

Report on an unannounced inspection of

HMP Dartmoor

by HM Chief Inspector of Prisons

14–24 August 2017

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

Introduction

HMP Dartmoor was established in 1809 and over the years has had many roles within the prison system. During the inspection, it held over 600 high-risk prisoners deemed suitable for a category C training prison environment. The population was a mix of men convicted of sexual offences and those serving long sentences for violence and other serious offences. The make-up of these two groups had changed since our last inspection and 70% of men were now in the former group. The prison had taken the bold step of integrating the two populations.

Located in the heart of Dartmoor and built on land owned by the Duchy of Cornwall, the prison remained under threat of closure. Local managers felt this had resulted in a degree of 'planning blight', as evidenced by a reluctance to invest in upgrading the poor infrastructure. Nevertheless, we saw some real progress in some key prisoner outcomes, although this was balanced by some significant challenges, particularly in ensuring that men released from the prison were supported through the process and that the public were adequately protected.

Support for men arriving at the prison was generally very good and the prison prepared prisoners well, which ensured they understood the integrated regime. While levels of violence were very low, more men than previously told us they had felt unsafe at some time and that they had been victimised by other prisoners. Some excellent work had been done to facilitate the transition to a fully integrated regime, but more work was needed to embed the changes, ensure the risks of men in this context were well understood and develop the support package for those who still felt anxious. There had been a good focus on recommendations arising from deaths in custody, and men vulnerable to self-harm were generally well cared for.

The built environment was extremely limited and in some aspects poor, with pervasive damp in many cells. Nevertheless, men were generally positive about the amenities offered, and staff-prisoner relationships were very good. Some good work had taken place to support disabled and elderly men at the prison, but a significant investment in adapting the buildings was needed if these men were to receive consistently good treatment.

The prison had had staff vacancies for some time and this, along with a combination of other factors, led to a significantly curtailed regime. Prison managers had made efforts to offset the impact on time out of cell and access to services, but regime curtailments were a daily occurrence and were often unpredictable. Nevertheless, the focus of the governor, her management team and partners on providing enhanced purposeful activity places was bearing fruit, and most men who wanted to undertake good-quality work and activities could do so.

Our most serious concerns related to resettlement. Dartmoor was not a designated resettlement prison, which meant it did not have adequate resources to effectively engage in pre-release planning. Despite this, over 200 men in the year leading up to the inspection had been released from the prison. Our projections indicated the number would be even higher next year. In addition, offender management provision did not ensure that men received support to reduce the risks of harm they might pose to the public on release, or that release planning for the highest-risk men was timely or comprehensive. This was a shocking and totally unacceptable situation, given the generally high-risk population being released from Dartmoor. The situation was exacerbated by the prison's inability to move men to resettlement prisons in the local area and the hiatus in the delivery of specialist offending programmes for men convicted of sexual offences.

Overall, the prison was very well led and we considered outcomes in three of our four healthy prison tests to be reasonably good. However, we had significant concerns about the lack of clarity relating to the prison's resettlement and risk management responsibilities, and in particular its inability to carry out adequate pre-release planning for men being released from the prison. While we considered Dartmoor to be well led and making strides in some important areas, it was being

hampered by confusion nationally about its role, doubts about its future and inadequate resources to do the job it was being asked to do. The solutions to many of the most significant concerns we raise in this report are not in the gift of the governor; the active support of HM Prison and Probation Service is needed.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

September 2017

Fact page

Task of the establishment

A category C men's training prison

Prison status

Public

Region

South West

Number held

633

Certified normal accommodation

642

Operational capacity

642

Date of last full inspection

2–13 December 2013

Brief history

HMP Dartmoor is located in Princetown on Dartmoor in Devon. Owned by the Duchy of Cornwall, it received a grade II heritage listing in 1987. HMP Dartmoor was established in 1809 to hold French and American prisoners of war from the Napoleonic and American wars and is now a category C training prison.

Short description of residential units

The prison comprises six residential wings:

A, B and G wings: integrated mainstream units

D wing: an integrated mainstream unit, including the induction landing

E wing: an integrated enhanced mainstream unit

F wing: an integrated social care unit

S wing: the segregation unit.

Name of governor

Bridie Oakes-Richards

Escort contractor

GEOAmey

Health service provider

Care UK

Learning and skills providers

Weston College

Independent Monitoring Board chair

Jackie Sharpe

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 Her Majesty's Prison and Probation Service (HMPPS).

- **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 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** *Men were positive about their escort experience, and support on arrival and during their early days at the prison was good. Levels of violence were very low, but the prison's response to bullying needed to be stronger. The integrated regime had been a positive development, but it had left some prisoners feeling unsafe at some time. Men vulnerable to self-harm generally received good support and safeguarding links were developing. Some important security intelligence did not lead to action being taken. Disciplinary processes were well managed. Use of force was generally proportionate, but too much paperwork was missing. Segregation was well managed. Substance misuse support was reasonably good overall. **Outcomes for prisoners were reasonably good against this healthy prison test.***
- S2** *At the last inspection in 2013 we found that outcomes for prisoners in Dartmoor were not sufficiently good against this healthy prison test. We made 22 recommendations in the area of safety. At this follow-up inspection we found that 11 of the recommendations had been achieved, four had been partially achieved and seven had not been achieved.*
- S3** Men were positive in our survey about their treatment during escorts to the prison. The prison took steps to ensure men were aware of the integrated regime before they arrived although this did not always happen. Men were dealt with promptly and efficiently in reception, but initial safety screenings were not conducted in private. First night arrangements were good and Insiders (prisoners who introduce new arrivals to prison life) and induction staff carried out additional first night checks. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) also offered the men support. The induction programme was comprehensive and most elements were well thought through. There was a significant focus on offering an integrated community (in which those convicted of a sexual offence lived alongside men sentenced for other offences), but the prison needed to ensure the offending-related risks that men presented were clearly understood and managed. Most men arrived on a Friday; however, the small number arriving at the beginning of the week would not start their induction until the following Monday.
- S4** Levels of violence were very low. In our survey, more men than at comparator prisons said they had felt unsafe at some point and 17% against a comparator of 4% said they had been victimised because of their offence. Where incidents of bullying were reported, information was widely shared, but formal processes for supporting victims of bullying were not used sufficiently. We were not confident that processes were well enough developed to enable staff to analyse all intelligence on bullying. Men who were reluctant to be part of an integrated regime received some support. Some innovative conflict resolution strategies had been implemented to reduce violence and change attitudes, although they needed to be embedded.
- S5** There had been a homicide, two self-inflicted deaths and several deaths from natural causes since the last inspection. Recommendations arising as a result had been acted on and were being reviewed regularly despite there being no consolidated action plan. Levels of self-harm had increased over the six months prior to our inspection and were higher than we would expect. Assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm needed improvement. Men subject to the process, however, reported being well looked after and we saw some individuals with very complex issues receive good care. The safer custody team had a good range of distraction activities for

those in need. Peer support arrangements were good and the Listener scheme was well used and respected. The prison had made links with the local safeguarding adults board, but they were in their infancy and needed to be developed.

- S6 Security was generally proportionate, free flow (which allows prisoners to move around the prison unescorted) was well managed, but the regime was too unpredictable. The risk assessment process for allocating prisoners to activities needed to be better understood across the prison. Intelligence was shared appropriately and monthly security objectives were disseminated well, but staffing constraints meant not all intelligence received an effective response, for example searches and drug tests. Half of men in our survey said it was easy to get illegal drugs, but the positive mandatory drug testing rate was relatively low.
- S7 Few prisoners were on the basic level of the incentives and earned privileges (IEP) scheme but changes in behaviour and targets were seldom recorded on P-NOMIS (the Prison Service IT system). The difference between the 'nil pay' system (for those refusing work) and basic IEP regimes needed clarifying.
- S8 The number of adjudications was lower than usual. Hearings were fair, informal and inclusive and some innovative work involving the independent adjudicator was taking place. Use of force was lower than we usually see in similar prisons and generally proportionate, but too much paperwork was incomplete. Quality assurance and monitoring needed improvement. The imminent roll out of body worn cameras was a welcome development.
- S9 The regime and conditions in the segregation unit were good, but the exercise yard was stark. The unit and cells were clean and well furnished. Use of segregation was lower than we usually see in similar prisons, and most men stayed there for short periods. Few men had been segregated for their own protection. Segregation staff interacted well with the men in their care and prisoners had good access to in-cell activities.
- S10 Psychosocial and clinical services for patients with drug and alcohol problems had improved, but there were no peer support workers (although this was addressed during the inspection).

Respect

S11 *Living conditions were mixed. All men had a single cell and the environment was clean. However, the fabric of buildings was poor and many cells were damp, shabby and poorly equipped. Efforts were made to provide men with what they needed to live decently, but regime curtailments undermined them. Staff-prisoner relationships were good. Equality and diversity work was too mixed. Some good work was being carried out with the sizeable older and disabled population, but the environment presented significant challenges. Faith provision was very good and complaints were generally well managed. Health care was reasonably good overall. The food was good and the shop provision appropriate. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S12 *At the last inspection in 2013 we found that outcomes for prisoners in Dartmoor were reasonably good against this healthy prison test. We made 27 recommendations in the area of respect.² At this follow-up inspection we found that eight of the recommendations had been achieved, four had been partially achieved and 15 had not been achieved.*

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.

- S13 Outside areas of the prison were well maintained and attractive. Wing accommodation, however, was very variable. Some cells were damp, especially those at the ends of wings. Many cells had peeling plaster, damaged floors and dirty toilets and not all had sufficient furniture. Nevertheless, it was positive that all cells were now single occupancy. In our survey, prisoners were more positive at Dartmoor than at similar prisons about access to cleaning material, clothing and bedding. However, because of significant regime curtailments, access to some essential amenities, including to showers and phones, was poor.
- S14 Relationships between staff and prisoners were largely positive and the majority in our survey said staff treated them with respect. Although many staff we spoke to knew the prisoners they worked with well, this was often not reflected in P-NOMIS notes. Consultation arrangements through the prisoner council were good.
- S15 The strategic management of equality and diversity had improved but was still underdeveloped. The prison produced some reasonable local analysis in the absence of national equalities data, but it needed more work. Most groups with protected characteristics were consulted well and regularly, informing the prison's equalities agenda. However, some of the protected characteristic groups did not have prisoner representatives appointed to provide ongoing support. There had been an increase in the number of reported discrimination incidents, but many reports had been submitted by the same prisoners, and not all related to discrimination. Some investigations were not sufficiently robust. There was too little external involvement.
- S16 Black and minority ethnic prisoners reported limited cultural awareness among a few staff, which was borne out in some discrimination incident reporting forms (DIRFs). Gypsy, Romany, Traveller men received good support. The provision for the small number of foreign national prisoners was weak. The Muslim population was managed well and did not report any direct discrimination. The prison supported four trans women with some very complex needs and the work was developing. Gay and bisexual men received good support, and prisoner representatives were very visible. Despite a good buddy system and some caring staff, a considerable investment was required to make Dartmoor viable for the numerous men with mobility problems. Some could not easily access their own cells, the exercise yard or the chapel, and buddies' work was sometimes limited by regime curtailments. In our survey, older men responded much more positively than younger men. The diversity centre ran activities in a supportive environment, but it was only accessible to a minority and was often closed. The prison had recognised the need to involve younger prisoners, and the promising Trailblazers scheme, designed to engage this group, had just been introduced.
- S17 The chaplaincy was excellent, provided good pastoral support and made a valuable contribution to prison life. Weekly worship was rarely affected by regime pressures.
- S18 The number of complaints was lower than at the previous inspection. Most responses were polite and tailored to the individual. Trends or the timeliness of responses were not analysed and there was little evidence of action to resolve persistent problems.
- S19 In our survey, respondents were more positive about health services than the comparator and at the previous inspection. Clinical governance arrangements were adequate, but the new provider had not yet established them. The range of primary care and age-related health services had improved, although patients waited too long to see an optician. There were opportunities for the care of patients with long term conditions, but monitoring was inconsistent. Pharmacy services required improvement. We were concerned about ongoing problems with the supply of medicines, and the supervision of general medication queues was inconsistent. Patients were satisfied with dental services, but the waiting list was too

long, and some of the equipment did not meet regulatory standards. Mental health services and social care were very good.

- S20 Men we spoke to were positive about the food and survey responses were almost three times better than at our last inspection. The quality and portion sizes were good. Prisoners were also generally positive about access to the prison shop and catalogues. The provision was managed well.

