and no longer incentivised good behaviour.*

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

- I.41** The prison had implemented the national IEP scheme rigidly since the previous inspection and many prisoners were frustrated by new restrictions on access to their private cash and clothing. There was evidence from prisoners, staff and our survey that this had affected perceptions of prison life and increased hardship for some. In our survey, structured groups and individually, prisoners were more negative about the scheme than at the previous inspection, and it was no longer an effective tool for motivating good behaviour at the prison.
- I.42** Documentation from IEP reviews was of a reasonable standard. The regime for the small number of prisoners on basic, including those demoted for bullying and violence, was not overly punitive but there was too little differentiation between the standard and enhanced levels of the scheme. IEP was not used effectively to tackle the problem of prisoners refusing to attend activity (see paragraph 3.12).

Recommendation

- I.43** **The prison should revise the incentives and earned privileges (IEP) scheme, in consultation with prisoners, so that it is effective in incentivising good behaviour.**

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.44** *The use of all disciplinary procedures was higher than at the previous inspection and at similar prisons. Not all uses of force were necessary or deescalated at the earliest opportunity. The reintegration unit environment was reasonable but the regime was basic. Good order or discipline reviews and reintegration care plans did not focus adequately on reintegration.*

Disciplinary procedures

- I.45** The number of adjudications – 987 in the previous six months – had nearly doubled since the previous inspection and was much higher than at similar prisons. The records of hearings that we sampled showed that prisoners were given sufficient time to prepare their case and could seek legal assistance, but some records did not demonstrate sufficient exploration before a finding of guilt. In the previous six months, about 30% of cases had been dismissed or not proceeded with, mostly for good reasons, but some were dismissed due to procedural error. A random sample of records was quality assured by the director who identified and addressed deficiencies. The adjudication standardisation meeting was held quarterly and was well attended, and there was sufficient analysis of data to draw meaningful conclusions.

Recommendation

- I.46** **Adjudication records should demonstrate sufficient exploration of the charge before a finding of guilt.**

The use of force

- I.47** There had been 166 incidents involving the use of force in the previous six months, which was much higher than similar prisons. Nearly 40% of incidents were planned interventions, compared with only 10% at the last inspection. Some of the planned interventions were to move prisoners from the reintegration unit to cellular confinement on B wing (see paragraph I.51), which was unnecessary. In our survey, 14% of respondents said they had been physically restrained in the previous six months, compared with 5% at the previous inspection and the 7% comparator. About half of all incidents involved the use of control and restraint techniques, with a quarter resulting in sustained use of force. Handcuffs were used routinely rather than based on a dynamic risk assessment.
- I.48** Most of the records we sampled were good and contained adequate detail of the incident. However, we were concerned that the film record of some incidents that we watched did not match the description in the use of force documentation of the de-escalation attempts made or the non-compliance of the prisoner. We were not assured that all incidents were de-escalated as quickly as possible. (See main recommendation S38).
- I.49** Use of special accommodation was high, at 21 occasions in the previous six months. We were not assured that its use was always warranted and were particularly concerned about the instances where prisoners were actively self-harming. The use of rip-proof clothing was not always justified. Mechanical restraints had been used twice in the previous six months to restrain actively self-harming prisoners. The documentation and video footage did not assure us that this extreme measure had been warranted in either case. (See main recommendation S37).

Recommendation

- I.50** **The use of force committee should meet more regularly to provide proper governance and oversight around the proportionality and necessity of use of force and to analyse trends and patterns with a view to reducing force.**

Segregation

- I.51** Segregation had been used on 324 occasions in the six months to May 2015, which was much higher than similar prisons and at the previous inspection. The average stay was relatively short at 10 days, and few prisoners spent more than 30 days in segregation, but good order or discipline reviews and reintegration and care planning were insufficient and did not always demonstrate sufficient efforts to reintegrate. In the previous six months, 34 prisoners subject to ACCT case management had been segregated and we were not assured that exceptional circumstances had always warranted this (see paragraph I.25 and main recommendation S37). Cellular confinement had been given on 174 occasions in the previous six months with around 50% such prisoners held on B wing in cells designated for this purpose. Governance arrangements to manage those held in segregation conditions on B wing were appropriate. Comprehensive data on segregation were collated and monitoring was good.
- I.52** The reintegration (segregation) unit could hold a maximum of 24 and the average number held in the previous six months was 20. Many of the residents at the time of inspection were extremely challenging and disruptive. The environment in the unit was reasonable and, except for the showers, communal areas were clean. The three exercise yards were cage-like and contained no seating or exercise equipment. Prisoners were unable to exercise together regardless of their risk, which increased their isolation. Most cells were well

maintained but a few were grubby and contained graffiti, and one occupied cell had no light switch and exposed wiring – this was immediately rectified but it was unknown how long the cell had been in this condition.

- I.53** The regime in the unit was basic, and prisoners had daily access to a shower, telephone call and exercise. Although it was rare, some prisoners had attended group worship (see paragraph 2.39). However, they had no access to a television, gym or in-cell work. Prisoners had to wear prison clothes while in the unit, regardless of the reason they were there or their IEP level. Unit staff were knowledgeable about those in their care, but this was not always reflected in their entries in prisoner case history notes.

Recommendations

- I.54** **The reintegration unit should be kept clean and well maintained, and the regime for prisoners should be enhanced, including access to in-cell work and the gym.**
- I.55** **Good order or discipline reviews and care and reintegration planning should be personalised and focused on the prisoner's reintegration into the prison.**

Housekeeping point

- I.56** Reintegration unit staff entries in prisoner case history notes should be comprehensive and reflect knowledge of those in their care.

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.57 *A new integrated substance misuse service was developing joint work across clinical and psychosocial needs. Most prisoners on opiate substitution were on a reduction regime. There was limited psychosocial programme work and most structured intervention was on an individual basis. The drug and alcohol strategy was comprehensive, and the supply reduction plan reflected key objectives.*

- I.58** Clinical and psychosocial services had been integrated under the contract for health and substance misuse services with Nottinghamshire NHS Foundation Trust, and this was starting to produce a joint approach to needs. The service had positive links with the prison with clear evidence of how this approach was supporting prisoner recovery.
- I.59** Prisoners were referred to the service through their reception screening on arrival or by staff or through self-referral. All prisoners with a history or disclosure of substance misuse had a urine screen on arrival, which supported early signposting to services. In our survey, more prisoners than the comparator (20% against 17%) said they had a drug problem on arrival.
- I.60** There were approximately 68 prisoners on opiate substitution with the majority (54) on a reducing regime and 16 on a maintenance regime. Prescribing was suitably flexible and prisoners were able to choose to manage their own rate of reduction if clinically indicated.

- I.61** In our survey, more prisoners than the comparator (12% against 7%) said they had developed a drug problem while in the prison. The very small number of prisoners who presented with withdrawal symptoms or were struggling to manage their addiction were supported through symptom relief medication or opiate substitution, where clinically appropriate.
- I.62** Groupwork with substance misusers was limited to a range of brief one-day interventions and the self-management and recovery training (SMART) programme. There were plans to develop two further intensive 23-week programmes focusing on drugs and alcohol respectively. Most structured work was on an individual basis and we saw some positive examples of assessment and structured work. There was one prisoner 'recovery champion' but no peer mentors. The prison had trialled a dedicated recovery wing in the last year, which had not been popular with prisoners and had ceased several months previously.
- I.63** Prisoners with dual diagnosis (mental health and substance misuse) needs were identified and supported, and there were plans to establish key workers to ensure consistency and that primary needs were met.
- I.64** The drug and alcohol strategy was comprehensive and up to date. The supply and reduction plan reflected key risks and actions but lacked timescales. There was no separate drug strategy meeting but monitoring at the security meeting was reasonable.

Recommendations

- I.65** **Prisoners with substance misuse needs should be able to participate in more intensive recovery-focused programme work to support preparation for their release.**
- I.66** **Peer mentors should be recruited to inform and support substance misuse programme work.**

Housekeeping point

- I.67** The supply and reduction action plan should be monitored against agreed timescales.

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** *Communal areas and cells were clean and well maintained. Prisoners had good access to clean clothing and bedding as well as telephones, showers and mail. Responses to cell call bells were delayed. Automated machines on wings were a good method for answering applications, and the prison advice line was an excellent initiative dealing with prisoner queries.*
- 2.2** The prison was spacious and external areas were well maintained. The cleanliness on all five house blocks was very good and prisoner accommodation continued to be some of the best we have seen. All wings had association equipment, including a small range of cardiovascular machines, in generally good condition and regular use (see paragraph 3.31). There was extensive CCTV coverage of all wings. In our survey, only 61% of respondents said the prison was quiet enough at night, against the comparator of 71% and 79% at the last inspection. During our night visit the prison was quiet and ordered.
- 2.3** Most cells were single occupancy, a reasonable size and in good decorative condition. We saw little graffiti but some displays of offensive material. In our survey, and throughout the inspection, prisoners were negative about access to cleaning materials, although the cell conditions were some of the cleanest and best maintained that we have seen. Toilet screening in all cells was good. House blocks 1 and 2 had clean communal showers. Prisoners on house blocks 3, 4 and 5 had in-cell showers, which were in good condition.
- 2.4** All prisoners could wear their own clothes and each wing had a laundry. In our survey prisoners were more negative than the comparators about access to clean clothes or bedding, although these could be washed in the wing laundries. Prison clothing was available if required. We saw prisoners wearing flip-flops pushing heated trolleys, as there was no prison-issue footwear, although the prison was in the process of purchasing appropriate items. Prisoners were negative about access to their stored property.
- 2.5** In our survey and throughout the inspection prisoners were negative about response times to cell call bells. We were concerned that electronic records showed some delays of between 10 and 20 minutes in staff answering cell call bells.
- 2.6** All prisoners on normal location had access to an in-cell telephone. This allowed them to maintain family ties and also for staff, including offender supervisors, to speak to them and maintain regular contact. Prisoners had good access to mail, but in our survey, 62%, against the comparator of 48%, said that their legal mail had been opened before they received it. We saw many letters sent by legal advisers that did not have the appropriate marking to identify it as legal, and so staff in the correspondence department treated it as normal correspondence and opened it.

- 2.7** Prisoners could make applications through automated machines located on each wing, a positive development that had been developed further since the last inspection. The types of applications available had increased since the last inspection. In our survey, prisoners were less positive than the comparator about how applications were managed, but we found that most were managed well. Since the last inspection a prisoner advice line (PAL) had been set up, which was an advice line run by prisoners for prisoners. Advisers, who were also trained buddies (see paragraph 1.26), had a wealth of knowledge and information available to answer queries. The service had received nearly 30,000 calls in the three years it had run, with 97% of calls not requiring any staff involvement. This was an excellent innovative service.

Recommendations

- 2.8** Cells should be free of offensive displays.
- 2.9** In-cell emergency call bells should be responded to within five minutes. (Repeated recommendation 2.12)
- 2.10** Legal correspondence should only be opened in the prisoner's presence.

Good practice

- 2.11** *The prisoner advice line was an excellent initiative employing prisoners to provide advice to their peers.*

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.

- 2.12** *Staff-prisoner relationships were positive, although prisoner perceptions about them were worse than the comparator. The personal officer scheme was not fully effective. Prisoner consultation arrangements were mostly good.*

- 2.13** Relationships between staff and prisoners were mostly courteous, and staff generally addressed prisoners by their preferred names, which was respectful. We observed staff engaging well with prisoners during association and at other unlock times. However, in our survey prisoners were more negative than the comparators across a range of relationship indicators. In our structured groups, prisoners spoke of inconsistency in staff approach, although we did not see any examples of this.
- 2.14** Personal officers were allocated to prisoners by cell location and their names were displayed outside cells. The quality of personal officer entries in prisoner case notes was mixed, with some not demonstrating good knowledge of the prisoners in their care. There were too few examples of links with offender supervisors or an understanding of sentence planning targets. There was some evidence of quality assurance but this was not effective in addressing poor entries.

- 2.15** Consultation arrangements through the prisoner information and amenities committee (PIAC) were mostly effective. The PIAC held a pre-meeting before they saw the senior management team to address concerns. PIAC minutes indicated that most issues raised were addressed.

Recommendation

- 2.16** **The prison should investigate and address prisoners' negative perceptions about relationships with staff.**

Housekeeping point

- 2.17** Personal officer entries in prisoners' case history notes should be comprehensive, reflect knowledge of those in their care, and include sentence planning targets.

Equality and diversity

Expected outcomes:

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

- 2.18** *Equality and diversity work continued to be given a high priority with good involvement from senior managers. Strategic management of this area was effective. The regular diversity and equality action team meeting oversaw progress against the equality plan and involved prisoners. Identification of prisoners from minority groups was reasonably good, but survey results from foreign nationals and prisoners with disabilities were worse than other groups and needed to be understood.*

Strategic management

- 2.19** The equality policy and action plan covered all protected characteristics. A quarterly diversity and equality action team (DEAT) meeting had good attendance from prisoner representatives and senior managers, who each took the lead for a protected characteristic. The lead managers held consultation meetings with representatives for each protected characteristic, although there were no support forums that could be attended by all prisoners from the larger groups. Attempts to involve community organisations had had mixed results. The prison used equality monitoring data to inform its diversity impact assessment programme, and sought to understand the reasons for out-of-range results, but more investigation was needed into the overrepresentation of prisoners with disabilities in some areas, such as segregation and use of force.

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

- 2.20** A full-time equality officer (EO) was responsible for day-to-day equality work. Each wing had an equality representative, and those we met were positive about their role and felt supported by the EO. They, and other prisoners, could telephone an equality hotline at any time to speak to or leave a message for the EO. Representatives submitted regular written feedback on the current issues on their wing, and the EO responded to these when meeting all the representatives as a group. Monitoring data were also reviewed at these meetings, although some representatives said they felt that out-of-range data were explained away rather than investigated.
- 2.21** Discrimination incident reporting forms (DIRFs) were not readily available on all wings. Twenty DIRFs had been submitted in the previous six months, fewer than at similar prisons. The quality of investigation into them was reasonable and overseen by the director. Prisoner representatives saw redacted copies of the DIRFs and investigations. Equality staff from other Serco prisons reviewed completed DIRFs, but there was no external quality assurance.

Recommendations

- 2.22** **Equality monitoring should include areas of particular concern to prisoners, and out-of-range results should be investigated promptly and robustly, and the necessary follow-up action taken.**
- 2.23** **There should be support forums for prisoners from all minority groups.**

Housekeeping point

- 2.24** Discrimination incident reporting forms should be readily available to prisoners.

Protected characteristics

- 2.25** Around 38% of the population were from a black and minority ethnic background. In our survey, responses from these prisoners were better than white prisoners across a range of indicators, and only worse for having problems when they first arrived and feeling victimised by staff because of their religious beliefs. Although equality monitoring data did not show any disproportionate outcomes for these prisoners, some told us they would like the monitoring extended to areas such as job allocations, where they thought there may have been some bias (see recommendation 2.22). Although managers said that a new allocations process introduced during the inspection would help to guard against this (see paragraph 3.12), monitoring was needed to address this perception.
- 2.26** In our survey, 3% of prisoners identified themselves as Gypsy, Romany or Traveller, which equated to 27 prisoners. Six were recorded on the prison's records, but only one wanted to be openly identified as part of this group, and he was an equality representative who tried to represent their needs and encourage them to come forward; however, he was the only prisoner to attend a recent support/consultation meeting.
- 2.27** Foreign national prisoners made up about 12% of the population. They generally described prison life as being harder for them and, as at the previous inspection, were more negative in our survey across a range of indicators. Newly arrived foreign nationals were invited to an induction meeting with Home Office immigration staff, who attended the prison regularly when prisoners could apply to see them. There was no independent immigration advice. No foreign prisoners were held solely on immigration powers after their sentence had ended. An offender supervisor had the role of foreign nationals coordinator, and responded to any

prisoner who phoned the PAL for help with a foreign national issue. Although the coordinator's role and photograph were displayed on wings and foreign national prisoners were aware of her, some said they would like more access to her. There was some translated information for new arrivals. Although all staff had information about the telephone interpreting service, this had been used only 31 times in the first six months of 2015. Foreign nationals could make a monthly free telephone call if they did not receive visits, and this was taken up by between 50 and 60 prisoners a month. Some foreign nationals were discontented that Skype provision was no longer available, affecting their contact with families overseas. There were some foreign language books in the library.

