

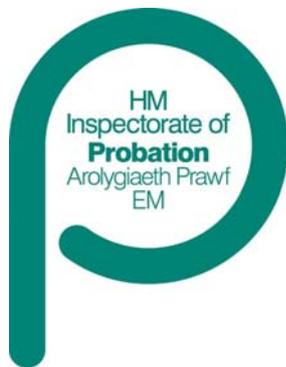
Report on an unannounced inspection of

HMP Maidstone

by HM Chief Inspector of Prisons

3–14 August 2015

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Glossary of terms

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

Introduction

We last inspected a very different Maidstone nearly four years ago when the prison mainly held sex offenders. Since then the prison has changed its role and is now a category C training prison for foreign nationals serving prison sentences for criminal offences. Some 600 adult men were serving a range of sentences, including nearly 60% who had been held in excess of four years, and a small number subject to life sentences.

Maidstone was not an immigration removal centre: just 23 prisoners were detained at the end of their sentences. However, approximately 90% of prisoners were eventually discharged from the prison directly to their country of origin, a unique challenge that the prison had yet to get to grips with. There was a lack of agreed vision for resettlement with the National Offender Management Service. The prison had not been designated a resettlement establishment and had comparatively few resettlement resources and a very weak focus on this key responsibility. The management of resettlement overall was poor and not well understood, with no local strategy or effective coordination of services.

There was an unacceptably high number of prisoners with no current OASys assessment, reflecting the very low priority afforded these prisoners by sending establishments. The general quality of offender management and supervision was inadequate. Public protection arrangements were in place but were not robust. The failure to adequately address risk was true for the 10% of prisoners who were resettled to UK home areas, as well as those who were deported. Practical resettlement arrangements for UK-based prisoners were just adequate. For those who were being removed, the useful 'Tracks' information and signposting tool, which was intended to give foreign nationals information about their destination countries, was inexplicably underused. Work with foreign prisoners was further undermined by the often late decisions to detain and/or remove them by the Home Office at the conclusion of sentences.

Within the prison, those detained had reasonable access to time out of cell and the availability of outside exercise was good. Our Ofsted partners on this inspection judged the provision of learning and skills as 'requiring improvement'. Learning and skills management, prisoner assessment and allocation to activity were not good enough. There was sufficient activity for most although the range of education was limited and much underemployment was evident. The quality of much teaching and learning was at best variable but achievements were more encouraging. Library and gym provision were adequate.

The prison remained a reasonably safe place and most prisoners expressed generally positive perceptions in our survey. New arrivals were well supported despite a small reception area, and levels of violence were not excessive. There had been one recent self-inflicted death to which the prison had responded correctly, and those at risk of self-harm received generally good care despite the weakness of some case management and other interventions.

The application of security was proportionate and drug taking, as measured by mandatory testing, was low. There was, however, some emergent evidence concerning the use of new psychoactive substances, to which the prison was responding with, among other things, work to better educate staff and prisoners about the risks. Disciplinary procedures, segregation and the use of force were all managed to an adequate standard although, as with most things at Maidstone, there were also weaknesses that needed to be corrected.

Despite the age of the prison, the environment, both internal and external, was reasonable and relationships between staff and prisoners were positive. Promotion of equality was poor and it was perplexing that this issue had not been given greater priority in a foreign national prison. Monitoring of equality outcomes was inadequate, interpretation underused, consultation hardly in place, and incident reporting was little understood by prisoners. Legal support was also lacking despite the complexity of the legal problems many faced. The provision of health care was variable.

Overall this is a disappointing report. The prison was a reasonably decent place where people were treated respectfully, but it was unsure of its role – something for which both local managers and NOMS must take responsibility. As a consequence, outcomes in a number of key areas were seriously lacking. This was especially so in the key area of reducing the risk of reoffending and preparing prisoners for a return to their communities. This serious shortcoming must now be unambiguously addressed by both NOMS and local managers working in partnership.

Nick Hardwick
HM Chief Inspector of Prisons

October 2015

Fact page

Task of the establishment

HMP Maidstone holds category C foreign national male prisoners.

Prison status

Public

Region

Kent and Sussex

Number held

552

Certified normal accommodation

565

Operational capacity

600

Date of last full inspection

September 2011

Brief history

Maidstone prison was originally built in 1819. At our previous inspection in 2011, the prison held a mixed population of sex offenders and foreign national prisoners. The prison underwent a re-role in 2013 and is now a designated foreign national prison and Home Office Immigration Enforcement centre.

Short description of residential units

There are four residential units and one segregation unit.

Kent unit	-	built in 1850, holds up to 178 prisoners, mainly in single cells.
Medway unit	-	built in 1966, holds 101 prisoners in single cells.
Thanet unit	-	built in 1909 but extended in the 1970s to hold 174 prisoners in single cells.
Weald unit	-	built in 2009, holds 149 prisoners.

Name of governor

Dave Atkinson

Escort contractors

GEOAmev (for Prison Service)

Tascor (for Home Office)

Health service provider

Oxleas NHS Foundation Trust

Learning and skills provider

The Manchester College

Independent Monitoring Board chair

Colin Simons

About this inspection and report

A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

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

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

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

- **outcomes for prisoners are good.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **outcomes for prisoners are not sufficiently good.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **outcomes for prisoners are poor.**
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection, unless these have already been reviewed by a short follow-up inspection.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission or Healthcare Inspectorate Wales, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

- A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A10 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

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

Summary

Safety

- S1** *Prisoners were generally positive about escort staff. New arrivals received good early days support from peer workers and induction was improving, but the reception area was too small and first night processes were underdeveloped. Most prisoners were positive about their safety but violence reduction procedures were not properly implemented. Care for prisoners at risk of self-harm was generally good. Safeguarding procedures were developing well. Security was proportionate and mandatory drug testing positive rates were low, but there was little suspicion and risk-based drug testing. The incentives and earned privileges (IEP) scheme was reasonably effective Use of force was proportionate but there was high use of an inadequate special cell and governance was poor. Segregation was not used excessively and adjudications were justified. Substance misuse services were very good. **Outcomes for prisoners were reasonably good against this healthy prison test.***
- S2** *At the last inspection in 2011, we found that outcomes were reasonably good against this healthy prison test. We made 16 recommendations in the area of safety. At this follow-up inspection we found seven of the recommendations had been achieved, one had been partially achieved and eight had not been achieved.*
- S3** Most prisoners said that escort staff treated them with respect, and person escort records were completed well. Risk assessments justifying the use of handcuffs on prisoners during hospital treatment were not completed consistently.
- S4** The reception area was not designed for more than a few prisoners at a time. It could not cope with the larger numbers that were arriving following the prison's re-role to a fully foreign nationals' prison in 2013. The small holding rooms contained little information for arrivals. Prisoners arriving from other prisons were no longer routinely strip searched. Professional interpreting services were underused in reception, including in reception and on the induction unit, and not used at all during health care screening. Many prisoners had problems with their property not arriving with them, and this was not systematically followed up. Prisoner safer custody and induction peer workers provided good support to new arrivals but their work needed more oversight. First night processes were underdeveloped. In our survey, fewer prisoners than the comparator and at the last inspection said their induction covered everything they needed to know about the prison. The induction programme had recently been revised and was well designed, but it was too early to judge its effectiveness.
- S5** The level of recorded violence was similar to other category C prisons and, in our survey, prisoners responded more positively than the comparators on most aspects of safety. However, documented processes for managing violence reduction were not implemented, the violence reduction strategy was out of date, and there was no violence reduction action plan. There was little evidence that bullies and victims were managed effectively, and our survey indicated that more prisoners than at the previous inspection who experienced victimisation did not think it was worthwhile to report it. There had been little consultation with prisoners on safer custody. Safeguarding arrangements for the protection of adults at risk were better developed than we see elsewhere, and a good basis to build on safeguarding work.

- S6 There had been three deaths in custody in the previous 18 months, one of which was self-inflicted. The Prisons and Probation Ombudsman's subsequent recommendations had largely been implemented, but the prison had not formally investigated all serious self-harm incidents or near misses. Levels of self-harm were similar to comparator prisons. The quality of assessment, care in custody and teamwork (ACCT) documents used in the case management of prisoners at risk of suicide or self-harm varied, but most prisoners received good care. Nine prisoners in crisis had been placed on constant supervision in the previous six months, but the constant supervision cells were located in the segregation unit, which was inappropriate. There were not enough Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), and prisoners were much more negative about access to them than at the last inspection.
- S7 Security measures were generally proportionate. Intelligence gathering and analysis were good and the prison was well sighted on key concerns. However, while relevant objectives were set, not all intelligence-led searching was carried out and there had been very little suspicion drug testing. The random mandatory drug testing (MDT) positive rate was low at an average of less than 3% in the previous six months, but testing could be too predictable, and there were regular finds of new psychoactive substances (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 had been some good work to educate both staff and prisoners about the damaging effects of these substances.
- S8 About 40% of prisoners were on the enhanced level of the IEP scheme and those on enhanced at previous establishments could retain that status. Prisoners on the basic level had reasonable access to activities. The scheme was used appropriately to deal with less serious infringements of the rules. Staff and prisoners had a good knowledge of how the scheme worked, and there was a focus on encouraging good behaviour.
- S9 The numbers of adjudications, use of force and use of segregation had increased significantly following the change in the population from predominantly sex offenders to foreign nationals. Adjudication records showed full investigations into the charges, and punishments were appropriate, although monitoring and analysis were underdeveloped. Generally detailed written records of use of force suggested a measured approach towards prisoners presenting difficult and violent behaviour. Not all planned incidents had been video recorded but those we viewed showed good management. Special accommodation had been used nine times in the previous six months. The special cell environment and supporting documentation were poor. The use of force was not formally monitored or considered at any specific forum. The segregation unit was a reasonable environment, but there was some graffiti and the exercise yard was grim. All prisoners entering the unit were routinely strip searched, including those on constant supervision because of the risk of self-harm, which was unacceptable. Staff-prisoner relationships on the unit were good and we saw some good individual care given to difficult prisoners. Few prisoners stayed in the unit for long. The regime was very limited but prisoners could spend time in the open air together following risk assessment.
- S10 There was a responsive and supportive substance misuse service with a substantial caseload. Prescribing was flexible and appropriately focused on reduction. A range of brief interventions and longer structured programme work met the needs of drug and alcohol misusers. There was impressive use of peer supporters and prisoners were complimentary about the support provided.

Respect

S11 *The environment was generally clean and the grounds were excellent. Showers needed refurbishment and most cells had inadequately screened toilets. Staff-prisoner relationships were generally good but the personal officer scheme was ineffective and some staff lacked understanding of the foreign national population. Strategic management of diversity was poor and there had been little focus on the needs of protected groups. Professional interpreting was underused, including during confidential interviews. Faith provision was good. Complaints were not dealt with consistently well. Many prisoners had complex legal needs but there was little legal advice. Aspects of health services were good but there were still some significant shortcomings. Catering and shop provision were adequate. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S12 *At the last inspection in 2011, we found that outcomes were reasonably good against this healthy prison test. We made 27 recommendations in the area of respect.² At this follow-up inspection we found eight of the recommendations had been achieved, five had been partially achieved and 14 had not been achieved.*

S13 Residential units were generally clean, but netting, pipework and railings were dirty and many shower units were dilapidated. Units were generally free from graffiti but most in-cell toilets were inadequately screened and did not have seats and lids. Eleven per cent of cells held more prisoners than they were designed for. The gardens were well tended by prisoners and some of the best we had seen. Prisoners could easily make applications but not all were dealt with quickly.

S14 Relationships between staff and prisoners were relaxed and largely positive. The personal officer scheme did not operate adequately. Many prisoners and staff said that they did not have meaningful relationships with each other, and there were very few personal officer entries on prisoners' case notes. Some staff lacked understanding of the particular pressures facing foreign national prisoners, and there had been no training on the specific needs of this group. Prisoner consultation arrangements, facilitated by the User Voice ex-offenders charity, were very good and had led to improvements.

S15 The strategic management of diversity was weak and the prison had lost focus on promoting equality. Equality action team meetings had just started after a gap of over a year. The identification of and support for protected groups were poor. The equality monitoring tool was not used adequately and there had been very little consultation with protected groups. There had been very few discrimination incident reports, and not all prisoners were aware of this system. The quality of investigations was adequate but some had taken too long to complete. Survey responses from black and minority ethnic prisoners were generally more negative than those from white prisoners. Professional interpreting was underused throughout the prison, including in confidential interviews, and there was little translated information. There was no multidisciplinary care planning for prisoners with disabilities. One of the two adapted cells was not ready for immediate use. Some older and retired prisoners were locked in their cells too long during the core day.

S16 Faith provision was good for most prisoners but there were no visiting chaplains for some faiths. The chaplaincy was well integrated into the life of the prison and provided very good pastoral care and support. The chapel was an attractive space but its fabric was deteriorating.

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

- S17 Prisoners told us they had little confidence in the complaints system. Most responses to complaints were timely and polite but some did not adequately address the issues raised. Although there was a quality assurance system, trend analysis did not address recurring problems.
- S18 Many prisoners had complex and multiple legal needs but there was no central resource for them to raise their queries, and there was little access to free legal advice. Prisoners could not borrow 'access to justice' laptops to pursue their legal cases. The library contained relevant legal forms, textbooks and policies.
- S19 Most prisoners we spoke to had negative views about access to health services, although we found that their overall quality was reasonable. Some aspects of clinical governance were weak; clinical supervision was not consistently provided and health care complaints were not always dealt with through a confidential system. Prisoners had reasonable access to an appropriate range of primary care services and waiting lists were reasonable, except for dental care. The non-attendance rate for health care appointments was too high. The health care centre needed refurbishment and some aspects did not meet infection control standards. The door was left open during some consultations, compromising privacy and confidentiality. Too many external hospital appointments were rescheduled because of a lack of escort staff. Pharmacy services and dental provision were reasonably good. The mental health in-reach team provided good primary and secondary mental health care.
- S20 Prisoners were negative about the quality and quantity of food. Cold packed lunches and hot evening meals were unappetising, and breakfast packs were meagre. Special diets were not provided for some prisoners with medical needs. Prisoners could buy a wide and suitable range of products, and consultation about the products list was good.

Purposeful activity

S21 *Time out of cell was reasonable for most prisoners. There were weaknesses in the management of learning and skills and work. There were enough activity spaces for most of the population, but there was some underemployment and too many unchallenging wing jobs. The quality of education provision was variable and achievement levels were low in some key subjects. There was insufficient monitoring and evaluation of the quality of provision. The library was adequate but underused. PE provision was adequate. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S22 *At the last inspection in 2011, we found that outcomes were not sufficiently good against this healthy prison test. We made 13 recommendations in the area of purposeful activity. At this follow-up inspection we found seven of the recommendations had been achieved, one had been partially achieved, four had not been achieved and one was no longer relevant.*

- S23 Prisoners who were fully employed could have over 10 hours out of their cell during weekdays, but unemployed or part-time workers experienced as few as four hours. During our roll checks, a quarter of prisoners were locked in their cells during the working day. Prisoners had good access to outside exercise areas in the afternoons.
- S24 There was inadequate analysis and use of data to plan the provision of learning and skills and work or monitor outcomes. The process of allocating prisoners to activities was poor. Information from prisoners' initial education assessment and induction was incomplete and there was insufficient monitoring and prioritisation of waiting lists. There was not enough

promotion of the importance for prisoners to gain appropriate qualifications in English and maths to aid their employability.

- S25 There were enough places to offer most prisoners at least part-time purposeful activity, and there were plans to increase the range and number of work and vocational training places. However, there was not always enough work for those in workshops.
- S26 The quality of teaching, learning and assessment was variable. The bricks workshop was a very good facility and there was good coaching to support learning. Peer mentors were used effectively to support education and training, but individual learning targets were not detailed enough. There was little reinforcement of work skills and safe working practices in some work areas. Support for distance learning was not well enough coordinated or recorded.
- S27 There were good success rates on many courses but they were low on English, English for speakers of other languages (ESOL), skills for life, and employability courses. There was good interpersonal and occupational skill development in the bricks workshop, staff mess, kitchens and gardens.
- S28 The library was small and adequately stocked with foreign language books, but there were few foreign language dictionaries. Fewer than half the population regularly used the library, which was not open in the evenings. The library promoted literacy effectively through the Six Book Challenge (where participants choose six reads, review them, and enter prize draws) and Storybook Dads (enabling prisoners to record a story for their children).
- S29 Prisoners had reasonable access to the gym, although this was more limited for those in full-time training or education. Healthy living was well promoted and there was a range of physical education, but no vocational qualifications were offered. Some aspects of health and safety in the gym needed attention.

Resettlement

S30 The role of resettlement in the prison was unclear and strategic management was poor. Prisoners had very little contact with offender supervisors and about half had no OASys (offender assessment system) assessment. There were some weaknesses in public protection work. Recategorisation was implemented reasonably well although very there were very few transfers to open conditions. There was some provision for indeterminate sentence prisoners. The prison did not address the resettlement needs of prisoners who were removed from the UK. Visits provision was adequate but not enough was done to promote family ties. **Outcomes for prisoners were poor against this healthy prison test.**

S31 At the last inspection in 2011, we found that outcomes were reasonably good against this healthy prison test. We made 17 recommendations in the area of resettlement. At this follow-up inspection we found six of the recommendations had been achieved, eight had not been achieved and three were no longer relevant..