Purposeful activity

S21 *Significant regime curtailments were having a negative impact on prisoners' time out of cell. Ofsted rated learning, skills and work activities as good overall. Leadership and management were better than previously, and prison senior managers provided excellent leadership on improving the service. There were now sufficient places to occupy most men full time and a good range was offered. However, not all places were always available or being used and punctuality needed to improve. Teaching was generally good. Achievements were good in most areas, but needed to improve in some aspects of functional skills. The library was well used. The gym provision was reasonably good but take-up was low. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S22 *At the last inspection in 2013 we found that outcomes for prisoners in Dartmoor were not sufficiently good against this healthy prison test. We made 11 recommendations in the area of purposeful activity. At this follow-up inspection we found that four of the recommendations had been achieved, three had been partially achieved and four had not been achieved.*

- S23 The amended core day, introduced in May, meant that prisoners employed full time could expect to spend around eight hours a day out of their cells during the week. But unemployed prisoners might only receive around two hours. The prison regime had been curtailed significantly owing to staff shortages. Despite attempts to manage the situation fairly and in a planned way, the regime was affected every day, and many, if not most prisoners' time out of their cell was significantly reduced, limiting their access to association.
- S24 The governor and senior prison managers had exceptionally high expectations and prioritised prisoners' education and skills development well. Prison senior managers and Weston College worked well in partnership to make changes to the provision to improve prisoners' prospects. They were aware of further changes that they needed to make. The education and vocational provision by Weston College was good. Weston College's quality improvement arrangements were effective. Senior prison managers and college managers used data well to monitor attendance at activities and prisoners' achievements. They implemented effective measures to ensure all groups of prisoners did equally well. The prison's self-assessment report was evaluative and accurate. Weston College recognised that its self-assessment required further development as did the management of subcontractors. Not all instructors in prison work had sufficient expertise in effective teaching, learning or assessment practices.
- S25 The prison had sufficient activity places to keep all prisoners occupied throughout the week but they were not being used to their full capacity. Often many prisoners did not attend activities due to staff shortages or because they had not been cleared to do so by security. Those who worked in some areas, particularly on wings, did not have enough to do. Allocations to activities were fair and equitable. Many men started activities soon after their arrival. Pay rates encouraged prisoners to participate in education, vocational training and

- prison work. Older men were offered work producing or repairing items for the prison and community.
- S26 Most tutors and instructors challenged prisoners to produce a good standard of work. Peer mentors coached men well in lessons and workshops and most tutors gave them good feedback so they could improve. Most tutors could adjust their teaching methods to ensure individuals progressed well. Prisoners developed their maths skills well in vocational and prison work. Instructors coached prisoners effectively so they could gain and develop practical skills but did not always record the practical or employment skills they developed or routinely ensure they progressed in their use of English.
- S27 Most prisoners who attended activities had a good work ethic and were well motivated. Prisoners behaved well and were respectful towards their peers and staff and were proud of what they achieved and produced. Prisoners generally worked safely; they maintained good hygiene standards in the kitchens. A significant minority of prisoners did not attend their activities on time.
- S28 On most courses, including vocational courses, achievements of qualifications were high. On many functional skills courses, prisoners achieved well. Prisoners' achievements on functional skills courses in English levels 1 and 2, maths at level 2 and character development required improvement. Learners who studied Open University and other distance learning qualifications progressed well.
- S29 The library was well managed and welcoming. Prisoners had excellent access to it and its resources. It was open seven days a week in the morning and afternoon and on two evenings. It had good resources, an extensive range of DVDs and a broad range of fiction, non-fiction, easy-reads, audio books, books on vocational topics, legal texts, and relevant Prison Service orders.
- S30 Physical education (PE) was appropriately managed and the range of activities matched the needs of most of the population. However, PE did not have sufficient resources for team or contact sports. There were no outdoor facilities and the indoor gym needed a new floor. The gym was open seven days a week, mornings, afternoons and evenings. All prisoners had access to the facilities at weekends. However, too few prisoners used the gym and data was not being used to address the issue. Links with the health care department were good. PE offered a variety of activities, for example, sessions for the over 50s and those with medical problems.

Resettlement

- S31** *Despite releasing a significant number of men, Dartmoor was not adequately resourced for the work. Offender management work was too mixed; there were still significant backlogs in key risk management plans, and levels of contact were too varied. Release planning for the high-risk population was often unplanned, rushed and poor. The lack of sex offender treatment programmes had a significant impact on the prison's ability to support men in addressing their risks. Taking all these factors together, we were not confident that everything possible had been done to ensure that on release these men were adequately supported, and that the public were being protected. Children and families work was very good. **Outcomes for prisoners were poor against this healthy prison test.***
- S32** *At the last inspection in 2013 we found that outcomes for prisoners in Dartmoor were not sufficiently good against this healthy prison test. We made 13 recommendations in the area of resettlement. At this follow-up inspection we found that four of the recommendations had been achieved, three had been partially achieved, four had not been achieved and two were no longer relevant.*
- S33** A comprehensive resettlement needs analysis had been completed but the reducing reoffending strategy was out of date and was not specific to the population. A well-attended quarterly committee meeting provided reasonably good oversight of the resettlement pathway action plan. More needed to be done to prioritise resources in offender management.
- S34** Most men were serving long sentences, many posed a high risk of harm to others and the proportion of sexual offenders had doubled since our last inspection. The number of men without an offender assessment system (OASys) document had fallen since our last inspection but was still too high. There were some examples of reasonably good contact between offender supervisors and prisoners but overall it was too variable. Too much contact was unstructured or in some cases mainly only took place to deal with a specific development during a man's sentence. Only about a third of men in our survey said their offender supervisor was helping them and fewer than the comparator said they could achieve their targets at the prison. There was too little management oversight of the work, especially with high risk men, and prison offender supervisors had received little formal training.
- S35** Risk management planning prior to release was not timely or robust enough in too many high-risk cases and some men imminently due for release remained unsure about their arrangements. This meant that the prison could not be confident that everything possible had been done to ensure the ongoing risks these men presented would be adequately managed on release. Offender management provision, including the work of the National Probation Service (NPS), did not ensure that release planning was comprehensive or that every possible step was taken to ensure the public was being protected. The inter-departmental risk management team meeting was reasonably well attended but too limited in scope as it did not oversee all high risk of harm prisoners being released. Day-to-day public protection work was managed well. Categorisation reviews were up to date and reasonable. Hardly any men were transferred to resettlement prisons.
- S36** The prison was not a designated resettlement prison so it was not adequately resourced to deliver 'through-the-gate' resettlement reviews or support. Despite this, more than 200 men had been released in the previous 12 months. Some resettlement support had been developed to bridge the gap, but it was insufficient.

- S37 Far too many men left the prison either homeless or in very temporary accommodation. The provision provided by the National Careers Service (NCS) was good. Following an interview with prisoners, NCS staff produced a detailed skills action plan that was used well to inform allocation activities. Good use was made of the virtual campus (internet access for prisoners to community education, training and employment opportunities).
- S38 Men with health care and substance misuse needs were prepared well for their release or transfer and palliative care was exemplary. Access to debt advice was reasonably good and prisoners could open a bank account prior to release.
- S39 Family work was good and developing. There were several initiatives to support family contact, including family conferencing (a mediated formal meeting to promote dialogue and understanding) and reading schemes. Visitor enrolment and searching processes were respectful, but visits sometimes started too late. Visits were relaxed, refreshments were available and there was a professionally staffed play area. Families we spoke to were positive about visits. Men appreciated family visits and there was an active official visitors scheme.
- S40 Some accredited programmes were available, but those with sexual offences had little other opportunity to explore their attitudes thinking or behaviour.

Main concerns and recommendations

- S41 Concern: There had been a lack of investment in meeting the needs of men with mobility issues. The population had aged since our last inspection, and many men had mobility issues and disabilities. While some good work had taken place, the built environment was limited and prevented them from attending some important regime activities. There were few adaptations to cells, and access to them for some men was a problem.

Recommendation: Facilities and the built environment should allow elderly and disabled men full access to their cells and the prison regime.

- S42 Concern: Time out of cell was not good enough. The prison had several staff vacancies, and although efforts had been made to provide a basic regime, time out of cell was curtailed every day and was insufficient for nearly all men. This also meant they were prevented from using some basic amenities, such as showers and phones.

Recommendation: The regime should be sufficient to allow men consistent access to a good amount of time out of cell and the basic amenities and facilities they need.

- S43 Concern: Dartmoor was not a designated resettlement prison, despite releasing a significant number of often high risk men. As a result, they did not have sufficient specialist resources to undertake timely, detailed release planning. The release planning that took place was rushed, started at the last minute, was not sufficiently robust and lacked the prisoner's involvement.

Recommendation: The role of the prison should be clarified and if men continue to be released from Dartmoor, sufficient resources should be available to carry out the appropriate release management and preparation work required.

S44 Concern: Risk management planning for high risk of harm men was often poor. Many men arrived at Dartmoor without an OASys, and when they had one, they did not always have a review to reflect changes in their risks or needs. Levels of contact with offender supervisors were often insufficient and many men felt they could not make progress at the prison. The delivery of some offending behaviour programmes for men with sexual offences had been put on hold at a national level, which meant that some men at Dartmoor could not reduce their risk of harm to others through structured offence-related group or individual work, or move to another prison to undertake this work.

Recommendation: The high-risk population should receive effective support to address their risk of harm to others.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1 Vans were clean and in our survey, more prisoners said escort staff treated them well than in comparator prisons and since our last inspection. Men often had to travel long distances to reach the prison and in our survey more men than in comparable prisons said they had spent more than two hours on vans. Prisoners and escort staff told us refreshments were provided and toilet breaks facilitated, where appropriate.
- I.2 Staff and prisoners said they had not always been informed before their arrival that Dartmoor ran an integrated regime (in which men convicted of sexual and non-sexual offences were mixed). To address the issue, the prison had sent information to sending establishments and called them on the morning of transfer to ensure prisoners had been made aware of the regime. In some cases, men still said they had been unaware until they arrived at reception, which could be problematic. For example, some men who were not willing to live in the integrated regime ended up in segregation (see paragraph 1.56).

Recommendation

- I.3 **All prisoners should be informed about Dartmoor's integrated regime before arriving at reception.**

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 Reception was well managed, holding rooms were clean and information was available for new arrivals. On average around eight new prisoners were received each week.
- I.5 On arrival men were searched and had their property processed so they could take it with them to their cell on the same day. Health care assessments were carried out privately. However, initial safety screenings completed by reception staff to determine any immediate issues were carried out where reception orderlies could hear what was being said, which was not appropriate.
- I.6 While in reception, new prisoners met with Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) who answered any questions they had and gave them information about Dartmoor to take away. Prisoners received bedding, equipment and a kettle and could buy a first night pack, which included an electronic cigarette for smokers or shop items for those who did not smoke.

- 1.7** After reception screening, first night staff and Insiders (prisoners who introduce new arrivals to prison life) met new arrivals and took them to the induction landing to allocate them to their cell.
- 1.8** In our survey, fewer men than at comparator prisons said they were offered the chance to have a shower on their first night. Men told us when new prisoners arrived late in the afternoon the priority was to get them located on the induction landing, complete their first night interview and collect their meal, which meant there was not always enough time for them to have a shower. Prisoners could make a free phone call to next of kin, subject to public protection arrangements, and have a small advance to buy phone credit. Despite this, some men reported delays in accessing their phone account and were sometimes unable to have access to their authorised phone numbers until the following week.
- 1.9** In our survey, more men than in the comparator said they felt depressed or suicidal on arrival and had problems, but more men than in similar prisons said support was available. Four Insiders were on the first night landing to offer support and additional first night checks were completed by night staff who were aware of who the new men on the induction landing were.
- 1.10** A comprehensive two-week induction programme included an introductory session to Dartmoor run by the chaplaincy, which directed men to stress and anxiety management and counselling services. This session had an emphasis on equipping men with the skills needed to be part of an integrated regime. Induction included a new step-up plan, which coordinated all relevant assessments completed during induction and used them to sequence a prisoner's time at education or in industries. It also identified different interventions that might be required, such as substance misuse. Although most men arrived on Friday, the small number of men who arrived at the beginning of the week did not start induction until the following week, which could lead to long periods of inactivity.

Recommendations

- 1.11** Initial safety screenings should be conducted in private.
- 1.12** Men should have phone numbers authorised at the earliest opportunity.

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.

- 1.13** Levels of violence were much lower than we usually see in similar prisons. Despite this more men in our survey said they had felt unsafe at some point and had been victimised by other men – 17% against a comparator of 4% said they had been victimised because of their offence.
- 1.14** Dartmoor's integrated population caused some men to feel anxious and prisoners said bullying could be an issue. Tobacco and nicotine patches were also cited by prisoners as reasons why bullying could occur.

- I.15 Where incidents of bullying were reported, the safer custody team shared information widely among relevant staff. However, formal processes for dealing with bullying were not used sufficiently. Only one prisoner had been reported to have been placed on monitoring for bullying in the previous six months and one other prisoner had had a victim support plan, which was low.
- I.16 Processes were not developed well enough to enable staff to analyse in full all known intelligence on bullying, which hindered the identification of trends that could have prompted action to be taken to make the prison safer.
- I.17 Men who were isolating themselves because they were reluctant to be part of an integrated regime were identified and received support from wing staff who helped them take part in the regime. The progress of these men was monitored at the monthly safer custody meeting.
- I.18 Some innovative conflict resolution strategies were being embedded. Some staff and prisoners were trained in 'dialogue road mapping', a new tool developed by the Centre for Peaceful Solutions to encourage non-violent communication. They could be called on to mediate in disputes. The well-publicised initiative was explained to men on their induction.

Recommendation

- I.19 **Perpetrators of antisocial behaviour should be encouraged to address their problematic behaviour, and their victims should be supported effectively.**

Good practice

- I.20 *The new and promising 'dialogue road mapping' initiative and use of mediation supported men in resolving disputes and tensions without using violence.*

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.21 There had been a homicide, two suicides and several deaths from natural causes since our last inspection. There was no consolidated death in custody action plan covering all these incidents, but the safer custody meeting did monitor the prison's overall progress in completing Prisons and Probation Ombudsman action plans.
- I.22 Levels of self-harm had increased and were higher than we would expect. The prison was dealing with some very complex cases and a small number of individuals accounted for multiple incidents of self-harm. In our survey, more men said they had emotional well-being or mental health problems compared with our last inspection.
- I.23 Assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm were of mixed quality. Some had poor care maps, but multidisciplinary attendance at ACCT reviews was good, particularly by health care and chaplaincy staff. Men said they were cared for well and we saw good support being given to

individuals with complex issues and effective multidisciplinary meetings. The safer custody team had a good and well-used range of activities to distract those in need.

- I.24** There was an extensive free phone number list that covered support interventions ranging from health advocacy to bereavement and sexual violence to gambling and debt. Staff were aware of potential triggers and could refer men to the safer custody team so information could be shared when parole hearings or court appearances were due. A safer custody helpline for prisoners and families and friends enabled concerns to be raised and followed up where required.
- I.25** Peer support arrangements were good. The Listener scheme was well respected. At night, Listeners could use two care suites, which doubled up as constant observation cells. During our inspection, they were both being used, so there was no dedicated area for Listeners to meet prisoners. In these circumstances, we were told the induction group room would be used instead. The prison had four Listeners, which was too few, but another six were in training and due to start in the following month. Links with Plymouth Samaritans were good and Listeners had a weekly support meeting with them. Prisoner safer custody representatives were on each unit. They had job descriptions and received good support from the safer custody team. Safer custody representatives and Listeners attended the monthly safer custody meeting and said they felt staff listened to their views.
- I.26** The safer custody team met monthly. Not all prison departments were always represented and attendance needed to be improved. Health care staff's attendance was good. There was no self-harm continuous improvement plan, but the meeting did look at data and new information that was available.