- 2.28** A quarter of the population were Muslim. Survey results from Muslim prisoners were more positive than non-Muslims in many areas, although they were more negative about being victimised by other prisoners and staff because of their religious beliefs.
- 2.29** As at the previous inspection, prisoners with disabilities were more negative in the survey. Quarterly monitoring data indicated areas that needed further investigation (see paragraph 2.19). The prison had identified 189 prisoners with disabilities, slightly more than the 20% who self-identified in our survey. Around half of the disabilities identified were mental health or learning disabilities, but care plans were not opened for such prisoners although they were for all other prisoners with disabilities. Nineteen prisoners had a personal emergency evacuation plan (PEEP) and all staff were aware of these. Adapted cells were available, and lifts and ramps assisted access around the prison. Nine prisoners had a 'helping hand', a prisoner paid to help with daily tasks such as cell cleaning, collecting food, or doing laundry. 'Helping hands' were carefully selected, vetted and briefed about their role after health care staff indicated the level of support required.
- 2.30** There were 79 prisoners aged 50 or over, the oldest being 76. Retired prisoners received £7.20 retirement pay, were unlocked during the day, and could attend education classes if they wished and were paid for doing so. There was a weekly gym session for older prisoners as well as a walking club. Although retired prisoners did not have to pay for their television, this was likely to change following a national directive.
- 2.31** In our survey, 3% of prisoners identified themselves as gay or bisexual, but few had identified themselves to the prison and there was little specific support for them. There was a policy for the management of transgender prisoners.
- 2.32** A small number of ex-armed forces veterans met monthly and some external groups had visited the prison to offer support. When needed, assessments for post-traumatic stress disorder were arranged through the health care department.

Recommendations

- 2.33** **The prison should seek to understand and address the negative perceptions of foreign national prisoners and prisoners with disabilities, and ensure that these groups have sufficient support to meet their needs.**
- 2.34** **The reintroduction of the Skype service for foreign national prisoners should be considered.**
- 2.35** **Care plans should include support for prisoners with mental health and learning disabilities.**

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.

2.36 *Prisoners benefited from good faith facilities and provision from the chaplaincy, which ran an appropriate range of services and classes.*

2.37 The chaplaincy represented most faiths, with recruitment to fill vacancies as they occurred. Chaplains were known to the prisoners and staff, attended some key strategic meetings, and visited prisoners in crisis or in the segregation unit each day. The team had established a good relationship with NOMS faith advisers who had provided support to improve services at Lowdham Grange.

2.38 The faith facilities were large enough to meet the needs of the different faith groups, which had equal access to them, and more than 150 prisoners could attend corporate worship together in the larger of the multi-faith rooms. There was a washing area nearby.

2.39 In our survey, fewer prisoners than the comparator (43% against 53%) felt their religious beliefs were respected, but more (63% against 52%) said that it was easy to attend religious services. The chaplaincy offered one-to-one sessions to prisoners not allowed to attend group services for reasons of risk or security. Although rare, it was possible for a prisoner held in the reintegration unit to attend group worship. The chaplaincy ran an appropriate range of classes and groups, including the Sycamore Tree victim awareness course, and coordinated a volunteer prison visitors' scheme.

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.

2.40 *Prisoners lacked confidence in the complaints system, but still submitted high numbers of complaints. There was no quality assurance of replies to complaints and some did not address the issues raised.*

2.41 There had been 1,713 complaints in the previous six months, which was more than at similar prisons. In our survey, prisoners were more negative than the comparators in their views of the complaints system, and some we spoke to had little confidence in it. Complaint forms were not always available and the process for making complaints was rigidly adhered to – for example, unsigned and undated complaints were returned to be resubmitted irrespective of their nature or urgency.

- 2.42** In our survey, only 14% of prisoners, against the comparator of 29%, said that complaints were dealt with fairly. We found examples of complaints that were not fully investigated and responded to. There was no internal quality assurance to identify such weaknesses, although there were plans to introduce this. Complaints that had been withdrawn did not always record the reasons why.
- 2.43** The PAL was effective in helping prisoners to resolve issues before they had to make a complaint (see paragraph 2.7).

Recommendations

- 2.44** **There should be quality assurance of complaints to ensure they are fully investigated and responded to.**
- 2.45** **When a complaint is withdrawn, staff should ensure that prisoners give detailed recorded reasons and all withdrawals should be monitored by managers.**
(Repeated recommendation 3.27)

Housekeeping point

- 2.46** Complaint forms should be readily available on all wings.

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.

- 2.47** *The legal services support was reasonable and facilities for legal visits were good.*

- 2.48** A legal surgery operated via the prison library, giving prisoners access to secure computers where they could view material from their legal advisers. The librarian supported prisoners who needed assistance with legal information. The library held legal texts and Prison Service instructions, although not all prisoners were aware of this and survey results about this were worse than the comparator. 'Access to justice' laptops – to help prisoners with legal representations – were available for in-cell use while prisoners were pursuing their case.
- 2.49** In our survey, more prisoners than the comparator said it was easy to communicate with their legal representative and to attend legal visits. Legal visits took place each weekday and private rooms were available, including one used for video-link legal meetings.

Housekeeping point

- 2.50** Prisoners should be made aware of the availability of legal texts and Prison Service instructions.

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.

- 2.51** *Some areas of health provision required improvement, and this was planned. Prisoners had long waits for some services, especially to see the GP, and many had limited confidence in the service. Pharmacy services were reasonable but medicine management required improvement. Dental services were good but there were some deficiencies in infection prevention practice. Support for prisoners with mental health problems was good but there were long waits for transfers to hospital for treatment.*
- 2.52** *The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁶ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. A number of areas have been identified that require improvement, with subsequent notices issued by the CQC which have been detailed within Appendix III of this report.*

Governance arrangements

- 2.53** The Care Quality Commission issued two 'requirement to improve' notices following the inspection (see Appendix III).
- 2.54** Nottinghamshire Healthcare NHS Foundation Trust had provided all health services, except dental care, since October 2014. There were effective governance and partnership arrangements and an improvement plan was being implemented, but the transition in provision arrangements required strengthening to ensure consistent care outcomes for prisoners. A health needs assessment had been recommissioned for October 2015 to update the 2012 report.
- 2.55** The leadership of the health care team was also in transition, with a manager due to be in post from July 2015. Clinical matrons had recently been appointed and had made a difference by engaging with prisoners and addressing service delivery problems. There were vacancies in the team and regular agency staff were used to deliver core services. Only one registered nurse covered the site at night, which meant a limited response to prisoner need. Training needs were identified and support workers (health care assistants) had received training for extended health roles, such as providing a foot care triage clinic. Nurses received regular clinical supervision, which they valued. While care plans were developed for prisoners with some lifelong conditions, the management of prisoners with all such conditions required strengthening. Prisoners with asthma did not have annual checks, but recent appointments had introduced additional skills into the team to support prisoners with conditions such as epilepsy. There was a good approach to the management of communicable disease and regular access to vaccination programmes, although barrier protection was poorly advertised.

⁶ 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>

- 2.56** Clinical policies were appropriate and health staff used effective information governance arrangements. Health promotion had not been developed sufficiently but support workers had received training in this area and there were plans to progress several initiatives. Information for prisoners about the health services was not readily available in residential settings or at reception. There was no local audit of record keeping standards, but the samples we reviewed were appropriate.
- 2.57** The health care centre had no identified cleaning programme and the cramped patient waiting area was inadequately maintained and unacceptable, with torn seats and graffiti carved into furniture. Treatment rooms on the wings were poorly maintained and the responsibility for cleaning them was unclear, which led to poor compliance with infection prevention standards.
- 2.58** The response to serious and untoward incidents and monitoring of resulting action plans were good. The prison had a suitable protocol to deal with medical emergencies. In the responses to these that we sampled, the internal reaction times and response by external medical services were appropriate. Emergency resuscitation equipment and automated defibrillators were available in the health care centre and on all the residential units. Seals on the emergency kit were checked daily, and the contents every two weeks. All nursing staff had had mandatory training in this area. Custody staff were trained to use defibrillators and received basic life support training as part of their mandatory training.
- 2.59** Prisoners knew how to complain about health services but were not always confident that their concerns would be addressed. Few prisoners knew how to escalate such concerns. The complaints process was poorly advertised and we found cases of individuals investigating complaints made against them. However, the responses we saw generally addressed the concerns raised although their quality was variable. There was no dedicated patient forum, although health issues were discussed in the generic prisoner forum.

Recommendations

- 2.60** Prisoners with lifelong conditions should receive regular reviews that generate an evidence-based care plan delivered by appropriately trained and well-supervised staff, and prisoners with asthma should have annual health checks.
- 2.61** There should be a programme to promote prisoner health and well-being, including advertising access to barrier protection.
- 2.62** Cleaning schedules for all clinical environments, including the dental surgery, should be developed and routinely monitored, and all clinical environments and treatment rooms should comply with infection prevention standards and be subject to regular audit.
- 2.63** The waiting area in health care should be urgently refurbished.
- 2.64** Prisoners should be able to make a confidential complaint directly to health providers, this process should be well advertised, and responses should address the concerns that prisoners raise.
- 2.65** There should be a dedicated prisoner forum to address health care concerns and developments.

Housekeeping points

- 2.66** Information about health services should be readily available for prisoners.
- 2.67** There should be local routine management audits of clinical records to monitor the quality of entries.

Delivery of care (physical health)

- 2.68** Although it was the norm for a registered nurse to carry out health screening of new arrivals, who had a follow-up assessment within 72 hours, during our inspection not all arrivals were seen promptly – one did not see the nurse until a day after his arrival. The health reception area was not routinely cleaned, had limited medical equipment, broken furniture and little information for prisoners about health services (see housekeeping point 2.66).
- 2.69** In our survey, fewer prisoners than the comparators said it was easy to see the doctor (10% against 32%) or a nurse (41% against 52%), and only 23%, against 35%, rated the overall quality of services as good. Although we saw positive and professional health staff engagement with prisoners, most prisoners we spoke to complained about the time it took to see a health care professional, and, to a lesser extent, about their competence. Prisoners were not always consulted before decisions about their care were made. There were six GP sessions a week and the care provided by health staff was generally appropriate, but the system of application and triage used meant that prisoners faced long delays to be seen appropriately, particularly by a doctor (see main recommendation S39). The non-attendance rates to see a nurse were significant, and could have reflected some of the frustration that prisoners had with the service. There was a long wait to attend smoking cessation sessions, and these had been curtailed at the time of inspection. Out-of hours GP provision was provided by The Gables locum service.
- 2.70** Health staff saw prisoners held in the reintegration unit daily but there were no facilities to deliver confidential care and treatment, such as the provision of routine dressing changes, which was not acceptable.
- 2.71** Prisoners had appropriate access to external health care appointments, except for ultrasound examinations where there had been problems with the provider; although these had been resolved, there was now a backlog of appointments.

Recommendations

- 2.72** **The prison should monitor failure to attend rates for all clinics, explore the reasons for non-attendance, and publish the results within the prison.**
- 2.73** **Waiting times for smoking cessation services should be equivalent to those in the community.**
- 2.74** **Prisoners held in the reintegration unit should have access to confidential treatment by a health professional.**
- 2.75** **The health care provider should seek to resolve the problems in prompt prisoner access to external ultrasound examinations.**

Housekeeping points

- 2.76** The time taken for nurses to see new arrivals in reception should be routinely collated as part of the health provider's quality assurance processes.
- 2.77** Health care professionals should consult prisoners before making decisions affecting their health care.

Pharmacy

- 2.78** Medicines were supplied by a private pharmacy and were collected by a pharmacy technician from outside the prison. The technician was only accompanied to the pharmacy by an officer when controlled drugs were involved.
- 2.79** There was no pharmacy input into clinics and patients were unable to consult the pharmacist about their medicines.
- 2.80** There were 823 patients who received medicines, of whom 481 received it in possession, with 60% issued a seven-day supply. Many patients were unable to reorder their repeat medication, which led to unnecessary delays in accessing treatment. Zopiclone (used to treat insomnia) was prescribed to six patients for seven days in possession, contrary to the prison's in-possession policy - which was generally for this medication to be given as a three-day supply or administered on a 'see-to-take' basis. The highly tradable painkiller Gabapentin could be prescribed in possession and 44 patients received a seven-day supply, contrary to accepted prison practice for it to be administered in single doses on a see-to-take basis. Risk assessments for in-possession medicines were kept on SystmOne (the clinical IT system), but were not always checked before administration or routinely reviewed.
- 2.81** Prescribing and administration were undertaken on SystmOne. There was a prescribing formulary, but this was not always adhered to. Supervised medicines were mainly given twice daily, with limited provision for lunchtime administration. This meant that medicines were not given at the correct dosage schedules, and the 199 patients prescribed supervised night time medicines received these as early as 4.30pm. Medicine administration was generally well supervised, but a single officer was expected to manage the queue and maintain confidentiality. Some administration hatches were very small and restricted the ability of staff to supervise medicine administration safely.
- 2.82** There were adequate medicines to treat minor ailments but there was limited provision for the supply of more potent medicines. Some simple remedies, including pain relief, were available from the prison shop, which allowed prisoners to take responsibility for managing basic health problems. The out-of-hours medicine service was used for non-emergencies – for example, it was contacted about a prescription for slow-release morphine that had run out, as there was no doctor in the prison.
- 2.83** A large number of medicines were given from stock rather than on a named-patient basis and there were no stock reconciliation procedures to support these arrangements. We saw some named-patient in-possession medicines with no patient information leaflets, which was contrary to legal requirements. There was no formal written record of who had accessed the controlled drug key for the main pharmacy, and all nursing staff had digital (and unrecorded) access to the safe housing the key for the controlled drug cupboards on each wing.

- 2.84** There were up-to-date protocols and procedures. A well-attended multi-site medicines and therapeutics committee met every two months and a smaller group met monthly. A specific prison multidisciplinary meeting to discuss medicines management was held three times a week. Any issues or concerns were discussed at these meetings, and trends and learning points were identified and acted upon.

Recommendations

- 2.85** All medicines should be transported securely.
- 2.86** Prisoners should be able to discuss the use of their medicines with the pharmacist, and there should be pharmacy input into clinics.
- 2.87** Supervised medicines should be administered according to the recommended dosage regimes.
- 2.88** Medicines administration hatches should be designed to allow adequate supervision, and queues for medicines should be robustly managed to ensure patient confidentiality and reduce the likelihood of bullying and diversion.
- 2.89** The in-possession medications policy should be revised to be in line with current established best practice and adhered to. Where possible, 28 days should be supplied and prisoners should be responsible for ordering their repeat medicines.
- 2.90** More potent medicines should be available without the need to see a doctor.
- 2.91** Out-of-hours medicine supply should not be used routinely for regular repeat prescriptions.

Housekeeping points

- 2.92** The prescribing formulary should be adhered to, evidence-based and in line with current best practice.
- 2.93** There should be stock reconciliation procedures for all pharmacy stock.
- 2.94** There should be a robust audit trail of who has accessed all controlled drug cabinets.

Dentistry

- 2.95** Services were provided by Time for Teeth Ltd, who provided routine assessments and a full range of NHS treatments. Prisoner access to the dentist was reasonable and had improved since our last inspection, with waiting times now in line with community provision. Prisoners had concerns about being able to access urgent treatment, but we were assured that such referrals were seen promptly. Most prisoners we spoke told us the care provided was good, which our observations supported. The dentist record keeping and appointments systems were appropriate.

- 2.96** The dental suite was suitably equipped but there were inadequate arrangements for routine cleaning to ensure safe standards and compliance with infection prevention requirements, and there was no infection control audit see recommendation 2.62.) There was a separate area for decontamination of equipment. Emergency drugs were stored in the dental suite, but the temperature of the room was not monitored to check that the drugs were stored at the optimum temperatures. Dental equipment was appropriately maintained and waste materials were safely disposed.

Recommendations

- 2.97** **Emergency drugs held in the dental suite should be stored at the optimum temperatures to ensure their efficacy.**
- 2.98** **The dental suite should be clinically clean and an infection control audit be completed at least every six months.**

Delivery of care (mental health)

- 2.99** Mental health provision was delivered by two separate primary and secondary teams, which met weekly to allocate referrals and review patient care. The primary care team was nurse-led, and the specialist secondary service was delivered through a small group of mental health nurses, an occupational therapist and input from a sessional psychiatrist and part-time clinical psychologist. There was an appropriate range of services, including self-help and education through to interventions for prisoners with complex mental health problems. Serco provided a counsellor for prisoners, who routinely attended the weekly multidisciplinary team meeting.
- 2.100** Referrals came through initial health screening of new arrivals, other health professionals and prison staff, and prisoners could also self-refer. Most applications were considered initially by the primary mental health team as a single point of referral. There was appropriate team input into the reintegration unit and to prisoners in crisis subject to assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm. Patients were assigned a nominated caseworker, and the team supported 13 prisoners with serious and enduring mental health problems through the care programme approach (CPA). The mental health team communicated appropriately with physical health care staff, including the GP, and substance misuse staff, particularly in relation to a small number of prisoners with a dual diagnosis (mental health and substance misuse needs). Most referrals to the service were seen within five working days for an assessment, and urgent referrals were seen on the same day. Prisoners were also contacted through their in-cell telephones when appropriate to maintain support. There was a small waiting list for secondary services but these prisoners were supported by primary care mental services while waiting for specialist input.
- 2.101** In the previous 12 months, five prisoners had been assessed and transferred to hospital under the Mental Health Act, with four of these transfers subject to significant delays following receipt of the assessment outcome.
- 2.102** Many prison staff had undertaken mental health awareness sessions and there was a continuing programme of training.