S32 There was no up-to-date reducing reoffending strategy or resettlement needs analysis, and reducing reoffending meetings were not well coordinated and lacked integration. There was little strategic coordination between the offender management and reducing reoffending functions. There was a lack of clarity about the role of resettlement in a foreign nationals' prison, particularly as Maidstone had been benchmarked as a category C training prison. Prisoners were routinely deported or released into the UK without their offending behaviour needs being addressed.

- S33 In our survey and group meetings with prisoners, they were negative about offender management, and only 46% said they had a named offender supervisor. We found little to no contact between offender supervisors and prisoners. The number of prisoners without an up-to-date OASys assessment or sentence plan was one of the highest we had seen, and about 300 prisoners had no OASys assessment at all. This undermined all subsequent assessments and allocation to activities. Sentence planning, offending behaviour and resettlement needs did not lead the sentence for most prisoners.
- S34 There were some unacceptably long delays in identifying public protection cases and implementing appropriate monitoring restrictions. Not all notifications of the appropriate level of management on release for nominals (prisoners subject to multi-agency public protection arrangements, MAPPA) were prompt enough; one prisoner who was within three months of release had not yet had a referral made to the external offender manager for his MAPPA level to be determined. Not all relevant departments attended the interdepartmental risk management team meetings, input by offender supervisors was sometimes lacking, not all action points were followed up and minutes were not always taken.
- S35 Recategorisation assessments were appropriate and based on a range of information. Stringent eligibility criteria for foreign nationals meant that very few went on to category D. The timeliness of recategorisation decisions was affected by difficulties in obtaining input from external offender managers.
- S36 Lifer forums were held with the small number of indeterminate sentence prisoners. The tariff expiry removal scheme (under which foreign national prisoners can be removed back to their country of origin once their sentence tariff has expired without the need for Parole Board approval) was promoted with these prisoners, and the few parole dossiers submitted in the previous six months had been on time.
- S37 Prisoners' resettlement pathway needs were identified on their arrival and before their removal or release by peer mentors, but there was almost no resource to meet the resettlement needs of the majority of prisoners who were resettled abroad. For those being removed, there was not enough use of 'Tracks', an online information and signposting tool provided by NOMS to assist with resettlement. Late decisions to detain prisoners once their sentence had ended regularly disrupted resettlement planning.
- S38 The few prisoners released into the community over the previous year had all gone into settled accommodation. Citizens Advice provided a helpful service to those who needed finance, benefit and debt advice. National Careers Service staff interviewed all new arrivals during induction but subsequent skills action plans did not provide sufficient guidance for the prisoner throughout his sentence.
- S39 Prisoners due for release who needed medication were given a month's supply on a risk-assessed basis, along with a health care summary letter outlining their current medication and interventions. The prison had good links with community drug and alcohol services, and all prisoners were offered an appointment with the substance misuse service RAPt (Rehabilitation of Addicted Prisoners trust) before their release or transfer.
- S40 Although many prisoners faced permanent separation from their children and family issues were a common factor in self-harming, family support work was poor. There was no longer a family support worker, too few family visits and no family relationship courses. Visits were reasonably well run and visitors said they felt respected by staff. The visits hall was bright and supervision was relaxed, but fixed seating made it feel austere. The visitors' centre was cramped. Many families lived far from the prison, but there was scant information on the assisted visits scheme and no provision for accumulated visits.

- S41 There had been no prisoner needs analysis at Maidstone and, although the regional psychology team had conducted a limited needs analysis for accredited offending behaviour programmes, more than half the population could not be assessed in the absence of an up-to-date OASys assessment. Offender supervisors did not run one-to-one interventions, such as victim awareness. The OASys backlog hindered prisoners who wanted to apply for the small number of places on the thinking skills programme.

Main concerns and recommendations

- S42 Concern: Safer custody structures were underdeveloped. The policy was out of date, there was no violence reduction action plan and meetings did not properly consider safer custody data. There was little evidence that bullies and victims were managed effectively. Serious self-harm or near misses were not always investigated to learn lessons, and while most self-harm related to immigration cases, Home Office staff were not sufficiently integrated into safer custody work.

Recommendation: The prison should develop and implement its safer custody strategy, planning and processes. This should be informed by consultation with prisoners and detailed analysis of violence and self-harm data. The strategy should ensure that serious self-harm incidents and near misses are investigated, and that Home Office staff are integrated into safer custody work.

- S43 The strategic management of diversity was poor and the prison had lost focus on promoting equality. Black and minority ethnic prisoners were generally more negative than white prisoners. Equality action team meetings had lapsed for over a year. Identification of protected groups, support and specific consultation were poor. Monitoring of equality of treatment was inadequate. There was little translated information, and professional interpreting was underused throughout the prison.

Recommendation: A renewed strategic focus on equality of treatment should ensure that prisoners with protected characteristics are identified and supported. There should be comprehensive equality monitoring and consultation with protected groups. Translated information should be available in a range of appropriate languages, and professional interpreting should always be used for sensitive or confidential interviews and when accuracy is important.

- S44 Concern: Prisoners were routinely deported or released into the UK without their offending behaviour and resettlement needs being addressed. There was confusion about the role of resettlement in a foreign nationals' prison, and there were systemic problems that needed to be addressed by NOMS, such as poor completion of OASys assessments by sending establishments. The lack of OASys assessments hindered all other resettlement work in the prison, and there was a poor level of contact between offender supervisors and prisoners.

Recommendation: NOMS should resolve systemic problems with offender management and resettlement, and prison managers should ensure that the prison meets prisoners' resettlement needs before their removal or release. In particular, all prisoners should have an up-to-date OASys assessment and sentence plan, throughout which they are supported and motivated by regular and meaningful contact with offender supervisors.

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 received adequate refreshments during escort to the prison and cellular vehicles were clean. Risk assessments for use of handcuffs on escorts to hospital and through treatment were not always completed. Person escort records were completed well.*
- I.2** GEOAmev was the escort provider for the Prison Service (escorting serving prisoners) and Tascor was the escort provider for the Home Office (escorting detainees who had completed their prison sentence and were being held under immigration powers). Escort staff were knowledgeable about those they were escorting, and in our survey most prisoners said that they were treated with respect. Inspected escort vehicles were clean and had an adequate supply of refreshments and first aid kits.
- I.3** Most prisoners escorted to external hospital appointments were handcuffed, and in some cases the restraints remained on throughout treatment. Individual risk assessments for use of handcuffs to external hospital appointments and through treatment were not always completed thoroughly or signed off by managers.
- I.4** The person escort records we examined were completed well and documented risk information in detail. Prison files and cell sharing risk assessments accompanied all new arrivals during the inspection.

Early days in custody

Expected outcomes:

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

- I.5** *The reception area was too small for the current population. Professional interpreting services were underused and there was not enough translated written material. Peer supporters provided good support. New arrivals had problems with lost property. First night processes were underdeveloped. Induction was improving.*
- I.6** The reception facility was too small to manage the increase in prisoner movements since the prison had re-rolled to a fully foreign national population. The holding rooms were stark with little translated information, and there was insufficient space to separate vulnerable prisoners. During the inspection, some prisoners waited in the holding rooms for more than two hours with no drinks or food offered to them, some after very long journeys. In our survey, fewer prisoners than the comparator said they were treated well in reception.

- I.7** Reception staff were polite, but rarely used the professional interpreting service for arrivals who did not understand English. Interpreting was not used at all during the reception health screening. (See main recommendation S43.) A new reception booklet, available in eight languages, was introduced during the inspection and distributed to all new arrivals, but there was insufficient translated material overall. Prisoners arriving from other prisons were no longer routinely strip searched in reception.
- I.8** Delays in receiving prisoners' property from other establishments or property being lost were commonly reported issues. Staff were aware of these problems, but there was no systematic process for following up concerns and retrieving property.
- I.9** Safer custody and induction prisoner peer workers provided good support to new arrivals in reception and on the first night unit, but their work lacked staff oversight and supervision. All new arrivals were located on the Weald first night unit, but staff did not carry out risk assessments on the first night unit or complete a first night interview.
- I.10** In our survey, fewer prisoners than the comparator and at the last inspection said their induction covered everything they needed to know about the prison. The induction process had recently changed as the prison recognised it had not been meeting needs. Prisoners now received a new programme, which included one-to-one interviews with immigration officers, education staff and the National Careers Service. It was delivered by prison officers, specialist staff and prisoners who provided support and information about how to access services and the regime. While the induction programme was well designed and comprehensive, it was too early to assess its effectiveness.

Recommendation

- I.11** **Early days experiences for prisoners should be improved through a reception area that is fit for purpose, thorough reception and first night assessments, and systematic efforts by reception staff to retrieve missing property.**

Housekeeping point

- I.12** Safer custody and induction peer support workers should have staff supervision and support.

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.13** *The level of recorded violence was similar to other category C prisons and in our survey most prisoners reported more positively than the comparators on most aspects of victimisation. However, violence reduction structures were underdeveloped. The violence reduction policy was out of date and there was no violence reduction action plan. There was little evidence that bullies and victims were managed effectively, and prisoners who experienced victimisation did not always report it.*

- I.14** In our survey, prisoner responses were more positive than the comparators on most aspects of victimisation. However, more prisoners than the comparator said they felt unsafe (41% against 35%) and those from a black and minority ethnic were more likely to report negatively. The uncertainty of immigration cases appeared to be a factor in prisoners feeling less safe (see paragraph I.21). The level of recorded assaults and fights was similar to other category C prisons, although there had been some serious incidents. In the previous six months there had been 28 assaults and 11 fights.
- I.15** While levels of violence were not high, the prison's violence reduction work lacked strategic direction, and the violence reduction policy was out of date. The minutes of the safer custody meeting did not evidence detailed systematic analysis of data and trends, including the tensions between nationalities that some staff and prisoners mentioned to us, or the ethnic breakdown of incidents. Security department staff and prisoners did not always attend safer custody meetings. There had been no survey of prisoners to inform strategy and little consultation on bullying and violence in the prison. (See main recommendation S42.)
- I.16** We were told that 35 prisoners had been formally monitored for bullying in the previous six months. However, none of the forms and processes to report, investigate or address bullying or support victims were in use, and so we were not assured this figure was an accurate indicator of bullying. We identified cases where the establishment could not evidence the prompt investigation of assaults and management of perpetrators. Victims support plans were not used, even for some serious incidents. In our survey, only 43% of prisoners who said that they had been victimised said they reported this to staff, compared with 61% at the last inspection (see main recommendation S42).
- I.17** There was no violence reduction action plan, which would have helped address key structural weaknesses in violence reduction work. However, there were plans to review and relaunch violence reduction work and there was some good input from the safer custody team into early days work, including useful support for prisoners from safer custody peer supporters, although this required better oversight (see housekeeping point I.12).

Self-harm and suicide prevention

Expected outcomes:

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

I.18 *There had been three deaths in custody since 2011, one of which was self-inflicted. The prison had implemented most of the recommendations from the Prisons and Probation Ombudsman (PPO), but had not formally investigated all the serious self-harm incidents or near misses. Levels of self-harm and case management of prisoners in crisis were not high. The quality of case management documents varied but prisoners in crisis generally received good care.*

- I.19** There had been three deaths in custody since the previous inspection, one of which was self-inflicted. The prison did not conduct its own preliminary investigation of these deaths, but awaited the outcome of the PPO's investigation. It had action plans to implement PPO recommendations and most had been implemented effectively. A recommendation that staff on night duty should be clear about when to enter a cell in an emergency had not been achieved.

- I.20** In the previous six months, the levels of self-harm and number of prisoners at risk of suicide or self-harm on assessment, care in custody and teamwork (ACCT) case management were not high and similar to comparator prisons. The quality of ACCT documents varied, and trigger factors and practical targets set out in them were not always sufficiently focused on the causes of self-harm. However, observation records showed some good interaction with prisoners under supervision, although some lacked detail, and most prisoners who had been subject to case management told us they felt well cared for. Observation notes did not indicate the use of interpreters to support prisoners in crisis and we saw two examples of other prisoners used as interpreters in case review meetings, which was unacceptable given the sensitive nature of the information discussed (see main recommendation S43.) The two constant watch cells were located in the segregation unit, which was unacceptable (see paragraph I.47 and main recommendation S42).
- I.21** There was a lack of strategic direction in this work. ACCT documentation indicated that prisoners' immigration status and delays in decision-making were common factors in self-harming, as was isolation from family. However, the minutes of the safer custody meeting indicated little reference to and no analysis of these factors. (See main recommendation S42.) On-site Home Office immigration staff had only attended two out of the last six safer custody meetings and had little strategic input into this work. They rarely attended ACCT reviews. The safer custody policy was unclear on the circumstances in which serious incidents of self-harm or near misses should be investigated to learn lessons and not all such incidents had been investigated. (See main recommendation S42.)
- I.22** In our survey, only 45% of prisoners said they could speak to a Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) at any time, far fewer than the 75% at our last inspection. There were too few Listeners, although more were being recruited. Listeners we spoke to felt well supported by the Samaritans trainer. Not enough was done to support non-English speaking prisoners in crisis.

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.23 *Safeguarding arrangements for the protection of prisoners at risk were better developed than we usually see and a good basis for developing this work.*

- I.24** A safeguarding policy outlined procedures for referring prisoners at risk because of their health, disability or age to the safeguarding team, although the policy did not specify how such prisoners would be protected and supported. The prison had made links with social services and the local safeguarding board. There had been discussions with social services on the implementation of the Care Act 2014 and three referrals had been made, although assessments had yet to be undertaken. Overall, the prison had made better progress on safeguarding work than we usually see, but this needed to be developed further.

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).

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.25** *Security measures were generally proportionate. Prisoners went to activities under free-flow movement but there were difficulties in assessing them for allocation to activities. Intelligence gathering and analysis were good but not all required actions were completed quickly. The mandatory drug testing (MDT) positive rate was low but testing was too predictable, and there were emerging problems with new psychoactive substances (NPS).⁴*
- I.26** Physical security measures were generally proportionate. Action had been taken to prevent items such as drugs and mobile phones being thrown over the wall, including additional fencing. Prisoners had supervised free movement to activities and could move unescorted to activities or appointments outside these times through movement slips. Security staff contributed to prisoners' risk assessments for activities but had difficulty in completing assessments as many prisoners did not have a completed offender assessment system (OASys) assessment (see paragraph 4.11 and main recommendation S44). At the time of the inspection, all new arrivals were deemed as medium risk, which restricted access to activities for some.
- I.27** Staff across the prison had submitted nearly 1,500 information reports in the previous six months. Intelligence was analysed well and quick assessments were made of required actions, but intelligence-led searching was not always carried out promptly.
- I.28** Not all key departments were represented at the monthly security meeting; health care staff had not attended for at least six months. Relevant objectives were set around the threats related to drugs (including NPS – see below), mobile phones and the good order of the prison, and these were followed up and changed according to current priorities. The prison had an excellent relationship with the local police who provided security support.
- I.29** There was one prisoner subject to closed visits restrictions at the time of the inspection and no banned visitors. The security committee reviewed those on closed visits and banned visitors monthly and considered all relevant information. The appeal process was explained to prisoners and visitors. Closed visits were offered to visitors when there was a positive indication by a drugs dog, but this was rare.
- I.30** There had been an average random mandatory drug testing (MDT) positive rate of 2.6% (against a target of 5%) in the previous six months but testing was too predictable as it was often confined to a few consecutive days during the month. Suspicion drug testing was rare and risk-based testing for prisoners in certain jobs was irregular. The MDT suite was grubby, testing kits were not stored securely and the environment was not conducive to forensic testing.
- I.31** There were regular finds of hooch (illicit alcohol) and NPS. There had been good work by the prison to educate both staff and prisoners about the effects of NPS, including a focused campaign in July 2015.

⁴ New drugs that mimic illegal drugs and may have unpredictable and life-threatening effects.

Recommendations

- I.32** Security decisions about a prisoner's access to appropriate activities should be based on an accurate risk assessment.
- I.33** Intelligence-led searches should be carried out quickly in all cases where a need is identified.
- I.34** Random mandatory drug tests should be unpredictable, and suspicion and risk-based testing should be completed promptly in relevant cases.

Housekeeping points

- I.35** All key departments should be represented at the security committee meeting.
- I.36** The mandatory drug testing suite should be kept clean, and test kits stored securely and appropriately.

Incentives and earned privileges⁵

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.37 *The incentives and earned privileges (IEP) policy was used appropriately, and staff and prisoners had a good knowledge of the scheme. Some prisoners had to wait too long to be considered for enhanced status. There was a reasonable regime for basic level prisoners.*

- I.38** In our survey, prisoners were negative about being treated fairly under the IEP scheme. Nevertheless, the scheme appeared to work reasonably well. Staff had a good knowledge of how to use it to encourage good behaviour, and it was used to deal with less serious infringements of the rules.
- I.39** About 40% of prisoners were on the enhanced level of the IEP scheme, and new arrivals on enhanced at their previous establishments could appropriately retain that status. Prisoners could apply for enhanced status after three months in the prison, but applications were not dealt with quickly and some had not been considered for several months. Warnings were appropriate and prisoners received a copy. Prisoners' status was reviewed when they had received two warnings or there had been one instance of serious bad behaviour.
- I.40** Prisoners on basic regime had reasonable access to time out of cell for telephone calls, showers and meals, and were not restricted from attending work or other purposeful activity. Targets set at reviews were mostly generic and required a prisoner to comply with a pre-printed list of behaviour rather than addressing his individual circumstances. The second

⁵ 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.

review did not take place until after a prisoner had been on basic for 21 days, which was too long.