Recommendation

- I.27 The prison should have an up-to-date consolidated death in custody action plan.**

Safeguarding (protection of adults at risk)

Expected outcomes:

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

- I.28** A safeguarding policy was in place but did not outline how or by whom external referrals would be made. Staff were unsure about their responsibilities for adult safeguarding and had not received any training. Safeguarding reports were available during social and legal visits so visitors could also raise concerns if they had any.
- I.29** The governor had made links with the local safeguarding adults board (LSAB) and, although they were in their infancy, plans were in place for a safeguarding audit to take place and for links to be developed further.
- I.30** Those with assessed social care needs had care plans and links with the Devon adult social care team were strong.

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

Recommendation

I.31 Staff should receive training on their adult safeguarding responsibilities.

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** Physical and perimeter security was generally appropriate. CCTV had been increased, but not all communal areas were covered. Staff and some prisoners told us it would have made them feel safer if they had been.
- I.33** The security team supported the prison's aim of providing a rehabilitative culture. The move to an integrated regime had been planned effectively. Free flow (which allows prisoners to move about the prison unescorted) was well managed. However, staffing issues across the prison meant the regime was too unpredictable. Roll calls were sometimes late, which could affect activity time.
- I.34** Risk assessments for workshops and activities were not based on enough information, and insufficient offence-related or historical risk information was shared. Staff across the prison lacked a sufficient understanding of the process for allocating men to activities, but steps were being taken to improve the situation.
- I.35** The main challenges were illicit items, such as phones, drugs and (following the smoking ban), tobacco and smoking paraphernalia. The prison knew how these items came into the prison and links with the local police were good.
- I.36** Intelligence was shared appropriately and monthly security objectives were disseminated at the morning meetings attended by all discipline staff and through daily briefing sheets. The number of information reports (IRs) was reasonable and they were generally sufficiently detailed. IRs were analysed and prioritised appropriately. Serious concerns were acted on swiftly, but staffing shortages meant others did not result in required action, such as searches and suspicion drug tests. The regular security meeting was well attended by heads of functions and included information from the regional team from Prevent, the government's counter-terrorism programme.
- I.37** Half of men in our survey said it was easy to get illegal drugs at Dartmoor, but fewer than comparator prisons said it was easy to get alcohol. The prison's random mandatory drug testing (MDT) positive rate averaged 4.6% over the previous six months, which was lower than the annual target of 7% and lower than expected. Most positive results were for 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) and the positive rate rose to 11.6% when they were included. Staffing problems meant there was still too little suspicion-based drug testing following information received by the security department.
- I.38** In July, the prison had run a contraband, weapons and drugs amnesty. The response was limited, possibly because prisoners' awareness of it was too low. However, the prison hoped to organise one on a regular basis in the future. The supply reduction action plan was up to date and proactive and there were good links between security and the substance misuse

team. A psychoactive substances intervention group was being set up so an effective strategy could be developed for dealing with the impact and level of use of the drugs at the prison.

Recommendation

- I.39 Outcomes from information reports, including searches and drug tests, should be carried out quickly.** (Repeated recommendation I.43)

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.40** A new local IEP policy had been introduced in February 2017 but it was complicated and not all staff or prisoners understood it. Decisions were recorded on P-NOMIS (the Prison Service IT system) but many entries were not detailed enough to assure us that decision making was sound. Men remained on the same privilege level when they arrived if their move to the prison had been progressive. Men on the standard level could apply for progression to the enhanced level and paper reports were completed by various departments but were not reflected in P-NOMIS records.
- I.41** During the inspection, 11 people were on the basic level. P-NOMIS entries were not always made every day for men on the basic level and prisoners found using NPS were usually on the regime for 28 days. Although they could have their level reviewed every week, the cases we saw remained on the basic regime for 28 days regardless of any improvement in their behaviour. The P-NOMIS entries we saw did not demonstrate that meaningful reviews had taken place or that behaviour targets were set for men on the basic regime.
- I.42** There was too much confusion and overlap between the 'nil pay' system (for those refusing work) and the basic IEP level. The small group of prisoners with very complex needs who were often on the basic regime for long periods did not have their needs considered sufficiently. Quality assurance and monitoring needed improvement.

Recommendation

- I.43 The prison required a more flexible and responsive approach to people with extremely complex needs and for whom the IEP system was not promoting a change in 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

- I.44** The number of adjudications was lower than expected – 587 in the previous six months. Segregation staff managed paperwork well and hearings took place every day. The adjudication room was appropriate and the holding room was clean.
- I.45** Hearings were fair, informal and inclusive. Men could explain their situation. Records were complete, but did not always provide much detail about the incident leading to the charge or the hearing process. Most issues or queries men raised during the hearing were followed up well, but concerns about bullying needed to be systematically pursued. The punishment given took account of mitigating circumstances. Suspended punishments and cautions were used appropriately as a deterrent.
- I.46** The prison had an excellent relationship with the local independent adjudicator (a judge who hears more serious cases where a prisoner may have to serve additional days in prison). She had trained some prison staff in the adjudication process and was supporting them to look at innovative solutions for the small number of men who received frequent adjudications, particularly for using NPS. The prison had carried out some analysis of the increase in adjudications for using psychoactive substances following the smoking ban in April 2017. The analysis found that a few men with previous good conduct records who were habitual smokers had been adjudicated after using NPS.

Good practice

- I.47** *Work with the independent adjudicator helped staff improve their understanding of the use of psychoactive substances, which meant they could provide men with better support and prevent them from being adjudicated again.*

The use of force

- I.48** Force was used less frequently than we usually see in similar prisons and was generally proportionate and used as a last resort. However, officers involved in incidents did not always complete the necessary paperwork. Although some reports were excellent, overall, they were too variable.
- I.49** The two-monthly use of force meetings looked at thematic information and analysed locations, type of force and the characteristics of the prisoners involved in incidents, but the quality assurance and monitoring process was limited because not all the paperwork or camera footage were available.
- I.50** CCTV footage of planned incidents we reviewed showed that most were well planned and managed but de-escalation was not always captured on tape. Most unplanned incidents happened in residential areas, where not all areas were covered by CCTV. Staff had been trained in 'five-minute intervention' techniques, (involving brief conversations with prisoners with a focus on engaging and motivating them) and the imminent roll out of body worn cameras was welcome.

- I.51 Special accommodation and anti-tear clothing were rarely used; they had been used once in the previous six months to prevent a prisoner from self-harming and assaulting others. We reviewed the records of the incident, which indicated the response had been proportionate.
- I.52 A good number of staff (85%) had had up-to-date training in control and restraint (85%), and health care input following incidents was good.

Recommendation

- I.53 **Managers should ensure that all use of force paperwork is complete.**

Segregation

- I.54 The regime and conditions in the segregation unit were good, but the exercise yard was stark. The unit and cells were well furnished and clean. Access to showers, phones and exercise was good and residents could often spend an hour in the open air. Orderlies ensured that new arrivals had kit and relevant information.
- I.55 Segregation was used less frequently than usual, and most men stayed for short periods. Authority to segregate and safety algorithms were completed in good time. Prisoners on an ACCT were rarely held in segregation and new arrivals, or anyone with vulnerabilities was observed frequently to see how they were coping. Few men (eight in the previous six months) had been segregated for their own protection.
- I.56 Segregation reviews took place regularly and involved the prisoners well. Reviews focused on action the prisoner and staff could take to ensure reintegration into the main part of the prison. Care planning was used for prisoners with the most complex needs, but many men were in segregation awaiting transfer. Thirty men had moved from segregation to other prisons in the six months before the inspection, often because they did not want to live in an integrated regime.
- I.57 Segregation staff interacted well with the men in their care and prisoners spoke highly of the core staff team. Men had good access to in-cell activities, including distraction packs to support their emotional well-being and material from the library. Men could sometimes use a cross trainer, risk permitting.

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 Psychosocial and clinical services for patients with drug and alcohol problems had improved since our last inspection. A detailed population needs analysis informed the drug and alcohol strategy, and regular meetings took place to coordinate supply reduction and treatment. Cross-prison working was very good.
- I.59 One hundred and six patients were involved with the Exeter Drugs Project psychosocial interventions team. In our survey, 80% of those with drug or alcohol problems said they had received helpful support at the prison. A range of one-to-one and group-work options were available, including tailored modules of psycho-education on topics such as harm minimisation, responses to an overdose, and the harm caused by psychoactive substances.

Patients had access to a family worker, SMART recovery training (self-help training for those recovering from addiction) and Alcoholics Anonymous groups. There were no peer mentors, but steps were taken during the inspection to rectify the situation.

- I.60** During the inspection, 28 patients were being prescribed either methadone or subutex (opioid substitution treatment (OST)); 89% were receiving reducing doses, which was appropriate. Treatment regimes were flexible and controlled drug administration was safe.
- I.61** Clinical staff were co-located with psychosocial staff, which meant joint working was effective. A shared patient record on SystemOne (the electronic clinical record system) ensured communication was good. Some team members had dual diagnosis competencies to ensure mentally ill prisoners received appropriate substance misuse therapy.

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 External areas of the prison were pleasant and maintained to a good standard. All cellular accommodation was now single occupancy, which prisoners appreciated. However, it varied considerably. Too many cells had insufficient furniture, many cupboards did not lock and the flooring and plasterwork in numerous cells was in a poor state of repair. All cells had their own toilet but they remained unscreened and many we saw were dirty. We were particularly concerned about the number of cells that were damp and had mould around windows, especially as many prisoners were elderly or had significant medical conditions. These were mostly, but not exclusively, cells located at the end of wings.
- 2.2 In our survey, more prisoners than at comparable prisons said they could get clean clothing and bedding and sufficient cleaning material. Despite the poor fabric of cells, most were kept reasonably clean and we saw little evidence of graffiti. Most prisoners understood what they could and could not display on their cell walls and we saw no inappropriate material.
- 2.3 Each wing had a prisoner information room where a range of information was available, including complaints and application forms and discrimination incident reporting forms (DIRFs). The rooms were maintained by prison orderlies. In our survey, prisoners' responses about the application process, which now included a tracking system, were better than at comparator prisons. Our observations confirmed that the system was effective.
- 2.4 Due primarily to staff shortages, the prison was subject to regime curtailments (see section on time out of cell) and many prisoners had restricted access to some essential amenities. For example, although the showers were reasonable, access could be poor. At our last inspection, 92% of prisoners said in our survey that they could shower every day compared with only 31% this time; the figure was also substantially lower than the comparator (89%).
- 2.5 Although there were enough phones, reduced association time meant prisoners also had insufficient access to them. Over half of prisoners in our survey said they had problems getting access to phones compared with only 23% at the last inspection and 21% in comparator prisons. On E wing, for example, there were only two phones for 47 men. Daily association had been reduced to an hour and men often had to choose between queuing to use the phone or having a shower. The situation was similar on other wings. Nevertheless, fewer prisoners (36%) than at comparable prisons (43%) said they had difficulties sending or receiving mail.
- 2.6 Reception staff were also often redeployed, which affected prisoners' access to their property. In our survey, only 23% of respondents said they could obtain their property if they needed to, compared with 36% at the last inspection.

Recommendations

- 2.7 All cells should be properly maintained and kept warm and dry, and all toilets should be screened.** (Repeated recommendation 2.8)
- 2.8 Prisoners should be able to shower and use the phones every day.**
- 2.9 Prisoners should be able to access their stored property without significant delay.**

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.

- 2.10** Relationships between staff and prisoners were, overall, largely positive. In our survey, most prisoners said that staff treated them with respect and that there was a member of staff they could turn to if they had a problem. Many prisoners we spoke to during the inspection were positive about the staff, although there were some exceptions. Some staff tried to enable prisoners to use amenities, like phones and showers, outside the core day, which prisoners appreciated.
- 2.11** Although most staff we spoke to knew the prisoners they worked with well, it was often not reflected in P-NOMIS (the Prison Service IT system) notes. The absence of a personal officer scheme meant some staff were unsure about what they should and should not record. Some staff told us they did not have time to record contacts they had made regularly. As a result, months could go by without any recorded updates.
- 2.12** Consultation arrangements were good. The prisoner council met every month and representatives from each wing attended. Queries and suggestions were raised and all were treated respectfully and were appropriately answered. It was rare that issues were repeated at subsequent meetings except where there were ongoing concerns over a developing issue.

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

- 2.13** The strategic management of equality and diversity had improved but was still underdeveloped overall. There was a good local policy, which now covered the different protected characteristics, but the equalities action plan was out of date. Equalities work had only just been assigned to a new manager and the equalities officer worked part time and was often deployed to other duties.
- 2.14** The prison produced some reasonable local analysis in the absence of national equalities data, but it was not comprehensive or consistent enough. Quarterly equalities meetings lacked a sufficient focus and did not adequately address potential inequalities highlighted by the analysis.
- 2.15** Most groups with protected characteristics were consulted regularly, which informed the prison's equalities agenda. Staff members took responsibility for leading on different protected characteristics, but too many minority groups lacked a dedicated prisoner representative.
- 2.16** Apart from the good established links with Resettlement and Care for Older Ex-offenders and Prisoners (Recoop) and Devon County Council, which supported men with mobility problems, there was too little involvement from community organisations to support groups with protected characteristics.
- 2.17** There appeared to have been a substantial increase in the number of reported discrimination incidents, from 13 in the six months before the last inspection to 83 this time, although the figure was misleading. A recommendation from the Prisons and Probation Ombudsman meant that all general complaints flagging up a diversity issue were considered to warrant a discrimination investigation. Often there was no link to a protected characteristic. Additionally, many of the DIRFs had been submitted by the same few prisoners.
- 2.18** Some discrimination investigations were not sufficiently robust. In one case, a staff member was proven to have used racist language, but no action to provide additional training or prevent further discrimination was taken. There was still no external quality assurance, which meant the insufficient rigour we found went unchallenged.