Recommendation

2.103 The prison should work with external mental health providers to ensure that the transfer of patients to hospital under the Mental Health Act takes place within Department of Health transfer target timescales.

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.

2.104 *Prisoners were generally positive about the food, and portions and the quality were good. There were opportunities for prisoners to eat communally, and good consultation.*

2.105 In our survey, satisfaction with the food had fallen since the previous inspection but was still better than the comparator: 38% of prisoners, against the comparator of 25%, said the food was good. Most prisoners we spoke to were positive about the food, although medical diets had been withdrawn from prisoners without a review of their needs. Arrangements for Ramadan, which took place during the inspection, worked well. The menu operated on a four-week cycle and catered for special diets, including halal, vegan and vegetarian. The quality and quantity of food were generally good, with a more substantial breakfast than we often see, with plenty of bread and cereals.

2.106 There were good arrangements for prisoners to eat communally. Microwaves on each wing meant that prisoners could prepare some of their own food, and they could buy toasters for their cells. Bread was provided daily.

2.107 The kitchen was kept clean and properly maintained. Halal food was stored and prepared separately. Thirty-two prisoners worked in the kitchen and were able to achieve a national vocational qualification (NVQ). Wing serveries were generally clean, although we found one that had not been properly cleaned after the evening meal. Kitchen staff checked the serveries and food service regularly. Prisoners serving food received food hygiene training and were dressed appropriately. Service of some meals started earlier than the advertised times.

2.108 Consultation about food was good with consistent involvement from the kitchen manager.

Recommendation

2.109 Meals should not be served before the advertised times.

Housekeeping point

2.110 Medical diets should only be withdrawn after a documented review with the prisoner.

Purchases

Expected outcomes:

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

2.111 *Prison shop arrangements were better than we normally see.*

2.112 The prison shop continued to be run by Serco staff and was located in the industries complex. New arrivals received a free overnight pack with toiletries, food and drink, and could then make a shop order the following day, which was much better than we normally see. Prisoners could access up-to-date records of their finances and submit weekly shop orders on the wing automated machines (see paragraph 2.7). There was an extensive range of products, which were updated through consultation with the quarterly prisoner information and amenities committee. Prisoners could order items from a range of catalogues and were not charged a fee, but we found a small backlog of catalogue orders in reception.

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.⁷

3.1 *Prisoners had good access to time out of cell.*

3.2 The published core day showed that most prisoners had over 11 hours out of their cell, which was good. Unemployed prisoners had around four hours a day out of cell. At roll checks during the morning and afternoon, we found an average of 13% of prisoners locked in their cells. Although this was better than we normally see, this was still not good enough in a training prison. In our survey, respondents were more positive than the comparator about their access to time out of cell, exercise and association. There were three opportunities for daily exercise, and each yard contained exercise equipment that was frequently used.

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.

3.3 *The strong focus by senior managers on improving and developing the provision has been successful. Since the last inspection the range and variety of activities had increased to meet the changing needs of the prison population, and were now good. Quality improvement measures had helped improve the provision, but findings from observations of teaching, learning and coaching needed to be linked to staff development and performance management. The use of data to measure the impact of quality improvement actions needed improvement. Day-to-day management of the learning and skills provision was good, as were teaching, learning, assessment and coaching. In education and vocational training, most teachers and trainers ensured that most learners made good progress in developing their knowledge and skills. Learner achievement of accredited qualifications was high in most education and vocational training courses, and prisoners in work developed good employability skills. The library was a good resource.*

3.4 *Ofsted⁸ made the following assessments about the learning and skills and work provision:*

Overall effectiveness of learning and skills and work: good

⁷ 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.

⁸ 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>.

<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>good</i>

Management of learning and skills and work

- 3.5** Senior managers had focused well on improving and developing the learning, skills and work provision. Since the last inspection, they had managed the change in prison population well and had developed the curriculum to meet the needs of the population, particularly longer stay prisoners.
- 3.6** Quality improvement measures had been introduced since the last inspection but required further development, particularly in linking the findings from observations of teaching, learning and coaching to staff development and performance management. The prison's self-assessment report accurately reflected most aspects of learning and skills, but lacked robust data analysis to support judgements. There was good use of learners' feedback to support planning and curriculum development. The quality improvement group focused appropriately on reviewing performance and monitoring progress, and was effective. However, there needed to be better use of data analysis to measure the impact of quality improvement actions.
- 3.7** The day-to-day management of the learning and skills provision was good, as were links with other departments in the prison and with external employers. Senior prison managers had made very effective links with a variety of employers to develop significantly more good quality work opportunities for prisoners. Accredited qualifications had been successfully introduced into all the prison contract workshops, and the work skills developed by prisoners were recognised and celebrated well. Staff morale was good and they were enthusiastic about their work. Prison data on the numbers of prisoners attending activities were not used sufficiently well, particularly to target and manage those who refused to be allocated to education. Pay rates were a disincentive to prisoners attending education.

Recommendations

- 3.8** **The findings from observations of teaching, learning and assessment should be linked to staff development and performance management.**
- 3.9** **Learner performance and allocation to activities data should be analysed to inform and evaluate the impact of quality improvement actions.**
- 3.10** **The pay rates for prisoners should not deter prisoners from attending education.**

Provision of activities

- 3.11** The prison provided sufficient activity places to engage prisoners fully throughout the week. The variety and amount of purposeful work and vocational training were good. Vocational courses included customer service, warehousing, team leading, construction skills, painting and decorating, and industrial cleaning. The range and variety of education courses were good with a strong focus on English and mathematics. Courses to develop prisoners'

personal skills included 'pro-social modelling' (reinforcing pro-social attitudes, values and behaviour) and 'family relations'. The curriculum provided good opportunities to gain accredited qualifications and to progress from entry level through to GCSEs, A levels and into higher education distance learning courses.

- 3.12** The education induction was effective and provided information and guidance to prisoners focusing on their longer-term resettlement objectives. Initial assessment of prisoners' English and mathematics skills was good but did not link to the allocation process to direct prisoners to the most appropriate activity. The prison had recognised this and had recently introduced a new system, but it was too early to judge the impact of this quality improvement measure.

Quality of provision

- 3.13** Teaching, learning, assessment and coaching were good overall. In education, most teachers ensured that most learners made good progress in developing their knowledge and skills through challenging activities that enabled them to reflect and apply their understanding effectively. The majority of teachers provided precise explanation to foster learners' comprehension of theoretical concepts and principles, and used questioning successfully to check and consolidate their understanding. Most teachers used continuing assessment, particularly in English, to augment learners' knowledge and skills development. In the more effective lessons, teachers gave the more able learners purposeful extension activities that accelerated their learning and progress. Personal development targets in individual learning plans were generally good.
- 3.14** In the minority of education lessons that required improvement, teachers focused too much on their input as a teacher, were too hurried and did not take into account the individual needs of each learner. A minority of teachers did not focus sufficiently on agreeing individual targets and learning goals with learners that specifically helped them develop and master required subject content. A few teachers did not sufficiently link the results of the initial assessment to individualise learning.
- 3.15** In vocational training, trainers skilfully prompted learners to identify their main barriers to learning and explain how the targets in their individual learning plan addressed these. As a result, learners found training sessions interesting and relevant to their long-term career aspirations. Learners recognised the clear links between learning, their future well-being and employability and were motivated well to make good progress. Written feedback to learners on their work was clear and sufficiently detailed for them to understand what they had achieved and what they had to do to improve.
- 3.16** Training support assistants (TSAs) were used well by trainers to target individual support to learners, especially those with learning disabilities and difficulties, to make good progress with their learning, but this was insufficiently recorded and assessed.
- 3.17** Trainers and teachers consistently challenged any inappropriate language and behaviour in lessons. Behaviour management was excellent, and the mutual respect between trainers, teachers and prisoners helped create a positive learning environment. Trainers and teachers helped learners develop a good awareness of the effects of their behaviour on others, and improved their personal and social skills. Punctuality and attendance were mainly good.
- 3.18** Education staff promoted reading effectively through initiatives such as the Shannon Trust reading scheme to help prisoners learn to read. Storytime Dads was particularly effective in enabling prisoners to improve their literacy and creative media skills through using the prison's well-resourced sound and vision facilities to produce and record stimulating visual and audio stories for their children.

3.19 Accommodation for learning, including vocational training, was very good.

Recommendation

3.20 Teachers should use the results from prisoners' initial assessment to plan their individual learning needs, including setting targets in prisoners' individual learning plans that are specific and meaningful to help them progress.

Education and vocational achievements

3.21 Learners made good progress in achieving accredited qualifications in education and vocational training, with high success rates on most courses. Most learners achieved full qualifications, and achievement of English and mathematics qualifications was generally high, but a few courses in mathematics needed to improve. In vocational training, learners improved their confidence and practical skills in English and mathematics, such as when calculating the cost of projects in the construction skills workshop. Education courses on pro-social modelling and family relationships helped learners develop effective personal skills. In prison workshops, prisoners developed effective practical and employability skills and worked to a high standard, meeting commercial deadlines and quality standards. Prisoners' standards of work in education and vocational training were good. No significant differences between the achievements of different groups of learners had been identified.

Recommendation

3.22 There should be higher achievement of qualifications in a minority of underperforming courses.

Library

3.23 The library was well organised, planned and appropriately staffed. All prisoners had structured access to the library up to four times a week. An adjacent classroom provided a private study area for library users.

3.24 The library had a good range of up-to-date books and material, including easy-read materials and books in a wide range of foreign languages. Books promoting vocational skills development were readily available. However, there were insufficient links between the library and education and training staff to promote the value of the library to learners' study. Legal reference books and Prison Service Instructions were available for prisoners. A small selection of books was available for prisoners in the reintegration unit. Stock losses were high.

3.25 Managers collected information on the number of visits and books issued but did not systematically record the use of the library by individual prisoner. As a result, data were not used to monitor and evaluate the overall impact of the library and take-up by different groups of prisoners (see also recommendation 3.9).

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.

3.26 *The physical education provision was outstanding. A high number of prisoners regularly attended the gym, but there was little analysis of usage. Prisoners had good access to an excellent range of recreational physical training and accredited vocational training courses. The sports academy offered vocational training programmes up to level 3, and achievement on accredited courses was high. Peer mentors were used very effectively.*

3.27 The physical education (PE) provision was outstanding. It was very well managed and promoted, providing an excellent range of recreational and structured activities each day, including at weekends and in the evenings. Well-qualified PE staff were enthusiastic about their work. There was effective use of peer mentors, who could gain appropriate qualifications.

3.28 New arrivals completed a timely induction to the gym, which included detailed advice on healthy living, diet and nutrition. Prisoners had access to the gym at least twice weekly. Specific activities to encourage all prisoners to use the gym included sessions for over-40s, over-50s and a walking club. An extensive activity programme included badminton, basketball and volleyball, and circuit training and recreational training were provided. Around 70% of prisoners regularly used the gym's recreational activities, although data were not sufficiently analysed to ensure all groups took part in PE.

3.29 The department's links with health care had improved since the previous inspection and were effective, particularly when prisoners needed remedial gym; gym staff were informed about most prisoners who were deemed medically unfit to participate in activities or who needed support to rehabilitate from injury.

3.30 The PE department's sports academy was outstanding, providing an excellent range of vocational training qualifications from entry level up to level 3, which strongly supported personal well-being, and were clearly linked to future employability. Prisoner achievement on accredited courses was high.

3.31 Resources were very good and supported an excellent range of varied activities. The large sports hall was used for an extensive range of games, circuit training and coaching activities. The external artificial pitch was well maintained and used for a range of team activities and events. A very well-resourced classroom in the sports academy was an excellent base for theory courses. Prisoners had appropriate access to drinking water. The residential wings had a small range of cardiovascular training equipment, which was generally in good condition and in regular use.

Recommendation

3.32 **Data on gym use should be analysed to ensure that all groups of prisoners are accessing it.**

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 *Strategic management of offender management was good. A comprehensive policy was underpinned by a thorough assessment of prisoner need. Although there was good communication between departments with a direct responsibility for offender management, public protection and resettlement pathways there was no 'whole-prison' approach to this pivotal role.*

4.2 Strategically, the offender management unit (OMU) was not at the centre of a coordinated 'whole prison' approach, and offender management was not fully embedded across the prison. Many staff we spoke to did not fully understand how they could contribute effectively to support the pivotal role of offender management and public protection in managing the prison's very high risk population. A prisoner needs assessment underpinned a comprehensive reducing reoffending strategy, which covered the key elements of offender management, public protection and resettlement pathways. Quarterly reducing reoffending and fortnightly interventions meetings were properly constituted and focused on relevant issues.

4.3 Offender management, including public protection and work with indeterminate sentence prisoners, was managed under the head of offender management, while interventions, including programmes and some resettlement pathways, was managed under the head of psychology. The arrangement worked very well with evidence of good links between the departments to ensure appropriate prisoner engagement.

4.4 Sixteen offender supervisors worked in small pods supported by case administrators, which enabled the delivery of mostly effective offender management. Five of the offender supervisors were operational staff who were sometimes cross-deployed to cover officer duties elsewhere in the prison, although this was not a problem. Public protection staff shared the offender supervisors' office, which assisted effective communication.

4.5 The needs analysis had led to provision that was broadly tailored to meet the identified intervention needs of the population. However, although the need to address domestic violence had repeatedly been identified as a significant gap, bids to commission a relevant programme had not yet been successful (see paragraph 4.42 and recommendation 4.44).

4.6 Despite the prison's efforts to engage with community rehabilitation companies (CRCs),⁹ relationships with them had not yet been established, but as Lowdham Grange no longer had a resettlement function and released relatively few prisoners, the impact was small. Nevertheless, the prison had raised its concerns appropriately to the regional and national 'through the gate' lead staff at NOMS.

⁹ Since May 2015, rehabilitation services, both in custody and after release, have been organised through CRCs, which are responsible for work with medium- and low-risk offenders. The National Probation Service (NPS) has maintained responsibility for high- and very high-risk offenders.

Recommendation

- 4.7 The prison should foster a coordinated prison-wide approach to offender management and public protection between the offender management unit and other functions, in which all staff understand their role and contribute effectively.**

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.

4.8 *The prison's committed and dedicated offender management team was a real strength. Offender management arrangements were generally good and many prisoners were satisfied with the service from their offender supervisor. Despite a relatively small backlog, OASys (offender assessment system) assessments and sentence plans were at least adequate. Offender supervisor-prisoner contact was evident and properly focused at key points during the sentence. Public protection arrangements were appropriately robust. Recategorisation procedures were managed well. Specific provision for indeterminate sentence prisoners was reasonable and developing.*

- 4.9** Lowdham Grange was a national resource and since the last inspection the population had changed to mostly long-term category B prisoners accepted from all over the country. Many prisoners had complex needs: 70% were assessed as a high or very high risk of harm and 80% were subject to multi-agency public protection arrangements (MAPPA). The offender management model used was appropriate. All prisoners were allocated to one of the 16 offender supervisors quickly after arrival and were informed of this through their in-cell telephones.
- 4.10** Five of the offender supervisors were prison officers. They were sometimes cross-deployed for officer duties elsewhere in the prison and some of the other offender supervisors undertook other work. Although this was not a significant problem it did sometimes detract staff attention from offender management-focused work. Full-time offender supervisors carried caseloads of around 75 each, which was high and sometimes meant that contact with prisoners was less frequent than it should have been.
- 4.11** During the inspection we were joined by colleagues from HM Inspectorate of Probation who undertook a detailed analysis of 12 cases (six assessed as high or very high risk of harm, and six as low or medium risk). We considered a further 18 cases in less detail.
- 4.12** An offender supervisor generally saw new arrivals within their first 10 days and either reinforced current OASys and sentence planning objectives or began reviewing these. Following induction and assessments by offender supervisors and other staff, including education and substance misuse, the prison attempted to sequence attendance at appropriate activities to address offending behaviour, which was positive and worked reasonably well.
- 4.13** At the time of the inspection, 40 OASys assessments were incomplete or out of date: all were the responsibility of the National Probation Service. Offender supervisors took an active role in chasing external offender managers for missing assessments when needed. The content of OASys assessments we looked at was generally at least adequate, and some were

very good and identified the key factors related to the prisoner's offending. Risk of serious harm assessments and associated risk management plans were generally sufficient, but did not always pay adequate attention to events that had happened in custody.