Recommendation

- I.41 Prisoners' applications for the enhanced level of the IEP scheme should be considered quickly; those on the basic level should be reviewed regularly and given individualised objectives.**

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.42** *The numbers of adjudications, uses of force and segregation had increased significantly with the change in the prisoner population. Monitoring and analysis of adjudications and use of force were poor, although some adjudications were quality checked. Charges were fully investigated and punishments were appropriate. Documentation for the use of force was generally detailed, and showed that force was justified. The special cell was not fit for purpose and its use was poorly documented. Segregation was used mainly for prisoners serving cellular confinement and few prisoners stayed there for long, but all prisoners entering the unit were strip searched. There was no formal care and reintegration planning, although there was some good individual care. The regime was poor but staff-prisoner relationships were good.*

Disciplinary procedures

- I.43** There had been 563 adjudications in the previous six months. Adjudications were not regularly monitored as there had been no adjudications meeting since November 2014, although the deputy governor quality assured 10% of individual records. Charges were appropriate and for the more serious offences, such as disobedience and possession of unauthorised articles (mobile phones, drugs etc).
- I.44** The adjudications documentation we reviewed showed that prisoners were given every chance to give their account of events. Records were generally detailed and gave a reasonable account of the proceedings. Punishments were proportionate and in accordance with the published tariff. Adjudicators made it clear why punishments outside the tariff were sometimes awarded.

Recommendation

- I.45 There should be detailed analysis of adjudications and the use of force to identify themes or trends.**

The use of force

- I.46** There had been 44 incidents where force had been used in the previous six months. Oversight of use of force was poor with no formal forum where it was discussed and

analysed (see recommendation I.45). Individual officers' reports were generally detailed and gave a full account of what had happened. Not all planned incidents were video recorded. However, those we viewed showed that incidents were well managed and that a measured approach was taken to dealing with some very challenging prisoners. We observed and found written evidence of good use of de-escalation.

- I.47** Special accommodation had been used on nine occasions during the previous six months. The special accommodation cell was unsuitable; it was small, with no natural light, dirty and a generally poor environment. Documentation on the use of the cell was not always fully completed, and sometimes missing. It was unclear if the use was always justified. In one case a prisoner was taken out of special accommodation and placed in a cell where furniture had been removed, making it equivalent to special accommodation, although it had not been recognised as such and had not been subject to the appropriate governance.

Recommendation

- I.48** **The current special accommodation cell should be taken out of use, and all uses of special accommodation should be fully recorded.**

Segregation

- I.49** The segregation unit environment was reasonable and mostly clean, despite some graffiti, but the exercise yard was grim. Two cells were used for constant supervision, and their location in the segregation unit was inappropriate (see paragraph I.20).
- I.50** In the previous six months, 114 prisoners had been segregated. Most (around 60%) were serving periods of cellular confinement and few were held there for reasons of good order or discipline or awaiting adjudication. Few prisoners remained segregated for long periods and most returned to normal location within the prison. All prisoners were strip searched on entry to the unit, including those going into the constant supervision cells, which was inappropriate. There was no formal care or reintegration planning but we found examples of some excellent care given to some very difficult individuals.
- I.51** The regime on the unit was poor and prisoners spent most of their time in their cells with little to do. However, they could take time in the open air in association with other prisoners following a risk assessment, they had daily access to showers and telephones and there was a small library. Segregated prisoners were seen daily by a governor, medical staff and a chaplain. Relationships between unit staff and prisoners were generally relaxed and friendly, but written records showed mainly observational entries.
- I.52** Segregation monitoring and review meetings (SMARG) had started earlier in 2015 and showed good analysis of the use of segregation.

Recommendations

- I.53** **Segregated prisoners should have systematic reintegration and care planning and a varied regime that can support their return to normal location.**
- I.54** **Cells for prisoners requiring constant supervision should not be located in the segregation unit.**

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.55** *There was a responsive and supportive substance misuse service with a substantial caseload. Prescribing was flexible and appropriately focused on reduction. A range of brief interventions and longer structured programme work met the needs of drug and alcohol misusers. There was impressive use of peer supporters, and prisoners were complimentary about the support provided.*
- I.56** A comprehensive new drug and alcohol strategy had been introduced just before our visit. The bimonthly strategy meeting had suitable stakeholder representation but as it had only met for the first time in July 2015, it was too early to judge its effectiveness.
- I.57** A regular intelligence report gathered some important information, including knowledge of supply routes within the prison, although there was no formal supply reduction action plan with timescales to ensure robust systematic monitoring.
- I.58** Since February 2015, RAPt (Rehabilitation of Addicted Prisoners trust) had provided clinical and psychosocial services through an integrated substance misuse pathway; this was a responsive and supportive service with a caseload of 157 prisoners. The small number of prisoners requiring opiate substitution – four during the inspection – were supported by a nurse prescriber with a focus on reduction. The focus on opiate reduction was sensible given that prisoners being deported might go to countries with little support for problematic drug use. Treatment planning was effective, clinical reviews were timely and records showed good staff engagement with prisoners.
- I.59** RAPt workers were well integrated into wider prison meetings and the ACCT process. Programme work matched needs with a week-long ‘Living Safely’ programme focused on both drug and alcohol problems and a four-week ‘Stepping Stones’ programme to provide more intensive work. Prisoners with dual-diagnosis needs (mental health and substance misuse) were well supported by effective collaboration between substance misuse workers and the mental health services.
- I.60** There was very good use of use of two prisoner peer supporters who were enthusiastic and well supported. Alcoholics Anonymous (AA) ran a fortnightly session, which was due to become weekly.

Recommendation

- I.61** **There should be a robust supply and reduction action plan, with time-bound objectives, to support the drug and alcohol strategy. It should be monitored and reported on regularly.**

Section 2. Respect

Residential units

Expected outcomes:

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

2.1 *Residential units were generally clean but netting, pipes and railings were dirty, and many shower units were dilapidated. The gardens were outstanding. Cells were often cramped and furnishings worn. Not all in-cell toilets were screened or had lids and seats. Many cell notice boards had graffiti and the offensive display policy was not consistently applied. Prisoners could easily make applications but not all responses were prompt.*

2.2 Residential units were generally clean and free from litter, but netting, pipework, railings and areas underneath stairs were dirty. As at our last inspection, many shower units were dilapidated. Too many had broken tiles, mould, peeling paint, rusting pipes, poor ventilation and ineffective drainage. Communal areas were almost completely free from graffiti. Association rooms on all units were well equipped and appropriate. Notices were entirely in English (see main recommendation S43). Units were reasonably calm and quiet in the evenings. The grounds were litter free. The gardens were outstanding and some of the best in the prison estate.

2.3 Most units held prisoners in single cells, but 11% of cells held more prisoners than they were designed for. Cells were cramped, especially on Medway, and much of the furniture was worn. Not all in-cell toilets were adequately screened and some were only inches from where prisoners slept and ate. Toilets on Weald did not have seats or lids. The offensive display policy was not adhered to, and many cell notice boards were covered in graffiti. Most prisoners had a lockable cupboard and key. Prisoners could access cleaning materials. Prisoners could wear their own clothes and have them washed weekly in a central laundry. In our survey, only 27% of prisoners said they could access their stored property, compared with 47% at the last inspection, and this appeared to be because of delays in dealing with applications. Cell bells were answered promptly when we tested them, although the prison could not supply us with data on response times.

2.4 The immigration enforcement team confirmed that it could not reply to all applications within the target of 48 hours. Arrangements for sending and receiving mail generally worked well. There were sufficient telephones and access was equitable. Prisoners could reduce the cost of their calls overseas if their friends and families registered for a Skype telephone number, and notices explained this.

Recommendations

2.5 **A programme of refurbishment should include work to ensure that all showers are adequately ventilated and decorated, and that all in-cell toilets have lids and seats.**

2.6 **All applications should be dealt with promptly.**

Housekeeping point

- 2.7 The offensive display policy should be applied consistently.

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.

2.8 *Relationships between prisoners and staff were largely positive and relaxed. The personal officer scheme did not work properly. Staff were not trained in the specific needs of foreign national prisoners. Prisoner consultation arrangements were very good.*

2.9 Relationships between prisoners and staff were generally courteous and relaxed. In our survey, 80% of prisoners said most staff treated them with respect and more prisoners than the comparator said there was a member of staff they could turn to if they had a problem. We observed largely positive interactions between staff and prisoners, but many prisoners and staff said that they did not have a meaningful relationship with each other.

2.10 Prisoners were allocated a personal officer and a back-up officer to help them solve problems, achieve sentence plan objectives and comply with the regime, but in practice the scheme did not work adequately. Personal officer entries on prisoners' records were at best infrequent and at worst non-existent. Entries lacked detail or balanced overview of the prisoner's progress, and most related to negative rather than positive behaviour. Management oversight was ineffective. Officers had not been trained in the specific needs of foreign national prisoners.

2.11 There were very good prisoner consultation arrangements, facilitated by the voluntary organisation User Voice, provided by ex-offenders. Prisoners elected council representatives who met a User Voice worker weekly to agree issues and propose solutions to take to the consultation meeting. Minutes showed that the meetings were constructive and led to practical improvements.

Recommendation

2.12 **More meaningful engagement between prisoners and staff should be facilitated through personal officer work, which can help achievement of sentence plan objectives, and staff awareness of the particular needs and concerns of a foreign national population should be increased through specific training.**

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 characteristic⁶ 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.

2.13 *The strategic management of equality and diversity work was poor. Awareness of the discrimination incidents reporting system was low, and identification of protected characteristics was weak. Equality monitoring had triggered some impact assessments but was poor. There was little formal support or consultation with protected groups. Black and minority ethnic prisoners were more negative than white prisoners about their safety. Professional interpreting was not used as often as needed. Too many immigration detainees were held. Prisoners with disabilities did not have care or emergency evacuation plans. Older prisoners were locked in the cells for too long during the working day. Gay and bisexual prisoners did not receive targeted support.*

Strategic management

- 2.14** The equality action team (EAT) comprised a manager, a custodial manager and one full-time-equivalent officer. The manager had many other duties and little time to focus on diversity. The prison had an up-to-date equality policy, underpinned by an action plan. Two EAT meetings had been held in 2015 after a gap of over a year. A prisoner attended the second meeting but no prisoners attended the first. There were two prisoner equality representatives, one of who concentrated on disability issues. The representatives were passionate about their role but lacked guidance and support.
- 2.15** The prison's identification of prisoners with protected characteristics was poor. The EAT could not easily tell us the numbers of prisoners in the different protected groups, and was unaware that six gay prisoners were held until we requested the data (see main recommendation S43).
- 2.16** The prison used the Prison Service equality monitoring tool to understand the access of protected groups to the regime and their treatment. The tool was not used adequately and, because of the poor identification, missed out some groups (such as gay prisoners), as well as analysis of complaints and use of force. (See main recommendation S43.) Two equality impact assessments had been initiated following monitoring – one on adjudications and one on the incentives and earned privileges (IEP) scheme – but the results were not yet known.
- 2.17** There was little targeted support for protected groups. Apart from one meeting with black and minority ethnic prisoners in 2015, there was no regular consultation with protected groups (see main recommendation S43). The only external support group available for prisoners was Migrant Help.
- 2.18** Prisoners could report discrimination incidents on specific forms, but reporting forms in foreign languages were only available in the library and not on the residential units. Not all

⁶ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

prisoners were aware of the reporting system. The secure boxes to post the forms were not emptied regularly – we submitted a form at the start of the inspection week asking to be contacted but we did not receive a reply. In the previous six months, only 11 discrimination incidents were reported. The quality of investigations was adequate but some took too long to complete.

Recommendation

- 2.19 Prisoners should be made aware of the discrimination incident reporting system, forms should be freely available in a range of languages, boxes should be emptied regularly, and investigations should be timely.**

Protected characteristics

- 2.20** Sixty-six percent of the population were from black and minority ethnic backgrounds. In our survey, more black and minority ethnic than white prisoners said that they had felt unsafe in the past or currently, been victimised by other prisoners and staff, and had felt threatened or intimidated by staff. Responses of black and minority ethnic prisoners about their access to employment, the gym and outside exercise were also poorer than white prisoners in our survey. Muslim prisoners were generally more positive than non-Muslims, except when asked if they had been victimised by staff (31% against 21%).
- 2.21** The prison held 588 foreign nationals and six British prisoners. There had been 52 uses of telephone interpreting in the previous six months, which seemed low. Despite some cases of obvious need, we did not witness wing staff using professional interpreters to communicate with prisoners who could not speak English. (See main recommendation S43.) During our inspection, the prison held 23 immigration detainees beyond the end of their prison sentence. Many had only been notified of their detention a few days before their sentence ended – one told us he was notified on the day of his release. Immigration detainees were not treated any differently from sentenced prisoners, and were asked to sign a statement confirming they were content to remain under Prison Rules, even though they were no longer convicted prisoners. Immigration detainees were not given reasons why they were held in prison rather than the more open atmosphere of an immigration removal centre. Migrant Help attended the prison once a week to assist prisoners with practical problems and to give very basic legal advice (see paragraph 2.40).
- 2.22** Identification of prisoners with disabilities was good, and the prison had identified 80 such prisoners. However, there was no multidisciplinary care planning for prisoners with disabilities. There were no up-to-date personal emergency evacuation plans held on the wings – we were shown some from 2012 for prisoners who had left the prison. There were two adapted cells but the one cell on Kent unit was occupied by two prisoners without disabilities and was therefore not ready for immediate use. The stair lift on Weald unit was out of order. A carers' scheme was in its infancy and one prisoner had been appointed as a carer to assist a disabled prisoner.
- 2.23** The prison held 62 prisoners over the age of 50, approximately 10% of the total; the oldest was 74. In our survey, older prisoners were more likely than younger ones to say that staff treated them with respect (90% against 79%). However, retired prisoners were held in their cells for too long during the day, and some were unnecessarily locked up for most of the working day without access to activities (see also paragraph 3.2). Retirement pay was due to rise from £3.75 an hour to £6.55. Retired prisoners paid £1 a week for their televisions.

- 2.24** There was no internal or external support for the six gay prisoners held (see paragraph 2.15 and main recommendation S43).

Recommendations

- 2.25** Immigration detainees should not be held in prison solely under immigration powers other than in very exceptional circumstances following risk assessments that are reviewed monthly. Reasons for holding the detainee in prison rather than an immigration removal centre should be communicated to the detainee in writing.
- 2.26** Prisoners with disabilities who need them should have regularly reviewed multidisciplinary care plans and up-to-date personal emergency evacuation plans. Adapted cells should be ready for immediate use by disabled prisoners.
- 2.27** Older and retired prisoners, those with a disabilities and others unable to work should be unlocked during the core day and have access to more structured activities.

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.

- 2.28** *The chaplaincy met the religious needs of most prisoners but there were no visiting chaplains for some faiths. The team provided good pastoral care and support and was integrated into the life of the prison. Almost all faith activities took place in an attractive chapel, but its fabric was deteriorating.*

- 2.29** Fifty-five per cent of prisoners were Christian, 32% Muslim and 2% Hindu. The chaplaincy comprised a full-time managing chaplain, a part-time Catholic chaplain and a part-time Muslim chaplain. Other chaplains were employed sessionally, but there were no Rastafarian or Eastern Orthodox visiting chaplains.
- 2.30** The team was well integrated into the life of the prison and attended a range of meetings. A chaplain visited the health care department and segregation unit each day, and a member of the team saw all new arrivals. The team provided a wide range of services and study opportunities. In our survey, more prisoners than the comparators said that their religious beliefs were respected and that it was easy to attend a religious service.
- 2.31** All services, apart from Friday Muslim prayers, took place in the chapel. Although large and attractive, the fabric of building was deteriorating – the roof leaked, the plasterwork was flaking and the stained-glass windows were boarded over as a result of safety concerns. A section of the chapel was used for multi-faith activities and occasionally for Friday prayers.

Recommendation

- 2.32** The fabric of the chapel should be sound and the roof watertight.

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.

2.33 *Prisoners had little confidence in the complaints system. Complaint forms were not available in foreign languages. Although there was a quality assurance system and trends were analysed monthly, recurring complaints were not dealt with. Prisoners were not regularly consulted about their satisfaction with the internal complaints system.*

2.34 Prisoners told us they had little faith in the complaints system. In our survey, fewer prisoners than the comparator said it was easy to make a complaint, and of those who had made a complaint only 18%, against the comparator of 32%, felt they were dealt with fairly.

2.35 Complaint forms were readily available on all wings, but only in English. Not all complaints boxes were clearly labelled and some were positioned in sight of the staff offices. The complaints clerk emptied the boxes daily, ensuring confidentiality for prisoners. Responses to the sample of complaints we analysed were prompt and most were courteous, but a few did not address the issues, and in one case the complaint was answered by the member of staff who was the subject of the complaint, which was inappropriate.

2.36 There was an efficient quality assurance system with trends analysed and monthly reports to the senior management team. However, the team did not scrutinise the information in the reports to identify and address any recurring problems.

Recommendations

2.37 **Complaint forms should be available in a range of languages next to complaints boxes that are clearly labelled and located out of sight of staff wing offices.**

2.38 **Senior managers should address any recurring problems identified in the monthly complaints report.**

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.