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

Recommendations

- 2.19** The prison should establish more links to community organisations to support men with protected characteristics.
- 2.20** Discrimination investigations should be subject to external quality assurance and there should be clear actions to address discrimination when it is proven.

Protected characteristics

- 2.21** Black and minority ethnic prisoners made up 8% of the population. These men were consulted regularly, but there were no links to community organisations. In our focus group, men reported no direct discrimination but said a few staff had a limited cultural awareness; our check of discrimination incident investigations confirmed this finding (see paragraph 2.18). Gypsy, Romany and Traveller men felt well supported, were well represented and had access to a quarterly forum.
- 2.22** Provision for the small number of foreign national prisoners, about 4% of the population, was still poor. During the inspection, the telephone interpreting service was used for a non-English speaker on constant supervision, but overall the facility was used only minimally. Consultation had been good in 2016, but so far in 2017 the foreign national forum had only met once. There was no independent advice for these men, and those we spoke to in our focus group struggled to identify much ongoing support. The Home Office did not hold a regular surgery, but had visited men on an ad hoc basis three times in the previous year, when sufficient requests from prisoners had accumulated.
- 2.23** The 22 Muslim men made up about 3% of the population. They did not have a chaplain for their religion (see paragraph 2.31). However, men in our focus group told us they managed well and did not experience direct discrimination.
- 2.24** In our survey, men with disabilities were much more negative than others about many areas. Many men with mobility problems lived on F wing. There was a good buddy system overseen by Recoop staff, who also trained the buddies and gave them regular supervision. However, access to buddies was sometimes limited by regime restrictions, which was a concern for very elderly and frail men who sometimes missed out on this care. Some buddies did not routinely record the care they offered.
- 2.25** Despite some caring staff, Dartmoor needed to make a considerable investment to make the environment viable for men with disabilities. Cell entrances were too narrow and had not been adapted, so men had to leave their walkers on the landing and ask for help to get inside. The F wing exercise yard, chapel and education department all had steps, which made access problematic if not impossible. Some basic education classes were held on F wing to compensate. (See main recommendation S41.)
- 2.26** The prison supported four trans women with some very complex needs. Managers held reasonably good regular case boards and sought appropriate support from HM Prison and Probation Service and a local gender reassignment clinic. The prisoners received good care, although progress had sometimes been gradual and a few staff still failed to use the prisoner's chosen pronoun and name. The women had only recently been allowed to wear their own clothing on the wings. They could buy a basic range of make-up and other products from a canteen list adapted from a female prison. Work with these women was developing.
- 2.27** About 3% of men identified themselves as gay or bisexual, although our survey suggested the actual number might have been nearer 10% of the population. The men had good support

and their prisoner representatives were very visible around the prison. There were frequent forums but no community links.

- 2.28** In our survey, men aged over 50 were much more positive than other prisoners about many aspects. The diversity centre continued to provide a supportive environment and a good range of activities (see paragraph 3.14). However, the facility was only accessible to 30 men and it was often closed because staff had to be deployed elsewhere. Older men also had a dedicated gym session three times a week, as well as prisoner representation and a regular forum.
- 2.29** The prison recognised the need to work with its youngest group, men aged 21 to 30. The promising Trailblazers scheme was designed to engage this group but had not yet been embedded, although there were prisoner representatives, a weekly gym session and an enthusiastic lead member of staff for this group.

Recommendation

- 2.30** **There should be regular support forums and improved support for foreign national prisoners from all staff.** (Repeated recommendation 2.37)

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.

- 2.31** Faith provision had improved and the chaplaincy provided an excellent service. However, the prison struggled to recruit a permanent Muslim chaplain. A Muslim chaplain attended the prison once a month, but on the other Fridays a prisoner vetted by the security department led prayers. The prison's few Hindu and Sikh prisoners could see a chaplain about once a month. The small number of Rastafarian prisoners had no chaplain, but received support from the rest of the team. Although the managing chaplain monitored the population, some faith provision was too limited.
- 2.32** Men with mobility problems found it difficult to access the chapel (see paragraph 2.25). Friday prayers were held in the main chapel, which was not ideal as it had no washing facilities. Weekly corporate worship was rarely affected by regime pressures.
- 2.33** The chaplaincy offered very good pastoral support. The team was involved in the induction process, spending every Monday morning with new arrivals to discuss their attitudes to the integrated regime and highlight interventions like the dialogue road map, a form of mediation, which the new managing chaplain had helped to introduce (see paragraph 1.18).
- 2.34** The chaplaincy made a valuable contribution to prison life. It had hosted a production of the opera *Carmen* featuring prisoners and watched by their family members. The team offered the Living with Loss programme, which had run twice in 2017. Its counselling service was due to double in capacity from three to six counsellors and there was also a weekly mindfulness and meditation class. The official prison visitor scheme had seven active volunteers who saw around 30 men. After the murder of a prisoner in 2015, the chaplaincy had offered group support and individual counselling to those traumatised by the incident. Chaplains also organised donations from prisoners and staff for local community food banks

and attended most assessment, care in custody and teamwork (ACCT) case management reviews for prisoners at risk of suicide or self-harm.

Good practice

- 2.35** *The chaplaincy's excellent innovative support, including counselling and a range of classes, sessions and community initiatives, helped promote prisoners' emotional well-being and self-esteem.*

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.

- 2.36** Prisoners had submitted 452 complaints in the six months before the inspection, fewer than last time. Complaints boxes and blank forms were easily available on wings. The process was well managed and responses were tracked. Almost all replies we checked were polite, relevant and tailored to the individual, which minimised the number of follow-up complaints. Ten percent of complaint responses were now routinely quality assured by the head of business assurance. There were few confidential access complaints (which are about staff or are particularly sensitive or personal), but responses from the governor showed consideration and an awareness of the prisoner's issues.
- 2.37** In our survey, more men than at similar prisons said complaints received a prompt response. Monthly data analysis had not improved and was still too limited – trends over time or the timeliness of responses were not monitored. Some problems recurred month on month but, once again, there was little evidence of any action to resolve them.

Recommendation

- 2.38** **Trends in complaints should be analysed and action taken to address recurring issues.**

Legal rights

Expected outcomes:

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

- 2.39** In our survey, only 33% of prisoners said it was easy to communicate with their solicitor, compared with 47% last time. Recent regime restrictions had limited prisoners' access to phones (see paragraph 2.5), but use of the three legal visit rooms was well managed and legal visitors we spoke to reported no concerns.
- 2.40** Otherwise, men received limited help to exercise their legal rights and all the Access to Justice laptops (which provide eligible prisoners with laptop facilities to progress legal proceedings) had been unavailable for months, awaiting repair. There were up-to-date Prison Service instructions and a selection of legal textbooks in the library. Citizens Advice had advised two prisoners about legal matters in the previous 12 months.

Recommendation

2.41 Prisoners should be able to use Access to Justice laptops.

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.

2.42 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.

Governance arrangements

2.43 Care UK provided health services. Governance and contract monitoring meetings were in place and minuted, and relationships between the health care team and the prison were very good. The service provided had been developed in line with the 2016 prisoner health needs assessment and the changing population of the prison. Lessons were learned from adverse incidents, of which there were around eight per month in the three months ending June 2017. The incidents were minor.

2.44 In our survey, fifty-five percent of prisoners were satisfied with the overall quality of health services, against the comparator of 41% and an improvement on 2013 (32%). An ongoing patient satisfaction survey had been established by the prison, and 68% of patients said they would recommend the service. While there were prisoner healthcare representatives on some wings, many had left the prison and the health forum had not met recently.

2.45 Health-related complaints were dealt with confidentially. There had been about 15 complaints per month in the three months ending June 2017. The most common issues were about the supply of medicines and smoking cessation. The responses we sampled were timely, polite and concerns were identified and addressed.

2.46 Nurses were available from 7.30am to 6.30pm during the week, with shorter hours at weekends. Devon doctors provided out-of-hours' cover and its service was said to be very responsive. Health staff were clearly identifiable and interactions we observed with patients were good-natured and caring. Mandatory staff training was in place, although clinical supervision was not in line with the Care UK policy and rarely happened. An appropriate range of Care UK policies, covering areas such as communicable disease management, adult safeguarding and information-sharing, were established in April 2017, but Dartmoor staff felt they lacked support in implementing them. We also found that some contracts, including those for dental equipment maintenance and self-employed GPs were not in place, which meant the service lacked some conventional assurances.

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>.

- 2.47** Over 250 prisoners (40%) were over the age of 50. Although their care was good, we were disappointed to see that the prison did not have a nominated senior nurse to lead on their care.
- 2.48** Health services were delivered in the health care centre and on F and G wings. The environment was generally good, although some rooms did not comply with infection control standards, which had last been audited in 2016.
- 2.49** Emergency resuscitation equipment was maintained to a high standard and there was evidence showing it was checked regularly. An impressive 90% of custody staff, including six custody managers (one of whom was on duty each night), had received training in first aid since 2014 and officers we spoke with had been familiarised with automated external defibrillators (AEDs). At the outset of a medical emergency an ambulance would be called and despatched – it would subsequently be withdrawn if not required. This was an improvement on 2013. NHS England was working with the ambulance service and prison to refine the joint memorandum of information so that despatch calls are correctly prioritised, which we welcomed.
- 2.50** Health promotion was evident but not synchronised with Care UK’s timetable of events.
- 2.51** Patients had access to relevant information in the health centre, where they could also be tested for a wide range of conditions, such as high blood pressure and high cholesterol. They could also receive immunisations and bowel screening and obtain information on and make appointments for blood borne virus treatment and cancers. Barrier protection was available and well-advertised.
- 2.52** Prisoners could not undertake a second smoking cessation session, which, they told us had led some to smoke alternative substances, including nicotine patches and illicit drugs.

Recommendations

- 2.53** **Health care practitioners should receive regular, documented clinical supervision.**
- 2.54** **Clinical audits, particularly those for infection control compliance, should occur regularly.**

Delivery of care (physical health)

- 2.55** As in 2013, new arrivals received an appropriate health screening, including for mental health and substance misuse. Telephone interpreting was available for those with little English. Access to health care was good and most prisoners seeking help approached nurses every morning during medicines administration or triage clinics.
- 2.56** The availability of primary care assessment and treatment was reasonable but had recently been affected by staff shortages, although disruptions had been minimised through the use of bank and agency staff familiar with the prison. Nurses ran an age-appropriate range of clinics and GP appointments were available as required. The waiting time to see a GP following nurse triage was eight days, but same day appointments could be made if urgent.
- 2.57** Nurses’ clinics were sometimes interrupted or cancelled because nurses had to cover pharmacy and medicines administration. As a result, patients with long-term conditions were not monitored as well as at the last inspection and we found several cases where diagnostic

tests had not been ordered when they should have been. It was good to see clinics run by visiting specialists in practice areas such as hepatology (focusing on diseases of the liver) and sexual health.

- 2.58** Waiting times were generally good, except for the optician, for whom 72 patients waited up to nine weeks. The prison was dealing with the problem. The average failure-to-attend rate for the GP was 11% in the three months to June 2017, which could have been improved. Some patients waited too long before and after the appointment in corridors leading to the health care department or in the sparse waiting room; men repeatedly arrived without an appointment, which was a distraction. The prison planned to introduce mobile diagnostic services and telemedicine (the use of telecommunication and information technology to provide clinical health care at a distance), both of which we would encourage.
- 2.59** Entries in patient records on SystemOne (the electronic clinical record system) were good, but no recent audit had taken place to check on quality. Care plans were in place, although most had been initiated at other prisons, and some were tailored to the individual. Assessment templates reflected national clinical guidance.
- 2.60** Prisoners' access to external hospital appointments had improved since our last inspection and the prison rarely cancelled them, which was good.

Pharmacy

- 2.61** Pharmacy services had deteriorated since 2013. Patients made numerous complaints about medicines not being supplied as required and many experienced delays of several days. We found a number of cases of lapses in medicines for high blood pressure and other conditions, which was a concern. One nurse told us: 'The amount of medication that is not there for these guys is unbelievable.' It was very unsatisfactory.
- 2.62** Since April 2017, there had been no medicine use reviews or pharmacy-led clinics; pharmacists did not check medicine reconciliations for new patients at reception; no stock audits took place; out-of-hours' medicines were not available; and there were no patient group directions (which enable nurses to supply and administer prescription-only medicine). There had also been no medicines and therapeutics committee meeting since March 2017. Nurses compensated for these inadequacies to some extent by undertaking pharmacy duties but it detracted from their core duties (see paragraph 2.57). Although recruitment was in hand, a pharmacy technician and assistant positions were vacant. A pharmacist, who was expected to visit the prison one day per month, had not visited the prison since Care UK had become the provider in April 2017. We were informed that plans had been made to reintroduce a pharmacy service from September 2017.
- 2.63** Eighty-nine percent of medicines were supplied on a named patient basis. Supervised administration took place at 8am, 11.30am and 5pm from administration rooms in the health centre and on F and G wings. The regime did not accommodate an eight-hourly dosage schedule for patients with medicines not in possession, recommended as optimal for some medicines, such as analgesics, or more frequent administration for other medicines, such as antibiotics. It also did not allow the NHS England/World Health Organisation recognised pain management ladder to be adopted, and promoted potent modified release medicines (long-term release tablets) instead. Patients on night sedation medication that had to be administered under supervision had to take it with their evening meal rather than at bedtime, which was too early.
- 2.64** Nearly one in six patients (90) were prescribed a codeine-based drug and one in 10 tramadol (both strong painkillers). A few had potentially tradable medicines in possession. We

observed two medicine queues in the health centre snaking up the corridor and stairs with no officer present, although there were cameras. Patients getting their medicines had to walk between the two queues, down the stairs, brushing shoulders with prisoners queuing up, risking the possibility of bullying and intimidation for medicines.

