

Report on an unannounced inspection of

HMP Garth

by HM Chief Inspector of Prisons

9–20 January 2017

This inspection was carried out with assistance from colleagues at the General Pharmaceutical Council and in partnership with the following bodies:



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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

HMP Garth near Leyland in Lancashire is a category B training prison holding over 800 adult male prisoners. Built nearly 30 years ago, Garth is a relatively modern institution but holds some very challenging and serious offenders. Nearly every prisoner was serving in excess of four years, with half serving over 10 years. In addition, approximately 300 prisoners were serving indeterminate sentences and over 200 of them were doing life. Nearly everyone had been convicted of serious violent offences and just under a quarter of the population were housed in separated accommodation because they had been convicted of sexual offences. Garth held some very dangerous men and was managing considerable risk.

We last inspected Garth in the summer of 2014. At the time we found a prison experiencing staff shortages and transitioning to a new role and function. A number of weaknesses were evidenced but we thought problems were being proactively managed. In the wake of that inspection, it was clear that the prison had experienced many difficulties and, we were told, had gone into a steep decline in performance. Under the leadership of a new and proactive governor and management team, however, that decline had, to an extent, been arrested over the last 18 months. At this inspection it was clear to us that progress had been made, notably with work to support the rehabilitation, progression and ultimate resettlement of offenders. But we also found a prison that was very unsafe.

Levels of violence in the prison had increased substantially with many incidents linked to drugs, gangs and debt. Assaults on staff had increased and much of the violence was serious. In our survey, 66% of prisoners told us they had felt unsafe in Garth in the past and 34% told us they felt unsafe now. Some 43% felt victimised by others. About 85 prisoners (in addition to the sex offenders) were held separately because of fears for their safety; the segregation unit was full of prisoners seeking sanctuary and a number of prisoners on the wings were self-isolating and refusing to leave their cells. Inspectors were similarly very aware of the atmosphere on the wings, which was often tense and occasionally menacing. The prison's current approach to violence reduction was limited, one-dimensional and not working.

Linked to the violence, it was clear the prison had a major drug problem. Security was generally effective, intelligence flows were reasonably good and the strategic approach to combating drug supply was improving. This had contributed to a number of very significant drug and illicit alcohol finds recently. Mandatory drug-testing data and the fact that nearly half of all prisoners thought drugs were easily available, however, evidenced the widespread availability of illicit substances and a situation that had worsened since our last inspection. Use of new psychoactive substances (NPS) was particularly problematic.

Staff supervision was also problematic. We saw some good engagement, which was supportive of intelligence flows, but too much that we observed was not good enough. Staff often lacked confidence, were dismissive or disengaged. We saw poor prisoner behaviour go unchallenged and we saw staff grouped together for long periods in wing offices. The wings were simply not supervised well enough.

Another significant concern in respect of safety of the prison was the conditions in the segregation unit. In this large and usually full facility, living conditions were very poor. Many prisoners stayed for extended periods and were refusing to locate back onto the wings. Many were displaying very challenging behaviour and some were mentally ill. The regime and interventions were inadequate and the staff in the unit were overwhelmed. A consequence of this – and of insufficient management oversight – was that corners were being cut and illegitimate decisions such as informal sanctions were being rationalised and justified. The unit required urgent attention.

Environmental standards on the units varied greatly. The worst were in a poor condition. Too many prisoners also reported difficulties in accessing basic amenities and kit. Recently introduced prisoner

information desks run by prisoners were, however, an improvement. The promotion of equality and diversity had not improved and remained weak. Initiatives to improve outcomes for minorities were sporadic and many groups reported negatively when compared to others. Prisoners were also negative about health care. Despite staff shortages, care was good but access was poor. The exception was mental health provision, which had increased and was good.

Notwithstanding the lack of safety in the prison, the opportunity for progress existed for those prisoners prepared to engage positively. Time unlocked was reasonable by current standards and our colleagues in Ofsted judged the overall effectiveness of learning and skills provision as 'good' overall. There was enough activity, teaching and coaching was good and prisoners achieved well. In contrast to behaviour on the wings, behaviour in work or education was reasonable.

The very high-risk population was served well by some very good offender management work which focused on progression. Work, however, was not helped by the numerous prisoners arriving at Garth without an offender assessment system (OASys) assessment. Public protection work was similarly good and help was available for the very few prisoners discharged from Garth.

To conclude, this was an unusual inspection of contrasting and conflicting outcomes. The progress in rehabilitative work was real and speaks to the potential this establishment has. The prison was, however, one of the most unsafe we have been to in recent times. Violence and drugs dominated the prisoner experience. A new governor and deputy governor were appointed immediately and the management team, in our view, were getting to grips with the challenges they faced, but staff supervision and confidence needed to get better and there needed to be some new thinking on how to reduce violence and maintain better control on the wings.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

February 2017

Fact page

Task of the establishment

HMP Garth is a category B training prison.

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

Public

Region/Department

North-West

Number held

836

Certified normal accommodation

810

Operational capacity

848

Date of last full inspection

11–22 August 2014

Brief history

HMP Garth opened in 1988. E wing opened in 1997, and in 2007 two new wings, F and G, were opened. In 2014, F and G wings were re-roled to take category B sex offenders, and a personality disorder treatment unit (the Beacon unit) was opened on B wing. In 2015, B2 and B3 landings were re-roled to create the residential support unit, which holds prisoners who are separated from the main population.

Short description of residential units

A, B, C and D wings are the original wings and are built to the same design, of three landings and spurs.

B wing, landings 2 and 3, holds prisoners who are separated from the main population, on the residential support unit. The Beacon unit, a personality disorder treatment unit, is on B1.

E wing provides accommodation on two spurs, with spaces for 118 prisoners: 44 in the substance misuse therapeutic community and 74 places on the general wing.

F and G wings provide a total of 179 cells, with an operational capacity of 194, and are used to hold sex offenders.

Name of governor

Susan Kennedy

Escort contractor

GeoAmey

Health service provider

Lancashire Care NHS Foundation Trust (LCFT)

Learning and skills providers

Novus

Independent Monitoring Board chair

Frank Holden

Community rehabilitation company (CRC)

No CRC provision on site as HMP Garth is not designated as a resettlement prison.

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

This report

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

¹ The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

Safety

S1 *Reception and first night arrangements were reasonably good. Too many prisoners felt unsafe. Levels of violence had increased considerably and were high, and often serious. Many prisoners sought sanctuary. Arrangements to care for those at risk of suicide and self-harm were reasonably good. Security arrangements were mostly sound. Despite a coordinated effort to reduce drug supply and demand, illicit drugs, alcohol and diverted medication were easily available. Levels of use of force were high; oversight had improved but required further development. The segregation unit gave great cause for concern. Substance misuse services were very good. **Outcomes for prisoners were poor against this healthy prison test.***

S2 *At the last inspection in August 2014 we found that outcomes for prisoners in HMP Garth were not sufficiently good against this healthy prison test. We made 23 recommendations in the area of safety. At this follow-up inspection, we found that 11 of the recommendations had been achieved, two had been partially achieved, eight had not been achieved and two were no longer relevant.*

S3 The reception environment had improved and processes were efficient. Prisoner orderlies and peer workers in reception and on the wings provided valuable advice and support for new arrivals but there was a lack of oversight of their work by staff. Prisoners had a private interview with staff which focused on safety and vulnerability, and staff routinely checked on new arrivals during their first night. Accommodation for new arrivals was not adequately prepared, and lacked some basic equipment.

S4 There was no formal induction presentation but basic information was readily available from prisoner information desk (PID) workers and further assessments ensured that prisoners were engaged in activities within about a week.

S5 Too many prisoners felt unsafe. In our survey, more than a third said that they currently felt unsafe and over two-thirds that they had felt unsafe at some time at the establishment, which was far higher than at the time of the previous inspection. Prisoners also reported high levels of victimisation. Levels of violence had increased considerably and were high, and many violent incidents were linked to drugs, debt and gangs. Too many incidents were serious. A substantial number of prisoners feared for their safety and sought sanctuary on the segregation unit and residential support unit. In addition, a smaller number of prisoners self-isolated on the wings.

S6 There was good recording and analysis of violence to identify patterns and trends, and further consultation with prisoners was being developed. There was no overall strategy or action plan to address violence, although persistently violent prisoners were managed through the recently introduced custodial violence management model. There were early signs that this was helping to manage violent behaviour in a small number of complex cases. However, actions to deal with most perpetrators were focused mainly on the use of disciplinary sanctions and putting perpetrators on the basic level of the incentives and earned privileges (IEP) scheme, which were not effective in changing behaviour or making the prison safer.

S7 Levels of self-harm were similar to those at the time of the previous inspection but the number of prisoners who had self-harmed was lower, indicating the presence of more prolific self-harming prisoners in the current population. Safer custody staff had good

knowledge of the factors in individual cases leading to self-harm but there was insufficient analysis or quantifying of the underlying reasons, to inform a strategic action plan. Prisoners at risk of self-harm were well cared for, although constant observation cells in the segregation unit were used regularly and were unsuitable for caring for prisoners in crisis. The quality of assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm had improved. Initial assessments were good and mental health staff consistently attended reviews. Serious acts of self-harm not been investigated sufficiently to identify lessons learned. Since the previous inspection, there had been three self-inflicted deaths at the prison, and an effective action plan had been developed in response to Prisons and Probation Ombudsman recommendations.

- S8 With a few exceptions, security procedures, including access to the regime, were proportionate and the management of intelligence was good. Security-led meetings were given a high priority and attendance was good. Supervision of prisoners was inadequate in some important areas and the number of security-related incidents, although reducing, was a concern.
- S9 Survey results, finds and positive mandatory drug testing results all indicated high levels of illicit drugs, diverted medication and illegally brewed alcohol. In our survey, almost half the population said that it was easy to get drugs at the prison, and one in five that they had developed a drug problem while there – both of which were higher than at the time of the previous inspection. New psychoactive substances (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects) were particularly problematic, and linked to medical emergencies and prisoner debt and violence. An active drug strategy committee drove a coordinated effort to reduce both supply and demand.
- S10 In our survey, far fewer prisoners than at the time of the previous inspection said that they had been treated fairly under the IEP scheme. While the scheme was used as a response to violent incidents, its use to address more routine challenging behaviour was less evident. There was little evidence of action plans or incremental targets being set for those on the basic regime.
- S11 The number of adjudications had increased and was high. The lack of available cells on the segregation unit (see below) impeded the prison's ability to operate the range of punishments fully.
- S12 Levels of use of force had increased substantially and were high. Governance arrangements were improving and some aspects were very good. However, important paperwork was often incomplete, some was missing and planned interventions were not always video-recorded. The completed paperwork we examined usually gave assurance that force was used as a last resort and evidenced the use of de-escalation techniques.
- S13 The segregation unit was large, usually full and held some extremely challenging prisoners. Staff were sometimes overwhelmed by the demands of the work, and had insufficient managerial oversight and direction. Too many cells, particularly on the lower floor, were dirty. Cell doors and windows were damaged and graffiti was scratched into windows and walls. Some toilets and sinks were filthy. Conditions in the special cells were grim and the caged exercise yards were stark. About half of the current population on the unit had been there for three months or more and nearly all had refused to locate within the main prison.
- S14 The regime on the segregation unit was impoverished, with little in place to help to prevent the psychological deterioration caused by long periods there. Case management and support for the large number of those with complex needs was inadequate.

- S15 For prisoners with substance misuse issues, clinical services were good. The administration of controlled drugs was well supervised and effective nursing care was well integrated with psychosocial services. Psychosocial services were comprehensive, with a wide range of high-quality, recovery-focused group programmes and single-session groups. The therapeutic community offered effective, in-depth support for drug- and alcohol-dependent prisoners, many of whom told us that the programme was 'life changing'.

Respect

S16 *Living conditions were variable but poor on the older units. Staff–prisoner relationships were mixed but too many staff lacked confidence, were distant or disengaged, and failed to challenge poor behaviour. Consultation with prisoners had improved and was very good. Equality and diversity arrangements were weak. Faith services were good. The handling of prisoner complaints was improving. Access to primary health services was poor. Mental health provision was good. Prisoners were relatively positive about the food provided. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S17 *At the last inspection in August 2014 we found that outcomes for prisoners in HMP Garth were not sufficiently good against this healthy prison test. We made 33 recommendations in the area of respect.² At this follow-up inspection we found that 12 of the recommendations had been achieved, two had been partially achieved, 18 had not been achieved and one was no longer relevant.*

- S18 The older wings were in poor condition. They were dirty, with peeling paint and damaged floors. Many showers had an unpleasant smell, with poor ventilation and no screening. The newer wings were in better condition, and cleaner. Many cells had broken furniture and offensive displays. Some cells designed for one prisoner were used to accommodate two. Too many prisoners reported difficulties in accessing their stored property, prison clothing and some basic essentials such as toilet rolls and cleaning materials.
- S19 Prisoner information desks (PIDs), run by prisoners, had been introduced and were well used. Applications were submitted via PID workers, which limited confidentiality, and no record was kept of the timeliness or quality of responses.
- S20 In our survey, around three-quarters of prisoners said that staff treated them respectfully, which was similar to the proportion elsewhere and at the time of the previous inspection. The quality of the staff–prisoner interactions we observed was variable. We saw some helpful and proactive staff but too often staff lacked confidence or were dismissive and disengaged, and often grouped together in offices for long periods. We observed some poor, sometimes delinquent and antisocial prisoner behaviour go unchallenged.
- S21 Consultation with prisoners had increased and improved, and was very good. It included regular consultation meetings and helpful wing surgeries convened by the governor.
- S22 The strategic management of equality and diversity had not improved and remained weak. Actions to address inequality were sporadic. Equality monitoring was not yet embedded and was based on nationally provided data, which were several months out of date. Where identified, potential inequalities had not been addressed. Discrimination incident report forms were not freely available on all wings, and some submitted complaints had not been

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.

- responded to. The roles of prisoner equality representatives were underdeveloped. Dedicated equality forums and consultation with minority groups were infrequent.
- S23 Black and minority ethnic prisoners made up 16% of the population. They reported more negatively in our survey and several we spoke to raised some concerns about discrimination. They lacked dedicated representation and consistent consultation arrangements to address their concerns. There was no support for Gypsy/Traveller prisoners, and our survey indicated that the prison had not identified all of these men.
- S24 Foreign national prisoners made up 6% of the population. Support for the small number of non-English speakers was inconsistent and independent immigration advice was not available.
- S25 One in five prisoners was aged over 50. Support for this group was variable and underdeveloped, despite representation and the involvement of some third-sector organisations.
- S26 The equalities action team was not adequately sighted on the needs of the 270 prisoners with a disability. Prisoner carers had no training or formal guidance, and some reasonable adjustments were outstanding.
- S27 There was no representation for gay, bisexual and transgender prisoners, and there were no community links for them, even though our survey indicated that they potentially made up 9% of the population.
- S28 Faith facilities were comprehensive and accessible to all prisoners. The chaplaincy offered a wide range of services, including bereavement counselling and an impressive array of restorative justice interventions.
- S29 The complaints system, recently overhauled, was now well run and the timeliness of responses was improving. Most responses addressed the complaint adequately but were sometimes impolite. Monthly complaints data analysis did not address the protected characteristics.
- S30 In our survey, most prisoners were negative about the access to and quality of health services. Despite chronic staff shortages, we found that the quality of care was mostly good, once patients were seen, but waiting times for routine appointments for most primary care services were excessive. Many prisoners also waited too long for external hospital appointments. Chronic disease management was underdeveloped and inconsistency between GPs was contributing to prisoner dissatisfaction. Pharmacy services had improved but some medication administration created too many opportunities for diversion and bullying. Mental health support had improved and was good. However, we were concerned that the mental health of some prisoners with significant mental health needs deteriorated on the segregation unit while they waited for a transfer to mental health or prison inpatient facilities. Such prisoners experienced excessive delays in transferring to external mental health facilities.
- S31 In our survey, far more prisoners than at the time of the previous inspection reported positively on the food provided, and the quality of the food we sampled was good. Consultation with prisoners about the food and the prison shop was reasonable, and had resulted in changes being made in response to prisoner feedback.

Purposeful activity

- S32 *The amount of time out of cell was good for most and the regime was reliable. The leadership and management of learning and skills and work were good, with a suitable focus on functional skills. There were sufficient activity places for most but too many prisoners had their learning and working day disrupted by other activities and appointments. The quality of teaching and coaching was good overall. Most prisoners were well behaved, made good progress and achieved well. Access to the library was problematic. PE provision was good. **Outcomes for prisoners were reasonably good against this healthy prison test.***
- S33 *At the last inspection in August 2014 we found that outcomes for prisoners in HMP Garth 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 that nine of the recommendations had been achieved, three had been partially achieved and one had not been achieved.*
- S34 The amount of time out of cell was good, at over 10 hours a day on weekdays for prisoners in full-time activities. Unemployed prisoners had just under four hours a day unlocked. In our roll checks, we found around a quarter of all prisoners locked up, which was far too many. The daily regime was reliable, delivered on time and allowed for evening association on weekdays.
- S35 Led by the governor, senior managers and the prison education provider had collaborated well to change the curriculum to reflect the learning and skills needs for the prison population. There were sufficient activities for the mainstream prisoners, who represented around 70% of the total prison population, but the range of activities available for vulnerable prisoners, including sex offenders, was not wide enough. We found around 40% of prisoners not engaged in activities at any one time. Much non-attendance was justified and prisoners unwilling to engage in activities were managed robustly, but too many prisoners had their attendance interrupted by a variety of appointments and alternative activities.
- S36 Successful strategies to incentivise prisoners to enrol on functional skills courses and to achieve had been introduced. Quality improvement systems were effective, with good arrangements to monitor the quality of teaching, training, learning and assessment. The self-assessment reports from both the prison and education provider were comprehensive and broadly accurate.
- S37 The quality of teaching, coaching and learning was good overall. Prisoners on education courses had clear and measurable individual learning targets. Learning was mostly well planned and progress was recorded effectively. Workshop instructors did not set sufficiently individualised clear learning targets for prisoners on vocational courses. A minority of tutors did not provide sufficient feedback on prisoners' work, which meant that prisoners did not achieve their full potential. Peer mentors were used effectively.
- S38 Prisoners on functional skills courses developed good skills in applying mathematics and English to real-life situations. Prisoners who attended regularly improved their skills for future employment. They behaved well and were respectful.
- S39 Prisoners achieved well on accredited courses, including functional skills courses. However, a small group of black and minority ethnic prisoners did not achieve as well as white British prisoners. Most prisoners made good progress towards completing their courses.

- S40 Prisoners who did not regularly attend their assigned activities made less progress than expected. Standards of prisoners' practical and written work were good, and a minority produced work of outstanding quality.
- S41 The library was welcoming, and well organised and planned, with areas for study. It stocked a wide range of books, and promoted prisoners' reading and literacy through a number of activities such as Turning Pages (a mentoring scheme to help prisoners learn to read) and Storybook Dads (in which prisoners record stories for their children). Access to the library was problematic, mainly due to the lack of escorting staff. Library staff did not collect and analyse information about the number and different groups of prisoners who used these facilities.
- S42 The standard and range of PE facilities available were good, including on-wing equipment, but outdoor facilities for team sports were not provided. The gym was well used but PE staff did not collect and analyse information about the prisoners who attended so that the provision could be developed further. PE staff worked well with the health care department to ensure that prisoners with mental and physical health issues benefited from dedicated PE sessions.

Resettlement

S43 *The prison held a high-risk population and their offender management was reasonably good. Too many prisoners arrived without an offender assessment system (OASys) assessment and too many reviews were out of date. Offender supervisors had sufficient contact with most prisoners and a focus on progression. Public protection processes were very good. Categorisation reviews were timely but some category B prisoners struggled to move on. With very few releases, the demand for most resettlement services was low and plans were individualised. There was insufficient support for prisoners' family relationships. For most, the range and management of offending behaviour programmes were good but there was a lack of provision for many sex offenders. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S44 *At the last inspection in August 2014 we found that outcomes for prisoners in HMP Garth were not sufficiently good against this healthy prison test. We made 15 recommendations in the area of resettlement. At this follow-up inspection, we found that nine of the recommendations had been achieved, one had been partially achieved and five had not been achieved.*

- S45 A good reducing reoffending needs analysis was supported by an action plan, which was updated regularly to reflect progress made, but the reducing reoffending strategy was out of date.
- S46 Most prisoners presented a high risk of harm to others and all were serving long sentences, with a large proportion being indeterminate-sentenced prisoners or sex offenders. Far too many prisoners arrived from local prisons without an initial OASys assessment or a basic custody screening and plan. OASys reviews were not undertaken often enough or following changes in circumstances, with some considerably out of date, even in high-risk cases. The different functions within the offender management unit worked well together and most offender supervisors were sufficiently confident and clear about their role. We found that the level of contact between offender supervisors and the prisoners in their care, and the focus on progression were adequate overall and had improved.
- S47 Public protection work was well managed. The interdepartmental risk management team meetings were effective and contributed to release planning as well as the management of the more complex cases. Good attention was given to confirming prisoners' multi-agency

public protection arrangements (MAPPA) level well ahead of their release, to ensure appropriate release and risk management planning.