- 4.14** The sentence plans we examined were generally at least adequate but did not always cover all key factors associated with the likelihood of reoffending, although this was better for those completed by offender managers. Most plans contained objectives that were important for resettlement, such as education, training and employment, but did not directly address the causes of offending, and some objectives were not sufficiently specific or outcome-focused. We saw evidence that sentence planning meetings had taken place and that offender supervisors took an active role in facilitating the process for the low or medium risk cases they were responsible for.
- 4.15** In our survey, more respondents than the comparator said they had a named offender manager and a named offender supervisor, and that their offender supervisor was working with them to achieve sentence planning targets. Offender supervisor contact with prisoners was targeted at those presenting the highest needs and risks, particularly those who were high or very high risk. High caseloads made it difficult for some offender supervisors to meet the unit target of quarterly contact for high risk of harm and lifer cases, but there was clear evidence that resources were appropriately targeted at the highest risk cases, and need and priority given to those at key points in their sentence. In a minority of cases, contact logs indicated long gaps and minimal contact. However, the contact logs did not always record the real level and quality of contact that offender supervisors had with prisoners – for example, a considerable amount of contact was by telephone, and little detail of this was recorded.
- 4.16** Offender supervisors were generally experienced, interested in and knowledgeable about the prisoners on their caseloads. The prisoners we met were highly satisfied with the contact with their offender supervisors. In the cases we examined, some prisoners were not fully engaged with their sentence plan. However, we saw good engagement and motivation by offender supervisors in some cases. Although they did not have the time or training to carry out much individual offence-focused work, in many cases offender supervisors encouraged and supported the delivery of planned work by others.
- 4.17** There was no probation officer involvement with the team at Lowdham Grange and therefore offender supervisors did not receive any professional supervision about their work, to develop and improve the quality and focus of their contact with prisoners.
- 4.18** Liaison between offender supervisors and offender managers in the community about prisoners was generally good. In our sample, where relevant, such contact was mostly sufficient and meaningful.
- 4.19** Given the population, relatively few prisoners met the criteria for home detention curfew or release on temporary licence: no cases had been considered in the previous six months.

Recommendations

- 4.20** **Sentence planning objectives should be more precise about what the prisoner is expected to achieve.**
- 4.21** **Offender supervisors should ensure their contact logs fully record their work with prisoners.**

4.22 Offender supervisors should receive regular professional supervision of their work to assist the development of professional casework practice.

Public protection

- 4.23** Arrangements for public protection work were generally sufficient, and well integrated with other OMU functions. A monthly inter-departmental risk management meeting was well used, and reviewed all new arrivals referred by public protection staff. Cases were referred to the meeting as required, including when behaviour in custody became concerning. At the time of the inspection, 23 prisoners were subject to child protection monitoring and 95 to harassment measures, of whom seven had active mail and/or telephone monitoring. Offender supervisors were active in referring MAPPA cases to local MAPPA coordinators so that the risk management level was set well in advance of release. In the cases we inspected, all relevant prisoners were correctly identified as MAPPA eligible.
- 4.24** In all the relevant cases we inspected, there were satisfactory arrangements to ensure there were appropriate public protection measures in place. In most cases, there was sufficient victim protection work, although some required more work targeted on victim awareness.

Categorisation

- 4.25** Recategorisation processes were appropriate. Assessments were led by offender supervisors in consultation with offender managers and were timely and of sufficient quality. Of the 522 recategorisation reviews in the previous six months, 20 had resulted in prisoners being allocated lower security categories, which allowed onward progression and transfer.

Indeterminate sentence prisoners

- 4.26** At the time of the inspection, there were 168 prisoners serving mandatory life sentences and a further 119 serving an indeterminate sentence for public protection (ISPP). Work with indeterminate sentence prisoners was generally appropriate, and offender supervisors saw most ISPPs and lifers reasonably frequently. There was little information specifically for indeterminate sentence prisoners. The specific provision for life sentence prisons was being improved, with prisoner representatives being selected and forums due to take place.

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.

- 4.27** *Relatively few prisoners were released directly from Lowdham Grange. Although there was no involvement from CRCs, pre-release discharge planning was broadly appropriate. All resettlement pathways were covered but work focused appropriately on maintaining family ties and appropriate interventions to meet identified offending behaviour needs. The range of work to address attitudes, thinking and behaviour was very good.*

- 4.28** The prison had released only six prisoners in the last six months. Since May 2015, a few of these should have had their resettlement needs met by a CRC but, although the prison had raised its concerns regionally and nationally in NOMS, it had not yet benefited from involvement by a CRC. However, this had not affected the prison's discharge planning for prisoners due to be released from Lowdham Grange. Some prisoners should have been transferred to resettlement prisons before their release, for progression or resettlement, but the prison sometimes experienced difficulties in persuading other establishments to accept them.
- 4.29** All prisoners were invited to an offender supervisor-led pre-discharge meetings nine months and three months before their release, and offender managers were generally involved. The meeting not only focused on accommodation and employment, training or education, but also covered all resettlement pathways and discussed likely licence conditions and support on release. If not involved, offender supervisors communicated the outcomes to the offender manager in the community.

Recommendation

- 4.30** **Prisoners should be transferred quickly to appropriate prisons for progression or resettlement to ensure their needs are met.**

Accommodation

- 4.31** Offender supervisors provided appropriate support with finding accommodation for the few prisoners released directly from the prison, all of who left with accommodation on release. Most were accommodated in approved premises or returned to live with their family.

Education, training and employment

- 4.32** Education staff provided good information, advice and guidance at prisoners' education induction, which focused on their longer-term objectives. A personal development course available in the education department provided structured opportunities for prisoners to produce a CV. Prisoners had good opportunities in the prison to develop work skills, which were well informed by the prison's contact with a variety of employers. There was an appropriate focus on preparing the majority of prisoners for employment and training as they moved within the prison system.

Health care

- 4.33** Pre-release health care arrangements for the few prisoners released directly into the community were effective. A member of the primary healthcare saw all prisoners and helped them make the appropriate links. The mental health team also linked effectively with relevant services when appropriate.

Drugs and alcohol

- 4.34** There was some work with individual prisoners on harm reduction and relapse prevention, and links with community agencies for the small number of prisoners released.

Finance, benefit and debt

- 4.35** Provision across this pathway was broadly appropriate for such a long-term population. The Money Advice Service visited the prison every other month and provided specialist advice – 32 prisoners had used these services in the previous 18 months. A further 31 had opened bank accounts in the same period. The pro-social modelling course run by education included budgeting and money management.

Children, families and contact with the outside world

- 4.36** The prison held prisoners from across the country, and in our survey, only 22% said it was easy for their family and friends to attend visits. The visits provision was good, lasting up to three hours on weekdays and two hours at weekends.
- 4.37** The visitors' centre remained small and stark but staff processed visitors swiftly. Visitors told us that staff generally treated them with respect, and visits started at the advertised time. Although there were many large anti-trafficking posters on the road leading up to the prison, there was very little practical information for first time visitors in the visitors' centre, search area and visits hall.
- 4.38** The visits hall was large and, despite fixed furniture, was a reasonably good environment, with a staffed play area and snack bar. Although there was an excellent outdoor children's play area, this had only been used twice in 2015. Prisoners who wanted to use the toilet during a visit then had to have the rest of their visit in closed conditions (see recommendation 1.37). Facilities for closed visits were adequate but many prisoners were put on closed visits for inappropriate reasons (see paragraph 1.33 and recommendation 1.37). Those who did not receive visits because of the distance from their home area could apply for accumulated visits at another establishment – nine prisoners had received such visits in the previous six months. The prison ran regular family days with six planned for 2015. We were concerned to find that Skype provision for foreign nationals with families overseas had ceased (see paragraph 2.27 and recommendation 2.34).
- 4.39** Other provision under this pathway was provided by education and was impressive. This included Storytime Dads (see also paragraph 3.18), which over 100 prisoners had used in the previous six months to make a story DVD for their children. A similar number had successfully completed an accredited relationship programme over the previous year.

Recommendations

- 4.40** **The prison should make relevant literature available to families, including information about the prison and its regime.**
- 4.41** **The external play area should be available to families with children during visits sessions.**

Attitudes, thinking and behaviour

- 4.42** There was a good range of accredited offending behaviour programmes based on the prisoner needs assessment, which broadly met the needs of the population. However, a significant gap had been identified on the need to address domestic violence, and the prison had not yet been successful in commissioning a relevant programme. There were 160 programme spaces a year available on the thinking skills programme (TSP), Resolve (violence

management course) and the recently introduced self-change programme (a high intensity cognitive behavioural programme). Programmes were managed well by the large psychology team and waiting lists were not excessive. The programmes team was very committed and worked hard to engage some challenging prisoners, and its efforts resulted in good retention and completion rates. There was some evidence that offender supervisors worked with prisoners on completion of programmes to reinforce learning and challenge negative attitudes and behaviour. In our survey, 82% of prisoners, against the comparator of 75%, said that they had been involved with offending behaviour programmes at the prison, but fewer than the comparator (40% against 52%) thought the programmes would help them on their release.

- 4.43** A range of non-accredited programmes included Sycamore Tree (victim awareness), Beating the Blues (cognitive behaviour programme aimed at those with mild anxiety or depression), pro-social modelling (delivered through the education department) and restorative justice conferences. The psychology team also ran a range of one-one interventions by referral.

Recommendation

- 4.44** Programmed work to address domestic violence should be readily available for prisoners who require it.

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 director

- 5.1 The number of violent incidents should be reduced. The prison should implement plans to increase staff supervision during high risk periods, and introduce formal support for victims of bullying and violence. (S36)
- 5.2 Prisoners in crisis should only be held in the segregation unit in exceptional circumstances and this should be well documented. (S37)
- 5.3 The prison should reduce the number of uses of force, and all use of force should be justified, and de-escalated as soon as possible. Special accommodation and mechanical restraints should not be used in response to prisoners who are actively self-harming. (S38)
- 5.4 The health care application and triage process should ensure that prisoners get prompt and needs-led access to the most appropriate health care professional to assess their condition and deliver appropriate care, and the prison should monitor health care waiting times and publish the results within the prison. (S39)

Recommendation

To NOMS

- 5.5 Prisoners should be transferred quickly to appropriate prisons for progression or resettlement to ensure their needs are met. (4.30)

Recommendations

To the director

Courts, escort and transfers

- 5.6 Prisoners should be given comfort breaks at least every two and a half hours on journeys to and from the establishment. (1.5, repeated recommendation 1.8)
- 5.7 Subject to evidenced security considerations, prisoners should be given enough notice of planned transfers to be able to inform their family. (1.6, repeated recommendation 1.10)
- 5.8 Prisoners should be able to wear their own clothes while under escort, unless there are well-evidenced security concerns. (1.7)

Early days in custody

- 5.9** New arrivals should not be held in reception for an excessive period. (1.14)
- 5.10** Reception holding cells should contain reading materials, televisions or similar activities to occupy new arrivals. (1.15)
- 5.11** Prisoners should receive a free telephone call on their first night. (1.16)

Self-harm and suicide

- 5.12** The safer custody team should have regular meetings with buddies. (1.27)

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. (1.31)

Security

- 5.14** Security arrangements, including the use of closed visits, strip searching and handcuffs, should only be authorised when supported by intelligence. (1.37)
- 5.15** Intelligence-led searching should be conducted promptly. (1.38)
- 5.16** Random mandatory drug testing for new arrivals should cease and be replaced by a renewed focus on the quality of drug intelligence and the use of frequent testing to support prisoners trying to avoid illicit drugs. (1.39)

Incentives and earned privileges

- 5.17** The prison should revise the incentives and earned privileges (IEP) scheme, in consultation with prisoners, so that it is effective in incentivising good behaviour. (1.43)

Discipline

- 5.18** Adjudication records should demonstrate sufficient exploration of the charge before a finding of guilt. (1.46)
- 5.19** The use of force committee should meet more regularly to provide proper governance and oversight around the proportionality and necessity of use of force and to analyse trends and patterns with a view to reducing force. (1.50)
- 5.20** The reintegration unit should be kept clean and well maintained, and the regime for prisoners should be enhanced, including access to in-cell work and the gym. (1.54)
- 5.21** Good order or discipline reviews and care and reintegration planning should be personalised and focused on the prisoner's reintegration into the prison. (1.55)

Substance misuse

- 5.22** Prisoners with substance misuse needs should be able to participate in more intensive recovery-focused programme work to support preparation for their release. (1.65)
- 5.23** Peer mentors should be recruited to inform and support substance misuse programme work. (1.66)

Residential units

- 5.24** Cells should be free of offensive displays. (2.8)
- 5.25** In-cell emergency call bells should be responded to within five minutes. (2.9, repeated recommendation 2.12)
- 5.26** Legal correspondence should only be opened in the prisoner's presence. (2.10)

Staff-prisoner relationships

- 5.27** The prison should investigate and address prisoners' negative perceptions about relationships with staff. (2.16)

Equality and diversity

- 5.28** Equality monitoring should include areas of particular concern to prisoners, and out-of-range results should be investigated promptly and robustly, and the necessary follow-up action taken. (2.22)
- 5.29** There should be support forums for prisoners from all minority groups. (2.23)
- 5.30** The prison should seek to understand and address the negative perceptions of foreign national prisoners and prisoners with disabilities, and ensure that these groups have sufficient support to meet their needs. (2.33)
- 5.31** The reintroduction of the Skype service for foreign national prisoners should be considered. (2.34)
- 5.32** Care plans should include support for prisoners with mental health and learning disabilities. (2.35)

Complaints

- 5.33** There should be quality assurance of complaints to ensure they are fully investigated and responded to. (2.44)
- 5.34** When a complaint is withdrawn, staff should ensure that prisoners give detailed recorded reasons and all withdrawals should be monitored by managers. (2.45, repeated recommendation 3.27)

Health services

- 5.35** Prisoners with lifelong conditions should receive regular reviews that generate an evidence-based care plan delivered by appropriately trained and well-supervised staff, and prisoners with asthma should have annual health checks. (2.60)
- 5.36** There should be a programme to promote prisoner health and well-being, including advertising access to barrier protection. (2.61)
- 5.37** Cleaning schedules for all clinical environments, including the dental surgery, should be developed and routinely monitored, and all clinical environments and treatment rooms should comply with infection prevention standards and be subject to regular audit. (2.62)
- 5.38** The waiting area in health care should be urgently refurbished. (2.63)
- 5.39** Prisoners should be able to make a confidential complaint directly to health providers, this process should be well advertised, and responses should address the concerns that prisoners raise. (2.64)
- 5.40** There should be a dedicated prisoner forum to address health care concerns and developments. (2.65)
- 5.41** The prison should monitor failure to attend rates for all clinics, explore the reasons for non-attendance, and publish the results within the prison. (2.72)
- 5.42** Waiting times for smoking cessation services should be equivalent to those in the community. (2.73)
- 5.43** Prisoners held in the reintegration unit should have access to confidential treatment by a health professional. (2.74)
- 5.44** The health care provider should seek to resolve the problems in prompt prisoner access to external ultrasound examinations. (2.75)
- 5.45** All medicines should be transported securely. (2.85)
- 5.46** Prisoners should be able to discuss the use of their medicines with the pharmacist, and there should be pharmacy input into clinics. (2.86)
- 5.47** Supervised medicines should be administered according to the recommended dosage regimes. (2.87)
- 5.48** Medicines administration hatches should be designed to allow adequate supervision, and queues for medicines should be robustly managed to ensure patient confidentiality and reduce the likelihood of bullying and diversion. (2.88)
- 5.49** The in-possession medications policy should be revised to be in line with current established best practice and adhered to. Where possible, 28 days should be supplied and prisoners should be responsible for ordering their repeat medicines. (2.89)
- 5.50** More potent medicines should be available without the need to see a doctor. (2.90)
- 5.51** Out-of-hours medicine supply should not be used routinely for regular repeat prescriptions. (2.91)

- 5.52** Emergency drugs held in the dental suite should be stored at the optimum temperatures to ensure their efficacy. (2.97)
- 5.53** The dental suite should be clinically clean and an infection control audit be completed at least every six months. (2.98)
- 5.54** The prison should work with external mental health providers to ensure that the transfer of patients to hospital under the Mental Health Act takes place within Department of Health transfer target timescales. (2.103)

Catering

- 5.55** Meals should not be served before the advertised times. (2.109)

Learning and skills and work activities

- 5.56** The findings from observations of teaching, learning and assessment should be linked to staff development and performance management. (3.8)
- 5.57** Learner performance and allocation to activities data should be analysed to inform and evaluate the impact of quality improvement actions. (3.9)
- 5.58** The pay rates for prisoners should not deter prisoners from attending education. (3.10)
- 5.59** Teachers should use the results from prisoners' initial assessment to plan their individual learning needs, including setting targets in prisoners' individual learning plans that are specific and meaningful to help them progress. (3.20)
- 5.60** There should be higher achievement of qualifications in a minority of underperforming courses. (3.22)