2.39 *There was no central resource to assist prisoners with their complex legal needs. Migrant Help provided some basic advice. Prisoners could not access computers to deal with their cases and could not always consult their lawyers privately.*

2.40 Many prisoners had multiple and complex legal needs but could not direct their queries to a central resource. The charity Migrant Help attended one day a week to offer basic

immigration advice and refer prisoners to immigration lawyers. The library contained a range of legal forms and Prison Service policies but did not display notices about the work of the Legal Ombudsman and the Immigration Services Commissioner. Prisoners could not borrow 'access to justice' laptops or use personal computers to help with their legal cases. Legal visits took place in the open in the visits hall, which compromised confidentiality.

Recommendations

2.41 Prisoners should be able to borrow an 'access to justice' laptop and to use a computer for letters and statements to support their legal cases.

2.42 Prisoners should be able to consult their lawyers in private.

Housekeeping point

2.43 The prison should promote the work of the Legal Ombudsman and the Immigration Services Commissioner.

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.

2.44 *Most prisoners were negative about their access to health services, although we concluded that their quality was reasonable. Partnership working was effective, but some aspects of clinical governance were weak. Health care complaints were not always dealt with through a confidential system, and clinical supervision did not take place regularly. There was an appropriate range of primary care services and waiting times were reasonable, apart from the dentist and smoking cessation. Some consultations lacked privacy. The non-attendance rate for health care appointments was too high. The health care centre needed refurbishment and some areas did not meet infection control standards. Too many external hospital appointments were rescheduled. Pharmacy services were reasonably good. The mental health in-reach team provided good primary and secondary mental health care.*

2.45 *The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁷ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies.*

Governance arrangements

2.46 The CQC found there were no breaches of the relevant regulations.

⁷ 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>.

- 2.47** Health services were commissioned by NHS England and provided by Oxleas NHS Foundation Trust. A health needs assessment had been published in December 2014 but did not inform current service delivery. Working relationships between the commissioner, prison and provider were good, and well-attended partnership board meetings covered all essential areas.
- 2.48** A small team of experienced nurses, three health care assistants, a pharmacy technician and two administrators were on site every weekday from 8am until 6.30pm and at weekends from 8.30am until 6pm. Staff vacancies and sickness had been covered by bank staff and the operational manager had covered clinical shifts when necessary, but the staffing difficulties had led to a lack of health care representation at some strategic prison and health meetings. New staff had recently been recruited.
- 2.49** There was no regular formal clinical or managerial supervision in primary care and a few gaps in mandatory training, so it was unclear if the professional needs of individual staff or the organisation were being met.
- 2.50** Health staff were easily identifiable and we observed caring and professional interactions with prisoners. However, we also observed a prisoner used as an interpreter during a dental consultation, which was inappropriate. Clinical records also documented examples of other health professionals using prisoners as interpreters (see main recommendation S43).
- 2.51** Staff used an appropriate range of policies, including safeguarding, information sharing and a food refusal policy. There were effective systems for the management of communicable diseases. There was age-appropriate screening but no senior nurse to lead the overall care of older prisoners. Links with the rest of the establishment to cover prisoners with disabilities were limited, although mobility and health aids were available (see paragraph 2.22).
- 2.52** Health staff used the SystemOne electronic clinical record system. Entries in patient records were reasonable, but they were not regularly audited to ensure a consistent approach.
- 2.53** The health care department was clean and tidy but needed refurbishment. The corridor in the clinical area and some other areas did not meet infection control standards. We observed some clinic doors routinely left open during consultations and no use of screens, which compromised patient confidentiality.
- 2.54** Emergency equipment, including two automated external defibrillators (AEDs) in the health care centre, was well organised and regularly checked. Most custody staff we spoke to were aware of the emergency response protocol, although some on night duty were unaware of the location of the defibrillator. Defibrillators were strategically positioned across the prison but did not have daily checks. Too few staff had received AED and emergency first aid training. Ambulances were called promptly when needed, and response times were good.
- 2.55** There was no separate forum for prisoners to raise health issues, although they were raised at the general prisoner council meeting to which health care staff were invited. Most health care complaints went through the prison's complaints system, which was inappropriate as it lacked confidentiality. Complaints were scanned on to the individual's clinical record and there was no separate recording or monitoring of trends. The few responses we found in individual records were prompt, courteous and addressed the issues.
- 2.56** Health promotion material was displayed in the waiting rooms but not available in an easy-read format or in languages other than English. A visiting specialist viral hepatitis nurse provided a monthly clinic, and prisoners had good access to immunisations and screening for blood-borne viruses. Barrier protection was available from health staff, although this was not well advertised.

Recommendations

- 2.57** Effective clinical governance should include a comprehensive health needs assessment that informs provision, regular clinical supervision and staff training, a confidential health care complaints system, and regular record-keeping audits.
- 2.58** The health centre should be refurbished and all clinical areas should fully comply with infection control standards. The health care room in reception should have a working computer, access to telephone interpreting services, an alarm and a sink.
- 2.59** Automated external defibrillator checks should be recorded daily, and prison staff with direct prisoner contact should be trained in first aid and resuscitation, including use of the automated defibrillator.

Housekeeping points

- 2.60** There should be a designated senior health lead to develop health services for older prisoners and those with disabilities.
- 2.61** Clinic doors should only be left open during consultations on the basis of individual risk assessments, and privacy screens should be available.
- 2.62** Health care and health promotion information should be available in a range of formats and languages.
- 2.63** Barrier protection should be freely available and well advertised.

Delivery of care (physical health)

- 2.64** In our survey, fewer prisoners than the comparator were satisfied with the overall quality of health services (38% against 43%). Most prisoners we spoke to had negative views about their access to health services.
- 2.65** A registered nurse undertook comprehensive health screening, including mental health and substance misuse, for new arrivals and made appropriate referrals. However, the health care room in reception was unsuitable as it had no access to telephone interpreting for prisoners who did not speak English, the computer was broken and prevented clinical records being viewed, and there was no alarm or sink for hand washing (see recommendation 2.58). We observed three new arrivals who did not receive a full health screening because of these limitations, which was unacceptable. An appointment was made in health care the following day to screen these prisoners, but they did not attend and this was not followed up.
- 2.66** A GP was available each weekday morning and was covered by a regular group of GPs from a local GP consortium. Same-day appointments were facilitated for urgent cases, and waiting times for routine appointments were within an acceptable timescale. The provision of out-of-hours emergency cover was equivalent to that in the community. Appointments were often affected by the regular prisoner roll checks, which restricted movements and contributed to a high rate of missed appointments.
- 2.67** The primary care team offered a variety of nurse-led clinics, including daily triage and follow-up clinics. Prisoners with long-term conditions were reasonably well managed and assessment templates reflecting national clinical guidance were used, but there were no care

plans. Prisoners with diabetes were set no special diet, which was unacceptable (see recommendation 2.96).

- 2.68** There was an appropriate range of primary care services, including podiatry and an optician. Waiting times for these services were adequate, although one prisoner had waited over 10 weeks for his glasses to be repaired. Smoking cessation waiting times were too long. The genitourinary medicine team at Maidstone Hospital facilitated a clinic within the prison, which was a positive initiative.
- 2.69** Prisoners received prompt appropriate referral to external hospital appointments, but too many were rearranged due to emergencies and lack of custody staff.

Recommendations

- 2.70** **Prisoners should have prompt access to all primary care services, and action should be taken to reduce non-attendance rates for all clinics.**
- 2.71** **There should be adequate escort arrangements for external hospital appointments to avoid unnecessary cancellations.**

Housekeeping point

- 2.72** Prisoners with lifelong conditions should have an evidence-based care plan.

Pharmacy

- 2.73** Pharmacy services were provided by HMP Rochester. Patients received their medicines from a nurse and a technician through a purpose-built barred hatch twice daily at 8.15am and 5.30pm. However, methadone was administered from a room next to the pharmacy that did not have a barred gate or hatch and was a potential security risk. Four patients received daily methadone. Night time medication was given in possession on a risk-assessed basis or as a daily single named-patient dose at an earlier time. The medicines management and therapeutic committee meetings did not have regular representation from Maidstone.
- 2.74** There was a new in-possession policy with a risk assessment scoring system to decide the appropriate administration, but this was not attached to the patient's records and only the score was available on some records. Although the policy stated that the risk assessment should take place in reception, it was not used during the reception screening we observed, although the prisoner signed a medication compact.
- 2.75** Most patients on prescribed medication had it in possession. New arrivals who transferred in on high risk or tradable medications were reviewed by the GP and, if possible, changed to another lower risk medication or slower acting formulations that released the active ingredient over a longer period. There were approximately six patients on the painkiller Gabapentin and five on the opiate-based painkiller tramadol.
- 2.76** Medicines were generally stored well and had regular date checks. Heat-sensitive medicines were stored appropriately and fridge temperatures recorded daily and were within the required range. However, the audit trail for the controlled drugs cabinet keys was not robust enough.

- 2.77** Some basic remedies, including paracetamol and ibuprofen, were available from health care staff, and their use was appropriately documented on SystmOne. Most of the standard operating procedures and the few patient group directions (authorising appropriate health care professionals to supply and administer prescription-only medicine) were out of date, apart from the influenza vaccination.
- 2.78** Medicine use reviews were available during the pharmacist's monthly visit, but this service was not listed on the health appointment application form.

Recommendations

- 2.79** **The risk assessment policy for in-possession medicines should be fully implemented and available to all health professionals involved with the patient.**
- 2.80** **Methadone should be supplied in an environment that ensures the safety and security of staff.**
- 2.81** **There should be more patient group directions to enable nurses to supply a greater range of more potent medications and to avoid unnecessary consultations with the GP.**

Housekeeping points

- 2.82** Pharmacy-led clinics should be actively promoted and included in the health appointment application form.
- 2.83** There should be a clear audit trail of who has accessed the controlled drugs cabinet.
- 2.84** There should be regular representation from Maidstone at medicines management and therapeutic committee meetings, and standard operating procedures should be in date and regularly reviewed.

Dentistry

- 2.85** Dental services were provided by Kent Community Health NHS Trust. A dentist held six sessions a fortnight, supported by two dental nurses. Appointments were prioritised appropriately on clinical need, and a full range of dental treatment was available. There was a waiting list of 58 and the first available slot for a routine appointment was in seven weeks, which was too long. The dental equipment was well maintained and in good working order. The session we observed was professional and caring, and provided oral health promotion. The dental facility was good, although there was no separate decontamination suite.

Recommendations

- 2.86** **Prisoners should have access to routine dental appointments within six weeks.**
- 2.87** **The dental surgery should have a separate decontamination room to comply fully with infection control standards.**

Delivery of care (mental health)

- 2.88** There was good primary and secondary mental health care from Oxleas NHS Foundation Trust and Addaction, which provided improved access to psychological treatment (IAPT) workers. The team included an operational manager, senior practitioner, two nurses, a cognitive behavioural step-3 therapist, and a support, time and recovery (STaR) worker. The current team caseload was 33. There was a weekly multidisciplinary team meeting and staff received regular clinical and managerial supervision. A consultant psychiatrist and a specialist registrar also provided six sessions a week. There was access to a forensic social worker, and a psychologist if required. Staff attended assessment, care in custody and teamwork (ACCT) case management reviews.
- 2.89** A stepped care model provided a range of treatments, from less intensive interventions for prisoners with short-term mild and moderate mental health needs to services for prisoners with longstanding and complex problems under the care programme approach (CPA) – totalling 16 prisoners during the inspection. There were groups for patients, and self-help guidance that could be translated into other languages.
- 2.90** Prisoners could self-refer or be referred by staff, and there were approximately six referrals a week. Following referral a mental health assessment was carried out within 10 working days, or within two working days if it was more urgent. Care planning and progress notes on SystmOne were of a very good standard. The team had developed a mental health awareness training package but this had not yet been delivered to custody staff.
- 2.91** One prisoner had been transferred to a secure mental health unit in the previous six months, and this had happened promptly.

Recommendation

- 2.92 All custody officers should receive regular mental health awareness training.**

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.

- 2.93** *Prisoners were negative about the quality and quantity of food. The cold packed lunches and hot evening meals were unappetising, and breakfast packs were meagre. There were no special diets for some prisoners with medical needs.*

- 2.94** In our survey, 27% of prisoners said the food was good, compared with 34% at the previous inspection. The food we sampled was unappetising. Breakfast packs were meagre and issued as early as lunch time the day beforehand. A cold packed lunch was served from 11.45am and dinner from 4.45pm, which were too early. In our survey, fewer Muslim than non-Muslim prisoners said the food was good. The arrangements for the storage, preparation and service of halal food were adequate. Special diets were not provided to several diabetic prisoners who required them, which was unacceptable.

Recommendations

- 2.95** Prisoners' meals should be adequately spaced: substantial breakfast packs should be served on the morning of consumption, lunch between noon and 1.30pm, and the evening meal between 5pm and 6.30pm.
- 2.96** The health care team should be consulted about the provision of special diets to ensure that all prisoners receive safe and appropriate meals.

Purchases

Expected outcomes:

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

2.97 *Prisoners could buy a wide range of goods from the prison's product list, catalogues and through the internet. Consultation about the product list was good.*

2.98 Prisoners could buy a suitable range of goods once a week from the prison's product list. New arrivals could buy a pack of basic items on arrival; those without money were given an advance. Prisoners could also buy items from three catalogues. Items not available on the national product list could be bought through the internet – prisoners submitted an application form stating the item they wanted and a maximum price, and a member of staff then ordered it through the internet. The scheme was in its infancy but was working. Each wing had two representatives who were consulted about the contents of the local product list, which could be amended four times a year.

Good practice

2.99 *Prisoners could shop from the internet, with staff submitting their orders, for items not available on the national list.*

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.⁸

- 3.1** *Fully employed prisoners could have over 10 hours out of their cell on a weekday, but others had significantly less, and there was less time out at weekends. We found a quarter of prisoners locked in their cells during the core day. Prisoners had good access to outside exercise.*
- 3.2** The core day allowed fully employed prisoners over 10 hours out of their cell on a weekday, but those who worked part time or were unemployed had as little as four hours a day. During our roll checks, we found around a quarter of prisoners locked in their cells, including those who were disabled or retired and unable or not required to work (see recommendation 2.27). On weekdays, one wing remained open on a rota basis until 7.15pm each evening to provide additional unlock time. At weekends, when the regime had been restricted as a result of staff shortages, prisoners were only unlocked for either the morning or the afternoon, also on a rota. In our survey, only 52% of prisoners said that they had association more than five times a week compared to 81% at the last inspection.
- 3.3** Exercise areas were unlocked when prisoners returned to the wing from afternoon work activities and they had good access to the open air during evening association. We observed some staff who interacted well with prisoners during association, but on some wings they remained distant.

Recommendation

- 3.4 All prisoners should be unlocked for both the morning and afternoon at weekends.**

⁸ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Learning and skills and work activities

Expected outcomes:

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

3.5 *There were weaknesses in the management of learning and skills and work. There were enough activity spaces for most of the population, but there was some underemployment and too many unchallenging wing jobs. The quality of education provision was variable and achievement levels were low in some key subjects. There was insufficient monitoring and evaluation of the quality of provision. The library was adequate but underused.*

3.6 *Ofsted⁹ made the following assessments about the learning and skills and work provision:*

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

Management of learning and skills and work

3.7 The strategic management of learning, skills and work, and the education and vocational training provided by The Manchester College required improvement. There were well-advanced plans to further develop the provision, by offering a greater range and number of work places, and to broaden the accredited vocational training into horticulture, laundry, recycling and vacuum repair, although there was no vocational training planned for those working in PE (see paragraph 3.37). Enthusiastic managers and staff had high expectations for all prisoners and provided effective support that motivated them well and helped many to succeed.

3.8 The prison used its good relationships with external partners to research potential employment in the destination countries of released prisoners to help plan their education and training. Workshops had been reconfigured to increase construction and catering related training, reflecting the needs of local employers. There had been no evaluation to gauge the effectiveness of these efforts.

3.9 Quality improvement arrangements had been effective in raising the standard of some provision while maintaining good outcomes on many courses. The prison's self-assessment process was thorough and reasonably accurate, although improvement had been too slow in some areas.

⁹ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

- 3.10** There was insufficient analysis of the wide range of available data to identify trends in performance, manage the progression of learners in vocational training and manage staff performance effectively. Monitoring of the impact of provision of English for speakers of other languages (ESOL) and English and mathematics support in workshops needed improvement.
- 3.11** The process of allocation of prisoners to activities was weak and did not ensure that they were all engaged. Waiting lists for activities were poorly monitored and managed. Allocation was not linked to prisoners' sentence plans and employment aspirations, and did not always suit their needs. Many prisoners were unable to complete their planned education or training before release. The prisoner pay structure was fair and not a disincentive to attend education courses.

Recommendations

- 3.12** The planned vocational training programmes should be introduced, and prisoners working in PE should also be able to obtain vocational qualifications.
- 3.13** Data should be used effectively to monitor and improve all aspects of education, training and work.
- 3.14** The allocation of prisoners to education, training and work should reflect the priorities agreed in their sentence plans, and they should have clear, challenging and specific learning targets.