Recommendations

- 2.65** The pharmacy service and medicines management should be reviewed to ensure that the ordering and storage of medicines are scrutinised by a pharmacist and that patients have access to medicine use reviews and pharmacy-led clinics.
- 2.66** Patients should be supplied with their medicines on time to ensure their treatment is not disrupted.
- 2.67** Medicines should be administered and supervised in line with established recommended dosage schedules for optimal care.

Dentistry

- 2.68** The service was subcontracted to Time for Teeth, which had undertaken a clinical compliance audit earlier in 2017, but was yet to address all the issues identified – in particular that the autoclave steriliser for dental instruments was overdue its annual service by five months. The dental team had been advised that it was only safe for them to continue using it until early September, after which dental treatment at the prison would need to stop until it was serviced.
- 2.69** In addition, the dental chair had not been working properly since June, which meant that some dental treatments, including fillings, could not be undertaken until it was repaired. As a result, 130 patients were currently awaiting treatment, and the wait for routine appointments had increased to 13 weeks, which was unacceptable. The failure-to-attend rate had also increased from an average of 11% in April 2017 and May 2017 to 20% in June 2017, although it was not clear why. The dental team had been undertaking additional sessions, above those commissioned, to try to reduce the routine waiting time.
- 2.70** Despite these issues, prisoners were positive about the dental provision and 58% said they were happy with the quality of dentistry, against the comparator of 43%.

Recommendation

- 2.71** Essential dental surgery equipment should be maintained and serviced routinely, and repairs carried out promptly to ensure a safe and full dental service.

Delivery of care (mental health)

- 2.72** Mental health services had improved since our last inspection. Mental health awareness training for custody officers had been implemented and about 50% had been trained since 2013. While this was insufficient, 93% had been trained in autism awareness, which was impressive.

- 2.73** Devon Partnership NHS Trust provided services led by an experienced clinician. Patients were positive about the service – 55% in our survey said they had received help with emotional and well-being issues compared with only 35% in 2013.
- 2.74** Primary and secondary teams were integrated and a forensic psychiatrist visited the prison every week. About 85 patients were in contact with the service at any time and the care programme approach (CPA) (mental health services for individuals diagnosed with a mental illness) was used appropriately to monitor the large number of patients (30) with more complex disorders. A good range of therapies was available, including individual and group cognitive and solution-based approaches as well as therapy for post-traumatic stress disorder. Links with the gym and chaplaincy were good.
- 2.75** Patients waited too long to be transferred to secure hospitals. In the previous year two patients had waited at least 12 weeks for a transfer (against a target of two weeks), which was unacceptable.

Recommendation

- 2.76 Patients should be transferred to mental health services within the current time guideline.**

Social care

- 2.77** Social care had improved since 2013. Devon County Council (DCC) provided packages of care in the prison, and a protocol and referral pathway had been devised. The arrangements were appropriate, and the social worker and occupational therapist for the prison cluster worked effectively. There had been 94 assessments on 67 individuals since 2015, which demonstrated a commitment to partnership working between the prison and DCC. All the men who had been assessed had care plans, although no one was receiving a local authority social care package during the inspection.
- 2.78** The built environment of the prison was not suitable for people with significant mobility needs, but those with the highest level of need were appropriately housed on the ground floor of F wing. Peer supporters provided assistance. (See also paragraphs 2.24 and 2.25.) Thirty older men with social care needs received some limited support (see paragraph 2.28).

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.

- 2.79** In our survey, 59% of men said the food was good or very good, better than at comparator prisons (33%) and almost three times better than at the last inspection (20%). The kitchen operated on a five-week menu cycle and the food was varied. The food we tried was good, as were portion sizes. Breakfast packs continued to be distributed the day before they were to be eaten, but there were plans to introduce a cooked breakfast for part of the week from October. Halal food was stored appropriately and cooked and served using separate utensils. Other religious food preparation was arranged, as were medical requirements.

- 2.80** The large main kitchen was organised and managed well. Up to 42 prisoners worked there and could obtain formal catering qualifications. Serveries were reasonably well managed and supervised. All servery workers were trained in basic food hygiene and wore appropriate clothing.
- 2.81** Consultation arrangements were good. There were food comments books on wings containing numerous positive entries. Meetings with catering staff were undertaken every month and an annual survey was also undertaken. The last survey, in July, had an 83% response rate. There was evidence that both consultation meetings and survey responses had led to changes.
- 2.82** Prisoners had to eat in their cells close to unscreened toilets, which was inappropriate.

Recommendation

- 2.83** **Breakfast packs should be issued on the morning they are to be eaten.** (Repeated recommendation 2.95)

Purchases

Expected outcomes:

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

- 2.84** In our survey, 75% of respondent said the canteen sold a wide enough range of goods to meet their needs, more than the comparator (49%) and compared with our last inspection (52%). Although prisoners could obtain some basic provisions from the shop on their initial arrival at Dartmoor, they might still have had to wait up to six days to have full access to it and 11 days to receive it. Prisoners we spoke to said this was mostly a minor concern.
- 2.85** Prisoners had good access to catalogue orders and a wide range of catalogues was available. The ordering system had improved substantially in the previous 12 months and in most cases prisoners received their goods within two weeks of placing an order. There could, in some cases, be delays in accessing the goods from reception because of staff shortages (see also paragraph 2.6). The prison continued to charge a 50p administrative charge along with postage and delivery charges, which was inappropriate.

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** In May 2017, the prison introduced a revised core day to deal with staff shortages. This meant a fully employed prisoner might spend up to eight hours a day out of his cell during the week and an unemployed prisoner only around two hours a day. In our survey, only 4% of prisoners said they spent 10 hours a day out of their cells during the week (the standard we think is appropriate). (See main recommendation S42.)
- 3.2** Within the revised model the prison identified what activities would be cancelled and which would be prioritised if further reductions in the regime were necessary. This was a reasonable approach to managing a difficult situation, but some prisoners were affected by the restricted regime every day. For example, it had become the norm for prisoners to have association time only on Saturday and Sunday morning or afternoon and for other activities to be restricted. In our survey, only 10% against a comparator of 60% said they could go on association more than five times a week and only 18% of prisoners compared with 54% in similar prisons, said they could go outside for exercise three or more times a week. In both cases responses were lower than at the last inspection.
- 3.3** New staff were joining the prison in December 2017, which it was anticipated would lead to a substantial improvement in time out of cell.

Recommendation

- 3.4** **Until a full regime can be delivered, the prison should ensure that the core day provided is predictable, and that men have a minimum association period and at least one hour's exercise in the open air every day.**

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.

3.5 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

3.6 The governor and senior prison managers had prioritised prisoners' education and skills development well. They had high expectations for the provision and its impact on prisoners. As a result, the leadership and management of the provision had improved and most weaknesses identified at our previous inspection had been eradicated. Senior prison managers had taken steps to highlight the value of education to prison staff. For example, several prison officers had shadowed staff in education to learn more about the education that prisoners received and enjoyed. Prison leaders and senior managers of Weston College, the education provider, celebrated prisoners' achievements and the skills they developed at well-planned events that included men's families, which motivated prisoners to do well.

3.7 Senior prison and Weston College managers understood what prisoners required and, working in partnership, aligned the curriculum to improve men's job prospects on release. For example, they increased the number of English and maths lessons, which more prisoners attended. A peer-mentoring scheme helped many prisoners develop their skills further. Prison and college managers were aware of further changes that they needed to make, such as increasing the range of courses in construction in response to local and national job opportunities.

3.8 The quality of education and vocational provision offered by Weston College was good. The college had developed and implemented effective quality improvement arrangements. They included observation of teaching, learning and assessments and regular 'learning walks' to improve tutors' practices, such as ensuring they set clear targets for prisoners to enhance their performance.

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

- 3.9** Senior prison managers and college managers used data well to monitor prisoners' attendance and achievements, especially on education courses. They took steps to ensure that all groups of prisoners performed equally well.
- 3.10** Prison managers had the capacity to improve the provision further and were determined to do so. They had an accurate understanding of the provision's strengths and weaknesses; the prison's self-assessment report was evaluative, honest and reliable. Weston College managers recognised that the evaluation process for the college's provision required further improvement; the college's self-assessment report was not evaluative or accurate. For example, college managers had not evaluated the quality of the provision that the college's two subcontractors N-ergy and Duchy College offered. Subcontractors offered a relatively small number of courses. College managers acknowledged that the management and monitoring of subcontractors required improvement.
- 3.11** Most instructors had received some training to improve their teaching and assessment practices. However, prison managers had not ensured that all instructors had sufficient expertise in assessing prisoners' performance effectively. As a result, instructors did not sufficiently recognise or record prisoners' achievements or skills (see also paragraph 3.22).

Recommendation

- 3.12** **The provision provided by the college and its subcontractors should be evaluated accurately.**

Provision of activities

- 3.13** The number of activity places had increased, and when taken up in full, closely matched the number of prisoners. Around 70% of the activities were in prison work. Well-informed prison, college and National Careers Service (NCS) staff, as well as peer mentors offered prisoners useful information on the education, training and work opportunities available.
- 3.14** Good collaboration between the prison, the college and NCS staff meant prisoners were promptly and equitably allocated to education, training or prison work. They considered prisoners' preferences and ensured that all prisoners could attend activities. Prison managers had established good work opportunities for older prisoners, such as producing or repairing items for the prison or external community. For example, in the diversity centre prisoners aged 50 to over 80 took pride in a variety of tasks, such as repairing wheelchairs and producing bird boxes from recycled wood for the Devon Wildlife Trust (see also paragraph 2.28).
- 3.15** Most prisoners participated in activities soon after their arrival at the prison. Prison managers set pay rates so that prisoners were encouraged and motivated to improve their English and maths before starting prison work. However, around 30% of prisoners were not allocated to activities because of security concerns or did not attend prison work regularly owing to staff shortages. The number of men attending activities was not consistently high enough.
- 3.16** The prison had now increased the number of courses leading to qualifications. They included: level 2 courses in bricklaying, joinery, plastering, floor- and wall-tiling and painting and decorating; and level 1 qualifications in catering, horticulture and customer services. The prison did not offer qualifications in a minority of prison work, such as in tailoring and laundry work. In a small number of prison work areas, such as on the wings, prisoners did not have enough to do.

- 3.17** The range of education courses was appropriate and included arts, business enterprise, functional skills in English and maths and information and communications technology. Forty-eight prisoners were following Open University and distance learning courses. Tutors supported them and they progressed well.

Recommendation

- 3.18 All prisoners should be allocated to activities, which they should be able to attend. They should also have enough to do.**

Quality of provision

- 3.19** Most tutors and instructors used information about prisoners' learning barriers and pre-existing skills effectively to plan activities and could adjust their teaching methods. As a result, prisoners learnt well and made good progress. In vocational training tutors often set work and learning targets for prisoners that exceeded course requirements. In prison work, instructors set tasks and assigned work that reflected good industrial practice. For example, in carpentry, a prisoner constructed a backgammon board with detailed marquetry inlay that exceeded the skills required by the qualification's awarding organisation; another prisoner restored intricate webbing on period furniture. However, in a few cases, tutors did not make effective use of individual learning plans to record prisoners' targets and achievements. In these cases, prisoners did not make good progress.
- 3.20** Tutors and instructors ensured that peer mentors coached prisoners well in lessons, providing learners with additional needs with one-to-one support. In English lessons, learners worked in pairs to create spelling strategies for unfamiliar words. Most tutors were skilful in helping prisoners to understand how they could use their knowledge in different settings. For example, in maths lessons, learners involved in estimating and measuring were encouraged to make links with the skills required in construction and horticulture and to explain how they would be used. In a bricklaying lesson, a peer mentor used good questioning and demonstration techniques, which allowed prisoners to develop their practical skills.
- 3.21** Most tutors and instructors checked prisoners' work regularly and gave them useful feedback on how to improve. Prisoners could identify what they needed to do to improve their performance and develop their understanding and skills. However, a minority of tutors and most instructors did not have sound strategies to help prisoners to improve their English or maths.
- 3.22** Most tutors regularly assessed prisoners' learning and recorded it accurately. The majority of instructors monitored prisoners' progress when they carried out tasks and used machinery. However, they did not record the skills that prisoners had developed. Consequently, prisoners did not have a record of the practical or employment skills that they had achieved through their work in prison (see also paragraph 3.11).

Recommendations

- 3.23 Prisoners' use of English and maths should be developed to help improve their life chances.**
- 3.24 The prison should ensure instructors are able to assess and record the skills that prisoners develop in prison work.**

Personal development and behaviour

- 3.25** Prisoners in activities behaved well and were respectful towards their peers and staff. For example, in group work and discussions, prisoners allowed their peers to express their opinions without interrupting. Tutors and instructors encouraged prisoners to present their work to their peers, who listened attentively and made thoughtful and constructive comments about the presentation.
- 3.26** Most prisoners who attended work and education had a good work ethic and were well motivated. They enjoyed their lessons and prison work and were proud of what they had achieved and produced. In art, several prisoners had sold their paintings in a local exhibition. Prisoners generally worked safely and maintained good hygiene standards in the kitchens. A minority of prisoners did not arrive on time for their lessons.

Recommendation

- 3.27 Prisoners should attend their lessons and activities on time.**

Education and vocational achievements

- 3.28** Prisoners made good progress in their studies. Most prisoners attending education and vocational courses achieved qualifications. On a significant number of vocational courses, almost all prisoners who started were successful, as were most prisoners on functional skills courses.
- 3.29** The standard of prisoners' practical work was generally high. In horticulture, the work that prisoners produced was the fifth runner-up in the most recent Windlesham Trophy, a national prison gardening prize. In carpentry and concrete creations, prisoners produced high quality items that were sold through the prison museum and at other outlets. Prisoners' written work was in line with the expectations for the level of courses.
- 3.30** In 2016–17, prisoners' achievements on a few education courses had declined and required improvement, such as in functional skills courses in English at levels 1 and 2 and maths at level 2. Achievement data on prisoners who studied with subcontractors was not sufficiently robust.