- S48 Categorisation reviews were up to date and the processes were sound. Transfers were pursued proactively but some prisoners, particularly category B sex offenders who were in denial of their offending, stayed too long at the establishment owing to the lack of places nationally.
- S49 The demand for resettlement services was extremely low, with only a few prisoners released in the previous six months. Considerable effort was put into ensuring that those due for release were transferred to their local prison, to access more resettlement help.
- S50 For the few prisoners released directly into the community, individualised release plans for accommodation, finance, benefit, debt and employment were developed.
- S51 Careers information, advice and guidance were delivered throughout prisoners' time at the prison. National Careers Service staff produced a skills action plan containing appropriate short-, medium- and long-term education and training targets for each prisoner to improve their prospects for employment.
- S52 Arrangements to ensure continuity of physical and mental health care on transfer or release were appropriate. The substance misuse team worked well with prisoners to devise plans for transfer, and work with the families of substance misusers was well developed.
- S53 Aside from the reintroduction of family days, there was insufficient support available to help prisoners to build or sustain relationships with their families. The visits process was not well managed and visits consistently started late while visitors waited for the prisoner to be brought from their wing.
- S54 The range of accredited offending behaviour programmes and the prioritisation of places were good. Too many sex offenders had not been able to complete offence-focused work owing to their low risk of reconviction or high level of denial. A strategy to manage those in denial had been developed but we found that it was not always put into practice. The Beacon unit, for prisoners with a personality disorder, had developed well and provided good opportunities to change attitudes, thinking and behaviour.

Main concerns and recommendations

S55 Concern: The prison was unsafe. Levels of violence had increased and were high. Too much of it was serious and often linked to drugs. Many prisoners were either seeking sanctuary or self-isolating for their own protection. Interventions by the prison to help to reduce violence were not making the prison safer.

Recommendation: A clear strategy and plan to reduce the levels of violence should be introduced. The effectiveness of actions to reduce violence should be monitored.

S56 Concern: Staff on the segregation unit were often overwhelmed in trying to manage some very challenging behaviour. The unit was undermanaged and some decision making lacked accountability. Some prisoners could not access even a basic regime. Case management and support for the substantial number with complex needs were inadequate.

Recommendation: Greater managerial oversight and accountability of the segregation unit should be put in place, to ensure that all prisoners receive a basic regime and effective case management.

S57 Concern: Some areas, particularly on the wings, were largely unsupervised by staff. Too often, staff lacked confidence or were uninterested in challenging poor prisoner behaviour, and some antisocial and delinquent prisoner behaviour was left unchallenged.

Recommendation: Staff presence and the supervision of all prisoner areas should be improved. Consistent and confident staff-prisoner relationships should be embedded which set clear expectations on behaviour of staff and prisoners.

S58 Concern: There was insufficient awareness and management of the needs of prisoners with protected characteristics. The monitoring of outcomes was inadequate and prisoners with protected characteristics lacked dedicated representation or consultation.

Recommendation: Management oversight of diversity should be prioritised, to ensure that the needs of all prisoners from minority groups are identified, assessed and met, and that any negative perceptions of particular groups are understood and addressed.

S59 Concern: Prisoners had inadequate access to many internal and external health services. Waiting times for routine GP, optician and dental services were excessive. Additionally, many prisoners referred for external hospital appointments waited much longer than the agreed community waiting times.

Recommendation: Prisoners should be able to access all primary care and hospital services within community-equivalent waiting times.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1 Newly arrived prisoners said that escort vans had been clean, that they had been provided with refreshments and that escort staff had treated them well. Although the reception area was closed at lunchtime, arrangements were made to disembark prisoners arriving at that time and provide them with a meal.
- I.2 All prisoners were handcuffed to staff until they entered reception, without any assessment of risk, even though they were disembarked into a sterile area. Those arriving from other prisons were not subjected to a full search unless indicated by security information.

Recommendation

- I.3 **New receptions should only be handcuffed if it is necessary and proportionate.**
(Repeated recommendation I.8)

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.4 The reception area had improved and was tidy, clean and well decorated. Holding rooms were comfortable, with useful information displayed. Staff were welcoming and efficient, and new arrivals were not kept long in reception.
- I.5 Prisoner orderlies working in reception and an equality representative ensured that new prisoners received essential equipment and were given useful basic information about the prison routines.
- I.6 Dedicated first night officers met all those who arrived during the core day and held an interview with them in private which covered basic information about prison rules, and checked safety and risk concerns. Those arriving later had safety concerns checked on the residential wing. Vulnerable prisoners were kept safe in reception and provided with the same level of support as those going to main locations.
- I.7 In our survey, fewer prisoners than at comparator establishments and than at the time of the previous inspection said that they had felt safe on their first night (67% versus 78% and 86%, respectively), which was consistent with other responses on safety (see section on bullying and violence reduction), but we found that procedures for assessment and care had improved. New arrivals no longer went to a dedicated induction wing but were located on appropriate residential wings. On the wings, prisoner information desk (PID) orderlies introduced themselves to new arrivals and provided further support and advice. Night staff

introduced themselves and completed frequent observations of new arrivals during their first night.

- I.8** However, first night accommodation was not prepared adequately and some prisoners had to wait to be provided with some of the basic equipment such as a kettle or television.
- I.9** There was no formal induction presentation from staff. Most information about rules and routines came from prisoner orderlies and PID workers. We were not confident that there was sufficient oversight and direction of these prisoners to ensure that new prisoners were provided with comprehensive, reliable information.
- I.10** During their first week at the prison, prisoners had induction meetings and assessments with chaplaincy, education, National Careers Service, labour allocation and gym staff, and also with offender supervisors; these were well tracked and recorded, to ensure that all new prisoners, including vulnerable prisoners, had been included. Although prisoners waiting for allocation to activities had limited time unlocked, the allocation process was reliable and reasonably quick, with most being assigned to activities within about a week.

Recommendations

- I.11** **Cells for new arrivals should be well prepared and contain all necessary equipment.**
- I.12** **The contribution by prisoners to inducting new arrivals should be supported by clear staff direction, oversight and recording.**

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** Levels of violence had increased substantially and were high. Many violent incidents were linked to drugs, debt and gangs. There had been 121 assaults and fights in the previous six months, which was far higher than at the time of the previous inspection. Many incidents had been serious enough to require hospitalisation and many had involved the use of weapons. Some prisoners had received broken bones, serious facial injuries, stab wounds or burns. In addition, the number of assaults on staff had increased, some of which had also been serious and required hospital treatment (see main recommendation S55).
- I.14** Too many prisoners felt unsafe. In our survey, 66% of prisoners said that they had felt unsafe at the establishment at some time, 34% that they currently felt unsafe and 43% that they had been victimised by other prisoners, all of which were considerably worse than at comparator establishments and than at the time of the previous inspection (see main recommendation S55).
- I.15** The residential support unit on B wing accommodated about 85 prisoners who were separated from the rest of the population owing to fears for their safety. The segregation unit was full of prisoners seeking sanctuary, and a few prisoners had self-isolated on other residential wings and refused to leave their cells while other prisoners were unlocked (see main recommendation S55).

- I.16** There was good recording and analysis of violence to identify patterns and trends, and further consultation with prisoners was being developed. The full-time violence reduction coordinator carried out good investigations of incidents but a strategy to address the issues had not been developed sufficiently (see main recommendation S55).
- I.17** Implementation of the violence reduction policy consisted almost exclusively of putting perpetrators on the basic level of the incentives and earned privileges (IEP) scheme or placing them on the segregation unit. There was little targeted work to address specific behavioural issues and no action plan to identify or direct actions. In reality, most prisoners were put on the basic regime for 28 days and returned to standard if they did not act violently within that period. There were no individual behaviour improvement plans, or structures to deal with issues that had caused the poor behaviour (see also paragraph I.49). This approach was having little impact on reducing violence (see main recommendation S55).
- I.18** The custodial violence management model (CVMM) was a promising, single-staged scheme that had been recently piloted at the prison. Its aim was to deal with prisoners whose behaviour was persistently poor and disruptive. It was based on individualised plans, raised and managed by a multidisciplinary staff team, to assess needs, plan and implement interventions, and set and monitor targets to improve behaviour. There were early signs that this was helping to manage violent behaviour in a small number of complex cases.

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.19** There had been 173 incidents of self-harm in previous six months, which was comparable with the number at similar prisons and with that at the time of the previous inspection. However, the number of prisoners self-harming had fallen from 124 to 70, indicating that more prisoners self-harmed on multiple occasions.
- I.20** Safer custody staff had good knowledge of the factors in individual cases leading to self-harm. The monthly safer custody meeting examined some basic information about incidents of self-harm, but there was insufficient analysis or assessment of presenting risk factors to inform a strategic action plan. Work had started on exploring the reasons for self-harm through prisoner consultation.
- I.21** The number of assessment, care in custody and teamwork (ACCT) case management documents opened in the previous six months had increased from 109 at the time of the previous inspection to 165, and was higher than in other category B training prisons.
- I.22** Most prisoners we spoke to who were subject to ACCT procedures told us that they were well cared for. The quality of ACCT documents had improved. Assessments were comprehensive, providing good indications of the support required; care plans included actions derived appropriately from the assessments; and reviews consistently included representatives from mental health staff and, increasingly, from the chaplaincy. However, reviews were not led by a single case manager and there was not enough recording of meaningful interactions. There was a quality assurance system but redeployment of safer custody staff made consistent application difficult. Serious, life-threatening acts of self-harm not been investigated sufficiently to identify lessons learned.

- I.23** At the time of the inspection, some prisoners subject to ACCT procedures were segregated and the two constant observation cells on the segregation unit were used regularly. Authorisation by a governor for a prisoner's continued segregation was documented and details about mitigating the severity of their regime were listed. However, the segregation unit provided an inappropriate environment for prisoners in crisis (see also section on segregation).
- I.24** A weekly population management meeting reviewed prisoners at risk, including complex cases, prisoners subject to ACCT procedures who were segregated, and those on constant observation. While it was a useful means of keeping a focus on these prisoners, there was too much emphasis on facilitating prisoner movement, and the opportunity to contribute to care planning and link in to ACCT management was underdeveloped.
- I.25** Since the previous inspection, there had been three self-inflicted deaths, which was unprecedented in the prison. A good action plan had been developed in response to Prisons and Probation Ombudsman recommendations and there were measures to ensure that changes became embedded in practice.
- I.26** There were sufficient Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), who were well supported by the local Samaritans, and the Listener suites were well appointed and comfortable.

Recommendations

- I.27** **There should be a systematic exploration of the reasons for prisoners' self-harming, to inform an action plan for preventing further incidents.**
- I.28** **Investigations into incidents of life-threatening self-harm should include scrutiny of the actions taken by staff to prevent or minimise risk of harm.** (Repeated recommendation I.44)
- I.29** **The use of the constant observation cell in segregation should cease.** (Repeated recommendation I.42)

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.30** An adult safeguarding policy had been developed which outlined clearly how safeguarding concerns could be reported and action taken. We saw examples of plans for the support of individuals with learning difficulties and disabilities which had been drawn up by safer custody, residential and health services staff.
- I.31** The prison did not release many prisoners and did not have direct links with the local authority safeguarding board, but a representative from HMP Wymott, a neighbouring prison, acted on their behalf where necessary.

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.32 With a few exceptions, security measures were proportionate and did not unnecessarily restrict prisoners' access to a full regime. Procedural security was generally well managed but a few practices, such as the routine handcuffing of prisoners between escort vans and reception (see paragraph 1.2 and recommendation 1.3) and routine strip-searching on entry to the segregation unit without a detailed risk assessment, were disproportionate.
- I.33 Intelligence was well managed and the quality of the security-related information submitted was good. A significant number of intelligence reports were received each month and they were processed and communicated quickly and appropriately.
- I.34 Security risk assessments and subsequent management systems were effective. The level of contribution at monthly security committee meetings was improving and reflected the higher priority given to the use of security information and intelligence. Links between security and other important departments, such as the drug strategy team and safer custody managers, were developing. Monthly security objectives were agreed through the appropriate consideration of intelligence.
- I.35 Local corruption prevention measures were well organised and there were effective links with local and national policing teams.
- I.36 The prison had an appropriate focus on extremism and the risks of radicalisation, and this was well managed. Training to help staff to identify extremist behaviour indicators and how to report them was well established.
- I.37 Closed visits were used frequently (30 prisoners were subject to this measure at the time of the inspection) and many were applied for reasons not directly related to visits. Reviews took place each month, but many were cursory and prisoners usually stayed on restrictions for at least three months without any further supporting evidence.
- I.38 The interactions we observed between staff and prisoners indicated that some staff engaged well with prisoners, which helped to support a dynamic approach to managing security, but we also observed some significant shortfalls in staff-prisoner relationships. Supervision of prisoners was inadequate in some important areas, particularly on the wings (see section on staff-prisoner relationships and main recommendation S57).
- I.39 In recent months, the number of security-related incidents such as barricades, hostage incidents and incidents at height, although reducing, remained a concern.
- I.40 The drug strategy committee was much improved. Good attendance and a 'whole prison' approach to action planning were helping to improve both demand and supply reduction efforts. Security searching had yielded several considerable finds: 350 litres of hooch had been found over the Christmas period alone and there had been a recent find of an estimated £40,000 worth of assorted drugs.
- I.41 Despite a coordinated effort to reduce drug supply and demand, very high levels of finds, positive random mandatory drug testing (MDT) rates (see below) and our survey all pointed to a high level of availability of illicit drugs, including new psychoactive substances (NPS; new

drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects), diverted medication and illicitly brewed alcohol. In our survey, almost half the population said that it was easy to get drugs at the prison, and approximately one in five said that they had developed a drug problem while there – both of which were higher than at the time of the previous inspection. NPS were particularly problematic, and linked to medical emergencies and prisoner debt and violence.

- I.42** The positive random MDT rate for the previous six months was 17.5%. Suspicion testing was not well utilised, with only 12 tests in the previous six months; of these, seven (58%) had been positive. Despite the lack of resources to run the suspicion testing programme, the high positive rate was an indicator of the effective use of intelligence.

Recommendations

- I.43** Strip-searching on entry to the segregation unit should be proportionate and reflect the risk presented.
- I.44** Closed visits should be managed properly, removed at the earliest opportunity and used only for incidents related to visits.

Incentives and earned privileges

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.45** At the time of the inspection, 454 prisoners were on the enhanced level, 347 were on the standard level and 43 were on the basic level of the IEP scheme. In our survey, far fewer prisoners than at the time of the previous inspection said that they had been treated fairly under the scheme (44% versus 62%).
- I.46** The IEP policy clearly set out the behaviour required for promotion under the scheme. However, while the scheme was being used as a response to violent incidents (see also paragraph 1.17), its use to address more routine challenging behaviour was less evident (see also paragraph 2.12). With such high levels of violence and apparent poor behaviour, the credibility and effectiveness of the scheme is brought into question as over half the population were enhanced.

Recommendation

- I.47** The incentives and earned privileges scheme should be used proportionately by staff to address routine challenging antisocial behaviour and to incentivise positive behaviour.

Discipline

Expected outcomes:

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

Disciplinary procedures

- 1.48** There were, on average, 321 formal adjudications a month, which was far higher than at the time of the previous inspection and reflected the increase in the number of incidents of violence and antisocial behaviour. Some adjudication procedures were not proceeded with because timescales had not been met. However, there were credible plans to deal with this issue.
- 1.49** Proceedings were conducted fairly, although some charges could have been dealt with more appropriately through the IEP scheme. Punishments were usually reasonable and the published tariff was useful. However, the consistently large population on the segregation unit impeded the prison's ability to operate disciplinary procedures fully, and segregation cells were rarely available for cellular confinement as punishment for more serious cases.

The use of force

- 1.50** Levels of use of force were high. In the previous six months, there had been 135 incidents, which was far higher than at the time of the previous inspection. Governance arrangements were improving and some aspects were very good. A use of force committee met each month to oversee processes and provide governance. Information, including the nature of the incident, and its location, was collated and presented for analysis. Trends were identified and appropriate action was taken. At a separate monthly scrutiny meeting, senior managers scrutinised paperwork and the video-recordings of planned incidents.
- 1.51** However, not all planned incidents were video-recorded and some important use of force paperwork had not been completed properly. Some was incomplete and important parts, such as written accounts from officers and accident reports from health services staff, were missing in too many cases. The completed documentation and the video recordings that we examined were reasonably good and gave some assurance that incidents were managed appropriately and that force was used as a last resort, with evidence of the use of de-escalation techniques.

Recommendation

- 1.52 All documentation relating to use of force should be fully completed.**

Segregation

- 1.53** The segregation unit gave us cause for concern. It was large, usually full and held some extremely challenging prisoners. Living conditions were mostly poor. Some occupied cells, particularly on the lower floor, were dirty. Some cell doors and windows were damaged and graffiti was scratched into windows and walls. Some toilets and sinks were filthy. The two special cells were grim and the constant observation cells were poorly furnished and dirty (see also paragraph 1.23). The caged exercise yards were stark.

- I.54** At the time of the inspection, 26 prisoners were segregated, all under Rule 45 for good order or discipline, and nearly all had refused to locate within the main prison. Records showed that 135 prisoners had been segregated in the previous six months, usually under Rule 45 and often for long periods. Nearly half of those currently in segregation had been there for three months or more.
- I.55** Segregation reviews were completed on time but there was little information to assure us that progress, in terms of changes to behaviour or circumstances, was monitored or acted on. Individual care plans were not raised, behaviour targets were not set and staff were not engaged in formal planning processes (see main recommendation S56). Planning arrangements to address the needs of longer-stay prisoners, particularly those with complex needs, were inadequate and their daily regime was poor, with only 30 minutes unlocked each day and little in place to help to prevent the psychological deterioration caused by long periods of segregation (see main recommendation S56).
- I.56** Many of the prisoners on the unit displayed some extremely challenging behaviour. Three were on a dirty protest throughout the inspection. The unit also held prisoners with severe mental health needs who were waiting for a transfer to mental health facilities (see also paragraph 2.79). Segregation staff were sometimes overwhelmed by the demands of the work, and had insufficient managerial oversight and direction. We were concerned to find staff on the unit routinely denied prisoners' access to such basic amenities as showers and telephone calls as consequence of their poor behaviour. A risk assessment process to determine how many officers were needed to unlock individual prisoners was in place but different unlock levels had led to confusion between risk and behaviour management, and we were not assured that decisions were always justified or authorised by senior staff (see main recommendation S56).
- I.57** Quarterly segregation management meetings were well attended and information about the amount and length of segregation was analysed. However, there was little evidence that this was having a positive impact on raising operating standards or improving the quality of care for prisoners (see main recommendation S56).

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.58** Clinical services were delivered by Greater Manchester West (GMW) and psychosocial services by Phoenix Futures. The integrated team was known locally as 'Discover' and the case management element as 'Building Futures'.
- I.59** The drug strategy committee met bimonthly, was well attended and oversaw a well-developed action plan.
- I.60** A third of the population was on the Building Futures caseload. The service offered one-to-one case management and a wide range of high-quality recovery-focused group programmes and single-session groups.
- I.61** The establishment had chosen to close the recovery wing, so prisoners on clinical treatment were located across all wings except E wing, which was the abstinence-based therapeutic community (TC). The latter provided an intensive approach to abstinence-based recovery from both drug and alcohol addictions. Prisoners on the unit participated in a wide range of activities, which focused on personal responsibility and accountability. Improvements had

been made since the previous inspection, including better involvement of uniformed officers in the daily running of the unit. Many residents told us that the programme was 'life changing'. Staffing had improved and although not all uniformed staff had received specific training, the staff group was more settled than at the time of the previous inspection.

- I.62** Clinical drug treatment services were good, with effective nursing care which was well integrated with psychosocial services. At the time of the inspection, 21 prisoners were on opiate substitution treatment. Of these, 17 (80%) were on maintenance doses. Many of these prisoners were long-term, entrenched drug users but the team was working with them to encourage as many as possible to reduce their doses. Enduring mental health problems and blood-borne viruses were also factors that had legitimately influenced the prescribing of maintenance doses.
- I.63** The administration of controlled drugs was adequately supervised, and delivered in a well-designed and friendly environment. The Discover team nurses demonstrated a good knowledge of their patients, dealing with them in a professional and caring manner. Prisoners told us that they felt that the service understood their individual needs and was very supportive. Prescribing had improved with the inclusion of buprenorphine onto the formulary (a list of medications used to inform prescribing) since the previous inspection.
- I.64** Peer support structures were good, with 11 peer mentors working across the prison. On E wing, there was an innovative approach providing peer-led 'lapse support' for prisoners who had used drugs while on the TC programme.

Section 2. Respect

Residential units

Expected outcomes:

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

- 2.1 The four older wings (A, B, C and D) were in poor condition. They were dirty, with peeling paint and damaged floors. Many showers had an unpleasant smell, with poor ventilation and no screening. Some bathrooms, although rarely used, were filthy. The design of the older units made them difficult for staff to supervise (see also paragraph 2.12). The newer wings (E, F and G) were cleaner. They were of a gallery design, with plentiful light, and provided more modern accommodation, better showers and easier supervision.
- 2.2 Across the wings, in-cell toilets were insufficiently screened, and some cells designed for one prisoner were used for two. Many cells had broken furniture, including broken locks on cupboards in double cells. The offensive display policy was not enforced.
- 2.3 Too many prisoners also reported difficulty in accessing basic essentials such as toilet rolls and cleaning materials, although the reasons for this were not clear as units received weekly supplies. In our survey, too few prisoners (52%) said they were given enough clean and suitable clothing each week. The supply of clothing held by the main stores department was too limited, and some was in poor condition. All prison-issue kit was sent to a neighbouring prison to be laundered, and we were told that there were problems with getting all of it back.
- 2.4 In our survey, only 13% of prisoners said that they could access their stored property and several prisoners we spoke to expressed frustration at this issue. We found that applications sent to reception were not dealt with efficiently, with some prisoners waiting many months to receive their possessions.
- 2.5 Prisoner information desks (PIDs), run by prisoners, had been introduced and were well used. However, applications were submitted via the PID workers, which limited confidentiality and meant that no record was kept of the timeliness or quality of responses. Some responses that we saw were dismissive and unhelpful.