Provision of activities

- 3.15** There were sufficient full- and part-time activity and work places for the majority of the population. The range of the education provision was limited to English, mathematics, information and communications technology (ICT) and ESOL. Additional short courses were also offered, including personal development and employability. Most education courses were available up to level 2, with few progression opportunities above this level for more advanced and longer-term prisoners. Around 12 prisoners were on distance learning courses. Opportunities for prisoners to gain accredited qualifications in work were very limited. The painting and decorating workshop was closed due to staff shortage, and there was no accredited qualification in cleaning. There were well-advanced plans for vocational training in horticulture and laundry.
- 3.16** Work in the horticulture, kitchens, vacuum cleaner repair and recycling were particularly productive, promoting a good work ethic and contributing to the effective operation of the prison. Work in tailoring, printing, the contract workshop and the laundry provided a range of work activities. However, most work areas did not provide enough work to occupy all workers fully, and prisoners were often underoccupied in workshops, such as tailoring, because of lack of materials.

Recommendation

- 3.17** Workshops should have sufficient supplies of materials and workflows to provide continuous activity for prisoners.

Quality of provision

- 3.18** Teaching and learning on education courses required improvement. Teachers were suitably qualified and experienced, and took appropriate account of prisoners' different learning styles. The better lessons reflected the abilities and support needs of individual prisoners. Tutors used a range of learning resources effectively but too few used information learning technology to enliven lessons, support a wider range of teaching approaches and enable learners to demonstrate their learning.
- 3.19** Teachers provided clear verbal and written feedback. They successfully integrated equality and diversity into lessons, managing diverse groups of prisoners well. Teachers and prisoner learning support mentors provided effective additional learning support in lessons. Individual learning plans were informed by assessment of prisoners' starting points, but their objectives were not clear enough and some made slow progress (see recommendation 3.14).
- 3.20** A small number of prisoners on Open University and distance learning courses were supported by education and library staff to complete their academic assignments. However, this support was not well coordinated and was poorly recorded, prisoners were not referred to all available learning resources and their progress was inadequately monitored.
- 3.21** Coaching in the well-equipped bricks workshop was good, with peer mentors and the instructor helping new workers to understand what was expected of them. Prisoners working in the staff mess received good support from staff and peer mentors in preparing meals for staff and visitors. Prisoners in both these areas recognised that the skills they developed would help them seek employment on release.
- 3.22** Promotion and reinforcement of English and mathematics skills in work areas was inadequate, and did not reflect the formal strategy to promote these key skills actively to improve prisoners' employability.
- 3.23** Safe working practices were not reinforced and promoted enough in some work areas. Not all prisoners working in the printing workshop, contract services and vacuum cleaner repair wore appropriate personal protective equipment.

Recommendation

- 3.24** **Staff in all activity areas should actively promote and record the development of prisoners' English, mathematics, other employability-related skills and their progress on distance learning courses.**

Housekeeping points

- 3.25** Teaching staff should make better use of information learning technology to enliven lessons and engage learners.
- 3.26** Prisoners should wear personal protective equipment in working areas where appropriate.

Education and vocational achievements

- 3.27** Achievement rates on many education courses were high, including in functional skills levels 1 and 2 in ICT and personal and social development courses, but success rates on some functional skills English, ESOL, employability and mentoring courses were too low. Success

rates on bookkeeping and mathematics functional skill courses were improving. Prisoners in most education sessions made adequate progress, developed good work-relevant skills, such as communicating and working with others, and most demonstrated good standards of written work.

- 3.28** Most prisoners on catering, courses and in the brickwork, and painting and decorating workshops who started training completed it successfully, with many in brickwork progressing to level 2 qualifications. The standards of work in brickwork, the staff mess and kitchens, and particularly in the gardens, were very good. Punctuality in education required improvement.

Recommendation

- 3.29** Prisoners should achieve consistently high success rates on English, English for speakers of other languages and mentoring courses.

Library

- 3.30** Staff from Kent County Council managed the library effectively. One prisoner was employed as a library orderly; and had received some training. The library was bright and welcoming and stock levels were good, including a range of books in 39 languages, although access to dictionaries was limited. Prisoners could access legal texts and Prison Service instructions.
- 3.31** Use of the library had declined since the previous inspection with under half of prisoners visiting it regularly. Prisoners had limited access to the library as it was closed in the evening, and most had to interrupt education, work or training to use it. Librarians liaised well with education tutors to ensure that resources were continually updated to meet changes to the curriculum. Vocational texts were available for those on courses, and additional resources could be quickly obtained through the inter-library or national loan services.
- 3.32** Literacy was well promoted through the Shannon Trust reading scheme, and Storybook Dads (in which prisoners record stories for their children). The Six Book Challenge (where participants choose six reads, review them, and enter prize draws) had been successfully linked with the education ESOL courses.

Recommendation

- 3.33** Prisoners should have better access to the library without being forced to interrupt education, work or training.

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.

- 3.34** *Prisoners had adequate access to an appropriate range of physical training and activities in the gym, but there were no vocational courses. Prisoners were given advice on healthy living, diet and the principles of fitness, and the gym had effective links with the health care department.*

- 3.35** The PE provision was well managed and effectively promoted, providing a range of recreational and structured activities. Most prisoners used the gymnasium twice a week, although those in full-time education or training had more limited access. Around 55% of the population used the gym regularly.
- 3.36** Induction to the gym was appropriate, and prisoners were given useful advice on healthy living, diet and nutrition. Gym staff were informed about prisoners who were medically unfit or injured. There were specific activity sessions for weight loss and to support those on drug rehabilitation programmes and prisoners aged over 55.
- 3.37** Four prisoners were employed as peer mentors and gave useful support during induction and sessions, but no relevant PE vocational qualifications were offered (see recommendation 3.12).
- 3.38** The sports hall was frequently used for a range of games, circuit training and activities, and the weight training area and cardiovascular suite were heavily used. Both the sports hall and cardiovascular suite were unusable at times due to severely leaking roofs, and some lights in the sports hall were not working. The external all-weather pitch was used regularly to host competitive sports with a local military establishment. Prisoners worked well together during recreational sessions and team games. Changing and showering facilities were clean but small.

Housekeeping point

- 3.39** The sports hall and cardiovascular suite should be kept in good repair.

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival at the prison.

Resettlement underpins the work of the whole prison, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need.

Good planning ensures a seamless transition into the community.

4.1 *The role of resettlement in the prison was not clear to managers. The strategic management of resettlement was poor – there was no local strategy or needs assessment, reducing reoffending meetings were not strategic enough, and there was little coordination between the offender management and reducing reoffending functions. Prisoners were routinely deported or released into the UK without their offending behaviour needs being addressed.*

4.2 Managers at the prison were not clear on its nationally designated role as a prison for foreign nationals, citing the lack of a NOMS statement of purpose as a particular problem. Maidstone had also been benchmarked as a category C training prison, which meant that it received no designated resource for resettlement, even though almost all prisoners were discharged directly from the establishment – 90% back to their country of origin and most of the remainder into the community – and therefore required assistance with resettlement.

4.3 We spoke to NOMS after the inspection, and it was made clear that the role of the prison was initially the same as for one holding British nationals, and included offending behaviour work to reduce risk and assist reintegration, regardless of where the prisoner was to be released. At the point a deportation notice was served, facilitating removal was also an objective. It was accepted that there were some systemic problems for foreign national prisons that needed to be addressed by NOMS, such as poor completion of OASys (offender assessment system) assessments by sending establishments (see paragraph 4.11) and unmet resettlement needs. We were told that NOMS was attempting to address some of these problems through the release of practical guidance to offender supervisors working with a foreign national population, and the introduction of 'Tracks', an online information and signposting tool for prisoners being removed abroad (see paragraph 4.25).

4.4 Irrespective of this challenging context, the strategic management of resettlement in the prison was poor. There was no current reducing reoffending strategy and no current needs analysis (the last one had been completed in 2012 before the re-role). Given the strategic challenges on resettlement facing the prison, this was surprising. Whatever the reasons, the outcome remained that prisoners were routinely deported or released into the UK without their offending behaviour needs being addressed.

4.5 The monthly reducing reoffending meetings focused primarily on operational issues in some resettlement pathways. There was not enough coordination between the offender management and reducing reoffending functions - reflected by the lack of discussion about offender management at the reducing reoffending meetings, at which the offender management unit (OMU) was not represented.

Recommendation

- 4.6** There should be an up-to-date reducing reoffending strategy, incorporating offender management and resettlement pathways, which is informed by a current needs assessment and led by a senior strategic meeting.

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.

4.7 *Prisoners were negative about their experience of offender management. The level of contact between offender supervisors and prisoners was particularly poor. The number of prisoners without an OASys assessment or sentence plan was one of the highest we have seen. Some public protection procedures were not robust enough or timely. Stringent eligibility criteria for foreign nationals meant that very few were granted category D status. Lifer forums were held quarterly.*

- 4.8** The OMU contained administrative, offender supervisor and immigration staff and their managers. This co-location helped to facilitate communication between offender management and immigration functions, resulting in more timely information for prisoners. Offender supervisors consisted of two probation officers and 12 prison officers, six of whom focused on residential duties while the rest were based in the OMU as offender supervisors. However, recent staff sickness and redeployment had meant that OMU work had not been prioritised. Offender supervisors had undertaken OASys training but had none in working with a foreign national population.
- 4.9** We examined the cases of 12 prisoners - six were in scope for offender management and six were out of scope; two were lifers and seven cases were eligible for multi-agency public protection arrangements (MAPPA). We also interviewed six of these prisoners (five others declined and one was unavailable).
- 4.10** We found very minimal contact between prisoners and offender supervisors. In our survey, only 41%, against the comparator of 74%, said they had a named offender supervisor; only 39%, against 67%, said they had a sentence plan, and 72% of these said nobody was working with them to achieve sentence plan targets, against the comparator of 48%. In our case sample, contact was sufficient in only one case. Offender supervisors did not consistently attend induction, which was a missed opportunity to give new arrivals information and support. Prisoners were not supported and motivated through their sentence, and most of those we spoke to complained of the inaccessibility of offender supervisors, despite repeated efforts by some to contact them through making applications. OMU managers had not set expectations about levels of contact and there was little oversight of this (see main recommendation S44).
- 4.11** An unacceptably high number of prisoners arrived at the prison with no current OASys assessment - 302 had no assessment at all, one of the highest we have seen, of which all but three were the responsibility of the prison to complete. A further 104 were overdue, of which around three-quarters were the responsibility of the prison, with external probation managers responsible for the rest. Consequently, sentence planning, offending behaviour and resettlement needs did not determine the course of the prisoner's sentence in most cases,

and prisoners were deported or released without their offending behaviour needs having been addressed. (See recommendation 4.6.)

- 4.12** Although foreign national prisoners were technically eligible for release on home detention curfew, those for whom a decision to deport had been made, or was likely, were not eligible - this was the majority of the population. There had been one such release in the previous six months but this prisoner had been confirmed as a British national shortly before. No prisoners had been released on temporary licence in the previous six months.

Housekeeping point

- 4.13** Offender supervisors should attend induction consistently.

Public protection

- 4.14** There were a significant number of public protection case prisoners, including 182 MAPPA nominals (targeted for legitimate security reasons), 10 management risk level 2 and 22 level 1 cases, as well as 41 child protection and 23 harassment cases. Three prisoners were subject to mail and telephone monitoring restrictions.
- 4.15** The two probation officers and one of the uniformed offender supervisors were responsible for the OMU public protection assessments for all incoming cases. They examined available information to inform their assessments, but in the absence of up-to-date OASys assessments in more than half the cases we looked at, public protection assessments could not be sufficiently robust. The lack of information on new arrivals also caused some unacceptably long delays in identifying public protection cases and implementing appropriate monitoring restrictions - we were told that in one case this had taken nearly two weeks. Although some staff said they would implement monitoring restrictions as an interim measure, this was not a clear directive from managers and so would not necessarily happen in all relevant cases, which was potentially dangerous.
- 4.16** Not all MAPPA nominal notifications to external probation staff (that a prisoner subject to MAPPA was due for release and requesting a MAPPA risk management level to be set) were sufficiently timely. In one case we saw, the prisoner was within three months of release yet there had been no communication with the probation offender manager to set the appropriate MAPPA level as required six months before release.
- 4.17** There were minutes for only three of the five monthly inter-departmental risk management team meetings between May and July 2015, with the other two recorded as informal meetings with no minutes taken. Input from offender supervisors was sometimes lacking, which meant that discussion of some cases had to be referred to the next meeting, and not all actions identified were recorded as having been completed.

Recommendation

- 4.18** **Public protection procedures from the prisoner's arrival through to discharge should be robust and timely, and inter-departmental risk management team meetings should be regular, well documented, and have sufficient input from all relevant parties, with timely follow up of actions.**

Categorisation

- 4.19** Foreign national prisoners were eligible for recategorisation and transfer to open conditions up until a formal decision to deport them was made. However, stringent eligibility criteria set by a national policy, and a requirement for immigration staff to state whether or not they supported it, meant very few prisoners were recategorised. We were told that immigration caseworkers almost always objected to recategorisation on the basis that the prisoner was a high risk of abscond, even when no formal decision on his deportation had been made. Although OMU staff were conscientious in ensuring immigration officers provided specific detail about why they did not support recategorisation, and were clear that their agreement was not a prerequisite, in practice few prisoners were recategorised. In any event, the lack of an up-to-date OASys assessment hindered a large number of prisoners. (See main recommendation S44.)
- 4.20** In the previous six months, two prisoners had successfully achieved category D status, although neither went on to open conditions - one was not accepted by the open establishment due to a large confiscation order (which permits a defendant's property to be confiscated if it arises from the proceeds of crime) and the other because he still had over two years left to serve. The recategorisation assessments we saw were appropriate and based on a range of information. However, although the prison initiated the process well in advance, the timeliness of recategorisation decisions was affected by difficulties in obtaining input from external offender managers.

Housekeeping point

- 4.21** All recategorisation decisions should be timely.

Indeterminate sentence prisoners

- 4.22** The number of indeterminate sentence prisoners was low at 11, of whom eight were lifers and three were serving an indeterminate sentence for public protection. Lifer forums were held quarterly with the head of OMU to discuss any issues. Although there were no minutes, we were told that at the last meeting some prisoners raised the need for more information on the tariff expiry removal scheme (under which foreign national prisoners can be removed back to their country of origin once their sentence tariff has expired without the need for Parole Board approval), which was subsequently provided. In the previous six months, three prisoners had been removed under the tariff expiry removal scheme, and five parole dossiers had been submitted, all of which were on time.

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.

4.23 *Around 90% of prisoners were removed from the UK directly from the prison, but there was no dedicated resettlement resource. The useful Tracks information and signposting tool was underused. Late immigration decisions hindered resettlement planning. The few prisoners released into the community had been discharged to settled accommodation. The National Careers Service provision required improvement. Health care discharge arrangements for released prisoners were appropriate, and an appointment with RAPt was offered where relevant. Citizens Advice provided helpful finance, benefit and debt advice. Family support work was poor. Visits were reasonably well run but there was no provision for accumulated visits. Accredited programmes and other offending behaviour work were minimal.*

4.24 Peer workers assessed the resettlement pathway needs of prisoners during their induction and again 16 weeks before their release date. The OMU and the activities department made efforts to address the pathway needs of the few prisoners released into the community in the UK, and Citizens Advice workers attended four mornings a week to provide support across a range of resettlement issues.

4.25 Around 90% of discharges from the prison in the previous six months were overseas removals, but funding for resettlement work had been withdrawn in line with the national 'Transforming rehabilitation' approach. As a consequence, there was little dedicated resettlement resource to assist prisoners being removed. There was a helpful online information and signposting tool, 'Tracks', for those being removed to their country of origin, giving information about services in the destination country. However, this was underused by the prison. Many OMU staff did not know what it was and did not ensure that prisoners could access it before they were removed. Late decisions by immigration caseworkers about prisoners' release or removal further hindered the prison's ability to make resettlement plans.

Recommendation

4.26 **Immigration caseworkers should make decisions about a prisoner's removal or release promptly, and the prison should address prisoners' identified resettlement needs, irrespective of their immigration status.**

Accommodation

4.27 Only 5% of prisoners were released into accommodation in the UK; the rest were removed or released on immigration bail. Only nine prisoners had required accommodation on release in the previous six months, and all had been discharged into settled accommodation. The OMU had good links with local and national housing providers.

Education, training and employment

- 4.28** No specific pre-release course was provided. Prisoners could attend relevant employability programmes, which included debt advice and money management, but attendance was not well coordinated with sentence plans to ensure that all prisoners due for release took part.
- 4.29** The quality of the National Careers Service, provided by CXK, required improvement. CXK carried out short initial interviews with all new arrivals. Advisers gave prisoners detailed information about the education, training and work opportunities available across the prison and agreed individual skills action plans, although these were often not detailed enough to support prisoner allocation to activity adequately.
- 4.30** The virtual campus (giving prisoners internet access to community education, training and employment opportunities) was not used to support active job searches or research support agencies in destination countries on release.

Recommendations

- 4.31 All prisoners should receive appropriate information, advice and guidance to agree accurate skills action plans that meet their resettlement needs.**
- 4.32 The virtual campus should be used to support prisoners' search for support and employment in their countries of destination on release.**

Health care

- 4.33** Released prisoners were given a month's supply of relevant medication on a risk-assessed basis, and a health care summary letter outlining current medication and interventions.