Physical education and healthy living

- 5.61** Data on gym use should be analysed to ensure that all groups of prisoners are accessing it. (3.32)

Strategic management of resettlement

- 5.62** The prison should foster a coordinated prison-wide approach to offender management and public protection between the offender management unit and other functions, in which all staff understand their role and contribute effectively. (4.7)

Offender management and planning

- 5.63** Sentence planning objectives should be more precise about what the prisoner is expected to achieve. (4.20)
- 5.64** Offender supervisors should ensure their contact logs fully record their work with prisoners. (4.21)
- 5.65** Offender supervisors should receive regular professional supervision of their work to assist the development of professional casework practice. (4.22)

Reintegration planning

- 5.66** The prison should make relevant literature available to families, including information about the prison and its regime. (4.40)
- 5.67** The external play area should be available to families with children during visits sessions. (4.41)
- 5.68** Programmed work to address domestic violence should be readily available for prisoners who require it. (4.44)

Housekeeping points

Discipline

- 5.69** Reintegration unit staff entries in prisoner case history notes should be comprehensive and reflect knowledge of those in their care. (1.56)

Substance misuse

- 5.70** The supply and reduction action plan should be monitored against agreed timescales. (1.67)

Staff-prisoner relationships

- 5.71** Personal officer entries in prisoners' case history notes should be comprehensive, reflect knowledge of those in their care, and include sentence planning targets. (2.17)

Equality and diversity

- 5.72** Discrimination incident reporting forms should be readily available to prisoners. (2.24)

Complaints

- 5.73** Complaint forms should be readily available on all wings. (2.46)

Legal rights

- 5.74** Prisoners should be made aware of the availability of legal texts and Prison Service instructions. (2.50)

Health services

- 5.75** Information about health services should be readily available for prisoners. (2.66)
- 5.76** There should be local routine management audits of clinical records to monitor the quality of entries. (2.67)
- 5.77** The time taken for nurses to see new arrivals in reception should be routinely collated as part of the health provider's quality assurance processes. (2.76)

- 5.78** Health care professionals should consult prisoners before making decisions affecting their health care. (2.77)
- 5.79** The prescribing formulary should be adhered to, evidence-based and in line with current best practice. (2.92)
- 5.80** There should be stock reconciliation procedures for all pharmacy stock. (2.93)
- 5.81** There should be a robust audit trail of who has accessed all controlled drug cabinets. (2.94)

Catering

- 5.82** Medical diets should only be withdrawn after a documented review with the prisoner. (2.110)

Example of good practice

- 5.83** The prisoner advice line was an excellent initiative employing prisoners to provide advice to their peers. (2.11)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Deborah Butler	Team leader
Fionnuala Gordon	Inspector
Angela Johnson	Inspector
Andy Lund	Inspector
Angus Mulready-Jones	Inspector
Kellie Reeve	Inspector
Michelle Bellham	Researcher
Tim McSweeney	Researcher
Joe Simmonds	Researcher

Specialist inspectors

Nicola Rabjohns	Substance misuse inspector
Steve Eley	Health services inspector
Deborah Hylands	Pharmacist
Catherine Raycraft	Care Quality Commission inspector
Stephen Miller	Ofsted inspector
Gerard McGrath	Ofsted inspector
Matt Vaughan	Ofsted inspector
Nicola McCloskey	Offender management inspector
Steve Woodgate	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, the reception process was efficient. Most prisoners reported feeling safe on their first night in custody but first night checks were not routine. Induction was thorough. Violence reduction work was well managed. Care for those at risk of suicide or self-harm was generally good and the buddy scheme provided a valued service. There was a measured and effective approach to security. Segregation staff were managing difficult people with care, but the unit did not provide a suitable environment for the many occupants with severe mental health problems. Use of force had decreased and de-escalation was used effectively. Substance use services were well coordinated and the mandatory drug testing (MDT) positive rate was relatively low. Outcomes for prisoners against this healthy prison test were good.

Main recommendation

Prisoners with severe mental health problems should not be held in the segregation unit for extended periods. While there, they should be provided with an appropriate regime, targeted interventions and day care provision. (HP49)

Not achieved

Recommendations

Escort staff should be fully aware of, and equipped to meet, the health needs of individual prisoners. (1.7)

Achieved

Prisoners should be given comfort breaks at least every two and a half hours on journeys to and from the establishment. (1.8)

Not achieved (recommendation repeated 1.5)

Prisoners should not be routinely handcuffed in sterile areas unless there is evidence of significant risk. (1.9)

Not achieved

Subject to evidenced security considerations, prisoners should be given enough notice of planned transfers to be able to inform their family. (1.10)

Not achieved (recommendation repeated 1.6)

A system of formal checks should be undertaken and recorded for all new arrivals during their first 24 hours. (1.28)

Achieved

Use of the first night and induction unit for more vulnerable prisoners should be kept under review to ensure adequate regime and support. (1.29)

Achieved

Induction should start on the first full working day following reception. (1.33)

Achieved

Newly arrived prisoners should not be locked behind their doors for extended periods. (1.34)

Achieved

Buddies should reside on all wings. (3.10)

Partially achieved

Senior managers should keep the zero tolerance policy under review to ensure it is a proportionate and appropriate approach to behaviour management. (7.39)

Not achieved

Closed visits should not be ordered for drug dog indications alone and should be authorised only when there is a significant risk justified by security intelligence. (9.73)

Not achieved

All use of force forms should be completed correctly. (7.19)

Achieved

Care planning should be developed to enable prisoners to participate in a normal and predictable regime. (7.29)

Not achieved

Purposeful activity should be provided for all segregated prisoners. (7.30)

Not achieved

The establishment should ensure that appropriate, designated facilities for consultations and interviews are made available to IDTS staff and their clients. (3.59)

Partially achieved

A dual diagnosis service should be developed for prisoners who experience mental health and substance-related problems. (3.60)

Achieved

Security managers should ensure that intelligence-led drug testing follows promptly upon receipt of the relevant information. (3.66)

Achieved

CARAT provision should be extended to include evening sessions. (9.57)

No longer relevant

The remit of the CARAT service should include ongoing work with primary alcohol users. (9.58)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2011, the residential units provided a very decent environment for prisoners. Innovations such as the excellent ATM system offered innovative support to prisoners and staff. Staff-prisoner relationships were good and the personal officer scheme was developing appropriately. The incentives and earned privileges (IEP) scheme was well administered and the zero tolerance initiative appeared effective. The standard of food was good and the shop provided an impressive service. Faith provision was generally good. Diversity work was appropriately managed and well supported by prisoner equality representatives. However, support for the large number of foreign nationals was weak, and work with people with disabilities was underdeveloped. Complaints were normally dealt with appropriately but the reasons for high numbers of withdrawn complaints were not clearly documented. Health services were the single biggest concern for many prisoners we spoke to. Access to health care was poor and there were unacceptably long waiting times for GP and dental appointments. Outcomes for prisoners against this healthy prison test were reasonably good.

Main recommendation

Health care staffing should be sufficient to meet the demand, and prisoners should have reasonably quick access to dental and GP treatment. (HP 50)

Not achieved

Recommendations

In-cell emergency call bells should be responded to within five minutes. (2.12)

Not achieved (recommendation repeated, 2.9)

Regular personal officer work should focus on progression and resettlement needs as well as welfare issues. (2.27)

Not achieved

An impact assessment should be carried out on the ethnic imbalance in A, L and P wings. (4.15)

Achieved

Links with community organisations supporting ethnic diversity should be strengthened, especially in relation to the gypsy and traveller communities. (4.16)

Partially achieved

A programme of regular cultural events should be implemented, involving prisoners at every stage. (4.17)

Partially achieved

The foreign nationals coordinator should visit the wings regularly and arrange regular support and information meetings with groups of foreign national prisoners. (4.27)

Partially achieved

Managers should implement a plan to provide, record and monitor multidisciplinary support for the large number of prisoners with disabilities. (4.37)

Partially achieved

An impact assessment should be carried out on the involvement of older prisoners in structured and unstructured activity, and the findings implemented. (4.38)

Achieved

A Sikh chaplain should be appointed. (3.53)

Achieved

Prisoners attending corporate worship should be enabled to attend regularly and punctually. (6.6)

Achieved

Allegations of assault should be investigated thoroughly and, when requested, the police liaison officer should be notified immediately. Full details of the investigation should be recorded on the reply. (3.26)

Partially achieved

When a complaint is withdrawn, staff should ensure that prisoners give detailed recorded reasons and all withdrawals should be monitored by managers. (3.27)

Not achieved (recommendation repeated, 2.45)

The new complaints training package should be rolled out to all staff. (3.28)

Achieved

A review of the workforce plan in conjunction with the health needs assessment should take into account the increase in the prison population and the increased demand for health care services. (5.6)

Achieved

There should be sufficient administrative support for health care services to meet the health care needs of the population. (5.18)

Achieved

The pharmacist should provide adequate supervision, counselling sessions, pharmacist-led clinics, clinical audit and medication review. (5.19)

Not achieved

The appointment system and number of routine nurse clinics should be reviewed and the waiting time for routine consultations should be reduced. (5.26)

Not achieved

Secondary dispensing should stop forthwith. (5.33)

Achieved

The use of general stock should be audited so that stock supplied can be reconciled against prescriptions issued. (5.34)

Not achieved

The in-possession policy should be reviewed and adhered to. (5.35)

Partially achieved

The medicines and therapeutics committee should ensure that prescribing is evidence based. (5.36)

Partially achieved

The unacceptable waiting times for initial dental assessment and treatment, together with the high failure to attend rate should be addressed. (5.46)

Achieved

The prison should provide sufficient escort opportunities to meet the need for outside hospital appointments. (5.53)

Achieved

Prisoners should have access to day care services. (5.57)

No longer relevant

A rolling programme of mental health awareness training should be provided for all prison staff. (5.58)

Achieved

Purposeful activity

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

At the last inspection, in 2011, most prisoners spent considerable time out of cell and were engaged in some form of work or education. Overall, management of learning and skills was adequate. There was a good range of commercial partnerships to generate work. There were some impressive vocational training workshops but they were able to meet the needs of only a small number of prisoners. Success rates on most education courses were good and there was an appropriate range of such courses. However, waiting lists were very long, particularly in literacy and numeracy. Overall provision in literacy, numeracy and language was weak. The library provided a reasonable service. The organisation and provision of physical education was good. Outcomes for prisoners against this healthy prison test were reasonably good.

Main recommendation

The range of vocational training qualifications in the business enterprise workshops and other work areas should be significantly extended. (HP51)

Achieved

Recommendations

All quality assurance arrangements should be fully implemented. (6.12)

Achieved

Managers should plan and implement a strategy to reduce activities staff turnover. (6.13)

No longer relevant

Waiting lists should be reduced. (6.14)

Not achieved

Appropriate level 3 provision should be introduced. (6.15)

Achieved

Prisoners should have the opportunity to obtain a Construction Skills Certification Scheme card. (6.25)

No longer relevant

The links between initial assessment and prisoners' learning and sentence plans should be improved. (6.26)

Achieved

Managers should ensure that all classrooms have adequate space for the number of learners and are appropriately maintained. (6.33)

Achieved

Specialist dyslexia support should be provided. (6.34)

Achieved

Skills for Life provision should enable effective learning. (6.35)

Achieved

A strategy to improve prisoners' attendance should be developed. (6.36)

Partially achieved

Evening classes should be re-introduced. (6.37)

No longer relevant

All prisoners should have weekly access to the library. (6.45)

Achieved

The classroom facilities should be made fit for purpose. (6.56)

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, strategic management of resettlement had improved but the strategy was not based on a comprehensive needs analysis. Sentence planning was taking place for all prisoners but many were arriving with inadequate plans needing review. Offender supervisors and case administrators were doing a good job but were stretched. The new system for re-categorisation had led to considerable delays and the reasons for categorisation decisions needed to be more clearly explained to prisoners. There was limited specialist support for those with accommodation, finance and education, training and employment (ETE) needs before release. Discharge planning for those with health problems was good. The visits hall provided a decent environment and there were some impressive initiatives to enhance family relationships. Although a range of interventions was offered, there were only two accredited offending behaviour courses. CARAT services were effective. Outcomes for prisoners against this healthy prison test were reasonably good.

Main recommendation

An accredited drug and/or alcohol programme should be introduced to meet the needs of the population. (HP52)

No longer relevant

Recommendations

Managers should systematically assess the programme and activity needs of prisoners to reflect their changing composition and OASys data, and plan interventions accordingly. (9.7)

Achieved

A regular resettlement needs analysis should cover the seven pathways. (9.8)

Achieved

Sentence planning should pay closer attention to OASys analysis and a logical sequencing of related objectives. (9.19)

Achieved

Managers should ensure that offender supervisors are in a position to meet the national standard on initial offender contact and harness the timing of the meeting for key purposes. (9.20)

Achieved

Managers should monitor performance in the categorisation review process to ensure timeliness and the provision of clear explanations. (9.27)

Achieved

A risk management plan should be completed for all prisoners presenting more than a low risk of serious harm to others. (9.33)

Achieved

Managers should consult regularly with groups of IPP prisoners, to ensure that their needs are appropriately identified and addressed. (9.37)

Partially achieved

Detailed, up-to-date records should be kept of resettlement work, especially in relation to accommodation. (9.41)

Achieved

Active links should be established with national as well as local housing support agencies. (9.42)

Partially achieved

Managers should give prisoners preparing for release access to education, training and employability resources, including an information centre and personal interviews. (9.45)

Achieved

External links to support access to education, training and employment on release should be improved. (9.46)

Achieved

A specialist finance and debt advice service should be provided in the prison. (9.49)

Achieved

Evening visits should be available. (9.71)

Not achieved

A well run and properly equipped visitors' centre should be available, open at least an hour before and an hour after visiting times. Relevant literature should be available to families, including information about the prison and its regime. (9.72)

Not achieved

The prisoner visits holding room should be supervised. (9.74)

Partially achieved

Facilities for older children should be made available in the visits hall. (9.75)

Not achieved

Clear and robust supervision arrangements for the outside play area should be agreed. (9.76)

Not achieved

A qualified family support worker should be available to arrange children's visits when required by court order, arrange for carers' representation or attendance at child care hearings, support those undergoing separation, and advise on child protection issues. (9.77)

Not achieved

An accredited intervention should be available to address the risk of instrumental violent reoffending.
(9.83)

Achieved

Appendix III: Care Quality Commission Requirement notices



Requirement notices

Provider: Nottinghamshire Healthcare NHS Foundation Trust
Location: HMP Lowdham Grange. Old Epperstone Road, Lowdham, Nottingham. NG14 7DA
Location ID: RHAY5
Regulated activities: treatment of disease, disorder, or injury, diagnostic and screening and surgical procedures.

Action we have told the provider to take

The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Regulation 9: Person-centred care	We found that the registered person had not ensured that the care and treatment of service users were appropriate, or ensured it met their needs or reflected their preferences. This was in breach of regulation 9(1)(a)(b)(c)(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
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How the regulation is not being met:

There were unacceptable waiting times to see health professionals. Examples included people waiting 18 and 19 days. The nurse triage system may have contributed to further delays if a person required an appointment with a GP. The provider could not be sure that it had identified or met people's needs. We found examples of where decisions had been made about a person's care and treatment without consulting the person.

Regulation 12: Safe care and treatment	We found that the registered person had not protected patients against the risks of receiving inappropriate treatment, associated with the management of medicines; ensuring equipment was safe or prevented the risk of cross infection. This was in breach of regulation 12(1)(2)(b)(e)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
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How the regulation is not being met:

We found that the provider was not adhering to its in-possession policy and prescribing some medications for longer periods than the policy stipulated. In-possession risk assessments had been completed and were recorded on SystmOne. However, these were not checked prior to medicines being given out, nor were they always reviewed following any change. A prescribing formulary was in place but it was not always adhered to. Stock medication was not reconciled. We found that some medicines were not being given at the correct administration times according to the dosage schedules. We identified that 199 patients were prescribed supervised night-time medicines but these were administered at 4.30pm. We also found examples where people had not received their medication. Some named-patient in-possession medicines had no patient information leaflets enclosed, which is contrary to legal requirements. The audit trail for the controlled drug cabinet keys in the main health care department was not robust as all nursing staff had digital access to the key safe where the key for the controlled drug cabinet was kept.

Although audits had been carried out looking at infection control and subsequent action taken as a result, we found that health care areas were not clean. The provider could not be assured that they were minimising the risk of cross-infection.

There was evidence that checks on equipment had not been completed to ensure that all items were adequately maintained and safe to use or fit for purpose. Not all necessary items reported as missing had been replaced.

Requirement Notices

Provider: Time for Teeth Limited.