Recommendations

- 2.6 The older units, including shower areas, should be refurbished. Showers and toilets on all units should be properly screened to provide privacy.**
- 2.7 Single cells should not be used to accommodate two prisoners.** (Repeated recommendation 2.10)
- 2.8 Applications should be made confidentially and responses should be monitored, to ensure that they are timely and helpful.**
- 2.9 Prisoners should have ready access to adequate clean and suitable clothing and other basic essentials.**
- 2.10 Prisoners should be able to access their stored property promptly.**

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.

- 2.11** In our survey, around three-quarters of prisoners said that staff treated them respectfully, which was similar to the proportion elsewhere and at the time of the previous inspection. However, only 17% of prisoners said that staff normally spoke to them during association, and this reflected our findings when we observed association periods.
- 2.12** The quality of the staff–prisoner interactions we observed was variable. We saw some helpful and proactive staff but too often staff lacked confidence or were dismissive and disengaged, often grouped together in offices for long periods. We observed some poor, sometimes delinquent and antisocial, prisoner behaviour go unchallenged. Some areas, particularly on the older wings, were largely unsupervised by staff (see also paragraph 1.38 and main recommendation S57).
- 2.13** A landing officer scheme, which required landing officers to undertake welfare checks on their designated prisoners at least monthly, was not functioning properly, and we saw little evidence that these checks were taking place. Nevertheless, in our survey 69% of prisoners said that there was a member of staff they could turn to for help.
- 2.14** Consultation with prisoners had improved considerably, and was very good. There were monthly community action support team (CAST) meetings and helpful wing surgeries convened by the governor every six weeks, and both demonstrated actions taken as a result of feedback from prisoners. In addition, two prisoners were invited to attend the senior management team meetings.

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 characteristic⁴ 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.

Strategic management

- 2.15** The strategic management of equality and diversity had not improved and remained weak. Although the governor chaired the quarterly equality meetings, insufficient priority was given to this area, and it did not feature regularly on the senior management team's agenda (see main recommendation S58).
- 2.16** Actions to address inequality had been taken only recently and sporadically, and the equality officer was consistently cross-deployed, seriously affecting some of this work. The equality action plan did not reflect the key priorities of the new equality action team (EAT) and was so long as to be unachievable. Most policies were out of date. Only about a third of staff were trained in equality and diversity (see main recommendation S58).
- 2.17** Equality monitoring had only recently restarted, and a full analysis of equality data had been completed only once, for the most recent quarter. This was based on nationally provided data, which were several months out of date. Where identified, potential inequalities had not been addressed (see main recommendation S58).
- 2.18** A total of 31 discrimination incident report forms (DIRFs) had been submitted in the previous six months but these forms were not freely available on all wings. The quality of investigations into such incidents had been variable, and some had not been investigated at all. Internal scrutiny of these investigations had recently been introduced but there was no quality assurance by an external party, although one had been identified.
- 2.19** There were about 15 prisoner equality representatives, most of whom were enthusiastic and engaged. However, they had not been trained and their roles were underdeveloped. Only one, an older prisoner representative, was assigned to a specific protected characteristic. An equality subcommittee, attended by prisoner representatives, had been running for several months and this provided a useful means of consultation about general equality issues. However, other than this, consultation arrangements with minority groups were inconsistent and infrequent. Dedicated forums for the various protected characteristics were scheduled but several had been cancelled after the equality officer had been redeployed at short notice (see main recommendation S58).

Protected characteristics

- 2.20** Black and minority ethnic prisoners made up 16% of the population. They reported more negatively in our survey, and several we spoke to raised concerns about discrimination, such as unfair allocation of jobs and racist incidents not being addressed with sufficient rigour.

⁴ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Although it was not possible to substantiate their allegations, these prisoners lacked dedicated representation and consistent consultation arrangements to express and address their concerns. There had been only one recent forum for this group. There was no involvement from community black and minority ethnic organisations. There was also no support for Gypsy/Traveller prisoners, and our survey suggested that the prison had not managed to identify all of these men (see main recommendation S58).

- 2.21** Foreign national prisoners made up 6% of the population. Independent immigration advice was not available to them and there was no regular consultation or dedicated representation. We were not confident that support for the small number of non-English speakers was consistent, and a few struggled to communicate and were isolated. Staff did not regularly use the professional telephone interpreting service. The EAT did not have clear oversight of this group and wing staff relied on other prisoners or a colleague to interpret on an ad hoc basis.
- 2.22** Muslim prisoners made up 9% of the population. None we spoke to identified religious discrimination. A recent allegation of cross-contamination of halal food on the wing serveries had been dealt with effectively through mediation by the Muslim chaplain.
- 2.23** A large proportion of prisoners (20%) were aged over 50 and most of them lived on F and G wings. Support for this group was inconsistent and underdeveloped, in spite of a dedicated representative and a new policy. Some help had been secured from community organisations but an Age UK event had been poorly attended and the proposed involvement of the University of the Third Age was at a very early stage. Managers had identified the need for more activities for this group but so far, with the exception of a dedicated gym session for retirees, little had been delivered. A survey of the older prisoners had taken place but had not resulted in any actions. While retired prisoners were unlocked all day, those who were medically retired were locked up in the afternoon. This discrepancy was corrected by managers as soon as we brought it to their attention. Similarly, retirees on one particular wing had access to a pleasant group room, while other wings did not have this facility.
- 2.24** The EAT was not sighted adequately on the needs of the 270 prisoners who identified themselves as having a disability. Prisoners with significant care needs were referred for a social care assessment, which was completed by health services staff, although there were substantial delays in assessments being completed (see also paragraph 2.83). Several prisoner carers had been assigned to fetch meals and perform other simple tasks for those with mobility problems, and they were paid a small supplement, but they had received no training and there was no formal guidance on the types of task that it was appropriate for them to undertake. Some reasonable adjustments that were needed had not yet been implemented – such as seats and hand rails in shower areas. Most wing staff knew about the prisoners with emergency evacuation plans, and these were up to date. Links were developing with Disability Equality North-West but there was no representation or regular consultation for prisoners with disabilities.
- 2.25** There were no consultation arrangements or community links for gay, bisexual and transgender prisoners. Prisoners could not disclose their sexual orientation confidentially during the induction process. As a result, the prison had identified only 12 gay or bisexual prisoners (just over 1% of the population), even though our survey indicated that this figure might have been nearer 9%. There were no transgender prisoners at the establishment during the inspection.

Recommendations

- 2.26** A professional telephone interpreting service should be used for all prisoners requiring it, particularly in circumstances where confidentiality and accuracy are critical. (Repeated recommendation 2.35)
- 2.27** Prisoner carers should be trained and operate under clear guidance.

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** Faith facilities were comprehensive and accessible to all prisoners. The faith needs of the relatively static population were monitored routinely and all major faiths were catered for. Services were rarely affected by the regime, and attendance levels were high.
- 2.29** There was no dedicated multi-faith room but there was an appropriate group room next to the chapel. Muslim prisoners from the main wings attended Friday prayers in the chapel, and those from F and G wings used the group room.
- 2.30** The chaplaincy was well integrated into daily prison life. The managing chaplain was invited to the full range of departmental meetings, was involved in efforts to address extremism at the establishment and led the prisoner consultation arrangements.
- 2.31** Prisoners could access bereavement counselling provided by a volunteer counsellor and support worker. Chaplaincy staff offered ongoing support to any prisoners with seriously ill relatives. They also ran the official prison visitor scheme, but this was inactive as the only volunteer was still waiting for clearance, so there was a waiting list for such visits.
- 2.32** The chaplaincy also facilitated an impressive array of restorative justice interventions (see section on attitudes, thinking and behaviour).

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** A total of 1,472 complaints had been submitted in the previous six months, which was higher than at the time of the previous inspection. Until recently, the complaints system had been in a state of disarray but it had been overhauled under new staff and was now well run. This improvement was reflected in our survey, in which similar numbers of prisoners to those at comparator prisons said that complaints were dealt with fairly and in a timely manner.
- 2.34** Complaints were tracked and interim responses sent where appropriate, and complaints had a high profile at the daily management meeting, where late responses from departments were chased routinely.

- 2.35** Most responses we looked at addressed the complaint adequately but they were too often brief or impolite. A reasonable quality assurance process had been implemented but not enough had been done to ensure that staff gave a meaningful and respectful response which did not simply result in further frustration for the prisoner.
- 2.36** Monthly complaints data analysis was underdeveloped and did not monitor any of the protected characteristics to understand if these groups were complaining disproportionately.

Recommendation

- 2.37** **The monitoring of complaints data should include protected characteristics, and any potential inequalities should be referred to the equality action team meeting.**

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.

- 2.38** There was no dedicated legal services officer. However, prisoners were able to review legal documents for extended periods using one of four laptops provided under the Access to Justice scheme.
- 2.39** There were sufficient rooms available for legal visits. Legal correspondence was managed well by mail room staff, who recorded any accidental opening of confidential mail comprehensively.

Recommendation

- 2.40** **Legal visit rooms should provide better privacy.**

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.

- 2.41** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁵ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. A number of areas have been identified that require improvement with subsequent notices issued by the CQC which have been detailed within Appendix III of this report.

⁵ 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>.

Governance arrangements

- 2.42** Lancashire Care NHS Foundation Trust (LCFT) provided health services, although Greater Manchester Mental Health Trust and Bridgewater Community Healthcare NHS Trust were taking over from April 2017. The health needs assessment was three years old and therefore did not reflect the current population's needs accurately. Joint working between the provider, commissioners and prison was generally good, supported by regular governance and strategic meetings. Service delivery was informed by prisoner consultation, learning from adverse incidents and audits.
- 2.43** The clinical nurse manager and lead nurses provided effective leadership. There was strong team working. However, chronic staffing shortages in the primary care nursing team meant that service development, including the proactive management of lifelong conditions, was adversely affected, while prioritising basic provision. Regular bank nurses provided consistency. A health care support worker was onsite overnight.
- 2.44** Five regular GPs from a locum agency provided clinics from Sunday to Friday. However, clinics regularly started late or were cancelled, and staff reported significant inconsistencies between GPs in prescribing and patient management, which contributed to the prisoner dissatisfaction with GP services reflected in our survey. Prisoners were mostly negative about health services provision. In our survey, only 19% said that the overall quality of health services was good, compared with 33% at similar prisons and 30% at the time of the previous inspection.
- 2.45** Health services staff were in date with mandatory training. Access to pertinent policies and wider development opportunities was satisfactory. Clinical and managerial supervision was embedded among mental health staff and had started for other staff. The health interactions we observed were good.
- 2.46** Clinical rooms were generally of a good standard and clean, although planned work to make all fittings compliant with infection control standards remained outstanding. The new clinical room for F and G wings had improved access for these prisoners to most services considerably. The waiting room in the main health centre was unacceptably poor, being cramped, stark, poorly ventilated and often overcrowded.
- 2.47** Appropriate, regularly checked emergency equipment was held in clinical areas across the prison. Operational staff had good access to defibrillators and there were always first-aid-trained prison staff on duty. Ambulances were called promptly for medical emergencies.
- 2.48** There was a single, easily accessible, confidential complaints and concerns form. Around 90 concerns and complaints were received monthly. The responses we sampled were mostly timely and courteous but did not consistently address all issues raised, with the exception of those escalated to the Trust.
- 2.49** There was still no systematic health promotion activity across the prison. There was good access to immunisations and blood-borne virus testing, although the lack of visiting specialist services restricted access to hepatitis C treatment. Access to smoking cessation support had improved but waiting times remained excessive, at up to a year, due to the backlog. Barrier protection was available but poorly advertised.
- 2.50** Older prisoners could access most relevant community health screening services, including the NHS over-40 health check. The lack of bowel screening was being addressed. However, the development of targeted support for older prisoners had stopped when the lead for this area had left.

Recommendations

- 2.51** Health care delivery should be informed by a current health and social care needs assessment.
- 2.52** All clinical environments should comply with infection control standards, and the size, ventilation and décor of the waiting area should be appropriate.
- 2.53** Responses to health care complaints should consistently address all issues raised.
- 2.54** Prisoners should have easy access to health promotion services, including barrier protection and smoking cessation, and relevant regularly updated health promotion information. Older prisoners should receive regular individualised health checks.

Delivery of care (physical health)

- 2.55** A nurse completed a combined initial and secondary health assessment with all new arrivals in reception, including providing relevant immunisations and blood tests. Appropriate onward referrals were made.
- 2.56** Prisoners requested services by written application, which were collected daily by health services staff. Access for F and G wing prisoners had improved and was now equivalent to that on other wings. The range of primary health care clinics was appropriate but waiting times were unacceptably long for routine optician and GP appointments, at around 12 and 5 weeks, respectively (see main recommendation S59).
- 2.57** Prisoners with acute health needs or injuries could access daily nurse assessment clinics. However, those who went to the local hospital's accident and emergency department as an emergency were not routinely reviewed on their return. Prisoners with urgent health needs were seen promptly and access to the community out-of-hours GP service was appropriate.
- 2.58** The nurse-led management of long-term conditions was in very early development and did not yet ensure that these prisoners received all required regular reviews, particularly for diabetes, epilepsy and cardiac conditions.
- 2.59** Clinical records were stored securely; those we examined were generally completed well and demonstrated that the quality of care was mostly good. However, care plans were not always in place, did not always demonstrate patient involvement and were not always reviewed (see Appendix III).
- 2.60** Prisoners were referred promptly for secondary health care services but too many continued to experience extreme delays in accessing hospital appointments (see main recommendation S59). There was a high demand for external appointments. Routine appointments were regularly cancelled by the prison to accommodate emergencies, or by the hospital. These were then rebooked to the next available slot, which could be a few months later. This could happen several times, and the monitoring of the overall wait was inadequate. We found one prisoner who had been referred for services in December 2015; his appointment had been rescheduled repeatedly and his first appointment was now in April 2017 – 16 months later. The introduction of visiting X-ray and ultrasound services had improved access to these services.

Recommendation

- 2.61 Prisoners with life-long conditions should receive regular reviews which generate an evidence-based care plan, delivered by appropriately trained and supervised staff.** (Repeated recommendation 2.78)

Pharmacy

- 2.62** Pharmacy services had improved. Lloyds pharmacy supplied appropriately labelled medicines. Medication was secured and transported securely throughout the prison. An appropriate range of effectively monitored emergency stock was available. Pharmacy technicians and a support worker were onsite Monday to Friday and a pharmacist attended regularly to provide clinical oversight. Prisoners could access the pharmacist for advice but there were no regular clinics.
- 2.63** Refrigerator temperatures were monitored effectively, but not those in reception. Drugs alerts and dispensing incidents were managed appropriately. The drugs and therapeutic committee met regularly and had an appropriate agenda but attendance by prescribers was poor.
- 2.64** The management of controlled drugs was mostly satisfactory. However, the controlled drugs register used by the clinical substance misuse team did not comply with current requirements, and we raised this issue with the clinical lead during the inspection. The primary care team did not log access to the keys to the controlled drugs cabinets.
- 2.65** Medicines were prescribed and administered on SystmOne (the electronic clinical record). In-possession assessments were completed but were not reviewed regularly. Around 80% of medication was supplied in-possession. However, this included tradable medicines, such as pregabalin (prescribed to treat neuropathic pain) and there were no regular spot checks to ensure that prisoners were taking their medicines as prescribed; this created opportunities for diversion (see also paragraph 1.41). Systems to ensure that prisoners received their medication on time were not sufficiently robust.
- 2.66** With the exception of methadone administration, which was well managed, we observed crowding around administration areas and inadequate supervision, again increasing the opportunities for bullying and diversion.
- 2.67** On the segregation unit, medicines were now administered from a trolley, which had improved safety. However, evening medications were administered too early there, which meant that those that should have been administered 12 hours apart were given after six hours, and then again after 18 hours, which was not clinically appropriate.
- 2.68** There was no clear policy to manage non-attendance for supervised medication, which created inconsistency. In-possession medication that was not collected was followed up promptly by pharmacy staff.

Recommendations

- 2.69** The prescribing and administration of medicines should ensure that opportunities for diversion and bullying are reduced.
- 2.70** Prisoners should receive their required medicines in a timely manner, with good supervision from discipline staff to ensure adequate privacy.
- 2.71** Prisoners who do not attend for prescribed medication should be followed up systematically, within a well-understood policy.

Dentistry

- 2.72** In our survey, fewer prisoners than elsewhere said that access to (13% versus 18%) and the quality of (36% against 45%) dental care were good. The range of dental treatments and oral health advice was satisfactory. Waiting times for routine dentist appointments, although reduced since the previous inspection, remained excessive, at around 11 weeks (see main recommendation S59). Appointments were allocated on clinical need, following triage by a dental nurse.
- 2.73** The dental suite environment was good and infection control measures were appropriate. Most dental equipment was well maintained, except for the X-ray equipment, which had last been serviced in July 2015. Emergency drugs were easily accessible in the suite, but the oxygen cylinder was not ready for use and was not stored securely.

Recommendation

- 2.74** The dental X-ray equipment should be maintained appropriately.

Delivery of care (mental health)

- 2.75** In our survey, many more prisoners than at similar prisons and than at the time of the previous inspection said that they had emotional well-being or mental health problems (44% versus 37% and 28%, respectively). The mental health team worked effectively with other prison departments, including the offender management unit and substance misuse services. Officers did not receive regular mental health awareness training to help them to identify and support prisoners with mental health problems.
- 2.76** Mental health provision had increased and was good. The integrated mental health service included psychological interventions, counselling, consultant psychiatry clinics and registered mental health nurses (RMNs). An RMN was onsite every day. The fortnightly in-reach learning disability service had ended since the previous inspection, although referrals could be made to the community service.
- 2.77** All new prisoners were offered a comprehensive mental health assessment within a few days of arrival, which was an excellent initiative. Around 45 prisoners a month were referred through the open referral system. An identified RMN reviewed and prioritised all new referrals daily and saw anyone in mental health crisis. An RMN attended every assessment, care in custody and teamwork (ACCT) case management review (see also paragraph 1.22), which ensured prompt assessments and input. An identified RMN provided consistency for prisoners located on the segregation unit and was developing enhanced provision and care planning.

- 2.78** At the time of the inspection, the team was supporting 75 patients, and those with severe and enduring mental illness were managed appropriately under the care programme approach. The records we examined demonstrated good levels of support.
- 2.79** In spite of the mental health team's concerted efforts, patients continued to experience excessive delays when being transferred under the Mental Health Act, mainly as a result of external factors, including bed availability. All seven prisoners transferred since April 2016 had exceeded the two-week NHS guidance, some by several months. Some men with severe mental health problems who were managed on the segregation unit owing to their risk deteriorated significantly while waiting for transfer to mental health or prison inpatient facilities (see also paragraph 1.56).
- 2.80** The clinical staff on the Beacon unit (see also paragraph 4.48) managed the mental health needs of residents effectively, although the psychiatrist based there could not prescribe for these prisoners. The current pathway was for the psychiatrist to assess these prisoners and refer them on to Lancashire Care NHS Foundation Trust (LCFT), which created delays, duplication and some dissatisfaction, for staff and prisoners alike.

Recommendations

- 2.81 All discipline officers should receive mental health awareness training, to enable them to recognise and support prisoners with mental health problems.**
- 2.82 Patients requiring a transfer under the Mental Health Act should be assessed promptly and transferred within the current NHS transfer guidelines.**

Social care

- 2.83** Lancashire Care NHS Foundation Trust (LCFT) completed social care assessments and provided care on behalf of the local authority. Prisoners could access information about the Care Act and self-refer. Social care needs were identified on reception and appropriate referrals made; however, assessments did not consistently occur within the agreed 28-day timescale. One prisoner had waited four months for an assessment.

Recommendation

- 2.84 Prisoners with social care needs should be assessed within the agreed timescales and have their identified needs met in a timely manner.**

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.

- 2.85** In our survey, 41% of prisoners reported positively about the food provided, which was far better than the comparator (28%) and than at the time of the previous inspection (29%). The quality of the food we sampled was good.

- 2.86** Menus catered for a range of diets, including vegan, halal and vegetarian. Daily provision consisted of a breakfast pack (although this was issued on the day before consumption), a cold lunch option and a hot meal in the evening. There was an option to dine out for some prisoners.
- 2.87** Prisoners working in the kitchen had undergone basic food hygiene training and could work towards accredited qualifications in the kitchen. The catering manager attended prisoner consultation meetings, and a twice-yearly food survey was conducted; both of these mechanisms had resulted in changes being made in response to prisoner feedback

Purchases

Expected outcomes:

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

- 2.88** In our survey, only 35% of prisoners said that the prison shop sold a wide enough range of products to meet their needs, which was worse than the comparator (48%) and than at the time of the previous inspection (44%). However, good consultation was undertaken via the community action support team (CAST) meetings (see also paragraph 2.14) and had clearly resulted in changes to the product list in response to requests made.
- 2.89** New arrivals were offered a first night reception pack (a grocery pack which usually contains basic food and drink items such as tea, milk, sugar and tobacco or sweets), which they could pay for in instalments.
- 2.90** Prisoners were able to order goods from a wide range of catalogues. There was no backlog of orders but prisoners reported delays in accessing their delivered goods from reception.

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

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

- 3.1** There was an emphasis on maintaining a fully functioning regime, in spite of staff shortages. The amount of time unlocked for prisoners in full-time activities was good, at just over 10 hours a day on weekdays. Unemployed prisoners had just under four hours a day unlocked. The regime was reliable and delivered on time. All prisoners had evening association until 7.15pm on weekdays and this was rarely cancelled.
- 3.2** However, in our spot checks during the working day, we found nearly 25% of prisoners locked up, which was too many. Despite a robust attendance policy, there were too few activity places for some groups of prisoners, and for all prisoners appointments and informal activities were permitted to interfere with the working day (see paragraph 3.8 and paragraph 3.13).
- 3.3** Prisoners had outdoor exercise for one hour every evening. Exercise areas were mostly bare and uninviting, except for the one serving the therapeutic community. However, furniture for the other yards was soon to be installed.