Drugs and alcohol

- 4.34** All prisoners were offered an appointment with the substance misuse service, RAPt, approximately six weeks before release or transfer and given literature, with efforts to ensure this was in their own language. Wherever possible, links were made with substance misuse services in the prisoner's country of origin, but this was rarely possible outside European countries. There were good links with the local community drug and alcohol services for the very small number of prisoners released on bail.

Finance, benefit and debt

- 4.35** The prison had commissioned Citizens Advice to provide a drop-in service for prisoners needing finance, benefit and debt advice. There was no waiting list for this service, which took place four mornings a week in the prison. Citizens Advice staff offered a one-to-one service and prisoners could request a visit to their wing or arrange to meet the advisers during the drop-in session.

Children, families and contact with the outside world

- 4.36** More than half of prisoners in our survey had children under 18. There was little monitoring and analysis of prisoners' experience under this pathway. Family problems were a frequent

factor in self-harming (see paragraph 1.21) and many prisoners faced permanent separation from their British children. There was no longer a family support worker, and in our survey, fewer prisoners than at the previous inspection, 34% against 40%, said staff supported them to maintain contact with their family.

- 4.37** Only four family days had been held in the previous year and only prisoners on the enhanced level scheme could apply, which was unduly restrictive and penalised their families. There was no provision for special family visits - for example, for prisoners due to be deported to say goodbye to their children. There were no family relationship courses.
- 4.38** In our survey, fewer prisoners than the comparator said it was easy for their family to visit them in the prison. There was scant information on the assisted visits scheme (which offers help with the cost of prison visiting for those on a low income) and the officer in the visitors' centre had not heard of it. There was no provision for accumulated visits (where prisoners can save up their visits allocation to have an extended visit), which would have been particularly useful for the foreign national population.
- 4.39** Visits were reasonably well run and visitors told us they felt respected by staff. The visitors' centre was cramped, and the toilets in the search area needed redecoration and a nappy bin had not been emptied for some time. The visits hall was bright, although fixed seating made it feel austere. Few information posters displayed were in translation. There was a play area, but no longer a play worker to supervise children. Refreshments were provided from a kiosk staffed by prisoners. Prisoners in visits were required to wear a purple sash, even though all visitors, including children, had their hand stamped with an ultraviolet marker, which was checked on their entry and exit. There were no toilets in the visits hall for either visitors or prisoners; visitors had to be escorted back to the search area and prisoners back to their wing.

Recommendations

- 4.40** **Work under the children and families pathway should be informed by analysis of data on prisoner visits, family connections and self-harm triggers in ACCT documentation.**
- 4.41** **There should be a family support worker, and all prisoners and their families should have access to family days, a well-promoted assisted visits scheme, and accumulated visits.**

Attitudes, thinking and behaviour

- 4.42** There had been no recent prisoner needs analysis and, while the regional psychology team had conducted a limited needs analysis for accredited programmes, more than half the population could not be assessed in the absence of an up-to-date OASys assessment. (See recommendations 4.6 and 4.18.)
- 4.43** The only accredited programme was the thinking skills programme but this had only 10 places and ran once a year. There were no prisoners on the waiting list for the programme, but none of the prisoners who had applied for it had an up-to-date OASys assessment and therefore could not be placed on the waiting list. There was no evidence of any one-to-one offending behaviour work. There was no victim awareness programme or examples of any victim awareness work with prisoners.

Recommendation

- 4.44** There should be a range of programmes and one-to-one offending behaviour work, including victim awareness, to meet evidenced need.

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 recommendation

To NOMS and the governor

- 5.1** NOMS should resolve systemic problems with offender management and resettlement, and prison managers should ensure that the prison meets prisoners' resettlement needs before their removal or release. In particular, all prisoners should have an up-to-date OASys assessment and sentence plan, throughout which they are supported and motivated by regular and meaningful contact with offender supervisors. (S44)

Main recommendations

To the governor

- 5.2** The prison should develop and implement its safer custody strategy, planning and processes. This should be informed by consultation with prisoners and detailed analysis of violence and self-harm data. The strategy should ensure that serious self-harm incidents and near misses are investigated, and that Home Office staff are integrated into safer custody work. (S42)
- 5.3** A renewed strategic focus on equality of treatment should ensure that prisoners with protected characteristics are identified and supported. There should be comprehensive equality monitoring and consultation with protected groups. Translated information should be available in a range of appropriate languages, and professional interpreting should always be used for sensitive or confidential interviews and when accuracy is important. (S43)

Recommendation

To the Home Office

- 5.4** Immigration caseworkers should make decisions about a prisoner's removal or release promptly, and the prison should address prisoners' identified resettlement needs, irrespective of their immigration status. (4.26)

Recommendation

To the Home Office and governor

- 5.5** Immigration detainees should not be held in prison solely under immigration powers other than in very exceptional circumstances following risk assessments that are reviewed monthly. Reasons for holding the detainee in prison rather than an immigration removal centre should be communicated to the detainee in writing. (2.25)

Recommendations

To the governor

Early days in custody

- 5.6** Early days experiences for prisoners should be improved through a reception area that is fit for purpose, thorough reception and first night assessments, and systematic efforts by reception staff to retrieve missing property. (1.11)

Security

- 5.7** Security decisions about a prisoner's access to appropriate activities should be based on an accurate risk assessment. (1.32)
- 5.8** Intelligence-led searches should be carried out quickly in all cases where a need is identified. (1.33)
- 5.9** Random mandatory drug tests should be unpredictable, and suspicion and risk-based testing should be completed promptly in relevant cases. (1.34)

Incentives and earned privileges

- 5.10** Prisoners' applications for the enhanced level of the IEP scheme should be considered quickly; those on the basic level should be reviewed regularly and given individualised objectives. (1.41)

Discipline

- 5.11** There should be detailed analysis of adjudications and the use of force to identify themes or trends. (1.45)
- 5.12** The current special accommodation cell should be taken out of use, and all uses of special accommodation should be fully recorded. (1.48)
- 5.13** Segregated prisoners should have systematic reintegration and care planning and a varied regime that can support their return to normal location. (1.53)
- 5.14** Cells for prisoners requiring constant supervision should not be located in the segregation unit. (1.54)

Substance misuse

- 5.15** There should be a robust supply and reduction action plan, with time-bound objectives, to support the drug and alcohol strategy. It should be monitored and reported on regularly. (1.61)

Residential units

- 5.16** A programme of refurbishment should include work to ensure that all showers are adequately ventilated and decorated, and that all in-cell toilets have lids and seats. (2.5)
- 5.17** All applications should be dealt with promptly. (2.6)

Staff-prisoner relationships

- 5.18** More meaningful engagement between prisoners and staff should be facilitated through personal officer work, which can help achievement of sentence plan objectives, and staff awareness of the particular needs and concerns of a foreign national population should be increased through specific training. (2.12)

Equality and diversity

- 5.19** Prisoners should be made aware of the discrimination incident reporting system, forms should be freely available in a range of languages, boxes should be emptied regularly, and investigations should be timely. (2.19)
- 5.20** Prisoners with disabilities who need them should have regularly reviewed multidisciplinary care plans and up-to-date personal emergency evacuation plans. Adapted cells should be ready for immediate use by disabled prisoners. (2.26)
- 5.21** Older and retired prisoners, those with a disabilities and others unable to work should be unlocked during the core day and have access to more structured activities. (2.27)

Faith and religious activity

- 5.22** The fabric of the chapel should be sound and the roof watertight. (2.32)

Complaints

- 5.23** Complaint forms should be available in a range of languages next to complaints boxes that are clearly labelled and located out of sight of staff wing offices. (2.37)
- 5.24** Senior managers should address any recurring problems identified in the monthly complaints report. (2.38)

Legal rights

- 5.25** Prisoners should be able to borrow an 'access to justice' laptop and to use a computer for letters and statements to support their legal cases. (2.41)
- 5.26** Prisoners should be able to consult their lawyers in private. (2.42)

Health services

- 5.27** Effective clinical governance should include a comprehensive health needs assessment that informs provision, regular clinical supervision and staff training, a confidential health care complaints system, and regular record-keeping audits. (2.57)
- 5.28** The health centre should be refurbished and all clinical areas should fully comply with infection control standards. The health care room in reception should have a working computer, access to telephone interpreting services, an alarm and a sink. (2.58)
- 5.29** Automated external defibrillator checks should be recorded daily, and prison staff with direct prisoner contact should be trained in first aid and resuscitation, including use of the automated defibrillator. (2.59)

- 5.30** Prisoners should have prompt access to all primary care services, and action should be taken to reduce non-attendance rates for all clinics. (2.70)
- 5.31** There should be adequate escort arrangements for external hospital appointments to avoid unnecessary cancellations. (2.71)
- 5.32** The risk assessment policy for in-possession medicines should be fully implemented and available to all health professionals involved with the patient. (2.79)
- 5.33** Methadone should be supplied in an environment that ensures the safety and security of staff. (2.80)
- 5.34** There should be more patient group directions to enable nurses to supply a greater range of more potent medications and to avoid unnecessary consultations with the GP. (2.81)
- 5.35** Prisoners should have access to routine dental appointments within six weeks. (2.86)
- 5.36** The dental surgery should have a separate decontamination room to comply fully with infection control standards. (2.87)
- 5.37** All custody officers should receive regular mental health awareness training. (2.92)

Catering

- 5.38** Prisoners' meals should be adequately spaced: substantial breakfast packs should be served on the morning of consumption, lunch between noon and 1.30pm, and the evening meal between 5pm and 6.30pm. (2.95)
- 5.39** The health care team should be consulted about the provision of special diets to ensure that all prisoners receive safe and appropriate meals. (2.96)

Time out of cell

- 5.40** All prisoners should be unlocked for both the morning and afternoon at weekends. (3.4)

Learning and skills and work activities

- 5.41** The planned vocational training programmes should be introduced, and prisoners working in PE should also be able to obtain vocational qualifications. (3.12)
- 5.42** Data should be used effectively to monitor and improve all aspects of education, training and work. (3.13)
- 5.43** The allocation of prisoners to education, training and work should reflect the priorities agreed in their sentence plans, and they should have clear, challenging and specific learning targets. (3.14)
- 5.44** Workshops should have sufficient supplies of materials and workflows to provide continuous activity for prisoners. (3.17)
- 5.45** Staff in all activity areas should actively promote and record the development of prisoners' English, mathematics, other employability-related skills and their progress on distance learning courses. (3.24)

- 5.46** Prisoners should achieve consistently high success rates on English, English for speakers of other languages and mentoring courses. (3.29)
- 5.47** Prisoners should have better access to the library without being forced to interrupt education, work or training. (3.33)

Strategic management of resettlement

- 5.48** There should be an up-to-date reducing reoffending strategy, incorporating offender management and resettlement pathways, which is informed by a current needs assessment and led by a senior strategic meeting. (4.6)

Offender management and planning

- 5.49** Public protection procedures from the prisoner's arrival through to discharge should be robust and timely, and inter-departmental risk management team meetings should be regular, well documented, and have sufficient input from all relevant parties, with timely follow up of actions. (4.18)

Reintegration planning

- 5.50** All prisoners should receive appropriate information, advice and guidance to agree accurate skills action plans that meet their resettlement needs. (4.31)
- 5.51** The virtual campus should be used to support prisoners' search for support and employment in their countries of destination on release. (4.32)
- 5.52** Work under the children and families pathway should be informed by analysis of data on prisoner visits, family connections and self-harm triggers in ACCT documentation. (4.40)
- 5.53** There should be a family support worker, and all prisoners and their families should have access to family days, a well-promoted assisted visits scheme, and accumulated visits. (4.41)
- 5.54** There should be a range of programmes and one-to-one offending behaviour work, including victim awareness, to meet evidenced need. (4.44)

Housekeeping points

Early days in custody

- 5.55** Safer custody and induction peer support workers should have staff supervision and support. (1.12)

Security

- 5.56** All key departments should be represented at the security committee meeting. (1.35)
- 5.57** The mandatory drug testing suite should be kept clean, and test kits stored securely and appropriately. (1.36)

Residential units

5.58 The offensive display policy should be applied consistently. (2.7)

Legal rights

5.59 The prison should promote the work of the Legal Ombudsman and the Immigration Services Commissioner. (2.43)

Health services

5.60 There should be a designated senior health lead to develop health services for older prisoners and those with disabilities. (2.60)

5.61 Clinic doors should only be left open during consultations on the basis of individual risk assessments, and privacy screens should be available. (2.61)

5.62 Health care and health promotion information should be available in a range of formats and languages. (2.62)

5.63 Barrier protection should be freely available and well advertised. (2.63)

5.64 Prisoners with lifelong conditions should have an evidence-based care plan. (2.72)

5.65 Pharmacy-led clinics should be actively promoted and included in the health appointment application form. (2.82)

5.66 There should be a clear audit trail of who has accessed the controlled drugs cabinet. (2.83)

5.67 There should be regular representation from Maidstone at medicines management and therapeutic committee meetings, and standard operating procedures should be in date and regularly reviewed. (2.84)

Learning and skills and work activities

5.68 Teaching staff should make better use of information learning technology to enliven lessons and engage learners. (3.25)

5.69 Prisoners should wear personal protective equipment in working areas where appropriate. (3.26)

Physical education and healthy living

5.70 The sports hall and cardiovascular suite should be kept in good repair. (3.39)

Offender management and planning

5.71 Offender supervisors should attend induction consistently. (4.13)

5.72 All recategorisation decisions should be timely. (4.21)

Good practice

- 5.73** Prisoners could shop from the internet, with staff submitting their orders, for items not available on the national list. (2.99)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Hindpal Singh Bhui	Team leader
Beverley Alden	Inspector
Colin Carroll	Inspector
Karen Dillon	Inspector
Fionnuala Gordon	Inspector
Deri Hughes-Roberts	Inspector
Helen Ranns	Researcher
Alissa Redmond	Researcher
Joe Simmonds	Researcher
Sophie Skinner	Researcher

Specialist inspectors

Nicola Rabjohns	Substance misuse inspector
Maureen Jamieson	Health services inspector
Andrea Crosby-Josephs	Care Quality Commission inspector
Noor Mohammed	Pharmacist
Martin Hughes	Ofsted inspector
Gerard McGrath	Ofsted inspector
Mark Shackleton	Ofsted inspector
Jenny Daley	Offender management inspector
Paddy Doyle	Offender management inspector

Appendix II: Progress on recommendations from the last report

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection in 2011, arrangements for prisoners on transfer to the prison were poor. Staff in reception were considerate and reception procedures were satisfactory. First night accommodation was in a good condition and levels of care were high. Induction arrangements were effective. The availability of translated materials for new prisoners was inadequate. In our survey, Black and minority ethnic and foreign national prisoners said that they felt less safe than white and British prisoners but this was not reflected by the prisoners we spoke to or in other evidence. The integrated regime generally worked well. Violence reduction required further attention. Suicide and self-harm procedures were reasonably good. Security arrangements were usually proportionate but some were over-restrictive. Use of force was relatively low but governance was underdeveloped. The use of segregation was appropriate. The availability and use of illicit drugs was very low. Integrated drug treatment system arrangements were adequate. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

The resources available for violence reduction should be reviewed. Arrangements for the management and tackling of bullies and protecting victims should include more effective target setting and interventions. Violence reduction data, including that from a prisoner survey, should be fully analysed and used to inform practice. (HP54)

Not achieved

Recommendations

Prisoners should be provided with refreshments on escort vans. (1.7)

Achieved

Prisoner escort records should be fully completed. (1.8)

Achieved

There should be a published first night policy. (1.20)

Achieved

On their first night, prisoners should be offered a choice of canteen packs and credit to purchase them if required. (1.21)

Partially achieved

Information about suicide and self-harm should be analysed to identify trends and patterns and appropriate action should be taken. (3.24)

Not achieved

Closed visits should be offered and resourced, to prevent visitors being turned away following a positive indication by the drug dog. (7.10)

Achieved

Visitors should not be banned for excessively long periods without regular reviews and ongoing evidence of continued risks. (7.11)

Achieved

Objectives set for those on the basic regime should be specific and encourage adequate behavioural change. (7.49)

Not achieved

Incentives and earned privileges (IEP) reviews should be completed on time and involve the prisoner. (7.50)

Not achieved

Detailed analysis of the use of force should be undertaken to identify themes or trends. (7.26)

Not achieved

The report of injury form should be attached to the use of force paperwork and governance improved. (7.27)

Not achieved

Health care and chaplaincy staff should visit the segregation unit regularly. (7.38)

Achieved

Reintegration and care planning for those held in the segregation unit should be formalised and supported by specific objectives to enable prisoners to demonstrate progress. (7.39)

Not achieved

Clinical substance misuse and counselling, assessment, referral, advice and throughcare (CARAT) services should provide fully integrated care to prisoners and consistently undertake joint care plans and reviews. (3.50)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2011, all areas of the prison were clean and well maintained. The quality of accommodation varied but was adequate on most wings. Access to showers and telephones was good. Laundry services were inadequate. Prisoner perceptions of staff were generally good and we observed mutual engagement and respect. The personal officer scheme was good. Incentives and earned privileges arrangements were adequate. Prisoner consultation was effective, although the negative perceptions of the large number of foreign national prisoners were of concern. Black and minority ethnic prisoners reported negatively on a number of issues. The management of older prisoners and those with disabilities was good but other diversity strands were underdeveloped. Food was generally good. General health services were reasonable and mental health provision was good. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

The prison should investigate and address the reasons behind the negative perceptions of foreign national and black and minority ethnic prisoners and the range of monitoring should be increased. Appropriate staff resources and interpreting/translation services should be provided. (HP55)