Registered Location: HMP Lowdham Grange. Old Epperstone Road, Lowdham, Nottingham. NG14 7DA.

Location ID: 1-1947481089

Regulated activities: Treatment of disease, disorder, or injury, Diagnostic and screening and Surgical procedures.

Action we have told the provider to take

The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Regulation 12: Safe care and treatment

We found that the registered provider had not assessed the risk of, or prevented, detected or controlled the spread of infections. They had not ensured the safe and proper management of medicines. This was in breach of regulation 12(2)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Summary of evidence:

The dental suite was not clinically clean. Emergency drugs were stored in the dental suite however the temperature of the room was not being monitored and so there was no guarantee that the drugs were being stored at the optimum temperatures to ensure their efficacy.

Appendix IV: Prison population profile

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

Status	21 and over	%
Sentenced	891	97.4%
Recall	24	2.6%
Total	915	100%

Sentence	21 and over	%
4 years to less than 10 years	123	13.4%
10 years and over (not life)	507	55.4%
ISPP (indeterminate sentence for public protection)	182	31.1%
Life	103	11.3%
Total	915	100%

Age	Number of prisoners	%
21 years to 29 years	296	32.3%
30 years to 39 years	352	38.5%
40 years to 49 years	188	20.5%
50 years to 59 years	68	7.4%
60 years to 69 years	8	0.9%
70 plus years: maximum age= 76	3	0.3%
Total		

Nationality	21 and over	%
British	805	88.0%
Foreign nationals	110	12.0%
Total		

Security category	21 and over	%
Uncategorised unsentenced	1	0.1%
Category B	856	93.6%
Category C	49	5.4%
Category D	9	1%
Total	915	100%

Ethnicity	21 and over	%
White		
British	500	54.6%
Irish	10	1.1%
Gypsy/Irish Traveller	6	0.7%
Other white	50	5.5%
Mixed		
White and black Caribbean	42	4.6%
White and black African	3	0.3%
White and Asian	2	0.2%
Other mixed	9	1.0%
Asian or Asian British		
Indian	29	3.2%
Pakistani	45	4.9%

Bangladeshi	10	1.1%
Chinese	2	0.2%
Other Asian	23	2.5%
Black or black British		
Caribbean	104	11.4%
African	44	4.8%
Other black	24	2.6%
Other ethnic group		
Arab	3	0.3%
Other ethnic group	7	0.8%
Not stated	2	0.2%
Total	915	100%

Religion	21 and over	%
Baptist	1	0.1%
Church of England	144	15.7%
Roman Catholic	173	18.9%
Other Christian denominations	108	11.8%
Muslim	222	24.3%
Sikh	9	1.0%
Hindu	4	0.4%
Buddhist	16	1.7%
Jewish	6	0.7%
Other	20	2.2%
No religion	208	22.7%
Not stated	4	0.4%
Total	915	100%

Sentenced prisoners only

Length of stay	21 and over	
	Number	%
Less than 1 month	45	4.9%
1 month to 3 months	97	10.6%
3 months to six months	133	14.5%
Six months to 1 year	205	22.4%
1 year to 2 years	258	28.2%
2 years to 4 years	154	16.8%
4 years or more	23	2.5%
Total	915	100%

Sentenced prisoners only

	21 and over	%
Foreign nationals detained post sentence expiry	0	0
Public protection cases (This does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	730	79.8%
Total		

Appendix V: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment.¹⁰ 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 15 June 2015 the prisoner population at HMP Lowdham Grange was 912. Using the method described above, questionnaires were distributed to a sample of 227 prisoners.

We received a total of 184 completed questionnaires, a response rate of 81%. This included seven questionnaires completed via interview. Fourteen respondents refused to complete a questionnaire, 23 questionnaires were not returned and six were returned blank.

¹⁰ 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
A	14
B	11
C	12
D	16
E	14
F	12
G	11
H	13
J	12
K	12
L	13
M	14
N	11
P	14
Segregation	5

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Lowdham Grange.

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

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences¹¹ 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 Lowdham Grange in 2015 compared with responses from prisoners surveyed in all other category B training prisons. This comparator is based on all responses from prisoner surveys carried out in six category B training prisons since April 2011.
- The current survey responses from HMP Lowdham Grange in 2015 compared with the responses of prisoners surveyed at HMP Lowdham Grange in 2011.

¹¹ 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.

- A comparison within the 2015 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2015 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2015 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2015 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

Survey summary

Section I: About you

Q1.2	How old are you?	
	<i>Under 21</i>	0 (0%)
	<i>21 - 29</i>	55 (30%)
	<i>30 - 39</i>	66 (36%)
	<i>40 - 49</i>	44 (24%)
	<i>50 - 59</i>	15 (8%)
	<i>60 - 69</i>	1 (1%)
	<i>70 and over</i>	0 (0%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	172 (95%)
	<i>Yes - on recall</i>	10 (5%)
	<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>	0 (0%)
	<i>6 months to less than 1 year</i>	0 (0%)
	<i>1 year to less than 2 years</i>	0 (0%)
	<i>2 years to less than 4 years</i>	2 (1%)
	<i>4 years to less than 10 years</i>	23 (13%)
	<i>10 years or more</i>	100 (56%)
	<i>IPP (indeterminate sentence for public protection)</i>	23 (13%)
	<i>Life</i>	31 (17%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship)	
	<i>Yes</i>	24 (13%)
	<i>No</i>	157 (87%)
Q1.6	Do you understand spoken English?	
	<i>Yes</i>	179 (99%)
	<i>No</i>	1 (1%)
Q1.7	Do you understand written English?	
	<i>Yes</i>	174 (96%)
	<i>No</i>	7 (4%)

Q1.8	What is your ethnic origin?			
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	90 (49%)	<i>Asian or Asian British - Chinese</i>	1 (1%)
	<i>White - Irish</i>	6 (3%)	<i>Asian or Asian British - other</i>	1 (1%)
	<i>White - other</i>	17 (9%)	<i>Mixed race - white and black Caribbean</i>	6 (3%)
	<i>Black or black British - Caribbean</i>	17 (9%)	<i>Mixed race - white and black African</i>	0 (0%)
	<i>Black or black British - African</i>	9 (5%)	<i>Mixed race - white and Asian</i>	2 (1%)
	<i>Black or black British - other</i>	3 (2%)	<i>Mixed race - other</i>	1 (1%)
	<i>Asian or Asian British - Indian</i>	5 (3%)	<i>Arab</i>	3 (2%)
	<i>Asian or Asian British - Pakistani</i>	13 (7%)	<i>Other ethnic group</i>	5 (3%)
	<i>Asian or Asian British - Bangladeshi</i>	3 (2%)		
Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?			
	<i>Yes</i>			6 (3%)
	<i>No</i>			174 (97%)
Q1.10	What is your religion?			
	<i>None</i>	38 (21%)	<i>Hindu</i>	1 (1%)
	<i>Church of England</i>	39 (22%)	<i>Jewish</i>	0 (0%)
	<i>Catholic</i>	37 (20%)	<i>Muslim</i>	41 (23%)
	<i>Protestant</i>	1 (1%)	<i>Sikh</i>	2 (1%)
	<i>Other Christian denomination</i>	11 (6%)	<i>Other</i>	8 (4%)
	<i>Buddhist</i>	3 (2%)		
Q1.11	How would you describe your sexual orientation?			
	<i>Heterosexual/Straight</i>			174 (97%)
	<i>Homosexual/Gay</i>			1 (1%)
	<i>Bisexual</i>			4 (2%)
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).			
	<i>Yes</i>			36 (20%)
	<i>No</i>			147 (80%)
Q1.13	Are you a veteran (ex-armed services)?			
	<i>Yes</i>			10 (6%)
	<i>No</i>			167 (94%)
Q1.14	Is this your first time in prison?			
	<i>Yes</i>			58 (32%)
	<i>No</i>			123 (68%)
Q1.15	Do you have children under the age of 18?			
	<i>Yes</i>			109 (61%)
	<i>No</i>			71 (39%)

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?			
	<i>Less than 2 hours</i>			40 (22%)
	<i>2 hours or longer</i>			134 (74%)
	<i>Don't remember</i>			8 (4%)

Q2.2	On your most recent journey here, were you offered anything to eat or drink?	
	<i>My journey was less than two hours</i>	40 (22%)
	Yes	95 (53%)
	No	38 (21%)
	Don't remember	7 (4%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	40 (22%)
	Yes	8 (4%)
	No	125 (69%)
	Don't remember	7 (4%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	95 (53%)
	No	71 (40%)
	Don't remember	12 (7%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	132 (73%)
	No	42 (23%)
	Don't remember	7 (4%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well	29 (16%)
	Well	93 (51%)
	Neither	47 (26%)
	Badly	5 (3%)
	Very badly	4 (2%)
	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	115 (63%)
	Yes, I received written information	28 (15%)
	No, I was not told anything	39 (21%)
	Don't remember	5 (3%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	124 (69%)
	No	57 (31%)
	Don't remember	0 (0%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	Less than 2 hours	65 (36%)
	2 hours or longer	97 (54%)
	Don't remember	17 (9%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	139 (77%)
	No	31 (17%)
	Don't remember	10 (6%)

Q3.3	Overall, how were you treated in reception?		
	Very well	40	(22%)
	Well	89	(49%)
	Neither	35	(19%)
	Badly	11	(6%)
	Very badly	4	(2%)
	Don't remember	3	(2%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)		
	Loss of property	51 (29%)	Physical health 17 (10%)
	Housing problems	8 (5%)	Mental health 31 (18%)
	Contacting employers	0 (0%)	Needing protection from other prisoners 10 (6%)
	Contacting family	28 (16%)	Getting phone numbers 36 (20%)
	Childcare	1 (1%)	Other 7 (4%)
	Money worries	26 (15%)	Did not have any problems 65 (37%)
	Feeling depressed or suicidal	20 (11%)	
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?		
	Yes	32	(18%)
	No	81	(46%)
	Did not have any problems	65	(37%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)		
	Tobacco	120	(68%)
	A shower	59	(33%)
	A free telephone call	63	(36%)
	Something to eat	120	(68%)
	PIN phone credit	98	(55%)
	Toiletries/ basic items	100	(56%)
	Did not receive anything	8	(5%)
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	83	(47%)
	Someone from health services	112	(63%)
	A Listener/Samaritans	40	(22%)
	Prison shop/ canteen	61	(34%)
	Did not have access to any of these	38	(21%)
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)		
	What was going to happen to you	101	(58%)
	What support was available for people feeling depressed or suicidal	60	(35%)
	How to make routine requests (applications)	78	(45%)
	Your entitlement to visits	72	(42%)
	Health services	83	(48%)
	Chaplaincy	78	(45%)
	Not offered any information	54	(31%)
Q3.9	Did you feel safe on your first night here?		
	Yes	149	(83%)
	No	22	(12%)
	Don't remember	8	(4%)

Q3.10	How soon after you arrived here did you go on an induction course?	
	<i>Have not been on an induction course</i>	15 (8%)
	<i>Within the first week</i>	116 (65%)
	<i>More than a week</i>	42 (23%)
	<i>Don't remember</i>	6 (3%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	15 (9%)
	<i>Yes</i>	106 (61%)
	<i>No</i>	38 (22%)
	<i>Don't remember</i>	14 (8%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	28 (16%)
	<i>Within the first week</i>	49 (29%)
	<i>More than a week</i>	68 (40%)
	<i>Don't remember</i>	26 (15%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to...						
		Very easy	Easy	Neither	Difficult	Very difficult	N/A
	<i>Communicate with your solicitor or legal representative?</i>	43 (26%)	61 (37%)	15 (9%)	24 (14%)	11 (7%)	12 (7%)
	<i>Attend legal visits?</i>	27 (18%)	57 (38%)	17 (11%)	18 (12%)	6 (4%)	27 (18%)
	<i>Get bail information?</i>	3 (2%)	9 (7%)	16 (13%)	10 (8%)	7 (6%)	82 (65%)
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>						16 (9%)
	<i>Yes</i>						107 (62%)
	<i>No</i>						50 (29%)
Q4.3	Can you get legal books in the library?						
	<i>Yes</i>						70 (41%)
	<i>No</i>						27 (16%)
	<i>Don't know</i>						75 (44%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:						
		Yes	No	Don't know			
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	112 (66%)	56 (33%)	2 (1%)			
	<i>Are you normally able to have a shower every day?</i>	170 (99%)	2 (1%)	0 (0%)			
	<i>Do you normally receive clean sheets every week?</i>	53 (33%)	106 (65%)	4 (2%)			
	<i>Do you normally get cell cleaning materials every week?</i>	101 (60%)	65 (39%)	2 (1%)			
	<i>Is your cell call bell normally answered within five minutes?</i>	28 (16%)	131 (77%)	12 (7%)			
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	101 (60%)	65 (39%)	1 (1%)			
	<i>If you need to, can you normally get your stored property?</i>	43 (25%)	90 (53%)	37 (22%)			
Q4.5	What is the food like here?						
	<i>Very good</i>						9 (5%)
	<i>Good</i>						59 (33%)
	<i>Neither</i>						50 (28%)
	<i>Bad</i>						44 (25%)
	<i>Very bad</i>						17 (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>	6	(3%)
	Yes	85	(48%)
	No	86	(49%)
Q4.7	Can you speak to a Listener at any time, if you want to?		
	Yes	77	(44%)
	No	36	(21%)
	<i>Don't know</i>	62	(35%)
Q4.8	Are your religious beliefs respected?		
	Yes	77	(43%)
	No	50	(28%)
	<i>Don't know/ N/A</i>	52	(29%)
Q4.9	Are you able to speak to a chaplain of your faith in private if you want to?		
	Yes	96	(54%)
	No	22	(12%)
	<i>Don't know/ N/A</i>	59	(33%)
Q4.10	How easy or difficult is it for you to attend religious services?		
	<i>I don't want to attend</i>	27	(15%)
	Very easy	52	(30%)
	Easy	58	(33%)
	Neither	8	(5%)
	Difficult	8	(5%)
	Very difficult	6	(3%)
	<i>Don't know</i>	16	(9%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?			
	Yes		133	(76%)
	No		38	(22%)
	<i>Don't know</i>		4	(2%)
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>	Yes	No
	Are <i>applications</i> dealt with fairly?	12 (7%)	48 (28%)	109 (64%)
	Are <i>applications</i> dealt with quickly (within seven days)?	12 (8%)	38 (25%)	103 (67%)
Q5.3	Is it easy to make a complaint?			
	Yes		104	(59%)
	No		52	(29%)
	<i>Don't know</i>		21	(12%)
Q5.4	Please answer the following questions about complaints. (If you have not made a complaint please tick the 'not made one' option).			
		<i>Not made one</i>	Yes	No
	Are <i>complaints</i> dealt with fairly?	33 (19%)	19 (11%)	121 (70%)
	Are <i>complaints</i> dealt with quickly (within seven days)?	33 (20%)	20 (12%)	108 (67%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?			
	Yes		56	(33%)
	No		115	(67%)

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 (24%)
	<i>Very easy</i>	6 (4%)
	<i>Easy</i>	19 (11%)
	<i>Neither</i>	49 (29%)
	<i>Difficult</i>	30 (18%)
	<i>Very difficult</i>	23 (14%)

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentives and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels).	
	<i>Don't know what the IEP scheme is</i>	4 (2%)
	<i>Yes</i>	68 (38%)
	<i>No</i>	92 (52%)
	<i>Don't know</i>	13 (7%)
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>	4 (2%)
	<i>Yes</i>	72 (41%)
	<i>No</i>	90 (51%)
	<i>Don't know</i>	9 (5%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	<i>Yes</i>	24 (14%)
	<i>No</i>	151 (86%)
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>	126 (76%)
	<i>Very well</i>	3 (2%)
	<i>Well</i>	11 (7%)
	<i>Neither</i>	8 (5%)
	<i>Badly</i>	7 (4%)
	<i>Very badly</i>	11 (7%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	<i>Yes</i>	143 (80%)
	<i>No</i>	35 (20%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	<i>Yes</i>	114 (65%)
	<i>No</i>	61 (35%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	<i>Yes</i>	42 (24%)
	<i>No</i>	135 (76%)