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

Learning and skills and work activities

Expected outcomes:

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

3.4 Ofsted⁷ made the following assessments about the learning and skills and work provision:

Overall effectiveness of learning and skills and work: Good

Achievements of prisoners engaged in learning and skills and work: Good

Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment: Good

Personal development and behaviour: Good

Leadership and management of learning and skills and work: Good

Management of learning and skills and work

3.5 Led and supported by the governor, senior managers and the prison education provider, Novus, had collaborated well to change the curriculum to reflect the skills priorities for the prison population. Following a review of the provision, the proportion of functional skills courses, and the range and number of vocational qualifications had been increased, including the range of courses that sex offenders could attend. However, managers had not provided a wide enough range of activities for sex offenders, vulnerable prisoners or those on the segregation unit (see below). Strategies to incentivise prisoners to enrol on functional skills courses and to achieve had been introduced.

3.6 The quality of teaching, training, learning and assessment was monitored effectively, and managers regularly observed lessons and vocational training sessions. We found that the observation of teaching sessions had resulted in improvements in tutors' teaching practices, but the observation of vocational training had not led to sufficient improvements in instructors' training and assessment practices.

3.7 Self-assessment reports from both the prison and the education provider were comprehensive and broadly accurate. The action plan was detailed and a good tool for further improvements. The education self-assessment was informed by detailed course reviews, information gathered through quality assurance activities, such as audits of prisoners' work, and prisoners' feedback. Most of the recommendations made at the previous inspection had been achieved.

3.8 Much of the non-attendance was justified, by retirement, ill health and part-time working, and prisoners unwilling to engage in activities were managed robustly. However, we found

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

that around 40% prisoners were not engaged in core day activities at any one time. Attendance was often interrupted by a variety of appointments and alternative activities during the working day (see also paragraph 3.2).

Recommendation

- 3.9 Permitted personal activities during the working day should be minimised, to ensure that more prisoners attend their education and workplace.**

Provision of activities

- 3.10** The prison offered 590 full-time places, consisting of 363 employment places, 136 places for working on the wings and 91 full-time education places. There were sufficient activities to enable mainstream prisoners (around 70% of the total prison population) to engage in full- or part-time activities throughout the week. The amount and variety of activities for sex offenders and other vulnerable prisoners were inadequate (see below).
- 3.11** New prisoners received useful information during their induction about the opportunities available to them. Good partnership working between prison staff and Novus had improved the allocation of prisoners to learning and skills activities. This resulted in prisoners being directed to the most appropriate activity to help to support their longer-term employment objectives. Most prisoners started purposeful activities soon after their arrival, and allocation was fair and equitable.
- 3.12** The main education courses offered were functional skills at entry and levels 1 and 2 in English and mathematics. Novus also offered courses in peer mentoring, employability, personal and social development, art, information technology, hospitality and industrial cleaning. Around 16 prisoners were following Open University courses at the time of the inspection.
- 3.13** There were 13 well-equipped and managed work areas. Mainstream prisoners benefited from a wide range of work that helped them to gain useful job-specific experiences. For example, they developed vocational skills in catering, woodwork, waste management and tool hire maintenance. They were doing good work. Prisoners in tool hire maintenance workshops, a commercial contract between the prison and Speedy, a national tool hire company, took their responsibility for repairing items very seriously (see also paragraph 3.2).
- 3.14** The range of activities available for vulnerable prisoners, including sex offenders, prisoners in the residential support unit and those on the segregation unit, was not wide enough. Sex offenders attended education courses but they could only work in the textiles and Braille workshops or in the prison grounds. Other vulnerable prisoners could only work in the plastics workshop and had insufficient access to education courses.

Recommendation

- 3.15 The range and variety of activities for vulnerable prisoners, sex offenders and those on the segregation unit should be increased.**

Quality of provision

- 3.16** High-quality teaching, coaching, learning and assessment meant that most prisoners progressed well from some very low starting points. Tutors identified prisoners' starting points in English and mathematics appropriately during induction. Tutors and instructors had a good knowledge of prisoners' personal and learning difficulties, and supported them well. Prisoner mentors were used effectively to support the least-able prisoners.
- 3.17** Prisoners achieved well on accredited courses, including functional skills courses. Tutors were successful in adapting their teaching techniques to ensure that prisoners overcame their significant barriers to learning, and prisoners said that tutors and instructors were very helpful. They planned work carefully and used a wide range of learning activities, to ensure that individual prisoners learnt new concepts and were motivated in lessons. Practical and written tasks, group discussions and case studies were used to help prisoners to apply their learning. Most tutors made the lessons relevant to prisoners' future needs and interests – for example, they included activities relating to personal budgeting and renting accommodation. Prisoners on functional skills courses developed good skills in applying mathematics and English to real-life situations. Tutors in mathematics lessons were particularly effective in helping prisoners to recognise the practical applications of mathematics after release – for example, by demonstrating how to use multiple datasets to make decisions. The quality of teaching, learning and assessment on the Beacon unit was not good enough as repeated changes in tutors disrupted prisoners' learning.
- 3.18** Instructors in vocational skills demonstrated the use of software, production techniques and maintenance procedures patiently and carefully, so prisoners developed their vocational skills quickly. They coached well, so that prisoners felt confident to take on the available work. For example, prisoners in the Braille workshop had translated competently a large volume of books. Instructors were particularly successful in challenging the most-able prisoners to produce high standards of work. For example, on the catering course, prisoners participated regularly in competitions.
- 3.19** Most tutors set prisoners clear, individual, measurable learning targets and recorded well their progress against these targets. However, instructors offering vocational training did not provide clear learning or developmental targets, so prisoners in vocational training and prison work did not have a clear understanding about the skills that they needed to develop during each session. Instructors did not encourage prisoners to achieve their qualifications within acceptable timescales; as a result, prisoners took too long to complete their vocational qualifications.
- 3.20** Tutors were skilled in embedding English and mathematics in learning activities. In industrial cleaning, for example, prisoners used ratios to calculate relative volumes of cleaning solutions and water to achieve the appropriate dilution. However, instructors did not ensure that prisoners recognised the importance of good English and mathematics in their work.
- 3.21** Most instructors provided good feedback for prisoners to improve their work; however, a few tutors did not, which meant that a minority of prisoners on education courses did not know how to improve their work and did not achieve their full potential.
- 3.22** Tutors supported prisoners on Open University and distance learning well. Managers had implemented successful arrangements to enable sex offenders to take distance learning courses. Tutors used the virtual campus (internet access for prisoners to community education, training and employment opportunities) well to help prisoners with their development – for example, through facilitating access to Open University study materials.

Recommendations

- 3.23** Instructors should set sufficiently individualised and clear learning targets for prisoners in vocational training and work, so that they are clear about their achievements and complete their qualifications quicker.
- 3.24** Tutors should provide prisoners with effective feedback on how to improve their work, so that they achieve their full potential.

Personal development and behaviour

- 3.25** Most prisoners enjoyed attending activities, behaved well and were respectful in lessons, vocational training and work. They interacted well with each other and with instructors and tutors. Instructors and tutors challenged well and constructively the small minority of prisoners who had a poor attitude and did not behave well.
- 3.26** The education, training and work provision improved prisoners' self-confidence and communication skills. They took pride in their work and talked to us confidently about the vocational skills that they had gained. Those on education courses improved their employability skills, such as writing, listening and debating views in a calm and measured manner.
- 3.27** Prisoners felt safe when in education and work, and had a good understanding of health and safety issues. However, tutors did not ensure that prisoners on industrial cleaning courses had a good grasp of the importance of wearing protective equipment, so not all prisoners who undertook biohazard-related tasks wore eye protection.
- 3.28** Instructors did not encourage prisoners who attended prison work to take up vocational courses and gain qualifications, often because their expectations were too low. Prisoners in work were not sufficiently aware of the employability skills that they developed because instructors did not recognise and record the development of these, or of personal, English and mathematics skills.

Recommendations

- 3.29** Instructors should encourage prisoners in work to take up job-specific vocational courses and gain qualifications.
- 3.30** Instructors should recognise and record the development of prisoners' employability, personal, English and mathematics skills.

Education and vocational achievements

- 3.31** Most prisoners made good progress but those who did not regularly attend their education, training or work activities made less progress than expected. The proportion of prisoners who completed their functional skills courses was high. The small minority of prisoners who enrolled on job-specific vocational qualifications did not complete all of the units of their national vocational qualifications.
- 3.32** In 2015/16, achievements in functional skills in information and communication technology were low. In 2014/15 and 2015/16, the achievements of the small group of prisoners from a black and minority ethnic background were poor, and not as high as for white British

prisoners. Prison managers did not monitor systematically the achievements of different groups of prisoners in education, vocational training, work and the gym (see also section on equality and diversity).

- 3.33** Standards of prisoners' practical and written work were good. In vocational training and work, they developed good skills, often to industry standards, and a minority produced work of outstanding quality – for example, in woodworking. Prisoners took responsibility for planning and preparing food in the staff mess and prison kitchen.

Recommendation

- 3.34** **The achievements of different groups of prisoners in education, vocational training, work and the gym should be monitored systematically, to ensure that all groups of prisoners achieve well.**

Library

- 3.35** The library service was operated by Lancashire County Council, and offered morning, afternoon and evening sessions from Monday to Thursday.
- 3.36** Prisoners' access to the library and its resources was poor, mainly due to the lack of escorting staff. There was no induction to library facilities for new prisoners, and therefore new prisoners knew little about the facilities. Library staff did not collect and analyse information about the number and different groups of prisoners who used the library, so they could not take effective action to ensure equitable access for all prisoners.
- 3.37** The library was welcoming, well organised and planned, with areas for study. It stocked a wide range of books, including fiction, non-fiction, easy-read books, audio books, books for vocational subjects relevant to prison work and vocational training, and legal texts, as well as some books for the few foreign nationals held at the prison. Staff also provided a small collection of books on the segregation unit.
- 3.38** Library staff promoted reading for new and developing readers through a number of initiatives, such as reading groups, Turning Pages (a mentoring scheme to help prisoners learn to read) and Storybook Dads (in which prisoners record stories for their children). The number of prisoners who took part in these schemes was low.

Recommendations

- 3.39** **Prisoners' access to the library should be improved by the provision of effective arrangements for escort staff.**
- 3.40** **All new prisoners should have an effective induction to the library and its resources.**

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.

- 3.41** There were good indoor facilities including a sports hall, a weights room and a multi-purpose gym with several cardiovascular machines. However, there were no outdoor facilities for team sports and the pitch had not been used for many years. Prisoners also had access to a small range of cardiovascular equipment on each wing, although there were no clear arrangements to ensure that these facilities were maintained regularly.
- 3.42** Prisoners had a good induction to the PE facilities, which set out the expectations for good conduct and behaviour, and instructions on how to use the exercise equipment, although the arrangements for those using the exercise machines on the wings were not clear.
- 3.43** Prisoners had good access to the fitness equipment. There were well-planned timetables for using the gym facilities, so that each wing could attend two or more sessions each week. In our survey, more prisoners than at the time of the previous inspection said that they used the gym three or more times a week.
- 3.44** In response to referrals from the health care department, PE staff offered discrete exercise sessions for older prisoners and those who suffered from mental or physical health issues. However, staff did not collect and analyse information about the prisoners who attended gym sessions, so that they could ensure that all groups of prisoners benefited from the gym amenities.
- 3.45** The department was managed well. Following the recommendations from the previous inspection, PE staff had introduced a range of appropriate courses at levels 1 and 2. Only a small number of prisoners had enrolled on accredited courses in the gym but they were all progressing well towards completing their qualification.

Recommendations

- 3.46** **Outside team sports should be provided.**
- 3.47** **Arrangements for the maintenance of gym facilities on the wings should be clear.**
- 3.48** **Data on the usage of PE facilities should be analysed, to identify if any particular groups of prisoners are not accessing them. An effective strategy should be developed to address any issues that are identified.**

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** A good analysis of needs, according to a range of demographics, including age and ethnicity, had been undertaken in 2016. Evidence from various sources had been used, including a prisoner survey, electronic case notes and the minutes of resettlement pathway meetings. This provided a useful exploration of the needs within the prison, to establish if the range of interventions under each resettlement pathway was appropriate. However, the specific and possibly different needs of groups of prisoners, such as indeterminate-sentenced prisoners (ISPs) and sex offenders, had not been analysed separately, to determine if they required different types of support and intervention.
- 4.2** The results of the needs analysis were included in the action plan, which was updated regularly. A bimonthly committee was held to oversee the action plan and ensure that progress was being achieved as intended. The committee was reasonably well attended and chaired by the head of reducing reoffending. However, the reducing reoffending strategy was slightly out of date and did not fully reflect the needs analysis or the current provision at the establishment.

Recommendation

- 4.3** The needs analysis should explore the specific and potentially different needs of sex offenders and indeterminate-sentenced prisoners across each resettlement pathway and in relation to offender management.

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.

- 4.4** Three-quarters of the population were assessed as presenting a high risk of harm to others and all were serving long sentences, with a large proportion being ISPs or sex offenders. Half of the population had been convicted of a violent offence, many of whom had been convicted of murder.
- 4.5** Far too many prisoners (79 out of the 218 new receptions in the previous six months) arrived at the establishment without an initial offender assessment system (OASys) assessment or a basic custody screening and plan. The offender management unit (OMU) worked hard to try to address this gap but it was a significant drain on their resources. Despite this considerable effort, about 28 prisoners at the time of the inspection still did not have an OASys assessment. In addition, OASys reviews were not undertaken often enough

or following changes in circumstances, with some being considerably out of date, even in high-risk cases.

- 4.6** Just over half of the 12 cases we examined had a sufficient and timely assessment of the likelihood of reoffending. The deficiencies we found in some included an assessment which was simply a duplicate of an earlier and inaccurate assessment, and a case where the prisoner had been at the establishment for seven months without an assessment of his risks and needs, even though he had displayed some highly aggressive behaviour.
- 4.7** In our survey, more prisoners than at similar prisons knew their offender supervisor. The focus on prisoner progression had improved and the level of contact was now adequate overall. In most of the cases we looked at, the prisoner was engaged with their sentence plan, demonstrating progress on at least some objectives, and could describe the plan and their efforts to complete the work identified.
- 4.8** However, levels of contact between offender supervisors and the prisoners in their care were too variable in some cases, particularly where the prisoner was reluctant to address his offending behaviour. In some of these cases, there was too little effort to try to engage the prisoner in a structured plan for progression. While some offender supervisors were confident in determining the frequency of contact, this was not consistent across the team and some prisoners received too little.
- 4.9** The different functions within the OMU worked well together and a specialist public protection team included four probation officers, who were well trained. Most offender supervisors we met were sufficiently confident and clear about their role. The 10 uniformed staff in the OMU were dedicated to the role, no longer having an additional function as an operational manager on the wings. Last-minute cross-deployment continued, but to a much lesser extent than at the time of the previous inspection. While this was an improvement, the last-minute nature of the cross-deployment meant that some planned tasks had to be cancelled at short notice or covered by colleagues, which had an impact on outcomes for prisoners.

Recommendations

- 4.10 All prisoners should have an up-to-date offender assessment system (OASys) assessment and a high-quality sentence plan which are reviewed following a significant change in the prisoner's situation.** (Repeated recommendation 4.13)
- 4.11 The frequency and type of contact with offender supervisors should be based on the prisoner's level of risk and need. It should provide meaningful engagement and encouragement to progress, alongside appropriate offence-focused work.**

Public protection

- 4.12** A large proportion of prisoners presented a risk of harm to children or others, so the volume of public protection work was high. Cases were allocated appropriately to the public protection team in the OMU, who managed the application of restrictions on contact. Processes on arrival and following an application for child contact were well managed and restrictions were removed when possible.
- 4.13** The purpose and focus of the interdepartmental risk management team meetings were clear. Attendance was variable at times but it remained an effective process through which to develop release plans and manage the more complex cases.

- 4.14** Well over half of the population were eligible for multi-agency public protection arrangements (MAPPA). Good attention was given to confirming prisoners' MAPPA level well ahead of their release, to ensure appropriate release and risk management planning. The MAPPA reports we reviewed were of a variable quality, with some failing to analyse recent behaviour well enough and over-relying on copying information from OASys assessments.
- 4.15** Risk of serious harm screenings were adequate in most of the cases we examined. The full analysis tended to be better but some were purely descriptive and insufficiently analytical, failing to include some risky behaviour in custody. Too many risk management plans failed to address the prisoner's risks in custody as well as on release, and some were based on an old OASys assessment, reflecting the prisoner's risks at their previous prison.

Recommendation

- 4.16** **The quality of risk of harm analysis, management plans and MAPPA reports should be improved, to achieve a consistently high standard.** (Repeated recommendation 4.22)

Categorisation

- 4.17** Most of the population were category B prisoners, with a few who were category C, many of whom were participating in the Beacon unit programme (see paragraph 4.48).
- 4.18** Categorisation reviews were up to date and processes were sound. The review was completed by the prisoner's offender supervisor and the recommendation was overseen appropriately by a manager. The prisoner could contribute in writing to the review, and a wide range of data informed the assessment. The assessments recommending recategorisation to category C were quality assured by the head of the OMU, to ensure that the decisions were robust.
- 4.19** On average, 28 prisoners a month were moved out of the establishment. Transfers were pursued proactively and most category C prisoners did not wait long to progress. However, some category B prisoners, particularly sex offenders who were in denial of their offending, stayed too long at the establishment owing to the lack of places nationally.
- 4.20** It was also proving difficult to ensure that prisoners in the last three months of their sentence were moved to a local resettlement prison, to access more services in preparation for release. Often, the receiving prison refused to accept the prisoner, even though it was their local designated resettlement prison. The OMU put considerable effort into ensuring that a place was found for these prisoners, and this often involved escalating the issue to a governor to take it forward.

Recommendation

- 4.21** **Prisoners requiring a transfer on from HMP Garth should be moved without delay, in order to support their sentence plan delivery and progression, and enable them to receive resettlement support in preparation for their release.**

Indeterminate sentence prisoners

- 4.22** The establishment held 292 ISPs at the time of the inspection (210 serving a life sentence and 82 an indeterminate sentence for public protection (IPP)). Compared with our findings at the previous inspection, offender supervisors were now more confident in managing these cases.
- 4.23** Many IPP prisoners were being held past their sentence tariff date, with some many years beyond it (33 out of 58 were five or more years beyond their tariff date, and five of these were 10 years over). ISPs could access the same provision as other prisoners but some of the sex offenders had been assessed as too low risk for the sex offender treatment programme (SOTP) and some others were too far into denial to take part (see section on attitudes, thinking and behaviour).

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.

- 4.24** The establishment was not designated as a resettlement prison and so did not have onsite community rehabilitation company provision. Few prisoners were released into the community, with only seven in the previous six months, following a direction from either the parole board or MAPPA meeting. Considerable efforts were made to ensure that others due for release were transferred to their local prison, to access more resettlement help (see section on categorisation).
- 4.25** There was therefore little demand for resettlement work in relation to accommodation, education, training and employment, and finance. Individualised plans were developed in conjunction with the offender manager and others for the few being released.
- 4.26** Prisoners were seen by their offender supervisor within 10 days of arrival, so any immediate needs could be identified at that point and action taken to address them.

Accommodation

- 4.27** Offender supervisors could provide some accommodation advice and signposting on arrival. A European Social Fund project was available to give information about approved probation hostels, and the few prisoners released from the establishment in the previous six months had gone into a hostel as part of their risk management release plan.

Education, training and employment

- 4.28** The quality of the National Careers Service (NCS) provided by Careers Connect, through a subcontract with Manchester Growth Company, was good. Effective links had formed between prison staff, the education provider and the NCS, and these helped to provide prisoners with good access to education and training, improving their prospects for employment after release.
- 4.29** There was good careers advice and action planning for employment and training throughout prisoners' time at the prison. NCS staff produced a skills action plan containing appropriate short-, medium- and long-term education and training targets for each prisoner. This was

reviewed at an annual one-to-one meeting with them. Prison and education staff uploaded information on prisoners' qualifications, including the results of their assessments in English and mathematics, onto the 'Learner Records Service', which made this information available electronically to staff in receiving prisons on transfer.

- 4.30** Since the previous inspection, access to the virtual campus (internet access for prisoners to community education, training and employment opportunities) had improved substantially. Prisoners using this received good individual support and many improved their prospects as a result.

Health care

- 4.31** Prisoners being released from the establishment were generally seen by health services staff a couple of weeks before discharge to ensure continuity of care, although we found some instances where this had not occurred. The mental health team liaised appropriately with community services.
- 4.32** There was a trust policy for palliative and end-of-life care. No prisoner had required these services since the previous inspection, and we were told that such prisoners would be transferred to another prison for inpatient care.

Drugs and alcohol

- 4.33** The Building Futures team worked with prisoners with substance misuse issues to devise plans for their release, and more commonly their recategorisation and transfer. This included many components of release planning, including overdose awareness reminders and relapse prevention advice.
- 4.34** Family work was developing, with family-focused group-work and effective links with Families and Loved-Ones Accessing Mutual Emotional Support (FLAMES). This community-based service provided by Phoenix Futures supported family members affected by prisoners' substance use. Support included community groups and one-to-one and peer support for the prisoners' family members.

Finance, benefit and debt

- 4.35** There was little provision to deal with debt issues on arrival, and the prison's needs analysis suggested that debts and money worries were problems for about 20% of the population. Offender supervisors did not feel equipped to deal with debt problems, and money management training, provided through an education course, had ended. A small-scale project, supported by the European Social Fund, had provided some basic signposting, in relation to debt management, to an average of two prisoners a month over the previous six months.