Not achieved

Recommendations

All in-cell toilets should be screened. (2.12)

Not achieved

All telephones should have privacy hoods. (2.13)

Achieved

Laundry arrangements should be reviewed, to ensure that prisoners' clothing is returned clean, dry and intact. (2.18)

Achieved

Showers should be adequately ventilated and decorated. (2.23)

Not achieved

The frequency and quality of personal officer entries on the prisoner's record should be improved and maintained through effective management oversight. (2.32)

Not achieved

Personal officer contact time should be formalised and focus on the achievement of sentence plan objectives, alongside compliance with the regime. (2.33)

Not achieved

Information should be collected from prisoners on reception about different aspects of diversity, and adequate support should be provided for all groups. (4.11)

Not achieved

Links with external community agencies should be developed, to include them as part of the equality action team membership. (4.12)

Not achieved

A comprehensive single equality policy should be developed and implemented, with an up-to-date accompanying action plan. (4.13)

Achieved

Interventions for challenging racism should be established. (4.22)

Not achieved

Foreign national prisoners should be able to make a free telephone call every month, even if they receive visits, and the length of calls should be checked. (4.34)

Not achieved

Retirement pay should be increased. (4.42)

Achieved

Older prisoners and those with a disability should have access to more structured activities during the core day. (4.43)

Not achieved

The adapted cell on Kent wing should be refurbished. (4.44)

Achieved

The prison should analyse the trends and patterns in complaints made and inform the prison population of the action taken in response. (3.34)

Partially achieved

There should be a designated health services lead for older prisoners. (5.9)

Partially achieved

Health services staffing should be sufficient to enable health staff to contribute to wider prison meetings. (5.23)

Partially achieved

Prisoners should be able to make a complaint without compromising their right to medical confidentiality. (5.24)

Not achieved

All clinical incidents and near misses should be formally reported and appropriate action logged and followed through. (5.25)

Achieved

Formal care plans should inform the proactive care of men with long-term conditions and should be recorded on SystemOne. (5.36)

Not achieved

There should be a robust risk assessment for in-possession medications which assesses both the patient and the medication, is clearly denoted on the patient record and is available to all health professionals involved with the patient. (5.50)

Partially achieved

Prisoners should not have to queue for their medication outside the department. (5.51)

Achieved

The dentist should record on SystemOne, to ensure the continuity and safety of all care. (5.61)

Achieved

Prisoners should not be handcuffed during sensitive and intimate consultations. (5.66)

Partially achieved

Breakfast packs should be served on the morning of consumption and should be improved. (8.7)

Not achieved

Lunch should be served between noon and 1.30pm and the evening meal between 5pm and 6.30pm. (8.8)

Not achieved

Purposeful activity

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

At the last inspection in 2011, time out of cell for all prisoners was satisfactory. Prisoners had adequate time in the open air and relatively long association times. There were sufficient activity places for prisoners to be occupied, although almost half the population were unemployed or insufficiently occupied during the day. Allocation to work took too long. Education provision was generally satisfactory. The quality and range of vocational training was good. Opportunities to acquire skills in workshops and other work areas were good. Outcomes for learners were generally satisfactory, and good in vocational qualifications. PE provision was satisfactory. The library was well used but had insufficient provision for foreign national prisoners. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

The amount of low-skilled work should be reduced and additional higher-quality education, training or work places introduced, to allow for full employment. The workplace risk assessments should be reviewed. Sufficient resources should be provided to enable timely completion of workplace risk assessments. (HP56)

No longer relevant

Recommendations

Time out of cell should be recorded accurately. (6.5)

Achieved

Recording of observations of teaching and learning should be improved, with a stronger focus on the quality of learning. (6.11)

Achieved

The self-assessment report should provide a more self-critical and evaluative analysis of performance. (6.12)

Partially achieved

Better use should be made of data, to analyse the performance of subcontractors more regularly and continuously improve provision. (6.13)

Not achieved

Pay rates should be improved. (6.17)

Achieved

Sentence plans, where available, should be used by the careers information and advice service provider to inform initial action planning with prisoners. (6.18)

Not achieved

Participation in vocational training should be increased. (6.21)

Not achieved

Education lessons should make better use of information and communications technology and differentiate individual learner needs more clearly. (6.24)

Achieved

Clear short-term targets should be included in individual learning plans. (6.25)

Recreational gym should be rescheduled to avoid disrupting learning. (6.26)

Achieved

The library should provide a wider range of up-to-date books to meet the needs of foreign national prisoners and those on vocational training courses. (6.30)

Achieved

Health care specialists should provide appropriate and timely medical information to PE staff for the gym induction. (6.35)

Achieved

The prison should provide appropriate changing and showering facilities for gym users. (6.36)

Not achieved

Resettlement

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

At the last inspection in 2011, there was a good reducing reoffending strategy, informed by an up-to-date needs analysis. Assessments of prisoners' resettlement needs at induction and reviews before release were well managed and ensured that the necessary referrals and links took place. Offender management was generally good but there were insufficient links between offender management and the rest of the prison. Prisoners and offender supervisors generally had insufficient ongoing contact. There was no specialist provision for indeterminate-sentenced prisoners. Recategorisation procedures were timely but category D prisoners waited too long for transfer to open conditions. The use of release on temporary licence was underdeveloped. Public protection arrangements were good. Resettlement pathway work was reasonable but there was insufficient offending behaviour provision to meet the needs of the population. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

The number of offending behaviour programmes to address sexual offending should be increased. (HP57)

No longer relevant

Recommendations

The reducing reoffending action plan should be developed to include pathway provision. (9.8)

Not achieved

The membership of the reducing reoffending committee should be reviewed and attendance monitored. (9.9)

Not achieved

Prisoners should not arrive at the establishment without a completed offender assessment system (OASys) assessment. (9.19)

Not achieved

Offender management files should be developed, to provide a meaningful contribution to the offender management process. (9.20)

Achieved

Offender supervisor contact logs should be recorded on P-Nomis to improve their visibility and usefulness to staff within the offender management unit (OMU) and in other parts of the prison. (9.21)

Achieved

Category D prisoners should not wait for long periods to be transferred to open conditions. (9.24)

Not achieved

Minutes should be taken of sentence planning boards, recording the key topics discussed, decisions taken and actions agreed. These minutes should be recorded in the OMU case file, with relevant information recorded on P-Nomis. (9.29)

Achieved

Offender management and planning: indeterminate-sentenced prisoners
Arrangements should be made to meet the specific needs of indeterminate-sentenced prisoners. (9.31)

Achieved

Contributions from offender managers in relation to the management of prisoners' sentences (for example, OASys and parole documentation) should be provided within the nationally agreed timescales. (9.32)

Not achieved

A preparation for work course should be introduced and prisoners who are about to be released should be given more opportunities to research available jobs. (9.37)

No longer relevant

Links with employers should be improved, to offer prisoners better opportunities for jobs on release. (9.38)

No longer relevant

The counselling, assessment, referral, advice and throughcare (CARAT) service remit should include ongoing work with prisoners whose primary problem is alcohol. (9.55)

Achieved

The toilet facilities in the visitors search area should be refurbished. (9.69)

Not achieved

Kiosk facilities should be routinely provided. (9.70)

Achieved

Prisoners should not be required to wear identification sashes. (9.71)

Not achieved

All prisoners should be eligible to apply for family days. (9.72)

Not achieved

Appendix III: Prison population profile

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

Status	21 and over	%
Sentenced	537	90.3
Recall	4	0.7
Detainees	11	1.8
Total		

Sentence	21 and over	%
Unsentenced	13	2.2
Six months to less than 12 months	1	0.2
12 months to less than 2 years	61	10.3
2 years to less than 4 years	163	27.4
4 years to less than 10 years	312	52.4
10 years and over (not life)	34	5.7
ISPP (indeterminate sentence for public protection)	3	0.5
Life	8	1.8
Total		

Age	Number of prisoners	%
21 years to 29 years	199	33.4
30 years to 39 years	221	37.1
40 years to 49 years	113	19
50 years to 59 years	52	8.7
60 years to 69 years	7	1.2
70 plus years: maximum age=74	3	0.5
Total		

Nationality	21 and over	%
British	6	1
Foreign nationals	588	98.8
Total		

Security category	21 and over	%
Category C	594	99.8
Category D	1	0.2
Total		

Ethnicity	21 and over	%
White		
Irish	1	0.2
Gypsy/Irish Traveller	0	0
Other white	259	43.5
Mixed		
White and black Caribbean	1	0.2
White and black African	5	0.8
Other mixed	14	2.4
Asian or Asian British		
Indian	17	2.9
Pakistani	11	1.8
Bangladeshi	6	1
Chinese	3	0.5
Other Asian	28	4.7
Black or black British		
Caribbean	67	11.3
African	126	21.2
Other black	20	3.4
Other ethnic group		
Arab	11	1.8
Other ethnic group	22	3.7
Not stated	2	0.3
Total		

Religion	21 and over	%
Baptist	2	0.3
Church of England	60	10.1
Roman Catholic	167	28.1
Other Christian denominations	102	17.1
Muslim	186	31.3
Sikh	4	0.7
Hindu	12	2.0
Buddhist	8	1.3
Jewish	5	0.8
Other	7	1.2
No religion	42	7.1
Total		

Other demographics	21 and over	%
Veteran (ex-armed services)	1	0.2
Total		

Sentenced prisoners only

Length of stay	21 and over	
	Number	%
Less than 1 month	92	15.5
1 month to 3 months	131	22
Six months to 1 year	118	19.8
1 year to 2 years	92	15.5
2 years to 4 years	5	0.8
4 years or more	2	0.3
Total		

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).	199	33.4
Total		

Unsentenced prisoners only

Length of stay	21 and over	
	Number	%
six months to 1 year	6	46.2
1 year to 2 years	4	30.8
2 years to 4 years	1	7.7
Total		

Main offence - Figures not currently available

Appendix IV: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment.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 3 August 2015 the prisoner population at HMP Maidstone was 599. Using the method described above, questionnaires were distributed to a sample of 199 prisoners.

We received a total of 162 completed questionnaires, a response rate of 81%. This included one questionnaire that was completed via interview. Six respondents refused to complete a questionnaire, 21 questionnaires were not returned and 10 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
Kent	50
Medway	24
Thanet	44
Weald	41
Segregation unit	3

Presentation of survey results and analyses

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

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 significant¹¹ differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

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

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

The following comparative analyses are presented:

- The current survey responses from HMP Maidstone in 2015 compared with responses from prisoners surveyed in all other category C training prisons. This comparator is based on all responses from prisoner surveys carried out in 34 category C training prisons since July 2011.
- The current survey responses from HMP Maidstone in 2015 compared with the responses of prisoners surveyed at HMP Maidstone in 2011.
- 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 those who are aged 50 and over and those under 50.

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.

Survey summary

Section I: About you

Q1.2	How old are you?	
	<i>Under 21</i>	2 (1%)
	<i>21 - 29</i>	58 (36%)
	<i>30 - 39</i>	51 (32%)
	<i>40 - 49</i>	29 (18%)
	<i>50 - 59</i>	18 (11%)
	<i>60 - 69</i>	2 (1%)
	<i>70 and over</i>	1 (1%)
Q1.3	Are you sentenced?	
	Yes	159 (98%)
	Yes - on recall	1 (1%)
	No - awaiting trial	0 (0%)
	No - awaiting sentence	0 (0%)
	No - awaiting deportation	2 (1%)
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	2 (1%)
	<i>Less than 6 months</i>	2 (1%)
	<i>6 months to less than 1 year</i>	8 (5%)
	<i>1 year to less than 2 years</i>	26 (16%)
	<i>2 years to less than 4 years</i>	44 (27%)
	<i>4 years to less than 10 years</i>	70 (43%)
	<i>10 years or more</i>	6 (4%)
	<i>IPP (indeterminate sentence for public protection)</i>	3 (2%)
	<i>Life</i>	0 (0%)
Q1.5	Are you a foreign national (i.e. do not have UK citizenship)?	
	Yes	144 (89%)
	No	17 (11%)
Q1.6	Do you understand spoken English?	
	Yes	148 (91%)
	No	14 (9%)
Q1.7	Do you understand written English?	
	Yes	140 (87%)
	No	21 (13%)

Q1.8	What is your ethnic origin?			
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	0 (0%)	<i>Asian or Asian British - Chinese</i>	1 (1%)
	<i>White - Irish</i>	0 (0%)	<i>Asian or Asian British - other</i>	3 (2%)
	<i>White - other</i>	63 (41%)	<i>Mixed race - white and black Caribbean</i>	3 (2%)
	<i>Black or black British - Caribbean</i>	11 (7%)	<i>Mixed race - white and black African</i>	7 (5%)
	<i>Black or black British - African</i>	32 (21%)	<i>Mixed race - white and Asian</i>	1 (1%)
	<i>Black or black British - other</i>	0 (0%)	<i>Mixed race - other</i>	5 (3%)
	<i>Asian or Asian British - Indian</i>	3 (2%)	<i>Arab</i>	5 (3%)
	<i>Asian or Asian British - Pakistani</i>	4 (3%)	<i>Other ethnic group</i>	13 (9%)
	<i>Asian or Asian British - Bangladeshi</i>	1 (1%)		
Q1.9	Do you consider yourself to be Gypsy/ Romany/Traveller?			
	<i>Yes</i>			2 (1%)
	<i>No</i>			149 (99%)
Q1.10	What is your religion?			
	<i>None</i>	11 (7%)	<i>Hindu</i>	1 (1%)
	<i>Church of England</i>	14 (9%)	<i>Jewish</i>	0 (0%)
	<i>Catholic</i>	44 (28%)	<i>Muslim</i>	57 (37%)
	<i>Protestant</i>	3 (2%)	<i>Sikh</i>	2 (1%)
	<i>Other Christian denomination</i>	15 (10%)	<i>Other</i>	6 (4%)
	<i>Buddhist</i>	3 (2%)		
Q1.11	How would you describe your sexual orientation?			
	<i>Heterosexual/ Straight</i>			149 (99%)
	<i>Homosexual/ Gay</i>			0 (0%)
	<i>Bisexual</i>			2 (1%)
Q1.12	Do you consider yourself to have a disability (i.e. do you need help with any long-term physical, mental or learning needs)?			
	<i>Yes</i>			15 (9%)
	<i>No</i>			145 (91%)
Q1.13	Are you a veteran (ex-armed services)?			
	<i>Yes</i>			12 (8%)
	<i>No</i>			145 (92%)
Q1.14	Is this your first time in prison?			
	<i>Yes</i>			111 (70%)
	<i>No</i>			48 (30%)
Q1.15	Do you have children under the age of 18?			
	<i>Yes</i>			88 (55%)
	<i>No</i>			73 (45%)

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>	53 (33%)
	<i>2 hours or longer</i>	90 (57%)
	<i>Don't remember</i>	16 (10%)

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>	53 (33%)
	Yes	78 (49%)
	No	18 (11%)
	Don't remember	10 (6%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	53 (33%)
	Yes	12 (8%)
	No	87 (55%)
	Don't remember	7 (4%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	98 (62%)
	No	47 (30%)
	Don't remember	14 (9%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	124 (78%)
	No	30 (19%)
	Don't remember	4 (3%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well	35 (22%)
	Well	75 (47%)
	Neither	38 (24%)
	Badly	6 (4%)
	Very badly	3 (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	68 (43%)
	Yes, I received written information	44 (28%)
	No, I was not told anything	43 (27%)
	Don't remember	7 (4%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	124 (78%)
	No	34 (21%)
	Don't remember	2 (1%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	<i>Less than 2 hours</i>	84 (53%)
	<i>2 hours or longer</i>	67 (42%)
	Don't remember	9 (6%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	122 (76%)
	No	26 (16%)
	Don't remember	12 (8%)

Q3.3 Overall, how were you treated in reception?

<i>Very well</i>	35 (22%)
<i>Well</i>	72 (45%)
<i>Neither</i>	35 (22%)
<i>Badly</i>	11 (7%)
<i>Very badly</i>	6 (4%)
<i>Don't remember</i>	1 (1%)

Q3.4 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)

<i>Loss of property</i>	40 (26%)	<i>Physical health</i>	18 (12%)
<i>Housing problems</i>	14 (9%)	<i>Mental health</i>	17 (11%)
<i>Contacting employers</i>	6 (4%)	<i>Needing protection from other prisoners</i>	6 (4%)
<i>Contacting family</i>	28 (18%)	<i>Getting phone numbers</i>	29 (19%)
<i>Childcare</i>	6 (4%)	<i>Other</i>	9 (6%)
<i>Money worries</i>	19 (12%)	<i>Did not have any problems</i>	50 (32%)
<i>Feeling depressed or suicidal</i>	25 (16%)		

Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?