Recommendation

- 3.31 Prisoners' achievements on low performing courses should be improved and reliable data for those who study with subcontractors held.**

Library

- 3.32** The library had a good level of staffing that included four orderlies. The library staff used data well to ensure different groups of prisoners used the facility equally well. It was well managed and welcoming. Prisoners had excellent access to the library, which was open seven days a week in the morning and afternoon and on two evenings. Most prisoners used it regularly.
- 3.33** The library met prisoners' needs well and provided a wide range of resources, including fiction and non-fiction, easy-reads, audio books, books on vocational topics, legal texts, and

relevant Prison Service orders. It also had an appropriate stock of newspapers, magazines, and DVDs as well as books in several languages and material for Travellers.

- 3.34** Staff also maintained a good range of books in the segregation unit. All prisoners, including vulnerable prisoners and full-time workers, had equitable library access.
- 3.35** Staff encouraged prisoners to improve their reading and enjoy books. They promoted themes to prepare prisoners for life in contemporary Britain, for example, promoting Black History Month (see also paragraph 2.21). A considerable number of prisoners benefited from the Shannon Trust's Reading Plan, a peer-mentored literacy programme.

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.

- 3.36** Several officers who were qualified in physical education (PE) and four orderlies with relevant qualifications managed the facilities well. Prisoners had good access to a multi-purpose sports hall with exercise equipment that included cardiovascular machines and weights. Changing rooms and showers had individual cubicles and were well-maintained and clean. Prisoners in the segregation unit had access to a cross-trainer. However, the resources for team and contact sports were insufficient, there were no outdoor facilities and the indoor gym needed a new floor.
- 3.37** Prisoners had good access to the facilities, which were open seven days a week in the mornings, afternoons and evenings. All prisoners could use the gym at weekends. However, prison data showed too few prisoners used it; just over half the population attended PE sessions. PE staff did not use data well to improve prisoners' participation.
- 3.38** PE staff offered a variety of activities, including sessions for the over 50s. Other activities included weights, circuit training and competitive sports, such as tennis and volleyball. PE staff developed good links with the health care department and offered dedicated prescribed gym activities for prisoners with medical needs.
- 3.39** Accredited courses were available in areas such as manual handling and first aid.

Recommendation

- 3.40** **PE staff should evaluate data on attendance and use the information to target non-users.**

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 Comprehensive data had been gathered from a range of sources, providing a useful overview of prisoners' needs. The reducing reoffending strategy was out of date but was being reviewed. The new strategy needed to be more specific to HMP Dartmoor and the type of prisoners held there, such as older men, those serving long sentences and sexual offenders.
- 4.2 The reducing reoffending committee met quarterly and a partnership meeting was held every month. It provided reasonably good oversight and ensured that the resettlement pathway action plan was up to date. Efforts had been made to compensate for shortfalls in the national resettlement model (see paragraph 4.23). For example, a voluntary sector coordinator was in post and a helpful directory of available support had been developed.
- 4.3 Despite the importance of managing the risk of harm posed by men held at Dartmoor, offender management was not at the centre of the reducing reoffending strategy or action plan and its role was not sufficiently promoted to ensure all information was shared with the unit.
- 4.4 Not enough was being done to prioritise resources available in offender management, for example, to ensure men were involved in developing a comprehensive risk management plan for their release (see paragraph 4.13 and main recommendation S44). Release planning was often insufficient (see paragraph 4.24) and access to appropriate sex offender treatment programmes was very restricted (see paragraph 4.48). These deficits meant that some men were not being adequately supported to reduce their risk prior to release, and this had clear implications for public protection.
- 4.5 The population had changed considerably since our last inspection and very few men were eligible for release on temporary licence (ROTL). Some previously established ROTL opportunities existed and two lower risk men were being released temporarily to work at a community centre and in the prison museum, alongside periods of home leave. Two more men were likely to be offered the opportunity in the near future.

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.

- 4.6** Most men were serving more than four years and 30% over 10 years. Many men posed a high risk of harm to others and the proportion of sexual offenders had doubled, now making up about 70% of the population.
- 4.7** All prisoners should have had an up-to-date offender assessment system (OASys) document, including a sentence plan, prior to being sent to Dartmoor. However, men continued to arrive without one. The prison had dedicated some resources to overcoming this gap and had reduced the number of outstanding OASys documents, but it was still too high and about 60 men did not have an initial document or plan.
- 4.8** In addition, OASys documents were not being updated to reflect changes in prisoners' risks or circumstances. In our survey, only 52% of men compared to 60% in the comparator said they had a sentence plan.
- 4.9** While almost all men knew they had an offender supervisor, only about a third in our survey said they were helping them and fewer than the comparator said they could achieve their targets at the prison. We saw some offender supervisors providing reasonably good levels of contact with prisoners, but overall it was too variable. In some cases, there had not been any contact for months, even during the critical lead up to release. Too much contact was unstructured and in many cases only took place in response to a specific development in the sentence, such as a parole hearing. Contact often lacked a focus on progression or offending behaviour and offender supervisors said they did not have time to undertake structured offence-related work with those on their caseload.
- 4.10** There was no senior probation officer (SPO) in post to provide guidance on prioritising work or to oversee the quality of case management. Prison offender supervisors were regularly deployed elsewhere to support the regime, which hindered case management and those we spoke to said they had received little formal training beyond the OASys process, despite managing some high risk of harm men. We found case management carried out by prison offender supervisors weaker than where it had been undertaken by probation officers. (See main recommendation S44.)
- 4.11** Very few men were eligible to apply for home detention curfew. The few applications made were managed appropriately. Delays were mainly due to problems outside the prison's control, such as delayed reports from offender managers in the community or prisoners having too little time left to serve on arrival at Dartmoor.

Public protection

- 4.12** Risk management planning was poor in too many high risk of harm cases. For many men who were due for release during or shortly after the inspection, planning was being undertaken too late and was not comprehensive enough. In some cases, the National Probation Service (NPS) offender manager had not responded to several requests from the offender supervisor to confirm risk management arrangements. The prison did not escalate these significant concerns to NPS senior managers so that practice could be improved and public protection promoted.

- 4.13** Some high-risk men we spoke to were anxious because they were not sure where they would live and did not know what other risk management arrangements had been put in place for them. We were also concerned about the lack of risk management planning for men released at the end of their sentence, without receiving supervision in the community; 15 such men had been released in the previous eight months.
- 4.14** Despite 511 men being managed under multi-agency public protection arrangements (MAPPA), the NPS did not manage them well enough. Too many men due for release did not have a MAPPA management level set and in many other cases we could not see evidence of the community-based offender manager having reviewed the level prior to the prisoner's release to reflect their current risks in the community. If their cases had been reviewed, it was often at the very last minute, which did not promote good multi-agency release planning. For those assigned to a higher MAPPA management level, reports submitted by the prison to MAPPA meetings were reasonably good.
- 4.15** The prison's inter-departmental risk management team meeting was reasonably well attended but too limited in scope. High risk of harm cases due for release in the following six months were not routinely discussed to ensure risk management planning was robust or offender management work appropriately focused.
- 4.16** Day-to-day public protection work was managed well. Restrictions, such as mail and phone monitoring, continued to be applied appropriately and were removed when evidence suggested no breaches. Applications for child contact were managed very robustly. (See main recommendation S44.)

Recommendation

- 4.17** **HM Prison and Probation Service should ensure men who may need to be subject to MAPPA have their management level set at least six months prior to discharge from prison.**

Categorisation

- 4.18** Categorisation reviews remained up to date and were reasonable, but more could have been done to ensure men understood the outcome of reviews and knew what steps they could take to progress in the future. Men's suitability for an open prison was being considered without them having an up-to-date OASys assessment, which was inappropriate.
- 4.19** The lack of places in other prisons meant transfers from Dartmoor were very limited and few men had made a progressive move in recent months. Transfer holds (in which a transfer is suspended for a medical or other reason) were not reviewed regularly enough to ensure they were still appropriate.

Recommendations

- 4.20** **Men should not be assessed as suitable for an open prison without an up-to-date OASys assessment which reflects their current risks and needs.**
- 4.21** **Men should be able to move promptly to other prisons to promote their progression.**

Indeterminate sentence prisoners

- 4.22** There were 58 indeterminate sentence prisoners at Dartmoor, about half were prisoners on an indeterminate sentence for public protection reasons. Most were over tariff and some considerably so. These prisoners were being assessed by psychologists so that they could progress. An indeterminate sentence prisoner forum was held regularly, but there was no other specific support.

Reintegration planning

Expected outcomes:

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

- 4.23** HMP Dartmoor was not a designated resettlement prison, which meant it was not adequately resourced for pre-release work. The national strategy involved transferring men back to a local resettlement prison three months prior to their release. However, this did not happen and over 200 men had been released from Dartmoor in the previous year and was projected to be even higher this year.
- 4.24** Many of the men released from Dartmoor posed a high risk of harm to others and a significant proportion had been convicted of sexual offences, which increased our concerns about the lack of onsite community rehabilitation company (CRC) resettlement planning and 'through-the-gate' support.
- 4.25** Only men being released to local contract package areas 13 and 14 (the only two CRC areas covered by the core provision) had automatic access to planning and support delivered by Catch 22, which had been contracted to provide the full resettlement package locally and was not based on site. However, it covered less than 7% of the population. Other men were not automatically eligible for this support and did not receive a comprehensive review of their needs or coordinated assistance to address the issues identified unless paid for by community-based offender managers. Permission to provide services to these men had only been given twice in the previous year despite much higher levels of need (see main recommendation S43.)

Accommodation

- 4.26** Most men being released received little help with accommodation. While they could ask for help from some resettlement providers, for the majority, there was no access to a specialist CRC housing adviser and the help provided was too limited.
- 4.27** The number of men still in sustainable accommodation 12 weeks after their release was not known by the prison. Data we were given by the prison was limited to reports from the men themselves at the point of release and recorded on P-Nomis. According to this data, a quarter of all released men went to an approved probation hostel due to risk management concerns. However, another quarter was either homeless, only had very short-term accommodation or did not know where they were going to stay. Data provided to us after the inspection about the release of NPS-managed cases in the last year showed that 19% of these were homeless or only had very transient accommodation to go to. Regardless of which data set was used, the proportion of men being released without sustainable accommodation to go to, particularly in NPS-managed cases, was a concern given the risk of harm many of these cases presented when they were released. We looked at the last 12

men who had been released. Eight of these men were sexual offenders; five said they were homeless; two were going to very short-term temporary accommodation and one was unsure of where he was going to stay.

- 4.28** Some men we spoke to were unsure about their accommodation arrangements and said they would have to report to the local authority as homeless on the day of release to obtain urgent, possibly temporary help.

Recommendation

- 4.29 Specialist accommodation advice and support should be available to all men being released from Dartmoor.**

Education, training and employment

- 4.30** The quality of the National Careers Service, provided by Prospects, was good. Following interviews with prisoners, Prospects advisers produced detailed skills action plans that were used well to inform allocation activities. Staff generally supported prisoners well to use the virtual campus (internet access for prisoners to community education, training and employment opportunities) so they could obtain information for resettlement after release.
- 4.31** In January 2017, in response to this issue, prison managers had established a three-week pre-release course. This programme provided prisoners with appropriate preparation for release. However, too many prisoners due for release did not receive sufficient support, often because of funding and staffing shortages – since January 2017, only around 16% had access to the course. (See main recommendation S43.)

Health care

- 4.32** Pre-release or transfer discharge from health care was well planned. Patients had health checks and received a GP letter outlining their care and treatment during custody. They also received NHS information and harm minimisation material as well as prescribed drugs on their release. The care programme approach (mental health services for individuals diagnosed with a mental illness) was used to provide support for prisoners with enduring mental health problems.
- 4.33** Palliative care was very good and there were links to the local hospice and charity Macmillan Cancer Care. The monthly Macmillan-led clinic provided expert advice for 26 patients with cancer or life-limiting conditions, including seven undergoing palliative care. Clinic staff would shortly advise gym staff on devising exercises for those in care.

Good practice

- 4.34** *Macmillan nurses and hospice staff ensured patients received high quality palliative care similar to what was provided in the community and partnership working with prison departments was excellent.*

Drugs and alcohol

- 4.35** Substance misuse charity Exeter Drugs Project (EDP) and Care UK provided prisoners with psychosocial support and clinical management through the gate, despite the challenges posed by the remoteness of the prison.

Finance, benefit and debt

- 4.36** Access to financial support and debt advice was reasonably good and Citizens Advice and Money Advice Plymouth attended the prison once a month. Jobcentre plus set up fresh benefit claims and had plans to improve access to pension payments on release. Prisoners could open a basic bank account before their release and about one bank account a week had been opened in the previous year.

Children, families and contact with the outside world

- 4.37** The prison was involved in a regional strategy to develop and promote services for prisoners' children and families and had a local action plan that monitored progress.
- 4.38** Family work was good and developing. The prison had several initiatives to support family contact, including family conferencing (a mediated formal meeting to promote dialogue and understanding) and reading schemes where the child and prisoner read the same book. The Storybook Dads scheme (in which prisoners record stories for their children) was available in the library and the EDP had produced a workbook to help men maintain positive contact with their children.
- 4.39** Visitors told us it could be difficult to book visits on the phone, but the email system was now up and running. Capacity did not always meet demand, particularly at weekends. The visitors' centre, run by local charity Choices was welcoming and refreshments, information and activities for children were available. Gate staff opened the centre for visitors arriving early so there was somewhere they could wait, but the space was too cramped for the number of visitors.
- 4.40** The visitors' centre monitored how families travelled to the prison. In July, only 4% of visitors had travelled via public transport. There was no bus service from the nearest train station and a return taxi cost at least £50. The prison had explored if transport could be provided, but it had been considered too expensive.
- 4.41** The booking-in process was complicated. It involved a lot of walking to different buildings and many of the visitors were elderly or had mobility difficulties. Staff at the visitors' centre and at the prison booking-in desk were friendly and courteous. Searching procedures were sensitive and respectful. However, visits sometimes started too late reducing their visiting time by up to half an hour.
- 4.42** The visits hall was bright and relaxed. Refreshments were available and there was a professionally staffed play area. Families we spoke to were positive about the visits experience.
- 4.43** The prison had recently appointed a family champion, a custodial manager who would take the lead on organising visits, including developing family days. Child-centred visits with activities ran regularly in school holidays. Seven child-centred visits, and five adult-only family days were planned over the next year. Men who participated appreciated them.