Recommendation

- 4.36** **Provision of money management training and debt advice should meet the needs of the prison population.**

Children, families and contact with the outside world

- 4.37** A large proportion of the long-term population was located far from home, and there was insufficient support available to help these prisoners to build or sustain relationships with their families. Some new measures, such as a parenting course, homework club, prison tours for family members and the offer of extra telephone credit to prisoners who never received visits, had yet to materialise.
- 4.38** However, family days had been reintroduced with some success. There had been six since the summer of 2016, including provision for prisoners on F and G wings. Consultation was improving, including a survey of prisoners attending family days, and the governor had spent time talking to families in the visitors centre. The Discover team (see section on substance misuse) routinely involved family members in prisoners' substance misuse treatment.
- 4.39** Website information about visiting hours and booking line availability was out of date. Visitors complained of significant difficulties in accessing the telephone booking line, which was open for only two and a half hours a day from Monday to Thursday and for one hour on Fridays, and the line was permanently engaged when we tried to call. Visitors were also able to book via email.
- 4.40** The visitors centre, run by Partners of Prisoners (POPS), had a friendly atmosphere but was shabby. It contained a children's play area and refreshments could be purchased. Centre staff offered basic advice about the visits process but offered no additional welfare or family support. POPS also ran family forums, to obtain visitors' feedback.
- 4.41** The visits process was not well managed. Visitors were offered minimal guidance by supervising prison staff on the way to the visits hall, and far too many were allowed into the security airlock at once, causing overcrowding. Visits consistently started 15 or 20 minutes late while visitors waited for the prisoner to be brought to the hall. Visits also regularly finished before 4pm, the published visits end time, so visitors often saw the prisoner for less than an hour and a half.
- 4.42** The visits hall was brightly lit but very noisy when full. The café, provided by the learning and skills department and staffed by prisoners, was reasonably priced, very popular and praised by visitors. POPS provided a supervised children's play area.

Recommendations

- 4.43** **The children and families provision should be improved and expanded to reflect the needs of a long-term population.**
- 4.44** **Access to the visits hall should be improved, to avoid unnecessary delays in the start of visits.** (Repeated recommendation 4.54)

Attitudes, thinking and behaviour

- 4.45** There was a good, and appropriate, range of accredited programmes available, with the thinking skills programme, RESOLVE, the healthy relationships programme, the self-change programme and the core SOTP delivered throughout the year. The new Horizon programme had been piloted earlier in 2016 and was due to replace the core SOTP. This programme looked promising as it could include some prisoners who were minimising or denying parts of their offending behaviour. Places on the accredited programmes were prioritised well.

- 4.46** Too many sex offenders had not been able to complete offence-focused work through the core SOTP owing to their low risk of reconviction or high level of denial. We estimated that about 60% of the sex offender population were unsuitable and there was little else available, which meant that many of them did not receive any offence-focused work during their time at the establishment.
- 4.47** A strategy to manage those in denial of their offending had been developed but we found that it was not always put into practice. In some cases, there had been no or too little motivational work with the prisoner to reduce the level of denial or overcome other obstacles to participation.
- 4.48** The prison and Mersey Care NHS Trust co-delivered a three-year psychologically informed residential programme on the Beacon unit for up to 48 prisoners with a personality disorder trait that was linked to their offending. Nine prisoners had successfully completed the programme since its inception in February 2014 and a further 41 prisoners were undertaking the programme at the time of the inspection. The programme offered a wide range of individual and group interventions within the national Offender Personality Disorder Pathway aimed at reducing reoffending and risk. Most residents we spoke to were positive about the support they received.
- 4.49** There were two victim awareness programmes provided by the chaplaincy: Supporting Offenders through Restoration Inside (SORI) and the Sycamore Tree programme. In addition, the Lancashire Victim Support Group was due to start delivering another restorative justice intervention. The Sycamore Tree programme was being piloted with prisoners who had created victims through bullying and violence while in custody, which was a useful focus for developing some victim awareness.

Recommendation

- 4.50 All sex offenders should undertake appropriate offence-focused work.**

Section 5. Summary of recommendations and good practice

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

Main recommendations

To the governor

- 5.1 A clear strategy and plan to reduce the levels of violence should be introduced. The effectiveness of actions to reduce violence should be monitored. (S55)
- 5.2 Greater managerial oversight and accountability of the segregation unit should be put in place, to ensure that all prisoners receive a basic regime and effective case management. (S56)
- 5.3 Staff presence and the supervision of all prisoner areas should be improved. Consistent and confident staff–prisoner relationships should be embedded which set clear expectations on behaviour of staff and prisoners. (S57)
- 5.4 Management oversight of diversity should be prioritised, to ensure that the needs of all prisoners from minority groups are identified, assessed and met, and that any negative perceptions of particular groups are understood and addressed. (S58)
- 5.5 Prisoners should be able to access all primary care and hospital services within community-equivalent waiting times. (S59)

Recommendation

to HMPPS

Offender management and planning

- 5.6 Prisoners requiring a transfer on from HMP Garth should be moved without delay, in order to support their sentence plan delivery and progression, and enable them to receive resettlement support in preparation for their release. (4.21)

Recommendations

to the governor

Courts, escort and transfers

- 5.7 New receptions should only be handcuffed if it is necessary and proportionate. (1.3, repeated recommendation 1.8)

Early days in custody

- 5.8 Cells for new arrivals should be well prepared and contain all necessary equipment. (1.11)

- 5.9** The contribution by prisoners to inducting new arrivals should be supported by clear staff direction, oversight and recording. (1.12)

Self-harm and suicide

- 5.10** There should be a systematic exploration of the reasons for prisoners' self-harming, to inform an action plan for preventing further incidents. (1.27)
- 5.11** Investigations into incidents of life-threatening self-harm should include scrutiny of the actions taken by staff to prevent or minimise risk of harm. (1.28, repeated recommendation 1.44)
- 5.12** The use of the constant observation cell in segregation should cease. (1.29, repeated recommendation 1.42)

Security

- 5.13** Strip-searching on entry to the segregation unit should be proportionate and reflect the risk presented. (1.43)
- 5.14** Closed visits should be managed properly, removed at the earliest opportunity and used only for incidents related to visits. (1.44)

Incentives and earned privileges

- 5.15** The incentives and earned privileges scheme should be used proportionately by staff to address routine challenging antisocial behaviour and to incentivise positive behaviour (1.47).

Discipline

- 5.16** All documentation relating to use of force should be fully completed. (1.52)

Residential units

- 5.17** The older units, including shower areas, should be refurbished. Showers and toilets on all units should be properly screened to provide privacy. (2.6)
- 5.18** Single cells should not be used to accommodate two prisoners. (2.7, repeated recommendation 2.10)
- 5.19** Applications should be made confidentially and responses should be monitored, to ensure that they are timely and helpful. (2.8)
- 5.20** Prisoners should have ready access to adequate clean and suitable clothing and other basic essentials. (2.9)
- 5.21** Prisoners should be able to access their stored property promptly. (2.10)

Equality and diversity

- 5.22** A professional telephone interpreting service should be used for all prisoners requiring it, particularly in circumstances where confidentiality and accuracy are critical. (2.26, repeated recommendation 2.35)

5.23 Prisoner carers should be trained and operate under clear guidance. (2.27)

Complaints

5.24 The monitoring of complaints data should include protected characteristics, and any potential inequalities should be referred to the equality action team meeting. (2.37)

Legal rights

5.25 Legal visit rooms should provide better privacy. (2.40)

Health services

- 5.26** Health care delivery should be informed by a current health and social care needs assessment. (2.51)
- 5.27** All clinical environments should comply with infection control standards, and the size, ventilation and décor of the waiting area should be appropriate. (2.52)
- 5.28** Responses to health care complaints should consistently address all issues raised. (2.53)
- 5.29** Prisoners should have easy access to health promotion services, including barrier protection and smoking cessation, and relevant regularly updated health promotion information. Older prisoners should receive regular individualised health checks. (2.54)
- 5.30** Prisoners with life-long conditions should receive regular reviews which generate an evidence-based care plan, delivered by appropriately trained and supervised staff. (2.61, repeated recommendation 2.78)
- 5.31** The prescribing and administration of medicines should ensure that opportunities for diversion and bullying are reduced. (2.69)
- 5.32** Prisoners should receive their required medicines in a timely manner, with good supervision from discipline staff to ensure adequate privacy. (2.70)
- 5.33** Prisoners who do not attend for prescribed medication should be followed up systematically, within a well-understood policy. (2.71)
- 5.34** The dental X-ray equipment should be maintained appropriately. (2.74)
- 5.35** All discipline officers should receive mental health awareness training, to enable them to recognise and support prisoners with mental health problems. (2.81)
- 5.36** Patients requiring a transfer under the Mental Health Act should be assessed promptly and transferred within the current NHS transfer guidelines. (2.82)
- 5.37** Prisoners with social care needs should be assessed within the agreed timescales and have their identified needs met in a timely manner. (2.84)

Learning and skills and work activities

5.38 Permitted personal activities during the working day should be minimised, to ensure that more prisoners attend their education and workplace. (3.9)

- 5.39** The range and variety of activities for vulnerable prisoners, sex offenders and those on the segregation unit should be increased. (3.15)
- 5.40** Instructors should set sufficiently individualised and clear learning targets for prisoners in vocational training and work, so that they are clear about their achievements and complete their qualifications quicker. (3.23)
- 5.41** Tutors should provide prisoners with effective feedback on how to improve their work, so that they achieve their full potential. (3.24)
- 5.42** Instructors should encourage prisoners in work to take up job-specific vocational courses and gain qualifications. (3.29)
- 5.43** Instructors should recognise and record the development of prisoners' employability, personal, English and mathematics skills. (3.30)
- 5.44** The achievements of different groups of prisoners in education, vocational training, work and the gym should be monitored systematically, to ensure that all groups of prisoners achieve well. (3.34)
- 5.45** Prisoners' access to the library should be improved by the provision of effective arrangements for escort staff. (3.39)
- 5.46** All new prisoners should have an effective induction to the library and its resources. (3.40)

Physical education and healthy living

- 5.47** Outside team sports should be provided. (3.46)
- 5.48** Arrangements for the maintenance of gym facilities on the wings should be clear. (3.47)
- 5.49** Data on the usage of PE facilities should be analysed, to identify if any particular groups of prisoners are not accessing them. An effective strategy should be developed to address any issues that are identified. (3.48)

Strategic management of resettlement

- 5.50** The needs analysis should explore the specific and potentially different needs of sex offenders and indeterminate-sentenced prisoners across each resettlement pathway and in relation to offender management. (4.3)

Offender management and planning

- 5.51** All prisoners should have an up-to-date offender assessment system (OASys) assessment and a high-quality sentence plan which are reviewed following a significant change in the prisoner's situation. (4.10, repeated recommendation 4.13)
- 5.52** The frequency and type of contact with offender supervisors should be based on the prisoner's level of risk and need. It should provide meaningful engagement and encouragement to progress, alongside appropriate offence-focused work. (4.11)
- 5.53** The quality of risk of harm analysis, management plans and MAPPA reports should be improved, to achieve a consistently high standard. (4.16, repeated recommendation 4.22)

Reintegration planning

- 5.54** Provision of money management training and debt advice should meet the needs of the prison population. (4.36)
- 5.55** The children and families provision should be improved and expanded to reflect the needs of a long-term population. (4.43)
- 5.56** Access to the visits hall should be improved, to avoid unnecessary delays in the start of visits. (4.44, repeated recommendation 4.54)
- 5.57** All sex offenders should undertake appropriate offence-focused work. (4.50)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Alison Perry	Team leader
Sandra Fieldhouse	Inspector
Andrew Rooke	Inspector
Jonathan Tickner	Inspector
Beverley Alden	Inspector
Gordon Riach	Inspector
Patricia Taflan	Researcher
Emma Seymour	Researcher
Ellis Cowling	Researcher
Helen Ranns	Researcher
Paul Roberts	Substance misuse inspector
Majella Pearce	Health services inspector
Rachel O'Callaghan	Pharmacist
Cat Raycraft	Care Quality Commission inspector
Shahram Safavi	Ofsted inspector
Mary Devane	Ofsted inspector
Sheena Maberly	Ofsted inspector
Martyn Griffiths	Offender management inspector
Iolo Madoc-Jones	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 2014, reception processes were inadequate. First night conditions were poor and there was little support for new arrivals. Induction was unstructured, with little staff oversight. Most prisoners told us they felt safe but there was an accelerating increase in the number of violent incidents and a significant minority of prisoners sought protection in various parts of the prison with no clear strategy for their management. Good arrangements had been made to keep the newly arrived sex offender population safe. Suicide and self-harm arrangements were variable. Security was mostly proportionate and well managed but drug and alcohol availability was high. Governance of use of force, including use of the special cell, was poor. Prisoners spent too long in poor conditions in the segregation unit. Substance misuse services were good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

All new prisoners should be interviewed and assessed, including by health services staff, before being located on the induction wing. The induction wing should be dedicated to newly arrived prisoners and cells should be clean and prepared. New arrivals should be supported by staff and peer workers during their first night. (S44)

Partially achieved

The conditions and regime of the segregation unit should be improved. Prisoners should have the reasons for their segregation addressed and timely plans made for reintegration or transfer. (S45)

Not achieved

Recommendations

Journeys to the establishment should not include unnecessary overnight stops at other prisons. (1.6)

Not achieved

Reception opening times should be sufficient to ensure the timely entry and processing of prisoners into the prison. (1.7)

Not achieved

New receptions should only be handcuffed if it is necessary and proportionate. (1.8)

Not achieved (recommendation repeated, 1.3)

Prisoners' property should be stored securely at all times. (1.15)

Achieved

Prisoners arriving from other prisons should only be strip-searched if there is intelligence to support it. (1.16)

Achieved

The first night/induction landing should not be used as a location for prisoners who are difficult to locate elsewhere or to reintegrate prisoners from the segregation unit. (1.17)

No longer relevant

The induction process should be recorded and progress tracked. (1.18)

Achieved

The challenging antisocial behaviour process should set meaningful targets which are aimed at changing the behaviour of prisoners involved in violence and bullying, based on an assessment of their needs, and are monitored. (1.26)

Not achieved

The prison should develop a strategy for reducing the number of prisoners who cannot safely live on normal location and for ensuring that those who do not feel safe have equitable access to a constructive regime and progression in their sentence. (1.27)

Achieved

Sex offender prisoners should have equitable access to education, vocational training, the gym and library facilities. (1.32)

Achieved

Assessment, care in custody and teamwork (ACCT) case management and interaction should be of a consistently high quality. (1.41)

Achieved

The use of the constant observation cell in segregation should cease. (1.42)

Not achieved (recommendation repeated, 1.29)

The segregation of prisoners subject to ACCT monitoring should only happen in exceptional circumstances, following documented authorisation by a senior manager. (1.43)

Achieved

Investigations into incidents of life-threatening self-harm should include scrutiny of the actions taken by staff to prevent or minimise risk of harm. (1.44)

Not achieved (recommendation repeated, 1.28)

Prisoners should be able to speak to a Listener at any time. (1.45)

Achieved

Work undertaken by the governor in conjunction with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to establish local safeguarding processes should be developed further. (1.48)

Achieved

The management oversight of use of force and the use of the special accommodation should be improved. (1.66)

Partially achieved

The substance misuse strategy committee should oversee a strategic action plan, ensure coordinated working between departments and include representatives from the security department. (1.79)

Achieved

The drug recovery wing should not be undermined by the location of prisoners not on the recovery programme. (1.80)

No longer relevant

E wing (the therapeutic community and recovery unit) should be staffed by consistently deployed officers who have been specially selected and trained for the task. (1.81)

Not achieved

Prescribing regimes for drug dependency should be flexible, individualised and reflect national guidance. (1.82)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2014, conditions on the residential units were mostly good but many showers were in a poor condition. Prisoners were relatively negative about relationships with staff, which were undermined by a lack of continuity of staff on the wings. The management of equality and diversity was weak, and data on the treatment and conditions of minority groups were not analysed, leaving the prison ill-equipped to explain the concerning results in our survey for black and minority ethnic prisoners, Muslim prisoners and those with disabilities. Faith provision was reasonable. Prisoner applications and complaints were poorly managed. Health services were adequate and mental health provision very good. Food and prison shop arrangements were mostly good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

The needs of prisoners with protected characteristics should be promptly identified and met through individual assessment, regular direct consultation with minority groups, effective care planning and monitoring. (S46)

Not achieved

Recommendations

The showers on the older wings should be refurbished and provide privacy. (2.9)

Not achieved

Single cells should not be used to accommodate two prisoners. (2.10)

Not achieved (recommendation repeated, 2.7)

Applications should be monitored and responses should be helpful and received within three days. (2.11)

Not achieved

Prisoners' telephone numbers should be verified and, if suitable, added to their accounts within one week. (2.12)

Not achieved

Mail should be delivered to prisoners within one day of its arrival. (2.13)

Achieved

Prisoners' negative perceptions of staff should be explored and action taken to improve staff–prisoner relationships. (2.19)

Achieved

There should be clear responses to concerns raised by prisoners in consultation, outlining the action taken. (2.20)

Achieved

A professional telephone interpreting service should be used for all prisoners requiring it, particularly in circumstances where confidentiality and accuracy are critical. (2.35)

Not achieved (recommendation repeated, 2.26)

Prisoner carers should be paid for the role. (2.36)

Achieved

Prisoners on the reintegration unit (D1) should have the opportunity to attend corporate worship routinely. (2.44)

No longer relevant

A formal quality assurance process should be in place to ensure that all responses to complaints are timely and of good quality. (2.48)

Achieved

Advice and support from trained dedicated staff should be available for prisoners who require access to legal processes. (2.64)

Achieved

All professionally registered staff should undertake clinical supervision. (2.65)

Achieved

All clinical environments should comply with infection control standards. (2.66)

Not achieved

Waiting times for primary health care services should be the equivalent to those in the community. (2.67)

Not achieved

Prisoners requiring emergency first aid out of hours should have prompt access to appropriately trained staff and sufficient well-maintained equipment, including defibrillators. (2.68)

Achieved

The health care complaints system should be well advertised and maintain medical confidentiality, and responses should consistently address all the issues raised. Learning from informal and formal complaints should inform service delivery. (2.69)

Partially achieved

There should be an integrated strategy to promote health and well-being among the prisoner population, including easy access to barrier protection. (2.70)

Not achieved

The health needs of all older prisoners should be addressed as part of an ongoing programme of work that offers regular health checks and practical support. (2.71)

Not achieved

All new arrivals should receive a comprehensive health assessment within 72 hours. (2.77)

Achieved

Prisoners with life-long conditions should receive regular reviews which generate an evidence-based care plan, delivered by appropriately trained and supervised staff. (2.78)

Not achieved (recommendation repeated, 2.61)

Prisoners should attend external hospital appointments within clinically appropriate timeframes. (2.79)

Not achieved

There should be greater access to a clinical pharmacist onsite to enable more opportunities for prisoners to access specialist advice and support. (2.87)

Partially achieved

Medicine storage in the treatment room supporting F and G wings should meet statutory requirements. (2.88)

Achieved

Medication administration should be well supervised by discipline staff and be conducted in private. (2.89)

Not achieved

All prisoners should be able to access routine dental appointments within six weeks and have timely access to subsequent dental treatment. (2.94)

Not achieved

Mental health provision should include timely access to clinical psychology services. (2.100)

Achieved

Patients requiring a transfer under the Mental Health Act should be transferred within the current transfer guidelines. (2.101)

Not achieved

Breakfast packs should be issued on the day of consumption and there should be sufficient food for all prisoners. (2.106)

Not achieved

The prison should develop more meaningful consultation about food with prisoners. (2.107)

Achieved

There should be no administration charge for catalogue orders. (2.113)

Not achieved

Purposeful activity

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

At the last inspection, in 2014, the restricted regime, introduced as a result of staff shortages, reduced prisoners' time unlocked and access to activities. Most prisoners could attend education and work for only three and a half days a week. There were sufficient, suitable learning and skills and work places available but not all places were fully utilised. The quality of teaching and learning and coaching was good. Prisoners achieved well but the take-up of vocational awards at work was low. Peer workers were used effectively across the provision. The library and recreational PE were good but access was problematic. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

Staff shortages should be addressed as a matter of urgency to enable the restricted regime to be lifted and for prisoners to have full access to learning and skills and work activities during the week and increased time unlocked and association. (S43)

Achieved

Recommendations

Prisoners should have evening association during the week. (3.6)

Achieved

Prisoners should be offered one hour of outdoor exercise a day and exercise yards should be equipped with seating. (3.7)

Achieved

The prison should ensure that it makes effective arrangements with The Manchester College to implement its strategy for all prisoners to achieve English and mathematics qualifications at level 1. (3.16)

Achieved

Most education courses should have flexible or frequent start dates to make efficient use of capacity. (3.22)

Achieved

All teachers should plan learning to meet individual prisoners' needs. They should routinely set individualised, specific and challenging targets that promote good progress for learners. (3.30)

Partially achieved

Security clearance and connectivity issues should be resolved to enable the virtual campus to be used to its full capacity to support learning. (3.31)

Achieved

The prison should ensure the full employment of wing workers during the core working day and ensure that they obtain qualifications associated with their work. (3.32)

Partially achieved

Prisoners' participation rates in, and the progress they made towards achieving, accredited work-based qualifications should be increased. (3.38)

Achieved

Prisoners should be able to access the main library regularly, and the library serving the vulnerable prisoner wings should be reliably available. (3.42)

Not achieved

The Network reading programme should be reinstated. (3.43)

Achieved

Fitness equipment on residential wings should be available to all prisoners, including the sex offender population, and the equipment should be routinely monitored by appropriately qualified staff. (3.49)

Partially achieved

Appropriate accredited PE qualifications should be available. (3.50)

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 2014, the strategic management of resettlement was reasonably good but lacked an up-to-date needs analysis. Offender supervisor vacancies, routine cross-deployment and the limited training of some offender supervisors led to inadequate offender management. Public protection arrangements for the increasingly complex population were generally sound. Recategorisations and approved transfers were delayed. Demand for most resettlement services was low. Needs were assessed and most pathway provision was good but work with children and families was underdeveloped. The range of offending behaviour work was good and the newly developed Beacon unit for prisoners with personality disorders was promising. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

All prisoners should have regular access to an offender supervisor who is confident and experienced in managing risk of harm and who provides support, motivation and challenge, and actively monitors progression. (S47)

Partially achieved

Recommendations

A comprehensive needs analysis which takes account of the sex offender population should inform resettlement provision. A strategy should set out a detailed plan for offender management which places it at the heart of reducing reoffending, and the action plan should be regularly and fully updated to evidence progress against priorities. (4.5)

Achieved

All prisoners should have an up-to-date offender assessment system (OASys) assessment and a high-quality sentence plan which are reviewed following a significant change in the prisoner's situation. (4.13)

Not achieved (recommendation repeated, 4.10)

The frequency and quality of contact between offender supervisors and prisoners should be monitored by a manager. (4.14)

Achieved

P-Nomis should be the central recording system. (4.15)

Achieved

Evidence of the review of the multi-agency public protection arrangements (MAPPA) level should be recorded at least eight months before release. (4.21)

Achieved

The quality of risk of harm analysis, management plans and MAPPA reports should be improved, to achieve a consistently high standard. (4.22)

Not achieved (recommendation repeated, 4.16)

Prisoners should be clearly told what they can do to demonstrate a reduction in risk, in time for their next recategorisation review. (4.27)

Achieved

Transfer of prisoners should be actively pursued to avoid unnecessary delays. (4.28)

Achieved

The specific needs of indeterminate-sentenced prisoners (ISPs) should be analysed and appropriate provision made. (4.31)

Not achieved

Offender supervisors should be trained in the management of ISPs. (4.32)

Achieved

The children and families provision should be improved, based on evidence of the needs of the population. This should include regular family days and other ways of promoting and supporting contact with children and families. (4.52)

Not achieved

Visits booking systems should be expanded. (4.53)

Achieved

Access to the visits hall should be improved, to avoid unnecessary delays in the start of visits. (4.54)

Not achieved (recommendation repeated, 4.44)

The number of sex offender treatment programme places required should be more clearly evidenced and a strategy for managing those not suitable for the programme should be developed. (4.59)

Achieved

Appendix III: Care Quality Commission Requirement Notice



Requirement Notices

Provider: Lancashire Care NHS Foundation Trust

Location: Sceptre Point

Location ID: RW5HQ (HMP Garth)

Regulated Activities: Treatment of disease, disorder, or injury, diagnostic and screening, nursing care and personal care.