<i>Yes</i>	34 (22%)
<i>No</i>	74 (47%)
<i>Did not have any problems</i>	50 (32%)

Q3.6 When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)

<i>Tobacco</i>	89 (57%)
<i>A shower</i>	58 (37%)
<i>A free telephone call</i>	41 (26%)
<i>Something to eat</i>	95 (61%)
<i>PIN phone credit</i>	66 (43%)
<i>Toiletries/ basic items</i>	96 (62%)
<i>Did not receive anything</i>	14 (9%)

Q3.7 When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)

<i>Chaplain</i>	83 (55%)
<i>Someone from health services</i>	105 (70%)
<i>A Listener/Samaritans</i>	48 (32%)
<i>Prison shop/ canteen</i>	41 (27%)
<i>Did not have access to any of these</i>	21 (14%)

Q3.8 When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)

<i>What was going to happen to you</i>	50 (33%)
<i>What support was available for people feeling depressed or suicidal</i>	48 (32%)
<i>How to make routine requests (applications)</i>	53 (35%)
<i>Your entitlement to visits</i>	50 (33%)
<i>Health services</i>	72 (48%)
<i>Chaplaincy</i>	62 (41%)
<i>Not offered any information</i>	44 (29%)

Q3.9	Did you feel safe on your first night here?	
	Yes	116 (73%)
	No	36 (23%)
	Don't remember	6 (4%)
Q3.10	How soon after you arrived here did you go on an induction course?	
	Have not been on an induction course	10 (6%)
	Within the first week	88 (56%)
	More than a week	50 (32%)
	Don't remember	9 (6%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	10 (6%)
	Yes	71 (46%)
	No	61 (40%)
	Don't remember	12 (8%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	Did not receive an assessment	32 (21%)
	Within the first week	38 (25%)
	More than a week	70 (45%)
	Don't remember	15 (10%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....						
		Very easy	Easy	Neither	Difficult	Very difficult	N/A
	Communicate with your solicitor or legal representative?	15 (10%)	40 (27%)	26 (17%)	23 (15%)	21 (14%)	25 (17%)
	Attend legal visits?	10 (7%)	40 (29%)	25 (18%)	14 (10%)	13 (9%)	35 (26%)
	Get bail information?	8 (6%)	18 (14%)	19 (15%)	19 (15%)	27 (21%)	39 (30%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	Not had any letters					50 (32%)	
	Yes					44 (28%)	
	No					61 (39%)	
Q4.3	Can you get legal books in the library?						
	Yes					51 (33%)	
	No					27 (18%)	
	Don't know					75 (49%)	
Q4.4	Please answer the following questions about the wing/unit you are currently living on:						
		Yes	No	Don't know			
	Do you normally have enough clean, suitable clothes for the week?	124 (79%)	25 (16%)	7 (4%)			
	Are you normally able to have a shower every day?	148 (93%)	11 (7%)	0 (0%)			
	Do you normally receive clean sheets every week?	138 (88%)	16 (10%)	3 (2%)			
	Do you normally get cell cleaning materials every week?	119 (76%)	35 (22%)	3 (2%)			
	Is your cell call bell normally answered within five minutes?	72 (46%)	67 (43%)	17 (11%)			
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	116 (73%)	41 (26%)	2 (1%)			
	If you need to, can you normally get your stored property?	42 (27%)	73 (46%)	42 (27%)			

Q4.5	What is the food like here?		
	Very good		6 (4%)
	Good		36 (23%)
	Neither		44 (28%)
	Bad		36 (23%)
	Very bad		36 (23%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?		
	Have not bought anything yet/ don't know		6 (4%)
	Yes		57 (36%)
	No		94 (60%)
Q4.7	Can you speak to a Listener at any time, if you want to?		
	Yes		71 (45%)
	No		16 (10%)
	Don't know		72 (45%)
Q4.8	Are your religious beliefs respected?		
	Yes		115 (73%)
	No		21 (13%)
	Don't know/ N/A		21 (13%)
Q4.9	Are you able to speak to a chaplain of your faith in private if you want to?		
	Yes		81 (51%)
	No		17 (11%)
	Don't know/ N/A		60 (38%)
Q4.10	How easy or difficult is it for you to attend religious services?		
	I don't want to attend		10 (6%)
	Very easy		41 (26%)
	Easy		62 (39%)
	Neither		19 (12%)
	Difficult		8 (5%)
	Very difficult		3 (2%)
	Don't know		15 (9%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?		
	Yes		123 (81%)
	No		19 (13%)
	Don't know		10 (7%)
Q5.2	Please answer the following questions about applications. (If you have not made an application please tick the 'not made one' option.)		
		Not made one	Yes
	Are applications dealt with fairly?	22 (15%)	66 (44%)
	Are applications dealt with quickly (within seven days)?	22 (16%)	46 (33%)
			No
			61 (41%)
			70 (51%)
Q5.3	Is it easy to make a complaint?		
	Yes		78 (50%)
	No		42 (27%)
	Don't know		35 (23%)

Q5.4	Please answer the following questions about complaints. (If you have not made a complaint please tick the 'not made one' option.)			
		Not made one	Yes	No
	Are <i>complaints</i> dealt with fairly?	57 (37%)	17 (11%)	80 (52%)
	Are <i>complaints</i> dealt with quickly (within seven days)?	57 (39%)	21 (14%)	70 (47%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?			
	Yes			31 (21%)
	No			117 (79%)
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>			54 (36%)
	<i>Very easy</i>			15 (10%)
	<i>Easy</i>			22 (15%)
	<i>Neither</i>			32 (21%)
	<i>Difficult</i>			18 (12%)
	<i>Very difficult</i>			9 (6%)

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>			21 (14%)
	Yes			55 (35%)
	No			59 (38%)
	<i>Don't know</i>			20 (13%)
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>			21 (14%)
	Yes			53 (36%)
	No			53 (36%)
	<i>Don't know</i>			22 (15%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?			
	Yes			9 (6%)
	No			144 (94%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?			
	<i>I have not been to segregation in the last 6 months</i>			120 (82%)
	<i>Very well</i>			11 (7%)
	<i>Well</i>			8 (5%)
	<i>Neither</i>			8 (5%)
	<i>Badly</i>			0 (0%)
	<i>Very badly</i>			0 (0%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?			
	Yes			120 (80%)
	No			30 (20%)

Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	115 (77%)
	No	35 (23%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	40 (26%)
	No	111 (74%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	14 (9%)
	<i>Never</i>	31 (20%)
	<i>Rarely</i>	42 (27%)
	<i>Some of the time</i>	42 (27%)
	<i>Most of the time</i>	13 (8%)
	<i>All of the time</i>	12 (8%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	55 (36%)
	<i>In the first week</i>	31 (21%)
	<i>More than a week</i>	44 (29%)
	<i>Don't remember</i>	21 (14%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/her</i>	55 (37%)
	<i>Very helpful</i>	23 (15%)
	<i>Helpful</i>	29 (19%)
	<i>Neither</i>	18 (12%)
	<i>Not very helpful</i>	12 (8%)
	<i>Not at all helpful</i>	13 (9%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?			
	Yes	63 (41%)		
	No	92 (59%)		
Q8.2	Do you feel unsafe now?			
	Yes	25 (16%)		
	No	128 (84%)		
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)			
	<i>Never felt unsafe</i>	92 (65%)	<i>At meal times</i>	12 (8%)
	<i>Everywhere</i>	12 (8%)	<i>At health services</i>	11 (8%)
	<i>Segregation unit</i>	7 (5%)	<i>Visits area</i>	4 (3%)
	<i>Association areas</i>	14 (10%)	<i>In wing showers</i>	20 (14%)
	<i>Reception area</i>	3 (2%)	<i>In gym showers</i>	5 (4%)
	<i>At the gym</i>	11 (8%)	<i>In corridors/stairwells</i>	10 (7%)
	<i>In an exercise yard</i>	11 (8%)	<i>On your landing/wing</i>	13 (9%)
	<i>At work</i>	13 (9%)	<i>In your cell</i>	14 (10%)
	<i>During movement</i>	21 (15%)	<i>At religious services</i>	6 (4%)
	<i>At education</i>	6 (4%)		

Q8.4	Have you been victimised by other prisoners here?	
	Yes	40 (26%)
	No	114 (74%)
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>	7 (5%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	10 (6%)
	<i>Sexual abuse</i>	0 (0%)
	<i>Feeling threatened or intimidated</i>	15 (10%)
	<i>Having your canteen/property taken</i>	7 (5%)
	<i>Medication</i>	1 (1%)
	<i>Debt</i>	3 (2%)
	<i>Drugs</i>	4 (3%)
	<i>Your race or ethnic origin</i>	9 (6%)
	<i>Your religion/religious beliefs</i>	1 (1%)
	<i>Your nationality</i>	7 (5%)
	<i>You are from a different part of the country than others</i>	3 (2%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	1 (1%)
	<i>Your age</i>	1 (1%)
	<i>You have a disability</i>	3 (2%)
	<i>You were new here</i>	6 (4%)
	<i>Your offence/ crime</i>	3 (2%)
	<i>Gang related issues</i>	5 (3%)
Q8.6	Have you been victimised by staff here?	
	Yes	38 (25%)
	No	115 (75%)
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>	11 (7%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	2 (1%)
	<i>Sexual abuse</i>	0 (0%)
	<i>Feeling threatened or intimidated</i>	14 (9%)
	<i>Medication</i>	3 (2%)
	<i>Debt</i>	1 (1%)
	<i>Drugs</i>	2 (1%)
	<i>Your race or ethnic origin</i>	11 (7%)
	<i>Your religion/religious beliefs</i>	7 (5%)
	<i>Your nationality</i>	12 (8%)
	<i>You are from a different part of the country than others</i>	4 (3%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	1 (1%)
	<i>Your age</i>	2 (1%)
	<i>You have a disability</i>	3 (2%)
	<i>You were new here</i>	6 (4%)
	<i>Your offence/ crime</i>	3 (2%)
	<i>Gang related issues</i>	2 (1%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	98 (70%)
	Yes	18 (13%)
	No	24 (17%)

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	18 (12%)	4 (3%)	27 (18%)	25 (17%)	53 (35%)	24 (16%)
The nurse	14 (10%)	11 (8%)	45 (31%)	38 (26%)	24 (17%)	13 (9%)
The dentist	22 (15%)	2 (1%)	9 (6%)	10 (7%)	22 (15%)	84 (56%)

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	22 (15%)	8 (5%)	43 (28%)	33 (22%)	29 (19%)	16 (11%)
The nurse	15 (10%)	17 (12%)	52 (36%)	32 (22%)	19 (13%)	10 (7%)
The dentist	49 (34%)	7 (5%)	17 (12%)	24 (16%)	20 (14%)	29 (20%)

Q9.3	What do you think of the overall quality of the health services here?	
	<i>Not been</i>	13 (9%)
	<i>Very good</i>	11 (8%)
	<i>Good</i>	39 (27%)
	<i>Neither</i>	29 (20%)
	<i>Bad</i>	30 (21%)
	<i>Very bad</i>	24 (16%)

Q9.4	Are you currently taking medication?	
	<i>Yes</i>	66 (43%)
	<i>No</i>	88 (57%)

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>	88 (57%)
	<i>Yes, all my meds</i>	49 (32%)
	<i>Yes, some of my meds</i>	11 (7%)
	<i>No</i>	6 (4%)

Q9.6	Do you have any emotional or mental health problems?	
	<i>Yes</i>	33 (22%)
	<i>No</i>	115 (78%)

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>	115 (79%)
	<i>Yes</i>	13 (9%)
	<i>No</i>	18 (12%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	<i>Yes</i>	23 (15%)
	<i>No</i>	131 (85%)

Q10.2	Did you have a problem with alcohol when you came into this prison?	
	<i>Yes</i>	16 (11%)
	<i>No</i>	135 (89%)

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	29 (19%)
	<i>Easy</i>	13 (9%)
	<i>Neither</i>	6 (4%)
	<i>Difficult</i>	5 (3%)
	<i>Very difficult</i>	5 (3%)
	<i>Don't know</i>	94 (62%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	<i>Very easy</i>	16 (11%)
	<i>Easy</i>	11 (7%)
	<i>Neither</i>	9 (6%)
	<i>Difficult</i>	6 (4%)
	<i>Very difficult</i>	10 (7%)
	<i>Don't know</i>	99 (66%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	<i>Yes</i>	10 (7%)
	<i>No</i>	142 (93%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	<i>Yes</i>	9 (6%)
	<i>No</i>	145 (94%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	124 (85%)
	<i>Yes</i>	13 (9%)
	<i>No</i>	9 (6%)
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>	135 (92%)
	<i>Yes</i>	8 (5%)
	<i>No</i>	4 (3%)
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>	126 (89%)
	<i>Yes</i>	11 (8%)
	<i>No</i>	4 (3%)

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	17 (11%)	10 (7%)	34 (23%)	31 (21%)	36 (24%)	22 (15%)
	Vocational or skills training	31 (22%)	8 (6%)	22 (15%)	27 (19%)	30 (21%)	26 (18%)
	Education (including basic skills)	27 (18%)	13 (9%)	46 (31%)	23 (16%)	18 (12%)	20 (14%)
	Offending behaviour programmes	46 (33%)	5 (4%)	16 (11%)	19 (13%)	14 (10%)	41 (29%)

Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)				
	<i>Not involved in any of these</i>				33 (23%)
	Prison job				78 (53%)
	Vocational or skills training				15 (10%)
	Education (including basic skills)				46 (32%)
	Offending behaviour programmes				7 (5%)
Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?				
		<i>Not been involved</i>	Yes	No	<i>Don't know</i>
	Prison job	41 (32%)	32 (25%)	41 (32%)	16 (12%)
	Vocational or skills training	50 (47%)	31 (29%)	14 (13%)	12 (11%)
	Education (including basic skills)	41 (35%)	47 (40%)	21 (18%)	9 (8%)
	Offending behaviour programmes	53 (52%)	20 (20%)	18 (18%)	10 (10%)
Q11.4	How often do you usually go to the library?				
	<i>Don't want to go</i>				16 (11%)
	Never				21 (14%)
	<i>Less than once a week</i>				38 (25%)
	<i>About once a week</i>				66 (44%)
	<i>More than once a week</i>				10 (7%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	<i>Don't use it</i>				20 (13%)
	Yes				35 (23%)
	No				95 (63%)
Q11.6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				11 (7%)
	0				20 (13%)
	1 to 2				88 (58%)
	3 to 5				33 (22%)
	More than 5				0 (0%)
Q11.7	How many times do you usually go outside for exercise each week?				
	<i>Don't want to go</i>				7 (5%)
	0				14 (9%)
	1 to 2				30 (20%)
	3 to 5				50 (34%)
	More than 5				48 (32%)
Q11.8	How many times do you usually have association each week?				
	<i>Don't want to go</i>				4 (3%)
	0				8 (5%)
	1 to 2				21 (14%)
	3 to 5				38 (26%)
	More than 5				78 (52%)

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>	12 (8%)
<i>2 to less than 4 hours</i>	37 (24%)
<i>4 to less than 6 hours</i>	29 (19%)
<i>6 to less than 8 hours</i>	27 (18%)
<i>8 to less than 10 hours</i>	21 (14%)
<i>10 hours or more</i>	13 (9%)
<i>Don't know</i>	13 (9%)

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 (34%)
No	96 (66%)

Q12.2 Have you had any problems with sending or receiving mail (letters or parcels)?

Yes	67 (45%)
No	83 (55%)

Q12.3 Have you had any problems getting access to the telephones?

Yes	30 (21%)
No	115 (79%)

Q12.4 How easy or difficult is it for your family and friends to get here?

<i>I don't get visits</i>	26 (17%)
<i>Very easy</i>	8 (5%)
<i>Easy</i>	28 (19%)
<i>Neither</i>	20 (13%)
<i>Difficult</i>	29 (19%)
<i>Very difficult</i>	37 (25%)
<i>Don't know</i>	2 (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>	2 (1%)
Yes	68 (46%)
No	79 (53%)

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>	81 (55%)
<i>No contact</i>	27 (18%)
<i>Letter</i>	27 (18%)
<i>Phone</i>	16 (11%)
<i>Visit</i>	14 (10%)

Q13.3 Do you have a named offender supervisor in this prison?

Yes	58 (41%)
No	85 (59%)

Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	2 (1%)
	Yes	57 (38%)
	No	91 (61%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	93 (63%)
	<i>Very involved</i>	20 (14%)
	<i>Involved</i>	11 (7%)
	<i>Neither</i>	10 (7%)
	<i>Not very involved</i>	5 (3%)
	<i>Not at all involved</i>	9 (6%)
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>	93 (64%)
	<i>Nobody</i>	38 (26%)
	<i>Offender supervisor</i>	8 (5%)
	<i>Offender manager</i>	4 (3%)
	<i>Named/ personal officer</i>	4 (3%)
	<i>Staff from other departments</i>	4 (3%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	93 (64%)
	Yes	18 (12%)
	No	21 (14%)
	<i>Don't know</i>	14 (10%)
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>	93 (63%)
	Yes	16 (11%)
	No	20 (14%)
	<i>Don't know</i>	18 (12%)
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>	93 (63%)
	Yes	22 (15%)
	No	17 (12%)
	<i>Don't know</i>	15 (10%)
Q13.10	Do you have a needs-based custody plan?	
	Yes	23 (16%)
	No	62 (43%)
	<i>Don't know</i>	59 (41%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?	
	Yes	15 (10%)
	No	130 (90%)

**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	25 (19%)	22 (16%)	88 (65%)
Accommodation	33 (25%)	19 (14%)	81 (61%)
Benefits	30 (23%)	11 (9%)	87 (68%)
Finances	29 (23%)	12 (10%)	85 (67%)
Education	28 (21%)	26 (20%)	79 (59%)
Drugs and alcohol	50 (39%)	20 (16%)	57 (45%)

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>	2 (1%)
<i>Yes</i>	72 (51%)
<i>No</i>	68 (48%)