Q7.4	How often do staff normally speak to you during association?		
	<i>Do not go on association</i>	7	(4%)
	<i>Never</i>	32	(18%)
	<i>Rarely</i>	49	(28%)
	<i>Some of the time</i>	52	(29%)
	<i>Most of the time</i>	25	(14%)
	<i>All of the time</i>	12	(7%)
Q7.5	When did you first meet your personal (named) officer?		
	<i>I have not met him/her</i>	75	(42%)
	<i>In the first week</i>	27	(15%)
	<i>More than a week</i>	32	(18%)
	<i>Don't remember</i>	43	(24%)
Q7.6	How helpful is your personal (named) officer?		
	<i>Do not have a personal officer/ I have not met him/ her</i>	75	(44%)
	<i>Very helpful</i>	20	(12%)
	<i>Helpful</i>	31	(18%)
	<i>Neither</i>	25	(15%)
	<i>Not very helpful</i>	15	(9%)
	<i>Not at all helpful</i>	5	(3%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?		
	<i>Yes</i>	86	(48%)
	<i>No</i>	92	(52%)
Q8.2	Do you feel unsafe now?		
	<i>Yes</i>	44	(25%)
	<i>No</i>	129	(75%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)		
	Never felt unsafe	92 (54%)	<i>At meal times</i> 19 (11%)
	<i>Everywhere</i>	28 (16%)	<i>At health services</i> 25 (15%)
	<i>Segregation unit</i>	7 (4%)	<i>Visits area</i> 15 (9%)
	<i>Association areas</i>	30 (18%)	<i>In wing showers</i> 9 (5%)
	<i>Reception area</i>	6 (4%)	<i>In gym showers</i> 8 (5%)
	<i>At the gym</i>	27 (16%)	<i>In corridors/stairwells</i> 16 (9%)
	<i>In an exercise yard</i>	15 (9%)	<i>On your landing/wing</i> 28 (16%)
	<i>At work</i>	17 (10%)	<i>In your cell</i> 17 (10%)
	<i>During movement</i>	29 (17%)	<i>At religious services</i> 11 (6%)
	<i>At education</i>	17 (10%)	
Q8.4	Have you been victimised by other prisoners here?		
	<i>Yes</i>	65	(36%)
	<i>No</i>	114	(64%)

Q8.5	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>	28 (16%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	24 (13%)
	<i>Sexual abuse</i>	5 (3%)
	<i>Feeling threatened or intimidated</i>	42 (23%)
	<i>Having your canteen/property taken</i>	15 (8%)
	<i>Medication</i>	11 (6%)
	<i>Debt</i>	11 (6%)
	<i>Drugs</i>	12 (7%)
	<i>Your race or ethnic origin</i>	17 (9%)
	<i>Your religion/religious beliefs</i>	16 (9%)
	<i>Your nationality</i>	10 (6%)
	<i>You are from a different part of the country than others</i>	12 (7%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	2 (1%)
	<i>Your age</i>	6 (3%)
	<i>You have a disability</i>	6 (3%)
	<i>You were new here</i>	14 (8%)
	<i>Your offence/ crime</i>	10 (6%)
	<i>Gang related issues</i>	17 (9%)
Q8.6	Have you been victimised by staff here?	
	Yes	75 (42%)
	No	103 (58%)
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>	24 (13%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	15 (8%)
	<i>Sexual abuse</i>	5 (3%)
	<i>Feeling threatened or intimidated</i>	33 (19%)
	<i>Medication</i>	10 (6%)
	<i>Debt</i>	7 (4%)
	<i>Drugs</i>	8 (4%)
	<i>Your race or ethnic origin</i>	11 (6%)
	<i>Your religion/religious beliefs</i>	7 (4%)
	<i>Your nationality</i>	9 (5%)
	<i>You are from a different part of the country than others</i>	8 (4%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	1 (1%)
	<i>Your age</i>	5 (3%)
	<i>You have a disability</i>	8 (4%)
	<i>You were new here</i>	14 (8%)
	<i>Your offence/ crime</i>	7 (4%)
	<i>Gang related issues</i>	6 (3%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	77 (48%)
	Yes	41 (26%)
	No	42 (26%)

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	13 (7%)	4 (2%)	14 (8%)	18 (10%)	56 (32%)	70 (40%)
	The nurse	8 (5%)	14 (8%)	56 (33%)	32 (19%)	38 (22%)	24 (14%)
	The dentist	16 (9%)	4 (2%)	17 (10%)	21 (12%)	54 (32%)	58 (34%)
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	19 (11%)	5 (3%)	32 (18%)	21 (12%)	44 (25%)	53 (30%)
	The nurse	8 (5%)	14 (8%)	39 (23%)	29 (17%)	36 (21%)	45 (26%)
	The dentist	23 (14%)	14 (8%)	47 (28%)	22 (13%)	23 (14%)	40 (24%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>						5 (3%)
	<i>Very good</i>						2 (1%)
	<i>Good</i>						36 (21%)
	<i>Neither</i>						24 (14%)
	<i>Bad</i>						44 (26%)
	<i>Very bad</i>						60 (35%)
Q9.4	Are you currently taking medication?						
	Yes						86 (49%)
	No						89 (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>						89 (51%)
	<i>Yes, all my meds</i>						34 (20%)
	<i>Yes, some of my meds</i>						24 (14%)
	<i>No</i>						27 (16%)
Q9.6	Do you have any emotional or mental health problems?						
	Yes						63 (36%)
	No						111 (64%)
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>						111 (65%)
	Yes						33 (19%)
	No						27 (16%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?		
	Yes		35 (20%)
	No		140 (80%)
Q10.2	Did you have a problem with alcohol when you came into this prison?		
	Yes		18 (10%)
	No		157 (90%)

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy	57 (33%)
	Easy	22 (13%)
	Neither	19 (11%)
	Difficult	7 (4%)
	Very difficult	6 (3%)
	Don't know	62 (36%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy	32 (18%)
	Easy	29 (17%)
	Neither	20 (12%)
	Difficult	14 (8%)
	Very difficult	7 (4%)
	Don't know	71 (41%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	21 (12%)
	No	153 (88%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	13 (7%)
	No	161 (93%)
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>	130 (77%)
	Yes	25 (15%)
	No	14 (8%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, while in this prison?	
	<i>Did not / do not have an alcohol problem</i>	157 (91%)
	Yes	8 (5%)
	No	8 (5%)
Q10.9	Was the support or help you received, while in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	139 (82%)
	Yes	18 (11%)
	No	12 (7%)

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	8 (5%)	8 (5%)	22 (13%)	14 (8%)	47 (27%)	73 (42%)
	Vocational or skills training	17 (10%)	7 (4%)	42 (25%)	34 (20%)	33 (20%)	35 (21%)
	Education (including basic skills)	14 (8%)	19 (11%)	63 (37%)	29 (17%)	24 (14%)	20 (12%)
	Offending behaviour programmes	31 (18%)	6 (4%)	43 (25%)	29 (17%)	28 (17%)	32 (19%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	<i>Not involved in any of these</i>						26 (15%)
	Prison job						114 (68%)
	Vocational or skills training						25 (15%)
	Education (including basic skills)						58 (35%)
	Offending behaviour programmes						31 (18%)

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	9 (6%)	50 (34%)	70 (48%)	17 (12%)
	Vocational or skills training	27 (20%)	68 (50%)	31 (23%)	11 (8%)
	Education (including basic skills)	21 (14%)	79 (54%)	33 (23%)	13 (9%)
	Offending behaviour programmes	26 (18%)	47 (33%)	56 (39%)	15 (10%)
Q11.4	How often do you usually go to the library?				
	<i>Don't want to go</i>				20 (12%)
	<i>Never</i>				43 (25%)
	<i>Less than once a week</i>				44 (26%)
	<i>About once a week</i>				42 (25%)
	<i>More than once a week</i>				22 (13%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	<i>Don't use it</i>				39 (23%)
	<i>Yes</i>				62 (37%)
	<i>No</i>				68 (40%)
Q11.6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				24 (14%)
	<i>0</i>				41 (24%)
	<i>1 to 2</i>				30 (17%)
	<i>3 to 5</i>				56 (33%)
	<i>More than 5</i>				21 (12%)
Q11.7	How many times do you usually go outside for exercise each week?				
	<i>Don't want to go</i>				7 (4%)
	<i>0</i>				17 (10%)
	<i>1 to 2</i>				28 (16%)
	<i>3 to 5</i>				39 (23%)
	<i>More than 5</i>				81 (47%)
Q11.8	How many times do you usually have association each week?				
	<i>Don't want to go</i>				8 (5%)
	<i>0</i>				6 (4%)
	<i>1 to 2</i>				7 (4%)
	<i>3 to 5</i>				14 (8%)
	<i>More than 5</i>				133 (79%)
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>				14 (8%)
	<i>2 to less than 4 hours</i>				20 (12%)
	<i>4 to less than 6 hours</i>				21 (12%)
	<i>6 to less than 8 hours</i>				36 (21%)
	<i>8 to less than 10 hours</i>				26 (15%)
	<i>10 hours or more</i>				40 (23%)
	<i>Don't know</i>				14 (8%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes	49 (29%)
	No	122 (71%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	80 (47%)
	No	90 (53%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	16 (9%)
	No	154 (91%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	20 (12%)
	<i>Very easy</i>	15 (9%)
	<i>Easy</i>	22 (13%)
	<i>Neither</i>	13 (8%)
	<i>Difficult</i>	41 (24%)
	<i>Very difficult</i>	57 (34%)
	<i>Don't know</i>	1 (1%)

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%)
	Yes	153 (90%)
	No	17 (10%)
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>	17 (10%)
	<i>No contact</i>	55 (32%)
	<i>Letter</i>	33 (19%)
	<i>Phone</i>	44 (26%)
	<i>Visit</i>	51 (30%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	159 (94%)
	No	11 (6%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	0 (0%)
	Yes	136 (80%)
	No	34 (20%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	34 (20%)
	<i>Very involved</i>	22 (13%)
	<i>Involved</i>	49 (29%)
	<i>Neither</i>	22 (13%)
	<i>Not very involved</i>	23 (13%)
	<i>Not at all involved</i>	21 (12%)

Q13.6	Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)			
	<i>Do not have a sentence plan/ not sentenced</i>		34	(20%)
	<i>Nobody</i>		41	(24%)
	<i>Offender supervisor</i>		71	(42%)
	<i>Offender manager</i>		37	(22%)
	<i>Named/ personal officer</i>		12	(7%)
	<i>Staff from other departments</i>		21	(13%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?			
	<i>Do not have a sentence plan/ not sentenced</i>		34	(20%)
	<i>Yes</i>		96	(56%)
	<i>No</i>		21	(12%)
	<i>Don't know</i>		20	(12%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?			
	<i>Do not have a sentence plan/ not sentenced</i>		34	(20%)
	<i>Yes</i>		46	(27%)
	<i>No</i>		52	(30%)
	<i>Don't know</i>		39	(23%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?			
	<i>Do not have a sentence plan/ not sentenced</i>		34	(20%)
	<i>Yes</i>		21	(13%)
	<i>No</i>		58	(35%)
	<i>Don't know</i>		55	(33%)
Q13.10	Do you have a needs-based custody plan?			
	<i>Yes</i>		6	(4%)
	<i>No</i>		75	(45%)
	<i>Don't know</i>		87	(52%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?			
	<i>Yes</i>		20	(12%)
	<i>No</i>		144	(88%)
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	33 (22%)	17 (11%)	101 (67%)
	Accommodation	31 (21%)	18 (12%)	102 (68%)
	Benefits	31 (21%)	14 (10%)	101 (69%)
	Finances	33 (22%)	13 (9%)	103 (69%)
	Education	35 (24%)	18 (12%)	92 (63%)
	Drugs and alcohol	43 (30%)	24 (17%)	75 (53%)
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>		84	(54%)
	<i>No</i>		71	(46%)



Main comparator and comparator to last time

Prisoner survey responses HMP Lowdham Grange 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 Lowdham Grange 2015	Category B training prisons comparator	HMP Lowdham Grange 2015	HMP Lowdham Grange 2011
	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		184	1269	184	160
SECTION 1: General information					
1.2	Are you under 21 years of age?	0%	0%	0%	0%
1.3	Are you sentenced?	100%	97%	100%	100%
1.3	Are you on recall?	6%	4%	6%	4%
1.4	Is your sentence less than 12 months?	0%	1%	0%	1%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	13%	13%	13%	19%
1.5	Are you a foreign national?	13%	11%	13%	14%
1.6	Do you understand spoken English?	99%	99%	99%	
1.7	Do you understand written English?	96%	98%	96%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	38%	31%	38%	42%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	3%	3%	3%
1.1	Are you Muslim?	23%	14%	23%	21%
1.11	Are you homosexual/gay or bisexual?	3%	3%	3%	1%
1.12	Do you consider yourself to have a disability?	20%	23%	20%	19%
1.13	Are you a veteran (ex-armed services)?	6%	6%	6%	
1.14	Is this your first time in prison?	32%	45%	32%	26%
1.15	Do you have any children under the age of 18?	61%	47%	61%	60%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	74%	59%	74%	63%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	68%	70%	68%	
2.3	Were you offered a toilet break?	6%	12%	6%	
2.4	Was the van clean?	53%	63%	53%	
2.5	Did you feel safe?	73%	77%	73%	
2.6	Were you treated well/very well by the escort staff?	67%	71%	67%	58%
2.7	Before you arrived here were you told that you were coming here?	63%	65%	63%	
2.7	Before you arrived here did you receive any written information about coming here?	15%	13%	15%	
2.8	When you first arrived here did your property arrive at the same time as you?	69%	85%	69%	88%

Main comparator and comparator to last time

Key to tables

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SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	36%	57%	36%	
3.2	When you were searched in reception, was this carried out in a respectful way?	77%	83%	77%	89%
3.3	Were you treated well/very well in reception?	71%	74%	71%	75%
	When you first arrived:				
3.4	Did you have any problems?	63%	57%	63%	62%
3.4	Did you have any problems with loss of property?	29%	20%	29%	23%
3.4	Did you have any housing problems?	5%	5%	5%	14%
3.4	Did you have any problems contacting employers?	0%	2%	0%	5%
3.4	Did you have any problems contacting family?	16%	17%	16%	20%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	1%	1%	5%
3.4	Did you have any money worries?	15%	13%	15%	12%
3.4	Did you have any problems with feeling depressed or suicidal?	11%	15%	11%	11%
3.4	Did you have any physical health problems?	10%	13%	10%	
3.4	Did you have any mental health problems?	18%	14%	18%	
3.4	Did you have any problems with needing protection from other prisoners?	6%	5%	6%	6%
3.4	Did you have problems accessing phone numbers?	20%	15%	20%	27%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	28%	37%	28%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	68%	64%	68%	57%
3.6	A shower?	33%	33%	33%	49%
3.6	A free telephone call?	36%	46%	36%	44%
3.6	Something to eat?	68%	58%	68%	80%
3.6	PIN phone credit?	55%	43%	55%	
3.6	Toiletries/ basic items?	57%	53%	57%	
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?	47%	47%	47%	
3.7	Someone from health services?	63%	62%	63%	
3.7	A Listener/Samaritans?	22%	35%	22%	
3.7	Prison shop/ canteen?	34%	23%	34%	25%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	58%	52%	58%	58%

Main comparator and comparator to last time

Key to tables

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	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
3.8	Support was available for people feeling depressed or suicidal?	35%	42%	35%	46%
3.8	How to make routine requests?	45%	46%	45%	53%
3.8	Your entitlement to visits?	42%	41%	42%	49%
3.8	Health services?	48%	51%	48%	54%
3.8	The chaplaincy?	45%	45%	45%	52%
3.9	Did you feel safe on your first night here?	83%	81%	83%	89%
3.10	Have you been on an induction course?	92%	92%	92%	96%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	67%	67%	67%	77%
3.12	Did you receive an education (skills for life) assessment?	84%	89%	84%	
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?	63%	55%	63%	71%
4.1	Attend legal visits?	55%	51%	55%	72%
4.1	Get bail information?	10%	12%	10%	17%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	62%	48%	62%	38%
4.3	Can you get legal books in the library?	41%	47%	41%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	66%	73%	66%	57%
4.4	Are you normally able to have a shower every day?	99%	91%	99%	99%
4.4	Do you normally receive clean sheets every week?	33%	63%	33%	47%
4.4	Do you normally get cell cleaning materials every week?	60%	66%	60%	78%
4.4	Is your cell call bell normally answered within five minutes?	16%	46%	16%	42%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	61%	71%	61%	79%
4.4	Can you normally get your stored property, if you need to?	25%	24%	25%	43%
4.5	Is the food in this prison good/very good?	38%	25%	38%	62%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	48%	45%	48%	78%
4.7	Are you able to speak to a Listener at any time, if you want to?	44%	57%	44%	72%
4.8	Are your religious beliefs are respected?	43%	53%	43%	62%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	54%	57%	54%	78%
4.10	Is it easy/very easy to attend religious services?	63%	52%	63%	
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	76%	80%	76%	