Action we have told the provider to take

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

Regulation 9-Person centred care

We found that the registered person had not ensured that the care and treatment of service users were appropriate, or ensured they met their needs or reflected their preferences.

This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation is not being met:

We found that there were unacceptable waiting times to see health professionals. There were 73 people on the smoking cessation list and four of these had been waiting over a year. There were 119 people waiting to see a GP for a routine appointment. Of these 22 had waited more than four weeks until their routine appointment. The dental waiting list contained 75 people: we anticipated that 25 of these patients would have waited in excess of 8 weeks to be seen.

We also found examples of where people with significant needs as a result of their medical conditions had no care plan in place or that the care plan had not been reviewed regularly. For example, we found a case where a person had a facial injury and was deemed at risk of losing his sight but no plan of care was in place, and a person with epilepsy with a recent history of seizures whose care plan had not been updated since April 2014. Another example we found was a person with complex needs and although a care plan had been put in place, tasks were not being completed in line with the plan. The absence of a care plan, or regular review meant that the provider could not be sure that care and treatment given was appropriate,

met the person's needs or reflected their preferences.

We found that the needs of people with long term conditions and older persons were not being effectively monitored and targeted support was not provided. There was no systematic process for the recall of patients for necessary reviews and limited specialist roles from within the healthcare team to carry out these checks.

Regulation 12-Safe care and treatment

We found that the registered person had not ensured that care and treatment was provided in a safe way for service users. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation is not being met:

The risks associated with the proper and safe management of medicines were not identified or mitigated effectively. There was a lack of confidentiality during medication administration and poor supervision of people taking their medication (other than methadone administration) which also increased the risks associated with diversion of medication.

We found that evening medications were administered at 14.30 hours in the segregation unit. These early administration times could result in the following depending on the medication: Ineffective levels of antibiotics in the person leading to infections not responding to the treatment and increasing antibiotic resistance, inadequate pain relief for patients due to administration timescales and medication to aid sleep or those that have a sedative effect may be taken too early in the day resulting in people being sleepy during the evening rather than at night.

We found an oxygen canister stored loose on top of a filing cabinet which required review to ensure its safe and effective management. We found that annual checks required for the x-ray equipment to ensure it was safe and fit for purpose in the dental suite were not in date and had last been carried out in July 2015.

There was no formal process for healthcare staff to be notified once a person had returned from an urgent hospital appointment. This meant that the provider may not have been aware of any medication prescribed or any immediate action that needed to be taken to ensure that safe and care treatment was delivered.

A high number of hospital appointments were cancelled by the prison. If this occurred, or a more urgent case needed to be sent out to hospital, then a senior nurse would triage this based on clinical need. An incident form was also completed. The time from referral to a patient being seen at the hospital was not monitored to ensure that clinical guidance was followed and targets were met. In one case a person had been referred for services in December 2015. Their appointment had been cancelled several times and their first appointment was now April 2017 which was 16 months after the referral. We also found evidence of two week rule cases missing this target deadlines and these were not being effectively monitored.

We found that although there was a clear process in place for referrals for social care assessments, these had not been carried out in a timely manner. Five assessments

had occurred since August 2015 and ranged in time from four months to three weeks. The trust's policy entitled 'Social care in prisons and approved premises procedure' (Version 5) stated that referrals would be seen within 28 days.

Appendix IV: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced	0	815	96.5
Recall	0	30	3.6
Convicted unsentenced	0	0	0
Remand	0	0	0
Civil prisoners	0	0	0
Detainees	0	0	0
Total	0	845	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced	0	0	0
Less than six months	0	0	0
six months to less than 12 months	0	0	0
12 months to less than 2 years	0	0	0
2 years to less than 4 years	0	2	0
4 years to less than 10 years	0	127	0
10 years and over (not life)	0	424	0
ISPP (indeterminate sentence for public protection)	0	82	0
Life	0	210	0
Total	0	845	0

Age	Number of prisoners	%
Please state minimum age here:	21	-
Under 21 years	0	0
21 years to 29 years	229	27.1
30 years to 39 years	277	32.8
40 years to 49 years	165	19.5
50 years to 59 years	117	13.8
60 years to 69 years	41	4.9
70 plus years	16	1.9
Please state maximum age here:	81	-
Total	845	100

Nationality	18–20-year-olds	21 and over	%
British	0	792	93.7
Foreign nationals	0	53	6.3
Total	0	845	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	0	0	0
Uncategorised sentenced	0	0	0
Category A	0	0	0
Category B	0	817	96.7
Category C	0	26	3.1
Category D	0	1	0.1
Other	0	1	0.1
Total	0	845	100

Ethnicity	18–20-year-olds	21 and over	%
White			
British	0	667	78.9
Irish	0	12	1.4
Gypsy/Irish Traveller	0	2	0.2
Other white	0	30	3.6
		711	84.1
Mixed			
White and black Caribbean	0	12	1.4
White and black African	0	1	0.1
White and Asian	0	5	0.6
Other mixed	0	4	0.5
			2.6
Asian or Asian British			
Indian	0	13	1.5
Pakistani	0	26	3.1
Bangladeshi	0	3	0.4
Chinese	0	0	0
Other Asian	0	9	1.1
			6.0
Black or black British			
Caribbean	0	34	4.0
African	0	9	1.1
Other black	0	15	1.8
			6.9
Other ethnic group			
Arab	0	1	0.1
Other ethnic group	0	1	0.1
			0.2
Not stated	0	1	0.1
Total	0	845	100

Religion	18–20-year-olds	21 and over	%
Baptist	0	0	0
Buddhist	0	27	3.2
Church of England	0	210	24.9
Hindu	0	2	0.2
Jewish	0	9	1.1
Muslim	0	78	9.2
No religion	0	209	24.7
Other	0	25	3.0
Other Christian denominations	0	74	8.8
Roman Catholic	0	204	24.1
Sikh	0	7	0.8
Total	0	845	100

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)	0	13	1.54
Total	0	13	1.54

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	41	4.9
01 month to 3 months	0	0	67	7.9
3 months to six months	0	0	90	10.7
six months to 1 year	0	0	189	22.3
1 year to 2 years	0	0	222	26.3
2 years to 4 years	0	0	158	18.7
4 years or more	0	0	78	9.2
Total	0	0	845	100

Sentenced prisoners only

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

Unsentenced prisoners only

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

Main offence	18–20-year-olds	21 and over	%
Violence against the person	0	369	43.67
Sexual offences	0	194	22.96
Burglary	0	31	3.67
Robbery	0	117	13.85
Theft and handling	0	1	0.12
Fraud and forgery	0	0	0
Drugs offences	0	74	8.76
Other offences	0	59	6.98
Civil offences	0	0	0
Offence not recorded /holding warrant	0	0	0
Total	0	845	100

Appendix V: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment.⁸ 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 9 January 2017, the prisoner population at HMP Garth was 836. Using the method described above, questionnaires were distributed to a sample of 214 prisoners.

We received a total of 169 completed questionnaires, a response rate of 79%. Twenty-four respondents refused to complete a questionnaire and 21 questionnaires were not returned.

⁸ 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Wing/Unit	Number of completed survey returns
A	26
B1	6
B2/3	16
C	24
D	23
E (TC)	8
E (Main)	14
F	23
G	22
Segregation unit	7

Presentation of survey results and analyses

Over the following pages, we present the survey results for HMP Garth.

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

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences⁹ 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 Garth in 2017 compared with responses from prisoners surveyed in all other category B training prisons. This comparator is based on all responses from prisoner surveys carried out in six category B training prisons since April 2014.
- The current survey responses from HMP Garth in 2017 compared with the responses of prisoners surveyed at HMP Garth in 2014.
- A comparison within the 2017 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2017 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2017 survey between those who are aged 50 and over and those under 50.

⁹ 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 0.01 which means that there is only a 1% likelihood that the difference is due to chance.

- A comparison within the 2017 survey between the responses of prisoners on the vulnerable prisoner wings (F and G) and the rest of the establishment.

Survey summary

Q1.1	What wing or houseblock are you currently living on? See survey methodology	
Q1.2	How old are you?	
	Under 21	0 (0%)
	21 - 29.....	48 (28%)
	30 - 39.....	53 (31%)
	40 - 49.....	34 (20%)
	50 - 59.....	24 (14%)
	60 - 69.....	7 (4%)
	70 and over.....	3 (2%)
Q1.3	Are you sentenced?	
	Yes.....	161 (96%)
	Yes - on recall.....	7 (4%)
	No - awaiting trial.....	0 (0%)
	No - awaiting sentence	0 (0%)
	No - awaiting deportation.....	0 (0%)
Q1.4	How long is your sentence?	
	Not sentenced.....	0 (0%)
	Less than 6 months.....	0 (0%)
	6 months to less than 1 year	0 (0%)
	1 year to less than 2 years	1 (1%)
	2 years to less than 4 years	2 (1%)
	4 years to less than 10 years.....	39 (23%)
	10 years or more.....	75 (45%)
	IPP (indeterminate sentence for public protection)	9 (5%)
	Life.....	42 (25%)
Q1.5	Are you a foreign national (i.e. do not have UK citizenship)?	
	Yes.....	10 (6%)
	No.....	155 (94%)
Q1.6	Do you understand spoken English?	
	Yes.....	165 (99%)
	No.....	1 (1%)
Q1.7	Do you understand written English?	
	Yes.....	163 (99%)
	No.....	2 (1%)

Q1.8	What is your ethnic origin?		
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	127 (76%)	Asian or Asian British - Chinese..... 0 (0%)
	White - Irish	3 (2%)	Asian or Asian British - other
	White - other.....	8 (5%)	Mixed race - white and black Caribbean ..
	Black or black British - Caribbean.....	8 (5%)	Mixed race - white and black African.....
	Black or black British - African	3 (2%)	Mixed race - white and Asian.....
	Black or black British - other	0 (0%)	Mixed race - other
	Asian or Asian British - Indian	1 (1%)	Arab
	Asian or Asian British - Pakistani.....	6 (4%)	Other ethnic group.....
	Asian or Asian British - Bangladeshi.....	2 (1%)	
Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	Yes		1 (1%)
	No.....		164 (99%)
Q1.10	What is your religion?		
	None.....	47 (28%)	Hindu..... 0 (0%)
	Church of England	57 (34%)	Jewish..... 1 (1%)
	Catholic	32 (19%)	Muslim..... 12 (7%)
	Protestant.....	1 (1%)	Sikh
	Other Christian denomination	5 (3%)	Other
	Buddhist	3 (2%)	
Q1.11	How would you describe your sexual orientation?		
	Heterosexual/ Straight		154 (92%)
	Homosexual/Gay.....		6 (4%)
	Bisexual.....		8 (5%)
Q1.12	Do you consider yourself to have a disability (i.e. do you need help with any long-term physical, mental or learning needs)?		
	Yes		49 (29%)
	No.....		118 (71%)
Q1.13	Are you a veteran (ex- armed services)?		
	Yes		5 (3%)
	No.....		164 (97%)
Q1.14	Is this your first time in prison?		
	Yes		57 (34%)
	No.....		112 (66%)
Q1.15	Do you have children under the age of 18?		
	Yes		76 (45%)
	No.....		93 (55%)

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?		
	Less than 2 hours		84 (50%)
	2 hours or longer		79 (47%)
	Don't remember		6 (4%)

Q2.2	On your most recent journey here, were you offered anything to eat or drink?	
	<i>My journey was less than two hours</i>	84 (50%)
	<i>Yes</i>	53 (32%)
	<i>No</i>	25 (15%)
	<i>Don't remember</i>	6 (4%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	84 (50%)
	<i>Yes</i>	11 (7%)
	<i>No</i>	73 (43%)
	<i>Don't remember</i>	1 (1%)
Q2.4	On your most recent journey here, was the van clean?	
	<i>Yes</i>	93 (55%)
	<i>No</i>	63 (37%)
	<i>Don't remember</i>	13 (8%)
Q2.5	On your most recent journey here, did you feel safe?	
	<i>Yes</i>	123 (74%)
	<i>No</i>	38 (23%)
	<i>Don't remember</i>	5 (3%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	<i>Very well</i>	50 (30%)
	<i>Well</i>	64 (38%)
	<i>Neither</i>	37 (22%)
	<i>Badly</i>	9 (5%)
	<i>Very badly</i>	5 (3%)
	<i>Don't remember</i>	4 (2%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)	
	<i>Yes, someone told me</i>	98 (58%)
	<i>Yes, I received written information</i>	6 (4%)
	<i>No, I was not told anything</i>	63 (37%)
	<i>Don't remember</i>	2 (1%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	<i>Yes</i>	139 (82%)
	<i>No</i>	28 (17%)
	<i>Don't remember</i>	2 (1%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	<i>Less than 2 hours</i>	102 (61%)
	<i>2 hours or longer</i>	59 (35%)
	<i>Don't remember</i>	7 (4%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	<i>Yes</i>	140 (84%)
	<i>No</i>	18 (11%)
	<i>Don't remember</i>	8 (5%)

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

Very well.....	41 (24%)
Well.....	78 (46%)
Neither.....	27 (16%)
Badly.....	14 (8%)
Very badly.....	5 (3%)
Don't remember.....	3 (2%)

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

Loss of property.....	39 (23%)	Physical health.....	26 (15%)
Housing problems.....	7 (4%)	Mental health.....	47 (28%)
Contacting employers.....	3 (2%)	Needing protection from other prisoners	18 (11%)
Contacting family.....	37 (22%)	Getting phone numbers.....	27 (16%)
Childcare.....	3 (2%)	Other.....	9 (5%)
Money worries.....	17 (10%)	Did not have any problems.....	59 (35%)
Feeling depressed or suicidal.....	31 (18%)		

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

Yes.....	30 (18%)
No.....	75 (46%)
Did not have any problems.....	59 (36%)

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

Tobacco.....	101 (60%)
A shower.....	46 (28%)
A free telephone call.....	34 (20%)
Something to eat.....	61 (37%)
PIN phone credit.....	54 (32%)
Toiletries/ basic items.....	82 (49%)
Did not receive anything.....	31 (19%)

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

Chaplain.....	69 (42%)
Someone from health services.....	94 (57%)
A Listener/Samaritans.....	41 (25%)
Prison shop/ canteen.....	30 (18%)
Did not have access to any of these.....	44 (27%)

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

What was going to happen to you.....	57 (35%)
What support was available for people feeling depressed or suicidal.....	41 (25%)
How to make routine requests (applications).....	33 (20%)
Your entitlement to visits.....	30 (18%)
Health services.....	54 (33%)
Chaplaincy.....	48 (29%)
Not offered any information.....	71 (44%)

Q3.9 Did you feel safe on your first night here?

Yes.....	111 (67%)
No.....	47 (28%)
Don't remember.....	8 (5%)

Q3.10	How soon after you arrived here did you go on an induction course?	
	<i>Have not been on an induction course</i>	53 (32%)
	<i>Within the first week</i>	48 (29%)
	<i>More than a week</i>	53 (32%)
	<i>Don't remember</i>	12 (7%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	53 (33%)
	<i>Yes</i>	55 (34%)
	<i>No</i>	47 (29%)
	<i>Don't remember</i>	8 (5%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	32 (19%)
	<i>Within the first week</i>	33 (20%)
	<i>More than a week</i>	82 (49%)
	<i>Don't remember</i>	20 (12%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....					
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	<i>Communicate with your solicitor or legal representative?</i>	29 (18%)	43 (27%)	25 (15%)	22 (14%)	22 (14%)
	<i>Attend legal visits?</i>	23 (16%)	37 (25%)	25 (17%)	16 (11%)	14 (9%)
	<i>Get bail information?</i>	3 (2%)	8 (6%)	23 (18%)	11 (8%)	16 (12%)
						<i>N/A</i>
						21 (13%)
						33 (22%)
						69 (53%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?					
	<i>Not had any letters</i>					35 (21%)
	<i>Yes</i>					78 (46%)
	<i>No</i>					55 (33%)
Q4.3	Can you get legal books in the library?					
	<i>Yes</i>					51 (31%)
	<i>No</i>					22 (13%)
	<i>Don't know</i>					92 (56%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:					
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	87 (52%)	78 (47%)	1 (1%)		
	<i>Are you normally able to have a shower every day?</i>	159 (95%)	7 (4%)	1 (1%)		
	<i>Do you normally receive clean sheets every week?</i>	93 (56%)	64 (39%)	8 (5%)		
	<i>Do you normally get cell cleaning materials every week?</i>	58 (36%)	103 (64%)	1 (1%)		
	<i>Is your cell call bell normally answered within five minutes?</i>	40 (25%)	104 (64%)	18 (11%)		
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	94 (58%)	66 (41%)	1 (1%)		
	<i>If you need to, can you normally get your stored property?</i>	22 (13%)	92 (56%)	50 (30%)		
Q4.5	What is the food like here?					
	<i>Very good</i>					8 (5%)
	<i>Good</i>					60 (36%)
	<i>Neither</i>					33 (20%)
	<i>Bad</i>					40 (24%)
	<i>Very bad</i>					26 (16%)

Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	
	<i>Have not bought anything yet/ don't know</i>	4 (2%)
	Yes	59 (35%)
	No.....	104 (62%)
Q4.7	Can you speak to a Listener at any time, if you want to?	
	Yes	91 (55%)
	No.....	17 (10%)
	<i>Don't know</i>	58 (35%)
Q4.8	Are your religious beliefs respected?	
	Yes	80 (48%)
	No.....	28 (17%)
	<i>Don't know/ N/A</i>	60 (36%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes	90 (54%)
	No.....	10 (6%)
	<i>Don't know/ N/A</i>	66 (40%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	41 (24%)
	<i>Very easy</i>	27 (16%)
	<i>Easy</i>	47 (28%)
	<i>Neither</i>	9 (5%)
	<i>Difficult</i>	7 (4%)
	<i>Very difficult</i>	10 (6%)
	<i>Don't know</i>	27 (16%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?		
	Yes	127 (76%)	
	No	33 (20%)	
	<i>Don't know</i>	7 (4%)	
Q5.2	Please answer the following questions about applications. (If you have not made an application please tick the 'not made one' option.)		
		<i>Not made one</i>	Yes
		No	
	Are <i>applications</i> dealt with fairly?	15 (9%)	65 (40%)
	Are <i>applications</i> dealt with quickly (within seven days)?	15 (10%)	38 (25%)
		81 (50%)	101 (66%)
Q5.3	Is it easy to make a complaint?		
	Yes	104 (64%)	
	No	39 (24%)	
	<i>Don't know</i>	19 (12%)	
Q5.4	Please answer the following questions about complaints. (If you have not made a complaint please tick the 'not made one' option.)		
		<i>Not made one</i>	Yes
		No	
	Are <i>complaints</i> dealt with fairly?	43 (27%)	30 (19%)
	Are <i>complaints</i> dealt with quickly (within seven days)?	43 (27%)	24 (15%)
		87 (54%)	90 (57%)

Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	39 (24%)
	No.....	126 (76%)
Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	Don't know who they are.....	45 (28%)
	Very easy.....	8 (5%)
	Easy	23 (14%)
	Neither	38 (24%)
	Difficult.....	28 (17%)
	Very difficult.....	19 (12%)