- 4.44** Choices staff attended prisoners' induction every week to inform men about their services. They also offered follow-up appointments to those who needed advice or support to reconnect with their family. The substance misuse service also offered men support to maintain family contact. Comprehensive safeguarding children information had been disseminated among residential staff on the wings.
- 4.45** In our survey, only 21% of men said it was easy for their families to get to Dartmoor, lower than at comparator prison. Almost a quarter said they didn't get regular visits. During the inspection, 52 men had not received a visit at all while at the prison and many others received visits infrequently. However, any man who had not had a visit in the previous month could have a small amount of free phone credit and there was an active official visitors scheme, supporting over 30 men. The Email a Prisoner and voicemail services were available, but access to the phones could be problematic (see paragraph 2.5).

Recommendation

- 4.46** **The booking-in process should be streamlined and visits should start on time.**

Attitudes, thinking and behaviour

- 4.47** Dartmoor provided two accredited programmes – the Thinking Skills Programme and Resolve (violence reduction programme). They were well managed.
- 4.48** However, programmes specifically for sexual offenders were not available at the prison. Men could not be moved to other prisons to undertake these courses because they had been suspended pending the introduction of new programmes and because of population pressures at other establishments (see recommendation 4.21).
- 4.49** Little provision was available for men who were in denial of their sexual offence conviction or judged to be too low risk to complete sex offender treatment programmes. Offender supervisors also had little opportunity to deliver structured one-to-one work to reduce their risk of reoffending. Too many sexual offenders were released without having sufficiently addressed their attitude, thinking or behaviour. (See main recommendation S44.)

Recommendation

- 4.50** **A strategy for addressing the attitudes, thinking and behaviour of men considered unsuitable for accredited sexual offender treatment programmes should be developed.**

Additional resettlement services

- 4.51** Forty-four men identified as veterans during the inspection received impressive support. A good range of agencies was involved, including an armed forces charity, which provided regular support, including family work and practical assistance to improve their chances of successful resettlement. However, there was no regular support forum.
- 4.52** There was a lack of support for men who had been victims of domestic violence or involved in the sex industry in the community.

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 recommendation

To HMPPS

- 5.1 Facilities and the built environment should allow elderly and disabled men full access to their cells and the prison regime. (S41)

Main recommendation

To the governor

- 5.2 The regime should be sufficient to allow men consistent access to a good amount of time out of cell and the basic amenities and facilities they need. (S42)

Main recommendations

To the governor and HMPPS

- 5.3 The role of the prison should be clarified and if men continue to be released from Dartmoor, sufficient resources should be available to carry out the appropriate release management and preparation work required. (S43)
- 5.4 The high-risk population should receive effective support to address their risk of harm to others. (S44)

Recommendation

To HMPPS

Offender management and planning

- 5.5 HM Prison and Probation Service should ensure men who may need to be subject to MAPPA have their management level set at least six months prior to discharge from prison. (4.17)

Recommendations

To the governor

Courts, escort and transfers

- 5.6 All prisoners should be informed about Dartmoor's integrated regime before arriving at reception. (1.3)

Early days in custody

- 5.7 Initial safety screenings should be conducted in private. (1.11)
- 5.8 Men should have phone numbers authorised at the earliest opportunity. (1.12)

Bullying and violence reduction

- 5.9** Perpetrators of antisocial behaviour should be encouraged to address their problematic behaviour, and their victims should be supported effectively. (1.19)

Self-harm and suicide

- 5.10** The prison should have an up-to-date consolidated death in custody action plan. (1.27)

Safeguarding

- 5.11** Staff should receive training on their adult safeguarding responsibilities. (1.31)

Security

- 5.12** Outcomes from information reports, including searches and drug tests, should be carried out quickly. (1.39, repeated recommendation 1.43)

Incentives and earned privileges

- 5.13** The prison required a more flexible and responsive approach to people with extremely complex needs and for whom the IEP system was not promoting a change in behaviour. (1.43)

Discipline

- 5.14** Managers should ensure that all use of force paperwork is complete. (1.53)

Residential units

- 5.15** All cells should be properly maintained and kept warm and dry, and all toilets should be screened. (2.7, repeated recommendation 2.8)
- 5.16** Prisoners should be able to shower and use the phones every day. (2.8)
- 5.17** Prisoners should be able to access their stored property without significant delay. (2.9)

Equality and diversity

- 5.18** The prison should establish more links to community organisations to support men with protected characteristics. (2.19)
- 5.19** Discrimination investigations should be subject to external quality assurance and there should be clear actions to address discrimination when it is proven. (2.20)
- 5.20** There should be regular support forums and improved support for foreign national prisoners from all staff. (2.30, repeated recommendation 2.37)

Complaints

- 5.21** Trends in complaints should be analysed and action taken to address recurring issues. (2.38)

Legal rights

5.22 Prisoners should be able to use Access to Justice laptops. (2.41)

Health services

5.23 Health care practitioners should receive regular, documented clinical supervision. (2.53)

5.24 Clinical audits, particularly those for infection control compliance, should occur regularly. (2.54)

5.25 The pharmacy service and medicines management should be reviewed to ensure that the ordering and storage of medicines are scrutinised by a pharmacist and that patients have access to medicine use reviews and pharmacy-led clinics. (2.65)

5.26 Patients should be supplied with their medicines on time to ensure their treatment is not disrupted. (2.66)

5.27 Medicines should be administered and supervised in line with established recommended dosage schedules for optimal care. (2.67)

5.28 Essential dental surgery equipment should be maintained and serviced routinely, and repairs carried out promptly to ensure a safe and full dental service. (2.71)

5.29 Patients should be transferred to mental health services within the current time guideline. (2.76)

Catering

5.30 Breakfast packs should be issued on the morning they are to be eaten. (2.83, repeated recommendation 2.95)

Time out of cell

5.31 Until a full regime can be delivered, the prison should ensure that the core day provided is predictable, and that men have a minimum association period and at least one hour's exercise in the open air every day. (3.4)

Learning and skills and work activities

5.32 The provision provided by the college and its subcontractors should be evaluated accurately. (3.12)

5.33 All prisoners should be allocated to activities, which they should be able to attend. They should also have enough to do. (3.18)

5.34 Prisoners' use of English and maths should be developed to help improve their life chances. (3.23)

5.35 The prison should ensure instructors are able to assess and record the skills that prisoners develop in prison work. (3.24)

5.36 Prisoners should attend their lessons and activities on time. (3.27)

- 5.37** Prisoners' achievements on low performing courses should be improved and reliable data for those who study with subcontractors held. (3.31)

Physical education and healthy living

- 5.38** PE staff should evaluate data on attendance and use the information to target non-users. (3.40)

Offender management and planning

- 5.39** Men should not be assessed as suitable for an open prison without an up-to-date OASys assessment which reflects their current risks and needs. (4.20)
- 5.40** Men should be able to move promptly to other prisons to promote their progression. (4.21)

Reintegration planning

- 5.41** Specialist accommodation advice and support should be available to all men being released from Dartmoor. (4.29)
- 5.42** The booking-in process should be streamlined and visits should start on time. (4.46)
- 5.43** A strategy for addressing the attitudes, thinking and behaviour of men considered unsuitable for accredited sexual offender treatment programmes should be developed. (4.50)

Examples of good practice

- 5.44** The new and promising 'dialogue road mapping' initiative and use of mediation supported men in resolving disputes and tensions without using violence. (1.20)
- 5.45** Work with the independent adjudicator helped staff improve their understanding of the use of psychoactive substances, which meant they could provide men with better support and prevent them from being adjudicated again. (1.47)
- 5.46** The chaplaincy's excellent innovative support, including counselling and a range of classes, sessions and community initiatives, helped promote prisoners' emotional well-being and self-esteem. (2.35)
- 5.47** Macmillan nurses and hospice staff ensured patients received high quality palliative care similar to what was provided in the community and partnership working with prison departments was excellent. (4.34)

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief inspector
Sean Sullivan	Team leader
Francesca Cooney	Inspector
Sandra Fieldhouse	Inspector
Keith McInnis	Inspector
Jonathan Tickner	Inspector
Caroline Wright	Inspector
Ellis Cowling	Researcher
Laura Green	Researcher
Natalie-Anne Hall	Researcher
Joe Simmonds	Researcher
Paul Tarbuck	Health services inspector
Dayni Johnson	Care Quality Commission inspector
Cat Reeves	Care Quality Commission inspector
Malcolm Bruce	Ofsted inspector
Keith Hughes	Ofsted inspector
Shahram Safavi	Ofsted inspector
Paddy Doyle	Offender management inspector

Appendix II: Progress on recommendations from the last report

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2013, reception was welcoming and processes were efficient. First night and induction arrangements were good for vulnerable prisoners but considerably less positive for mainstream prisoners. Violence reduction arrangements had deteriorated. Too many prisoners felt unsafe and levels of victimisation were high. Suicide and self-harm procedures were reasonably good. Security was generally proportionate, security information was analysed well and areas of concern were identified. Incentives and earned privileges processes were poor. Levels of use of force were lower than at similar prisons. The segregation regime was inadequate and there was minimal reintegration planning. Illicit drug and alcohol availability was relatively high. Clinical services for drug users were overstretched but there was a suitable range of support services. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

All data relating to violence should be collated and analysed to identify trends, action should be taken to improve safety, and all identified incidents of violence should be investigated and appropriate action taken. (S54)

Achieved

Recommendations

Long escort journeys to the prison should include a toilet break. (1.5)

Achieved

All initial interviews should be conducted in private. (1.14)

Not achieved

First night cells should be maintained to a high standard and made welcoming for new arrivals. (1.15)

Not achieved

Night staff should always check and sign the risk assessment for new arrivals and check on their well-being. (1.16)

Achieved

Victims of antisocial behaviour should be fully supported. (1.22)

Partially achieved

The quality of night entries in assessment, care in custody and teamwork (ACCT) documents should be improved and demonstrate meaningful engagement. (1.27)

Partially achieved

Additional consideration should be given to the regime for prisoners subject to ACCTs who are unemployed and/or on the basic level of the IEP scheme. (1.28)

Not achieved

The gated cell in the segregation unit should not be used for prisoners in crisis and at risk of self-harm, and an alternative location should be found. (1.29)

Achieved

The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes.

(1.35)

Achieved

The items that prisoners can buy in the prison shop should only be restricted on the basis of sound assessments of risk. (1.42)

Achieved

Outcomes from security information reports, including searches and mandatory drug tests, should be carried out quickly. (1.43)

Not achieved (recommendation repeated, 1.39)

The mandatory drug testing (MDT) programme should be sufficiently resourced to undertake the required level of suspicion testing. (1.44)

Not achieved

The incentives and earned privileges (IEP) scheme should be implemented consistently and fairly across the prison. (1.50)

Not achieved

Prisoners should not be disadvantaged by the IEP scheme owing to protected characteristics or because of the lack of sentence plan or targets. (1.51)

Partially achieved

Safety issues raised by prisoners during adjudications should be actioned and reported. (1.55)

Not achieved

Strip-searching and use of anti-tear clothing for those placed in special accommodation should be fully justified. (1.59)

Achieved

All prisoners in the segregation unit should have a care plan to address problem or vulnerable behaviour, and options for their safe integration back into the main prison or transfer should be identified. (1.65)

Partially achieved

A range of regime activities should be available for all prisoners located in the segregation unit. (1.66)

Achieved

The clinical substance misuse service should be adequately resourced to provide good quality, consistent and coordinated care to all prisoners requiring treatment, including those who need secondary detoxification. (1.72)

Achieved

The health service providers' skill mix should include dual diagnosis expertise. (1.73)

Achieved

The drug and alcohol strategy action plans should be updated and informed by a comprehensive population needs analysis. (1.74)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2013, the general environment was decent. Most cellular accommodation was poor and unacceptably small. Access to showers and suitable clean clothing was good. Staff–prisoner relationships were reasonable, with good levels of engagement. The strategic management of diversity was poor but arrangements for some protected characteristics were good. Faith provision was good. The number of complaints submitted was relatively low but responses were often poor. Health services had improved and were mostly good. The food provided was reasonable. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

All cells should be properly maintained and kept warm and dry, and all toilets should be screened. (2.8)

Not achieved (recommendation repeated, 2.7)

Single cells should not be used to house two prisoners. (2.9)

Achieved

Showers should be accessible to older prisoners and those with disabilities, and be adequately screened. (2.10)

Achieved

Entries by wing staff in electronic case notes should be regular, of good quality and overseen by managers. (2.17)

Not achieved

The overarching equality policy should include provision for all protected characteristics of diversity. (2.20)

Achieved

An up-to-date equality action plan should underpin the strategic management of diversity and equality. (2.21)

Not achieved

Prisoners and staff should be aware of who is responsible for equality and diversity issues and how concerns can be addressed. (2.22)

Not achieved

Investigation of discrimination incident report forms (DIRFs) should be subject to external quality checks. (2.23)

Not achieved

Care support plans should be in place for all prisoners who need them, and should be regularly reviewed and updated. (2.35)

Not achieved

The identification of Gypsy, Romany or Traveller prisoners, and support for all black and minority ethnic prisoners, should be improved, including support groups or forums and support from external community agencies. (2.36)

Partially achieved

There should be regular support forums and improved support for foreign national prisoners from all staff. (2.37)

Not achieved (recommendation repeated, 2.30)

The prison should explore and take action to address the negative perceptions of some older prisoners and those with disabilities. (2.38)

Partially achieved

Older prisoners and those with disabilities from mainstream wings who are not using the diversity centre should be able to access support and information on the wings. (2.39)

Achieved

Prisoners' negative perceptions about faith provision should be explored and concerns addressed. (2.47)