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	31%	51%	31%	57%
5.2	Do you feel applications are dealt with quickly (within seven days)?	27%	33%	27%	58%
5.3	Is it easy to make a complaint?	59%	62%	59%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	14%	29%	14%	33%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	16%	21%	16%	36%
5.5	Have you ever been prevented from making a complaint when you wanted to?	33%	22%	33%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	15%	29%	15%	30%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	38%	55%	38%	68%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	41%	45%	41%	53%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	14%	7%	14%	5%
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?	35%	33%	35%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	80%	83%	80%	88%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	65%	76%	65%	84%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	24%	29%	24%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	21%	23%	21%	38%
7.5	Do you have a personal officer?	58%	72%	58%	84%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	53%	61%	53%	71%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	48%	37%	48%	32%
8.2	Do you feel unsafe now?	25%	15%	25%	9%
8.4	Have you been victimised by other prisoners here?	36%	28%	36%	20%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	16%	13%	16%	8%
8.5	Hit, kicked or assaulted you?	13%	9%	13%	3%
8.5	Sexually abused you?	3%	2%	3%	1%
8.5	Threatened or intimidated you?	23%	18%	23%	
8.5	Taken your canteen/property?	8%	6%	8%	1%
8.5	Victimised you because of medication?	6%	4%	6%	
8.5	Victimised you because of debt?	6%	3%	6%	

Main comparator and comparator to last time

Key to tables

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8.5	Victimised you because of drugs?	7%	2%	7%	3%
8.5	Victimised you because of your race or ethnic origin?	10%	4%	10%	7%
8.5	Victimised you because of your religion/religious beliefs?	9%	4%	9%	3%
8.5	Victimised you because of your nationality?	6%	3%	6%	
8.5	Victimised you because you were from a different part of the country?	7%	4%	7%	5%
8.5	Victimised you because you are from a Traveller community?	1%	1%	1%	
8.5	Victimised you because of your sexual orientation?	1%	2%	1%	0%
8.5	Victimised you because of your age?	3%	2%	3%	1%
8.5	Victimised you because you have a disability?	3%	4%	3%	1%
8.5	Victimised you because you were new here?	8%	4%	8%	2%
8.5	Victimised you because of your offence/crime?	6%	6%	6%	2%
8.5	Victimised you because of gang related issues?	10%	3%	10%	1%
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	42%	29%	42%	22%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	14%	11%	14%	3%
8.7	Hit, kicked or assaulted you?	8%	4%	8%	1%
8.7	Sexually abused you?	3%	1%	3%	1%
8.7	Threatened or intimidated you?	19%	12%	19%	
8.7	Victimised you because of medication?	6%	3%	6%	
8.7	Victimised you because of debt?	4%	1%	4%	
8.7	Victimised you because of drugs?	5%	2%	5%	3%
8.7	Victimised you because of your race or ethnic origin?	6%	4%	6%	5%
8.7	Victimised you because of your religion/religious beliefs?	4%	4%	4%	3%
8.7	Victimised you because of your nationality?	5%	3%	5%	
8.7	Victimised you because you were from a different part of the country?	5%	3%	5%	5%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	
8.7	Victimised you because of your sexual orientation?	1%	2%	1%	0%
8.7	Victimised you because of your age?	3%	1%	3%	1%
8.7	Victimised you because you have a disability?	5%	3%	5%	0%
8.7	Victimised you because you were new here?	8%	3%	8%	3%
8.7	Victimised you because of your offence/crime?	4%	5%	4%	1%

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
8.7	Victimised you because of gang related issues?	3%	2%	3%	3%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	49%	43%	49%	42%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	10%	32%	10%	14%
9.1	Is it easy/very easy to see the nurse?	41%	52%	41%	51%
9.1	Is it easy/very easy to see the dentist?	12%	16%	12%	6%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	24%	40%	24%	32%
9.2	The nurse?	33%	52%	33%	45%
9.2	The dentist?	42%	41%	42%	36%
9.3	The overall quality of health services?	23%	35%	23%	21%
9.4	Are you currently taking medication?	49%	52%	49%	42%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	68%	86%	68%	
9.6	Do you have any emotional well being or mental health problems?	36%	31%	36%	26%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	55%	52%	55%	
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	20%	17%	20%	10%
10.2	Did you have a problem with alcohol when you came into this prison?	10%	17%	10%	4%
10.3	Is it easy/very easy to get illegal drugs in this prison?	46%	28%	46%	18%
10.4	Is it easy/very easy to get alcohol in this prison?	35%	25%	35%	
10.5	Have you developed a problem with drugs since you have been in this prison?	12%	7%	12%	5%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	7%	7%	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?	64%	69%	64%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	50%	69%	50%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	60%	79%	60%	75%
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
11.1	A prison job?	18%	39%	18%	
11.1	Vocational or skills training?	29%	31%	29%	
11.1	Education (including basic skills)?	49%	52%	49%	
11.1	Offending behaviour programmes?	29%	23%	29%	
	Are you currently involved in any of the following activities:				
11.2	A prison job?	68%	70%	68%	82%
11.2	Vocational or skills training?	15%	11%	15%	18%
11.2	Education (including basic skills)?	35%	27%	35%	32%
11.2	Offending behaviour programmes?	19%	16%	19%	28%
11.3	Have you had a job while in this prison?	94%	89%	94%	95%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	37%	43%	37%	48%
11.3	Have you been involved in vocational or skills training while in this prison?	80%	76%	80%	91%
	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?	62%	51%	62%	62%
11.3	Have you been involved in education while in this prison?	86%	85%	86%	94%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	63%	59%	63%	68%
11.3	Have you been involved in offending behaviour programmes while in this prison?	82%	75%	82%	95%
	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?	40%	52%	40%	60%
11.4	Do you go to the library at least once a week?	37%	47%	37%	26%
11.5	Does the library have a wide enough range of materials to meet your needs?	37%	45%	37%	
11.6	Do you go to the gym three or more times a week?	45%	38%	45%	66%
11.7	Do you go outside for exercise three or more times a week?	70%	46%	70%	69%
11.8	Do you go on association more than five times each week?	79%	57%	79%	90%
11.9	Do you spend ten or more hours out of your cell on a weekday?	23%	15%	23%	29%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	29%	35%	29%	54%
12.2	Have you had any problems with sending or receiving mail?	47%	47%	47%	28%
12.3	Have you had any problems getting access to the telephones?	9%	17%	9%	4%
12.4	Is it easy/ very easy for your friends and family to get here?	22%	21%	22%	

Main comparator and comparator to last time

Key to tables

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	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
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?	90%	86%	90%	
	For those who are sentenced what type of contact have you had with your offender manager:				
13.2	No contact?	36%	28%	36%	
13.2	Contact by letter?	22%	39%	22%	
13.2	Contact by phone?	29%	32%	29%	
13.2	Contact by visit?	33%	34%	33%	
13.3	Do you have a named offender supervisor in this prison?	94%	75%	94%	
	For those who are sentenced:				
13.4	Do you have a sentence plan?	80%	79%	80%	88%
	For those with a sentence plan:				
13.5	Were you involved/very involved in the development of your plan?	52%	55%	52%	71%
	Who is working with you to achieve your sentence plan targets:				
13.6	Nobody?	31%	41%	31%	
13.6	Offender supervisor?	53%	41%	53%	
13.6	Offender manager?	28%	29%	28%	
13.6	Named/ personal officer?	9%	20%	9%	
13.6	Staff from other departments?	16%	17%	16%	
	For those with a sentence plan:				
13.7	Can you achieve any of your sentence plan targets in this prison?	70%	66%	70%	85%
13.8	Are there plans for you to achieve any of your targets in another prison?	34%	27%	34%	
13.9	Are there plans for you to achieve any of your targets in the community?	16%	19%	16%	
13.10	Do you have a needs based custody plan?	4%	6%	4%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	12%	13%	12%	18%
	For those that need help do you know of anyone in this prison who can help you on release with the following:				
13.12	Employment?	14%	18%	14%	
13.12	Accommodation?	15%	18%	15%	
13.12	Benefits?	12%	18%	12%	
13.12	Finances?	11%	15%	11%	
13.12	Education?	16%	23%	16%	
13.12	Drugs and alcohol?	24%	28%	24%	
	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 the future?	54%	57%	54%	62%

Diversity analysis



Key question responses (ethnicity, foreign national and religion) HMP Lowdham Grange 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	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
Number of completed questionnaires returned		69	113	24	157	41	140
1.3	Are you sentenced?	100%	100%	100%	100%	100%	100%
1.5	Are you a foreign national?	19%	10%			27%	9%
1.6	Do you understand spoken English?	99%	100%	100%	99%	100%	99%
1.7	Do you understand written English?	93%	98%	83%	98%	95%	96%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			54%	35%	88%	23%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	4%	0%	4%	0%	4%
1.1	Are you Muslim?	53%	5%	48%	19%		
1.12	Do you consider yourself to have a disability?	10%	26%	8%	22%	15%	21%
1.13	Are you a veteran (ex-armed services)?	3%	7%	9%	5%	5%	6%
1.14	Is this your first time in prison?	38%	29%	71%	26%	41%	28%
2.6	Were you treated well/very well by the escort staff?	69%	67%	50%	70%	74%	66%
2.7	Before you arrived here were you told that you were coming here?	60%	66%	55%	65%	59%	65%
3.2	When you were searched in reception, was this carried out in a respectful way?	78%	77%	83%	77%	82%	76%
3.3	Were you treated well/very well in reception?	75%	69%	52%	74%	85%	68%
3.4	Did you have any problems when you first arrived?	70%	60%	77%	61%	73%	60%
3.7	Did you have access to someone from health care when you first arrived here?	69%	59%	74%	61%	70%	61%
3.9	Did you feel safe on your first night here?	82%	84%	60%	87%	87%	83%
3.10	Have you been on an induction course?	89%	93%	81%	93%	92%	91%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	68%	60%	55%	65%	72%	61%

Diversity analysis

Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
4.4	Are you normally offered enough clean, suitable clothes for the week?	69%	64%	73%	65%	76%	64%
4.4	Are you normally able to have a shower every day?	97%	100%	100%	99%	100%	99%
4.4	Is your cell call bell normally answered within five minutes?	25%	12%	27%	15%	27%	14%
4.5	Is the food in this prison good/very good?	39%	37%	40%	38%	40%	37%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	49%	48%	52%	48%	53%	47%
4.7	Are you able to speak to a Listener at any time, if you want to?	52%	39%	55%	43%	50%	43%
4.8	Do you feel your religious beliefs are respected?	64%	30%	61%	41%	68%	36%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	66%	47%	61%	54%	77%	47%
5.1	Is it easy to make an application?	75%	77%	86%	75%	82%	75%
5.3	Is it easy to make a complaint?	57%	60%	48%	62%	68%	57%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	41%	38%	29%	41%	44%	37%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	58%	31%	43%	41%	57%	37%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	9%	16%	10%	13%	3%	16%
7.1	Do most staff, in this prison, treat you with respect?	79%	81%	68%	82%	80%	80%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	63%	67%	68%	65%	63%	66%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	27%	17%	10%	22%	21%	21%
7.4	Do you have a personal officer?	71%	50%	62%	58%	69%	54%
8.1	Have you ever felt unsafe here?	43%	52%	73%	45%	45%	49%
8.2	Do you feel unsafe now?	23%	27%	52%	22%	30%	24%
8.3	Have you been victimised by other prisoners?	34%	39%	46%	35%	34%	37%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	19%	27%	18%	24%	17%	25%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	9%	10%	18%	8%	12%	8%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	9%	9%	23%	7%	15%	7%
8.5	Have you been victimised because of your nationality? (By prisoners)	5%	7%	28%	3%	7%	4%

Diversity analysis

Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
8.5	Have you been victimised because you have a disability? (By prisoners)	3%	4%	0%	4%	3%	4%
8.6	Have you been victimised by a member of staff?	35%	47%	37%	43%	44%	42%
8.7	Have you ever felt threatened or intimidated by staff here?	15%	21%	18%	18%	17%	19%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	5%	8%	18%	5%	7%	5%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	6%	3%	5%	4%	10%	2%
8.7	Have you been victimised because of your nationality? (By staff)	0%	8%	23%	3%	0%	6%
8.7	Have you been victimised because you have a disability? (By staff)	2%	7%	5%	5%	3%	5%
9.1	Is it easy/very easy to see the doctor?	11%	10%	5%	11%	18%	8%
9.1	Is it easy/ very easy to see the nurse?	47%	38%	48%	40%	53%	38%
9.4	Are you currently taking medication?	45%	52%	37%	51%	49%	49%
9.6	Do you feel you have any emotional well being/mental health issues?	26%	43%	37%	36%	36%	36%
10.3	Is it easy/very easy to get illegal drugs in this prison?	42%	49%	20%	50%	44%	47%
11.2	Are you currently working in the prison?	67%	69%	75%	68%	76%	66%
11.2	Are you currently undertaking vocational or skills training?	27%	8%	15%	15%	29%	11%
11.2	Are you currently in education (including basic skills)?	43%	29%	40%	35%	50%	30%
11.2	Are you currently taking part in an offending behaviour programme?	18%	19%	5%	21%	21%	18%
11.4	Do you go to the library at least once a week?	41%	35%	44%	37%	42%	36%
11.6	Do you go to the gym three or more times a week?	53%	39%	22%	48%	49%	44%
11.7	Do you go outside for exercise three or more times a week?	86%	59%	50%	73%	82%	67%
11.8	On average, do you go on association more than five times each week?	84%	76%	71%	81%	81%	78%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	25%	21%	9%	26%	28%	22%
12.2	Have you had any problems sending or receiving mail?	52%	45%	28%	50%	40%	49%
12.3	Have you had any problems getting access to the telephones?	13%	8%	14%	8%	11%	9%

Diversity analysis



Key question responses (disability) HMP Lowdham Grange 2015

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

Key to tables

	Any percentage highlighted in green is significantly better	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		36	147
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	6%	15%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	94%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	20%	43%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	3%
1.1	Are you Muslim?	17%	24%
1.12	Do you consider yourself to have a disability?		
1.13	Are you a veteran (ex-armed services)?	3%	6%
1.14	Is this your first time in prison?	20%	35%
2.6	Were you treated well/very well by the escort staff?	69%	67%
2.7	Before you arrived here were you told that you were coming here?	69%	62%
3.2	When you were searched in reception, was this carried out in a respectful way?	66%	80%
3.3	Were you treated well/very well in reception?	58%	74%
3.4	Did you have any problems when you first arrived?	83%	58%
3.7	Did you have access to someone from health care when you first arrived here?	60%	63%
3.9	Did you feel safe on your first night here?	69%	87%
3.10	Have you been on an induction course?	80%	94%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	53%	66%

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		
4.4	Are you normally offered enough clean, suitable clothes for the week?	49%	70%
4.4	Are you normally able to have a shower every day?	100%	99%
4.4	Is your cell call bell normally answered within five minutes?	9%	18%
4.5	Is the food in this prison good/very good?	35%	39%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	49%	48%
4.7	Are you able to speak to a Listener at any time, if you want to?	32%	48%
4.8	Do you feel your religious beliefs are respected?	32%	45%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	62%	52%
5.1	Is it easy to make an application?	73%	77%
5.3	Is it easy to make a complaint?	51%	61%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	32%	40%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	40%	41%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	23%	11%
7.1	Do most staff, in this prison, treat you with respect?	78%	81%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	63%	66%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	17%	21%
7.4	Do you have a personal officer?	47%	60%
8.1	Have you ever felt unsafe here?	74%	42%
8.2	Do you feel unsafe now?	39%	22%
8.3	Have you been victimised by other prisoners?	58%	31%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	50%	17%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	20%	7%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	28%	4%
8.5	Have you been victimised because of your nationality? (By prisoners)	11%	4%
8.5	Have you been victimised because of your age? (By prisoners)	11%	1%

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)	14%	1%
8.6	Have you been victimised by a member of staff?	67%	36%
8.7	Have you ever felt threatened or intimidated by staff here?	28%	16%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	8%	6%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	8%	3%
8.7	Have you been victimised because of your nationality? (By staff)	8%	4%
8.7	Have you been victimised because of your age? (By staff)	6%	2%
8.7	Have you been victimised because you have a disability? (By staff)	20%	1%
9.1	Is it easy/very easy to see the doctor?	12%	10%
9.1	Is it easy/ very easy to see the nurse?	30%	44%
9.4	Are you currently taking medication?	80%	41%
9.6	Do you feel you have any emotional well being/mental health issues?	71%	28%
10.3	Is it easy/very easy to get illegal drugs in this prison?	56%	43%
11.2	Are you currently working in the prison?	70%	68%
11.2	Are you currently undertaking vocational or skills training?	9%	17%
11.2	Are you currently in education (including basic skills)?	33%	35%
11.2	Are you currently taking part in an offending behaviour programme?	21%	18%
11.4	Do you go to the library at least once a week?	38%	38%
11.6	Do you go to the gym three or more times a week?	21%	50%
11.7	Do you go outside for exercise three or more times a week?	65%	71%
11.8	On average, do you go on association more than five times each week?	75%	80%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	28%	22%
12.2	Have you had any problems sending or receiving mail?	49%	47%
12.3	Have you had any problems getting access to the telephones?	14%	8%