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)	
	Don't know what the IEP scheme is	4 (2%)
	Yes	72 (44%)
	No	69 (42%)
	Don't know.....	18 (11%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)	
	Don't know what the IEP scheme is	4 (2%)
	Yes	78 (47%)
	No.....	73 (44%)
	Don't know	11 (7%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	Yes	14 (8%)
	No.....	152 (92%)
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 have not been to segregation in the last 6 months	129 (79%)
	Very well.....	3 (2%)
	Well.....	9 (5%)
	Neither	6 (4%)
	Badly.....	7 (4%)
	Very badly	10 (6%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes	122 (76%)
	No.....	38 (24%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	113 (69%)
	No.....	51 (31%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	44 (27%)
	No.....	120 (73%)

Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	9 (5%)
	<i>Never</i>	30 (18%)
	<i>Rarely</i>	53 (32%)
	<i>Some of the time</i>	46 (28%)
	<i>Most of the time</i>	18 (11%)
	<i>All of the time</i>	11 (7%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	87 (52%)
	<i>In the first week</i>	23 (14%)
	<i>More than a week</i>	33 (20%)
	<i>Don't remember</i>	24 (14%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	87 (52%)
	<i>Very helpful</i>	19 (11%)
	<i>Helpful</i>	26 (16%)
	<i>Neither</i>	18 (11%)
	<i>Not very helpful</i>	9 (5%)
	<i>Not at all helpful</i>	8 (5%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?			
	<i>Yes</i>	109 (66%)		
	<i>No</i>	57 (34%)		
Q8.2	Do you feel unsafe now?			
	<i>Yes</i>	53 (34%)		
	<i>No</i>	102 (66%)		
Q8.3	In which areas have you felt unsafe? (Please tick all that apply)			
	<i>Never felt unsafe</i>	57 (35%)	<i>At meal times</i>	35 (22%)
	<i>Everywhere</i>	41 (25%)	<i>At health services</i>	29 (18%)
	<i>Segregation unit</i>	7 (4%)	<i>Visits area</i>	24 (15%)
	<i>Association areas</i>	50 (31%)	<i>In wing showers</i>	31 (19%)
	<i>Reception area</i>	9 (6%)	<i>In gym showers</i>	18 (11%)
	<i>At the gym</i>	26 (16%)	<i>In corridors/stairwells</i>	40 (25%)
	<i>In an exercise yard</i>	33 (20%)	<i>On your landing/wing</i>	48 (30%)
	<i>At work</i>	37 (23%)	<i>In your cell</i>	26 (16%)
	<i>During movement</i>	45 (28%)	<i>At religious services</i>	14 (9%)
	<i>At education</i>	25 (16%)		
Q8.4	Have you been victimised by other prisoners here?			
	<i>Yes</i>	72 (43%)		
	<i>No</i>	94 (57%)		

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>	36 (22%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	32 (19%)
	<i>Sexual abuse</i>	5 (3%)
	<i>Feeling threatened or intimidated</i>	47 (28%)
	<i>Having your canteen/property taken</i>	19 (11%)
	<i>Medication</i>	9 (5%)
	<i>Debt</i>	10 (6%)
	<i>Drugs</i>	15 (9%)
	<i>Your race or ethnic origin</i>	11 (7%)
	<i>Your religion/religious beliefs</i>	7 (4%)
	<i>Your nationality</i>	8 (5%)
	<i>You are from a different part of the country than others</i>	18 (11%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	6 (4%)
	<i>Your age</i>	4 (2%)
	<i>You have a disability</i>	5 (3%)
	<i>You were new here</i>	10 (6%)
	<i>Your offence/ crime</i>	19 (11%)
	<i>Gang related issues</i>	13 (8%)
Q8.6	Have you been victimised by staff here?	
	Yes	57 (35%)
	No	107 (65%)
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>	25 (15%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	11 (7%)
	<i>Sexual abuse</i>	2 (1%)
	<i>Feeling threatened or intimidated</i>	34 (21%)
	<i>Medication</i>	10 (6%)
	<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>	10 (6%)
	<i>Your nationality</i>	7 (4%)
	<i>You are from a different part of the country than others</i>	7 (4%)
	<i>You are from a traveller community</i>	0 (0%)
	<i>Your sexual orientation</i>	1 (1%)
	<i>Your age</i>	4 (2%)
	<i>You have a disability</i>	6 (4%)
	<i>You were new here</i>	7 (4%)
	<i>Your offence/ crime</i>	14 (9%)
	<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	68 (45%)
	Yes	43 (28%)
	No	41 (27%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	13 (8%)	5 (3%)	20 (12%)	16 (10%)	56 (35%)	52 (32%)
	The nurse	10 (6%)	11 (7%)	38 (24%)	19 (12%)	46 (29%)	37 (23%)
	The dentist	12 (8%)	1 (1%)	19 (12%)	15 (9%)	42 (26%)	70 (44%)

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>
	The doctor	21 (13%)	8 (5%)	28 (17%)	34 (21%)	37 (23%)
	The nurse	10 (6%)	14 (9%)	41 (25%)	38 (24%)	31 (19%)
	The dentist	23 (15%)	14 (9%)	34 (22%)	36 (23%)	19 (12%)
						<i>Very bad</i>
						36 (22%)
						27 (17%)
						30 (19%)
Q9.3	What do you think of the overall quality of the health services here?					
	<i>Not been</i>					6 (4%)
	<i>Very good</i>					6 (4%)
	<i>Good</i>					25 (15%)
	<i>Neither</i>					28 (17%)
	<i>Bad</i>					51 (31%)
	<i>Very bad</i>					49 (30%)
Q9.4	Are you currently taking medication?					
	Yes.....					89 (54%)
	No.....					77 (46%)
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>					77 (46%)
	<i>Yes, all my meds</i>					65 (39%)
	<i>Yes, some of my meds</i>					11 (7%)
	<i>No</i>					13 (8%)
Q9.6	Do you have any emotional or mental health problems?					
	Yes.....					72 (44%)
	No.....					93 (56%)
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>					93 (57%)
	Yes.....					28 (17%)
	No.....					41 (25%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?		
	Yes.....		45 (27%)
	No.....		120 (73%)
Q10.2	Did you have a problem with alcohol when you came into this prison?		
	Yes.....		31 (19%)
	No.....		135 (81%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?		
	<i>Very easy</i>		58 (35%)
	<i>Easy</i>		23 (14%)
	<i>Neither</i>		10 (6%)
	<i>Difficult</i>		3 (2%)
	<i>Very difficult</i>		7 (4%)
	<i>Don't know</i>		65 (39%)

Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy.....	41 (25%)
	Easy.....	22 (13%)
	Neither.....	16 (10%)
	Difficult.....	11 (7%)
	Very difficult.....	6 (4%)
	Don't know.....	70 (42%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes.....	31 (19%)
	No.....	136 (81%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes.....	19 (12%)
	No.....	146 (88%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	Did not / do not have a drug problem.....	104 (67%)
	Yes.....	27 (17%)
	No.....	24 (15%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?	
	Did not / do not have an alcohol problem.....	135 (82%)
	Yes.....	16 (10%)
	No.....	14 (8%)
Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	Did not have a problem/ did not receive help.....	121 (77%)
	Yes.....	26 (17%)
	No.....	10 (6%)

Section II: 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	12 (7%)	18 (11%)	49 (30%)	22 (13%)	38 (23%)	27 (16%)
	Vocational or skills training	22 (14%)	9 (6%)	43 (27%)	26 (16%)	31 (19%)	30 (19%)
	Education (including basic skills)	17 (11%)	23 (14%)	66 (42%)	17 (11%)	19 (12%)	17 (11%)
	Offending behaviour programmes	27 (17%)	14 (9%)	32 (20%)	22 (14%)	34 (22%)	29 (18%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	Not involved in any of these.....					34 (21%)	
	Prison job.....					103 (64%)	
	Vocational or skills training.....					12 (8%)	
	Education (including basic skills).....					23 (14%)	
	Offending behaviour programmes.....					25 (16%)	

Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?				
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Prison job	13 (9%)	53 (37%)	68 (48%)	8 (6%)
	Vocational or skills training	21 (17%)	58 (46%)	34 (27%)	14 (11%)
	Education (including basic skills)	17 (13%)	67 (50%)	38 (29%)	11 (8%)
	Offending behaviour programmes	23 (18%)	54 (42%)	37 (29%)	15 (12%)
Q11.4	How often do you usually go to the library?				
	<i>Don't want to go</i>				18 (11%)
	<i>Never</i>				37 (23%)
	<i>Less than once a week</i>				62 (39%)
	<i>About once a week</i>				40 (25%)
	<i>More than once a week</i>				4 (2%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	<i>Don't use it</i>				51 (32%)
	<i>Yes</i>				66 (41%)
	<i>No</i>				44 (27%)
Q11.6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				42 (26%)
	<i>0</i>				24 (15%)
	<i>1 to 2</i>				26 (16%)
	<i>3 to 5</i>				62 (38%)
	<i>More than 5</i>				8 (5%)
Q11.7	How many times do you usually go outside for exercise each week?				
	<i>Don't want to go</i>				28 (17%)
	<i>0</i>				26 (16%)
	<i>1 to 2</i>				39 (24%)
	<i>3 to 5</i>				29 (18%)
	<i>More than 5</i>				40 (25%)
Q11.8	How many times do you usually have association each week?				
	<i>Don't want to go</i>				5 (3%)
	<i>0</i>				8 (5%)
	<i>1 to 2</i>				2 (1%)
	<i>3 to 5</i>				19 (12%)
	<i>More than 5</i>				128 (79%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)				
	<i>Less than 2 hours</i>				17 (10%)
	<i>2 to less than 4 hours</i>				24 (15%)
	<i>4 to less than 6 hours</i>				17 (10%)
	<i>6 to less than 8 hours</i>				28 (17%)
	<i>8 to less than 10 hours</i>				36 (22%)
	<i>10 hours or more</i>				32 (20%)
	<i>Don't know</i>				10 (6%)

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	58 (35%)
	No.....	106 (65%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	101 (62%)
	No.....	62 (38%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	41 (25%)
	No.....	121 (75%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	27 (17%)
	<i>Very easy</i>	10 (6%)
	<i>Easy</i>	23 (14%)
	<i>Neither</i>	21 (13%)
	<i>Difficult</i>	35 (21%)
	<i>Very difficult</i>	44 (27%)
	<i>Don't know</i>	3 (2%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	0 (0%)
	Yes	143 (88%)
	No.....	19 (12%)
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>	19 (12%)
	<i>No contact</i>	37 (23%)
	<i>Letter</i>	39 (24%)
	<i>Phone</i>	42 (26%)
	<i>Visit</i>	61 (38%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	136 (84%)
	No.....	26 (16%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	0 (0%)
	Yes	124 (77%)
	No.....	38 (23%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	38 (23%)
	<i>Very involved</i>	27 (16%)
	<i>Involved</i>	42 (26%)
	<i>Neither</i>	14 (9%)
	<i>Not very involved</i>	27 (16%)
	<i>Not at all involved</i>	16 (10%)

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>	38	(23%)	
	<i>Nobody</i>	56	(35%)	
	<i>Offender supervisor</i>	55	(34%)	
	<i>Offender manager</i>	31	(19%)	
	<i>Named/ personal officer</i>	11	(7%)	
	<i>Staff from other departments</i>	21	(13%)	
Q13.7	Can you achieve any of your sentence plan targets in this prison?			
	<i>Do not have a sentence plan/ not sentenced</i>	38	(24%)	
	<i>Yes</i>	68	(43%)	
	<i>No</i>	34	(21%)	
	<i>Don't know</i>	20	(13%)	
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>	38	(23%)	
	<i>Yes</i>	40	(24%)	
	<i>No</i>	43	(26%)	
	<i>Don't know</i>	44	(27%)	
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>	38	(23%)	
	<i>Yes</i>	32	(19%)	
	<i>No</i>	41	(25%)	
	<i>Don't know</i>	54	(33%)	
Q13.10	Do you have a needs based custody plan?			
	<i>Yes</i>	9	(6%)	
	<i>No</i>	60	(37%)	
	<i>Don't know</i>	94	(58%)	
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?			
	<i>Yes</i>	19	(12%)	
	<i>No</i>	140	(88%)	
Q13.12	Do you know of anyone in this prison who can help you with the following on release? (Please tick all that apply to you.)			
		<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
	Employment	29 (19%)	24 (16%)	98 (65%)
	Accommodation	31 (21%)	20 (14%)	97 (66%)
	Benefits	27 (18%)	19 (13%)	100 (68%)
	Finances	28 (20%)	15 (10%)	100 (70%)
	Education	30 (21%)	21 (14%)	94 (65%)
	Drugs and alcohol	40 (26%)	32 (21%)	80 (53%)
Q13.13	Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?			
	<i>Not sentenced</i>	0	(0%)	
	<i>Yes</i>	78	(51%)	
	<i>No</i>	75	(49%)	

Main comparator and comparator to last time



Prisoner survey responses HMP Garth 2017

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

Key to tables

Key to tables		HMP Garth 2017	Category B training prisons comparator	HMP Garth 2017	HMP Garth 2014
Any percentage highlighted in green is significantly better	Any percentage highlighted in blue is significantly worse				
Any percentage highlighted in orange shows a significant difference in prisoners' background details	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned					
		169	1,265	169	190
SECTION 1: General information					
1.2	Are you under 21 years of age?	0%	0%	0%	0%
1.3	Are you sentenced?	100%	97%	100%	100%
1.3	Are you on recall?	4%	4%	4%	4%
1.4	Is your sentence less than 12 months?	0%	1%	0%	1%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	5%	12%	5%	10%
1.5	Are you a foreign national?	6%	12%	6%	8%
1.6	Do you understand spoken English?	99%	99%	99%	99%
1.7	Do you understand written English?	99%	98%	99%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	18%	31%	18%	20%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	1%	3%	1%	1%
1.1	Are you Muslim?	7%	15%	7%	11%
1.11	Are you homosexual/gay or bisexual?	8%	5%	8%	2%
1.12	Do you consider yourself to have a disability?	29%	26%	29%	20%
1.13	Are you a veteran (ex-armed services)?	3%	6%	3%	6%
1.14	Is this your first time in prison?	34%	45%	34%	41%
1.15	Do you have any children under the age of 18?	45%	49%	45%	49%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	47%	66%	47%	48%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	63%	72%	63%	65%
2.3	Were you offered a toilet break?	13%	11%	13%	15%
2.4	Was the van clean?	55%	62%	55%	62%
2.5	Did you feel safe?	74%	75%	74%	81%
2.6	Were you treated well/very well by the escort staff?	68%	70%	68%	71%
2.7	Before you arrived here were you told that you were coming here?	58%	65%	58%	62%
2.7	Before you arrived here did you receive any written information about coming here?	4%	12%	4%	7%
2.8	When you first arrived here did your property arrive at the same time as you?	82%	80%	82%	82%

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	61%	48%	61%	61%
3.2	When you were searched in reception, was this carried out in a respectful way?	84%	82%	84%	82%
3.3	Were you treated well/very well in reception?	71%	74%	71%	69%
	When you first arrived:				
3.4	Did you have any problems?	65%	62%	65%	58%
3.4	Did you have any problems with loss of property?	23%	22%	23%	22%
3.4	Did you have any housing problems?	4%	5%	4%	3%
3.4	Did you have any problems contacting employers?	2%	1%	2%	1%
3.4	Did you have any problems contacting family?	22%	17%	22%	17%
3.4	Did you have any problems ensuring dependants were being looked after?	2%	1%	2%	2%
3.4	Did you have any money worries?	10%	13%	10%	13%
3.4	Did you have any problems with feeling depressed or suicidal?	18%	16%	18%	12%
3.4	Did you have any physical health problems?	16%	14%	16%	12%
3.4	Did you have any mental health problems?	28%	18%	28%	12%
3.4	Did you have any problems with needing protection from other prisoners?	11%	5%	11%	5%
3.4	Did you have problems accessing phone numbers?	16%	18%	16%	13%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	29%	36%	29%	35%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	61%	65%	61%	65%
3.6	A shower?	28%	30%	28%	44%
3.6	A free telephone call?	20%	45%	20%	40%
3.6	Something to eat?	37%	61%	37%	54%
3.6	PIN phone credit?	32%	44%	32%	49%
3.6	Toiletries/ basic items?	49%	53%	49%	57%

Key to tables

Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	42%	45%	42%	50%
3.7	Someone from health services?	57%	64%	57%	62%
3.7	A Listener/Samaritans?	25%	33%	25%	28%
3.7	Prison shop/ canteen?	18%	26%	18%	24%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	35%	51%	35%	42%
3.8	Support was available for people feeling depressed or suicidal?	25%	38%	25%	36%
3.8	How to make routine requests?	20%	42%	20%	43%
3.8	Your entitlement to visits?	19%	36%	19%	42%
3.8	Health services?	33%	48%	33%	51%
3.8	The chaplaincy?	30%	42%	30%	46%
3.9	Did you feel safe on your first night here?	67%	78%	67%	86%
3.10	Have you been on an induction course?	68%	91%	68%	86%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	50%	66%	50%	59%
3.12	Did you receive an education (skills for life) assessment?	81%	86%	81%	89%
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	44%	53%	44%	48%
4.1	Attend legal visits?	41%	48%	41%	43%
4.1	Get bail information?	8%	11%	8%	10%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	47%	51%	47%	50%
4.3	Can you get legal books in the library?	31%	48%	31%	33%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	52%	70%	52%	64%
4.4	Are you normally able to have a shower every day?	95%	91%	95%	94%
4.4	Do you normally receive clean sheets every week?	56%	51%	56%	73%
4.4	Do you normally get cell cleaning materials every week?	36%	62%	36%	51%
4.4	Is your cell call bell normally answered within five minutes?	25%	37%	25%	27%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	58%	65%	58%	68%
4.4	Can you normally get your stored property, if you need to?	13%	26%	13%	16%
4.5	Is the food in this prison good/very good?	41%	28%	41%	29%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	35%	48%	35%	44%
4.7	Are you able to speak to a Listener at any time, if you want to?	55%	55%	55%	49%
4.8	Are your religious beliefs respected?	48%	51%	48%	46%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	54%	54%	54%	51%
4.10	Is it easy/very easy to attend religious services?	44%	51%	44%	46%

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	76%	78%	76%	71%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	45%	48%	45%	39%
5.2	Do you feel applications are dealt with quickly (within seven days)?	27%	31%	27%	22%
5.3	Is it easy to make a complaint?	64%	62%	64%	55%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	26%	27%	26%	24%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	21%	21%	21%	15%
5.5	Have you ever been prevented from making a complaint when you wanted to?	24%	23%	24%	26%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	19%	24%	19%	31%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	44%	49%	44%	62%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	47%	43%	47%	45%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	8%	10%	8%	6%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	34%	37%	34%	23%
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	76%	81%	76%	77%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	69%	71%	69%	68%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	27%	28%	27%	20%
7.4	Do staff normally speak to you most of the time/all of the time during association?	17%	22%	17%	22%
7.5	Do you have a personal officer?	48%	67%	48%	55%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	56%	60%	56%	65%

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SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	66%	46%	66%	32%
8.2	Do you feel unsafe now?	34%	24%	34%	10%
8.4	Have you been victimised by other prisoners here?	43%	35%	43%	21%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	22%	15%	22%	10%
8.5	Hit, kicked or assaulted you?	19%	13%	19%	5%
8.5	Sexually abused you?	3%	3%	3%	1%
8.5	Threatened or intimidated you?	28%	22%	28%	16%
8.5	Taken your canteen/property?	11%	9%	11%	4%
8.5	Victimised you because of medication?	6%	6%	6%	3%
8.5	Victimised you because of debt?	6%	5%	6%	4%
8.5	Victimised you because of drugs?	9%	5%	9%	3%
8.5	Victimised you because of your race or ethnic origin?	7%	7%	7%	3%
8.5	Victimised you because of your religion/religious beliefs?	4%	7%	4%	5%
8.5	Victimised you because of your nationality?	5%	5%	5%	2%
8.5	Victimised you because you were from a different part of the country?	11%	6%	11%	4%
8.5	Victimised you because you are from a Traveller community?	1%	1%	1%	1%
8.5	Victimised you because of your sexual orientation?	4%	3%	4%	2%
8.5	Victimised you because of your age?	2%	3%	2%	1%
8.5	Victimised you because you have a disability?	3%	5%	3%	2%
8.5	Victimised you because you were new here?	6%	7%	6%	3%
8.5	Victimised you because of your offence/crime?	11%	7%	11%	7%
8.5	Victimised you because of gang related issues?	8%	5%	8%	2%

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SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	35%	35%	35%	26%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	15%	13%	15%	9%
8.7	Hit, kicked or assaulted you?	7%	6%	7%	4%
8.7	Sexually abused you?	1%	2%	1%	1%
8.7	Threatened or intimidated you?	21%	15%	21%	10%
8.7	Victimised you because of medication?	6%	4%	6%	2%
8.7	Victimised you because of debt?	1%	2%	1%	2%
8.7	Victimised you because of drugs?	1%	2%	1%	1%
8.7	Victimised you because of your race or ethnic origin?	7%	6%	7%	6%
8.7	Victimised you because of your religion/religious beliefs?	6%	5%	6%	5%
8.7	Victimised you because of your nationality?	4%	4%	4%	3%
8.7	Victimised you because you were from a different part of the country?	4%	4%	4%	4%
8.7	Victimised you because you are from a Traveller community?	0%	1%	0%	0%
8.7	Victimised you because of your sexual orientation?	1%	2%	1%	1%
8.7	Victimised you because of your age?	3%	2%	3%	1%
8.7	Victimised you because you have a disability?	4%	4%	4%	1%
8.7	Victimised you because you were new here?	4%	4%	4%	0%
8.7	Victimised you because of your offence/crime?	9%	6%	9%	4%
8.7	Victimised you because of gang related issues?	1%	3%	1%	2%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	51%	46%	51%	49%

Main comparator and comparator to last time

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SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	16%	26%	16%	24%
9.1	Is it easy/very easy to see the nurse?	31%	46%	31%	38%
9.1	Is it easy/very easy to see the dentist?	13%	18%	13%	15%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	25%	40%	25%	32%
9.2	The nurse?	36%	48%	36%	47%
9.2	The dentist?	36%	45%	36%	43%
9.3	The overall quality of health services?	19%	33%	19%	30%
9.4	Are you currently taking medication?	54%	54%	54%	45%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	86%	81%	86%	89%
9.6	Do you have any emotional well being or mental health problems?	44%	37%	44%	28%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	41%	46%	41%	56%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	27%	18%	27%	16%
10.2	Did you have a problem with alcohol when you came into this prison?	19%	16%	19%	16%
10.3	Is it easy/very easy to get illegal drugs in this prison?	49%	36%	49%	32%
10.4	Is it easy/very easy to get alcohol in this prison?	38%	28%	38%	27%
10.5	Have you developed a problem with drugs since you have been in this prison?	19%	10%	19%	10%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	12%	8%	12%	7%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	53%	60%	53%	76%
10.8	Have you received any support or help with your alcohol problem while in this prison?	53%	65%	53%	69%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	72%	73%	72%	81%

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SECTION 11: Activities					
Is it very easy/ easy to get into the following activities:					
11.1	A prison job?	40%	36%	40%	52%
11.1	Vocational or skills training?	32%	31%	32%	37%
11.1	Education (including basic skills)?	56%	50%	56%	60%
11.1	Offending behaviour programmes?	29%	26%	29%	22%
Are you currently involved in any of the following activities:					
11.2	A prison job?	64%	69%	64%	65%
11.2	Vocational or skills training?	7%	11%	7%	12%
11.2	Education (including basic skills)?	14%	29%	14%	22%
11.2	Offending behaviour programmes?	16%	17%	16%	19%
11.3	Have you had a job while in this prison?	91%	89%	91%	89%
For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	41%	41%	41%	40%
11.3	Have you been involved in vocational or skills training while in this prison?	84%	74%	84%	77%
For those who have had vocational or skills training while in this prison:					
11.3	Do you feel the vocational or skills training will help you on release?	55%	50%	55%	42%
11.3	Have you been involved in education while in this prison?	87%	85%	87%	84%
For those who have been involved in education while in this prison:					
11.3	Do you feel the education will help you on release?	58%	57%	58%	52%
11.3	Have you been involved in offending behaviour programmes while in this prison?	82%	75%	82%	78%
For those who have been involved in offending behaviour programmes while in this prison:					
11.3	Do you feel the offending behaviour programme(s) will help you on release?	51%	48%	51%	46%
11.4	Do you go to the library at least once a week?	27%	45%	27%	38%
11.5	Does the library have a wide enough range of materials to meet your needs?	41%	43%	41%	32%
11.6	Do you go to the gym three or more times a week?	43%	36%	43%	29%
11.7	Do you go outside for exercise three or more times a week?	43%	44%	43%	59%
11.8	Do you go on association more than five times each week?	79%	64%	79%	55%
11.9	Do you spend ten or more hours out of your cell on a weekday?	20%	16%	20%	14%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	35%	32%	35%	36%
12.2	Have you had any problems with sending or receiving mail?	62%	46%	62%	59%
12.3	Have you had any problems getting access to the telephones?	25%	14%	25%	26%
12.4	Is it easy/ very easy for your friends and family to get here?	20%	19%	20%	26%

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SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	88%	85%	88%	88%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	26%	30%	26%	29%
13.2	Contact by letter?	27%	33%	27%	36%
13.2	Contact by phone?	29%	35%	29%	17%
13.2	Contact by visit?	43%	32%	43%	41%
13.3	Do you have a named offender supervisor in this prison?	84%	79%	84%	85%
For those who are sentenced:					
13.4	Do you have a sentence plan?	77%	76%	77%	80%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	55%	51%	55%	62%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	45%	38%	45%	34%
13.6	Offender supervisor?	44%	43%	44%	54%
13.6	Offender manager?	25%	28%	25%	40%
13.6	Named/ personal officer?	9%	17%	9%	16%
13.6	Staff from other departments?	17%	18%	17%	14%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	56%	64%	56%	65%
13.8	Are there plans for you to achieve any of your targets in another prison?	32%	28%	32%	28%
13.9	Are there plans for you to achieve any of your targets in the community?	25%	18%	25%	20%
13.10	Do you have a needs based custody plan?	6%	6%	6%	7%
13.11	Do you feel that any member of staff has helped you to prepare for release?	12%	13%	12%	11%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	20%	17%	20%	20%
13.12	Accommodation?	17%	18%	17%	23%
13.12	Benefits?	16%	18%	16%	20%
13.12	Finances?	13%	15%	13%	20%
13.12	Education?	18%	21%	18%	27%
13.12	Drugs and alcohol?	29%	27%	29%	29%
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	51%	57%	51%	52%

Diversity analysis



Key question responses (ethnicity) HMP Garth 2017

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

Key to tables

		Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in green is significantly better		
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	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		30	138
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	7%	6%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	100%	99%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	1%
1.1	Are you Muslim?	40%	0%
1.12	Do you consider yourself to have a disability?	13%	33%
1.13	Are you a veteran (ex-armed services)?	0%	4%
1.14	Is this your first time in prison?	20%	36%
2.6	Were you treated well/very well by the escort staff?	40%	73%
2.7	Before you arrived here were you told that you were coming here?	47%	60%
3.2	When you were searched in reception, was this carried out in a respectful way?	80%	85%
3.3	Were you treated well/very well in reception?	50%	75%
3.4	Did you have any problems when you first arrived?	60%	66%
3.7	Did you have access to someone from health care when you first arrived here?	40%	61%
3.9	Did you feel safe on your first night here?	50%	70%
3.10	Have you been on an induction course?	73%	67%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	40%	45%

Diversity analysis

Key to tables

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	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	48%	54%
4.4	Are you normally able to have a shower every day?	97%	95%
4.4	Is your cell call bell normally answered within five minutes?	20%	26%
4.5	Is the food in this prison good/very good?	30%	43%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	24%	37%
4.7	Are you able to speak to a Listener at any time, if you want to?	24%	62%
4.8	Do you feel your religious beliefs are respected?	47%	48%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	50%	55%
5.1	Is it easy to make an application?	66%	78%
5.3	Is it easy to make a complaint?	73%	62%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	43%	44%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	57%	45%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	10%	8%
7.1	Do most staff, in this prison, treat you with respect?	76%	76%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	53%	72%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	20%	17%
7.4	Do you have a personal officer?	37%	51%
8.1	Have you ever felt unsafe here?	62%	67%
8.2	Do you feel unsafe now?	45%	32%
8.3	Have you been victimised by other prisoners?	43%	44%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	27%	29%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	13%	5%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	7%	4%
8.5	Have you been victimised because of your nationality? (By prisoners)	7%	5%
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	4%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	35%	35%
8.7	Have you ever felt threatened or intimidated by staff here?	28%	19%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	24%	3%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	21%	3%
8.7	Have you been victimised because of your nationality? (By staff)	10%	3%
8.7	Have you been victimised because you have a disability? (By staff)	4%	4%
9.1	Is it easy/very easy to see the doctor?	14%	16%
9.1	Is it easy/ very easy to see the nurse?	25%	32%
9.4	Are you currently taking medication?	27%	60%
9.6	Do you feel you have any emotional well being/mental health issues?	27%	48%
10.3	Is it easy/very easy to get illegal drugs in this prison?	38%	51%
11.2	Are you currently working in the prison?	53%	67%
11.2	Are you currently undertaking vocational or skills training?	3%	8%
11.2	Are you currently in education (including basic skills)?	27%	12%
11.2	Are you currently taking part in an offending behaviour programme?	7%	18%
11.4	Do you go to the library at least once a week?	28%	28%
11.6	Do you go to the gym three or more times a week?	70%	37%
11.7	Do you go outside for exercise three or more times a week?	43%	43%
11.8	On average, do you go on association more than five times each week?	83%	79%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	13%	21%
12.2	Have you had any problems sending or receiving mail?	62%	62%
12.3	Have you had any problems getting access to the telephones?	30%	24%

Diversity Analysis



Key question responses (disability, age over 50) HMP Garth 2017

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

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability		Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better					
	Any percentage highlighted in blue is significantly worse					
	Any percentage highlighted in orange shows a significant difference in prisoners' background details					
	Percentages which are not highlighted show there is no significant difference					
Number of completed questionnaires returned		49	118		34	135
1.3	Are you sentenced?	100%	100%		100%	100%
1.5	Are you a foreign national?	10%	4%		0%	8%
1.6	Do you understand spoken English?	100%	99%		100%	99%
1.7	Do you understand written English?	98%	99%		97%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	8%	22%		3%	22%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	1%		0%	1%
1.1	Are you Muslim?	4%	9%		0%	9%
1.12	Do you consider yourself to have a disability?				42%	26%
1.13	Are you a veteran (ex-armed services)?	2%	3%		3%	3%
1.14	Is this your first time in prison?	47%	27%		53%	29%
2.6	Were you treated well/very well by the escort staff?	65%	70%		85%	63%
2.7	Before you arrived here were you told that you were coming here?	49%	62%		62%	57%
3.2	When you were searched in reception, was this carried out in a respectful way?	85%	86%		91%	83%
3.3	Were you treated well/very well in reception?	67%	74%		88%	67%
3.4	Did you have any problems when you first arrived?	83%	57%		70%	64%
3.7	Did you have access to someone from health care when you first arrived here?	58%	57%		70%	54%
3.9	Did you feel safe on your first night here?	56%	72%		82%	63%
3.10	Have you been on an induction course?	60%	71%		76%	66%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	38%	48%		52%	43%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability		Prisoners aged 50 and over
	Any percentage highlighted in blue is significantly worse				Prisoners under the age of 50
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	60%	49%	67%	49%
4.4	Are you normally able to have a shower every day?	91%	97%	91%	96%
4.4	Is your cell call bell normally answered within five minutes?	30%	23%	34%	22%
4.5	Is the food in this prison good/very good?	43%	41%	53%	38%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	42%	33%	32%	36%
4.7	Are you able to speak to a Listener at any time, if you want to?	59%	53%	85%	47%
4.8	Do you feel your religious beliefs are respected?	52%	47%	59%	45%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	47%	57%	56%	54%
5.1	Is it easy to make an application?	79%	75%	82%	75%
5.3	Is it easy to make a complaint?	65%	63%	65%	64%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	43%	45%	55%	42%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	45%	49%	42%	48%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	6%	9%	3%	10%
7.1	Do most staff, in this prison, treat you with respect?	83%	75%	85%	74%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	72%	68%	76%	67%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	17%	18%	18%	17%
7.4	Do you have a personal officer?	45%	50%	58%	46%
8.1	Have you ever felt unsafe here?	79%	60%	52%	69%
8.2	Do you feel unsafe now?	34%	34%	26%	36%
8.3	Have you been victimised by other prisoners?	58%	38%	31%	47%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	43%	22%	21%	30%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4%	7%	6%	7%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	9%	3%	3%	5%
8.5	Have you been victimised because of your nationality? (By prisoners)	4%	5%	3%	5%
8.5	Have you been victimised because of your age? (By prisoners)	4%	2%	3%	2%
8.5	Have you been victimised because you have a disability? (By prisoners)	9%	1%	6%	2%

Diversity Analysis

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
		Percentages which are not highlighted show there is no significant difference			
8.6	Have you been victimised by a member of staff?	41%	32%	18%	39%
8.7	Have you ever felt threatened or intimidated by staff here?	24%	19%	6%	24%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	9%	5%	3%	8%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	9%	4%	3%	7%
8.7	Have you been victimised because of your nationality? (By staff)	9%	3%	0%	5%
8.7	Have you been victimised because of your age? (By staff)	2%	2%	6%	2%
8.7	Have you been victimised because you have a disability? (By staff)	13%	0%	3%	4%
9.1	Is it easy/very easy to see the doctor?	15%	16%	22%	14%
9.1	Is it easy/ very easy to see the nurse?	33%	30%	44%	27%
9.4	Are you currently taking medication?	85%	41%	76%	48%
9.6	Do you feel you have any emotional well being/mental health issues?	79%	30%	27%	48%
10.3	Is it easy/very easy to get illegal drugs in this prison?	49%	49%	27%	54%
11.2	Are you currently working in the prison?	52%	69%	66%	64%
11.2	Are you currently undertaking vocational or skills training?	12%	6%	13%	6%
11.2	Are you currently in education (including basic skills)?	18%	12%	24%	12%
11.2	Are you currently taking part in an offending behaviour programme?	21%	14%	10%	17%
11.4	Do you go to the library at least once a week?	26%	28%	39%	25%
11.6	Do you go to the gym three or more times a week?	22%	52%	20%	49%
11.7	Do you go outside for exercise three or more times a week?	34%	47%	35%	44%
11.8	On average, do you go on association more than five times each week?	79%	79%	74%	80%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	22%	19%	22%	19%
12.2	Have you had any problems sending or receiving mail?	59%	63%	41%	67%
12.3	Have you had any problems getting access to the telephones?	34%	22%	25%	25%



Prisoner survey responses HMP Garth 2017

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

Key to tables

		VP wings (F and G)	All other wings
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		45	117
SECTION 1: General information			
1.2	Are you under 21 years of age?	0%	0%
1.3	Are you sentenced?	100%	100%
1.3	Are you on recall?	5%	4%
1.4	Is your sentence less than 12 months?	0%	0%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	7%	5%
1.5	Are you a foreign national?	5%	6%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	98%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	18%	19%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	1%
1.1	Are you Muslim?	14%	5%
1.11	Are you homosexual/gay or bisexual?	16%	5%
1.12	Do you consider yourself to have a disability?	40%	24%
1.13	Are you a veteran (ex-armed services)?	0%	4%
1.14	Is this your first time in prison?	60%	26%
1.15	Do you have any children under the age of 18?	38%	48%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	44%	46%
2.5	Did you feel safe?	73%	75%
2.6	Were you treated well/very well by the escort staff?	67%	68%
2.7	Before you arrived here were you told that you were coming here?	58%	60%
2.8	When you first arrived here did your property arrive at the same time as you?	89%	79%

Key to tables

	Any percentage highlighted in green is significantly better	VP wings (F and G)	All other wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	49%	64%
3.2	When you were searched in reception, was this carried out in a respectful way?	87%	84%
3.3	Were you treated well/very well in reception?	65%	73%
	When you first arrived:		
3.4	Did you have any problems?	69%	61%
3.4	Did you have any problems with loss of property?	9%	28%
3.4	Did you have any housing problems?	5%	4%
3.4	Did you have any problems contacting employers?	2%	2%
3.4	Did you have any problems contacting family?	20%	23%
3.4	Did you have any problems ensuring dependants were being looked after?	2%	2%
3.4	Did you have any money worries?	11%	9%
3.4	Did you have any problems with feeling depressed or suicidal?	27%	15%
3.4	Did you have any physical health problems?	20%	13%
3.4	Did you have any mental health problems?	35%	23%
3.4	Did you have any problems with needing protection from other prisoners?	20%	7%
3.4	Did you have problems accessing phone numbers?	18%	16%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	47%	64%
3.6	A shower?	22%	29%
3.6	A free telephone call?	11%	24%
3.6	Something to eat?	40%	35%
3.6	PIN phone credit?	16%	37%
3.6	Toiletries/ basic items?	51%	49%

Key to tables

	Any percentage highlighted in green is significantly better	VP wings (F and G)	All other wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	48%	42%
3.7	Someone from health services?	59%	56%
3.7	A Listener/Samaritans?	36%	20%
3.7	Prison shop/ canteen?	21%	17%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	34%	37%
3.8	Support was available for people feeling depressed or suicidal?	32%	21%
3.8	How to make routine requests?	25%	19%
3.8	Your entitlement to visits?	23%	17%
3.8	Health services?	43%	30%
3.8	The chaplaincy?	39%	26%
3.9	Did you feel safe on your first night here?	71%	66%
3.10	Have you been on an induction course?	71%	68%
3.12	Did you receive an education (skills for life) assessment?	77%	83%
SECTION 4: Legal rights and respectful custody			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	41%	44%
4.1	Attend legal visits?	31%	45%
4.1	Get bail information?	0%	11%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	47%	44%
4.3	Can you get legal books in the library?	26%	32%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	64%	50%
4.4	Are you normally able to have a shower every day?	98%	95%
4.4	Do you normally receive clean sheets every week?	69%	53%
4.4	Do you normally get cell cleaning materials every week?	28%	38%
4.4	Is your cell call bell normally answered within five minutes?	27%	25%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	53%	63%
4.4	Can you normally get your stored property, if you need to?	11%	14%
4.5	Is the food in this prison good/very good?	62%	33%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	40%	34%
4.7	Are you able to speak to a Listener at any time, if you want to?	71%	50%
4.8	Are your religious beliefs are respected?	60%	42%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	59%	51%
4.10	Is it easy/very easy to attend religious services?	47%	44%

Key to tables

	Any percentage highlighted in green is significantly better	VP wings (F and G)	All other wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	80%	75%
5.3	Is it easy to make a complaint?	61%	66%
5.5	Have you ever been prevented from making a complaint when you wanted to?	27%	21%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	21%	18%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	44%	46%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	51%	47%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	2%	10%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	66%	81%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	71%	71%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	29%	25%
7.4	Do staff normally speak to you most of the time/all of the time during association?	14%	19%
7.5	Do you have a personal officer?	60%	45%

Key to tables

	Any percentage highlighted in green is significantly better	VP wings (F and G)	All other wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	62%	66%
8.2	Do you feel unsafe now?	30%	35%
8.4	Have you been victimised by other prisoners here?	45%	43%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	34%	17%
8.5	Hit, kicked or assaulted you?	21%	18%
8.5	Sexually abused you?	9%	0%
8.5	Threatened or intimidated you?	32%	27%
8.5	Taken your canteen/property?	14%	11%
8.5	Victimised you because of medication?	5%	6%
8.5	Victimised you because of debt?	2%	8%
8.5	Victimised you because of drugs?	5%	10%
8.5	Victimised you because of your race or ethnic origin?	12%	4%
8.5	Victimised you because of your religion/religious beliefs?	9%	2%
8.5	Victimised you because of your nationality?	9%	3%
8.5	Victimised you because you were from a different part of the country?	5%	12%
8.5	Victimised you because you are from a traveller community?	0%	1%
8.5	Victimised you because of your sexual orientation?	5%	4%
8.5	Victimised you because of your age?	5%	2%
8.5	Victimised you because you have a disability?	7%	2%
8.5	Victimised you because you were new here?	5%	7%
8.5	Victimised you because of your offence/crime?	18%	8%
8.5	Victimised you because of gang related issues?	5%	9%

Key to tables

	Any percentage highlighted in green is significantly better	VP wings (F and G)	All other wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	32%	33%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	16%	14%
8.7	Hit, kicked or assaulted you?	7%	5%
8.7	Sexually abused you?	2%	1%
8.7	Threatened or intimidated you?	19%	20%
8.7	Victimised you because of medication?	5%	7%
8.7	Victimised you because of debt?	0%	1%
8.7	Victimised you because of drugs?	0%	2%
8.7	Victimised you because of your race or ethnic origin?	9%	5%
8.7	Victimised you because of your religion/religious beliefs?	12%	4%
8.7	Victimised you because of your nationality?	9%	1%
8.7	Victimised you because you were from a different part of the country?	0%	5%
8.7	Victimised you because you are from a traveller community?	0%	0%
8.7	Victimised you because of your sexual orientation?	0%	1%
8.7	Victimised you because of your age?	0%	4%
8.7	Victimised you because you have a disability?	7%	3%
8.7	Victimised you because you were new here?	2%	5%
8.7	Victimised you because of your offence/crime?	21%	3%
8.7	Victimised you because of gang related issues?	0%	2%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	16%	14%
9.1	Is it easy/very easy to see the nurse?	34%	27%
9.1	Is it easy/very easy to see the dentist?	16%	12%
9.4	Are you currently taking medication?	67%	48%
9.6	Do you have any emotional well being or mental health problems?	47%	39%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	11%	33%
10.2	Did you have a problem with alcohol when you came into this prison?	20%	18%
10.3	Is it easy/very easy to get illegal drugs in this prison?	27%	55%
10.4	Is it easy/very easy to get alcohol in this prison?	9%	47%
10.5	Have you developed a problem with drugs since you have been in this prison?	5%	20%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	5%	11%

Key to tables

	Any percentage highlighted in green is significantly better	VP wings (F and G)	All other wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	27%	45%
11.1	Vocational or skills training?	30%	35%
11.1	Education (including basic skills)?	63%	55%
11.1	Offending Behaviour Programmes?	36%	26%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	58%	70%
11.2	Vocational or skills training?	9%	7%
11.2	Education (including basic skills)?	30%	9%
11.2	Offending Behaviour Programmes?	16%	15%
11.4	Do you go to the library at least once a week?	18%	31%
11.5	Does the library have a wide enough range of materials to meet your needs?	35%	42%
11.6	Do you go to the gym three or more times a week?	25%	53%
11.7	Do you go outside for exercise three or more times a week?	41%	43%
11.8	Do you go on association more than five times each week?	84%	82%
11.9	Do you spend ten or more hours out of your cell on a weekday?	27%	18%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	31%	38%
12.2	Have you had any problems with sending or receiving mail?	56%	63%
12.3	Have you had any problems getting access to the telephones?	14%	29%
12.4	Is it easy/ very easy for your friends and family to get here?	21%	20%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	95%	79%
13.10	Do you have a needs based custody plan?	7%	5%
13.11	Do you feel that any member of staff has helped you to prepare for release?	7%	15%