Achieved

There should be regular analysis and quality assurance of complaints to ensure that emerging trends are identified and acted on and to improve the quality of responses. (2.52)

Not achieved

Information on how to access a range of legal advice should be made available to prisoners. (2.56)

Not achieved

A health needs assessment should be commissioned and completed as soon as possible to inform the future delivery of services. (2.64)

Achieved

Automated external defibrillator checks should be recorded daily. (2.65)

Achieved

There should be more allocated time for a pharmacist to enable medicines use reviews and routine counselling of patients to take place, and this service should be prominently advertised. (2.76)

Not achieved

A formal out-of-hours policy should be introduced, with a displayed list of approved medicines that can be supplied under the policy, and consideration should be given to the geographical location of the prison to ensure that all situations are catered for. (2.77)

Not achieved

The prescribing of tramadol in-possession should be reviewed in order to reduce the likelihood of prisoners being bullied for, and trading, this medicine. (2.78)

Partially achieved

Supervision times should be reviewed to ensure that medication is given at appropriate clinical times. (2.79)

Partially achieved

Prisoners should have access to professional counselling services. (2.88)

Not achieved

The prison should explore and address prisoners' negative perceptions of the food. (2.94)

Achieved

Breakfast packs should be issued on the morning they are to be eaten. (2.95)

Not achieved (recommendation repeated, 2.83)

All prisoners should have weekly access to the shop. (2.101)

Not achieved

Prisoners should not be charged an administration fee for catalogue orders. (2.102)

Not achieved

Purposeful activity

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

At the last inspection, in 2013, the amount of time out of cell was reasonable and few prisoners were locked up during the day. Access to association and exercise was too limited. Management of learning and skills had greatly improved but quality improvement processes were not fully developed. The number of activity spaces for the population was lower than the prison had calculated and managers were unaware that only two-thirds of the population was routinely engaged in any form of scheduled purposeful activity. The range and levels of education and vocational training were adequate. Achievement of qualifications was generally high. Effective use was made of peer mentors. Library and PE provision was good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

The number of available activity places should be increased and accurately identified, and all prisoners should be engaged in work, education or training, with attendance monitored.

(S55)

Achieved

Recommendations

All prisoners should have access to at least one hour's exercise each day. (3.5)

Not achieved

Association periods should be available during the week. (3.6)

Not achieved

Inappropriate regime slippage should be reduced. (3.7)

Not achieved

The learning and skills quality improvement action plan should be expanded and used to improve the self-assessment process and produce a single summary self-assessment report.

(3.18)

Partially achieved

The number of prisoners who leave education or training sessions to attend another activity should be reduced. (3.19)

Achieved

Better use should be made of the observations of teaching and learning in accredited vocational sessions. (3.20)

Achieved

There should be appropriate cover for staff absences in vocational training. (3.21)

Partially achieved

Individual learning plans in education classes should include clearer written records of prisoners' achievements and more specific and time-bound targets for improvement, and their format should be improved. (3.32)

Achieved

The success rates in functional skills qualifications in English and mathematics should be improved. (3.35)

Partially achieved

The outdoor PE facilities should be renovated and improved. (3.43)

Not achieved

Resettlement

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

At the last inspection, in 2013, far too many prisoners did not have an offender assessment system (OASys) assessment or sentence plan. Offender supervisors had large caseloads, their work was not prioritised and they had too little contact with prisoners. Too many home detention curfew decisions were late. Public protection arrangements were mainly sound but release on temporary licence risk assessments were poor. The resettlement support unit provided good resettlement opportunities, but this was confined to mainstream prisoners. There was good assessment of resettlement needs and pathway provision was mainly effective, although the visits capacity was inadequate. The lack of offending behaviour courses, particularly for the many sex offenders in denial of their offending, was a concern. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

The backlog of offender assessment system (OASys) assessments should be reduced and the work of offender supervisors prioritised. (S56)

Not achieved

The needs of sex offenders in denial should be analysed. A strategy and suitable programmes should be introduced. (S57)

Not achieved

Recommendations

The prison should use needs analysis information more effectively to plan and deliver resettlement and offender management services. (4.6)

Partially achieved

All prisoners should have the opportunity to apply for release on temporary licence (ROTL). (4.7)

No longer relevant

Prisoners should not be sent to the establishment without a full OASys assessment in place (4.14)

Not achieved

Sentence planning meetings should include contributions from all departments involved in working with the prisoner concerned. (4.15)

Achieved

The low proportion of successful home detention curfew (HDC) applications and delays in the process should be investigated and any remedial action identified taken. (4.16)

Achieved

The risk assessment of prisoners being released on temporary licence should fully address their risk of harm in the community. (4.20)

No longer relevant

National Careers Service (NCS) advisers should have real-time links to the NCS internet browser. (4.38)

Achieved

Resettlement courses should be provided for vulnerable prisoners and mainstream prisoners outside the RSU (4.39)

Partially achieved

Resettlement support unit prisoners should have access to the virtual campus. (4.40)

Achieved

The number of visits and family days should be increased to meet demand. (4.51)

Partially achieved

Visits booking should be improved and practical help with getting to the prison should be explored. (4.52)

Not achieved

Appendix III: Care Quality Commission Requirement Notice



Requirement Notice

Provider: Care UK Health & Rehabilitation Services Limited

Location: HMP Dartmoor

Location ID: 1-3578304900

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

Action we have told the provider to take

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

Regulation 12: Safe care and treatment

Regulation 12 HSCA (RA) Regulations 2014: Care and treatment must be provided in a safe way for service users

How the regulation was not being met:

We found that medicines were not always managed safely, and the registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:

- Medicines were not always supplied as prescribed, with many patients experiencing delays of up to several days before receiving their medicines. This resulted in lapses of treatment for conditions including high blood pressure, high cholesterol, heart disease and asthma, which put patients at risk of deterioration of their conditions. Care UK had not identified these lapses in medicine supply to patients.
- Some arrangements to ensure that prescribing was effective and patients had timely access to treatment were not in place. Since April 2017, when Care UK began providing healthcare services at the prison, they had not provided medicine use reviews, pharmacy-led clinics, medicines reconciliations for new patients, stock audits, or arrangements to ensure that out-of-hours medicines were available. Patient group directions were not in place to enable nurses to supply and administer medicines in the absence of a prescriber. .
- There was no pharmacy technician or assistant in post, and no pharmacist

had visited the prison since April 2017. Nurses were undertaking some pharmacy duties, but did not have the expertise to ensure that all medicine management arrangements were undertaken safely

Regulation 17: Good Governance

Regulation 17 HSCA (RA) Regulations 2014: Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

How the regulation was not being met:

We found that the provider had ineffective systems or processes in place that failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- The provider's systems did not ensure that all equipment within its responsibility had been appropriately maintained so that a full and safe service could continue to be provided to patients. The autoclave sterilizer for dental equipment was overdue for annual service by five months.
- The provider did not effectively maintain an oversight of medicines management to ensure that patients received medicines as required in accordance with the most appropriate course of treatment for their medical conditions. No medicines and therapeutics committee meetings had been held since Care UK began providing the service at HMP Dartmoor.
- The provider had not undertaken a full infection control compliance audit since taking over the contract in April 2017 to ensure that the environment was a safe area for patient treatment to be undertaken. Actions arising from the last audit, which had been undertaken by the previous provider had not been marked as completed or progressed since an action plan was drawn up in November 2016.

There was additional evidence of poor governance. In particular:

- The provider was not monitoring whether clinical staff received regular, documented clinical supervision in accordance with its own policy to maximise patient care, good practice and shared learning.
- The provider had not ensured that the self-employed GPs working at the location had sight of, or signed, consultancy agreements to confirm the expectation that they work with patients in accordance with the provider's own policies and protocols.

Appendix IV: Prison population profile

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

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	0	576	91
Recall	0	56	9
Convicted unsentenced	0	0	0
Remand	0	0	0
Civil prisoners	0	0	0
Detainees	0	0	0
Total	0	632	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	0	0	0
Less than 6 months	0	0	0
6 months to less than 12 months	0	3	0.5
12 months to less than 2 years	0	22	3.5
2 years to less than 4 years	0	103	16
4 years to less than 10 years	0	352	55.5
10 years and over (not life)	0	94	15
ISPP (indeterminate sentence for public protection)	0	28	4.5
Life	0	30	5
Total	0	632	100

Age	Number of prisoners	%
Please state minimum age here:	21	
Under 21 years	0	0
21 years to 29 years	111	17.6
30 years to 39 years	148	23.4
40 years to 49 years	119	18.8
50 years to 59 years	113	17.9
60 years to 69 years	82	13
70 plus years	59	9.3
Please state maximum age here:	85	
Total	632	100

Nationality	18–20 yr olds	21 and over	%
British	0	607	96
Foreign nationals	0	25	4
Total	0	632	100

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	0	0	0
Uncategorised sentenced	0	0	0
Category A	0	0	0
Category B	0	0	0
Category C	0	617	97.6
Category D	0	15	2.4
Other	0	0	0
Total	0	632	100

Ethnicity	18–20 yr olds	21 and over	%
White			
British	0	546	86.4
Irish	0	3	0.5
Gypsy/Irish Traveller	0	9	1.4
Other white	0	24	3.8
Mixed			
White and black Caribbean	0	8	1.3
White and black African	0		
White and Asian	0	1	0.2
Other mixed	0	1	0.2
Asian or Asian British			
Indian	0	7	1.1
Pakistani	0	2	0.3
Bangladeshi	0		
Chinese	0	1	0.2
Other Asian	0	4	0.6
Black or black British			
Caribbean	0	10	1.6
African	0	9	1.4
Other black	0	5	0.8
Other ethnic group			
Arab	0	1	0.2
Other ethnic group	0	0	0
Not stated	0	1	0.2
Total	0	632	100

Religion	18–20 yr olds	21 and over	%
Baptist	0	5	0.6
Church of England	0	180	28.3
Roman Catholic	0	64	9.8
Other Christian denominations	0	104	16.5
Muslim	0	21	3.5
Sikh	0	1	0.2
Hindu	0	1	0.2
Buddhist	0	20	3.2
Jewish	0	2	0.3
Other	0	25	4
No religion	0	212	33.5
Total	0	632	100

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)	0	46	7.2
Total	0	46	7.2

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	49	7.8
1 month to 3 months	0	0	73	11.6
3 months to 6 months	0	0	82	13
6 months to 1 year	0	0	154	24.4
1 year to 2 years	0	0	169	26.7
2 years to 4 years	0	0	92	14.6
4 years or more	0	0	13	2.1
Total	0	0	632	100

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry	0	NIL	0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	0	492	77
Total	0	492	77

Unsentenced prisoners only

Length of stay	18–20 yr 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 6 months	0	0	0	0
6 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

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 establishment⁸. Respondents were then randomly selected from a P-NOMIS prisoner population printout using a stratified systematic sampling method.

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 14 August 2017 the prisoner population at HMP Dartmoor was 634. Using the method described above, questionnaires were distributed to a sample of 199 prisoners.

We received a total of 181 completed questionnaires, a response rate of 91%. This included six questionnaires completed via interview. Seven respondents refused to complete a questionnaire and 11 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	37
B	33
D	36
E	13
F	14
G	47
Segregation unit	1

Presentation of survey results and analyses

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

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 Dartmoor in 2017 compared with responses from prisoners surveyed in all other category C training prisons. This comparator is based on all responses from prisoner surveys carried out in 38 category C training prisons since April 2013.
- The current survey responses from HMP Dartmoor in 2017 compared with the responses of prisoners surveyed at HMP Dartmoor in 2013.
- 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.
- A comparison within the 2017 survey between those who considered themselves to be a veteran and those who did not.

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.

Survey summary

Section I: About You

QI.1	What wing or houseblock are you currently living on? See survey methodology.	
QI.2	How old are you?	
	Under 21	0 (0%)
	21 - 29.....	32 (18%)
	30 - 39.....	44 (25%)
	40 - 49.....	34 (19%)
	50 - 59.....	25 (14%)
	60 - 69.....	31 (17%)
	70 and over	12 (7%)
QI.3	Are you sentenced?	
	Yes	167 (93%)
	Yes - on recall.....	12 (7%)
	No - awaiting trial.....	0 (0%)
	No - awaiting sentence	0 (0%)
	No - awaiting deportation.....	0 (0%)
QI.4	How long is your sentence?	
	Not sentenced.....	0 (0%)
	Less than 6 months.....	0 (0%)
	6 months to less than 1 year	5 (3%)
	1 year to less than 2 years	12 (7%)
	2 years to less than 4 years	47 (27%)
	4 years to less than 10 years.....	72 (41%)
	10 years or more.....	18 (10%)
	IPP (indeterminate sentence for public protection)	9 (5%)
	Life.....	13 (7%)
QI.5	Are you a foreign national (i.e. do not have UK citizenship)?	
	Yes	11 (6%)
	No.....	166 (94%)
QI.6	Do you understand spoken English?	
	Yes	177 (100%)
	No.....	0 (0%)
QI.7	Do you understand written English?	
	Yes	171 (98%)
	No.....	4 (2%)

Q1.8	What is your ethnic origin?		
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	153 (85%)	Asian or Asian British - Chinese..... 0 (0%)
	White - Irish	2 (1%)	Asian or Asian British - other
	White - other.....	8 (4%)	Mixed race - white and black Caribbean ..
	Black or black British - Caribbean.....	6 (3%)	Mixed race - white and black African.....
	Black or black British - African	1 (1%)	Mixed race - white and Asian.....
	Black or black British - other	0 (0%)	Mixed race - other
	Asian or Asian British - Indian	0 (0%)	Arab
	Asian or Asian British - Pakistani.....	0 (0%)	Other ethnic group.....
	Asian or Asian British - Bangladeshi.....	0 (0%)	
Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	Yes		7 (4%)
	No.....		168 (96%)
Q1.10	What is your religion?		
	None.....	56 (32%)	Hindu.....
	Church of England	66 (38%)	Jewish.....
	Catholic	19 (11%)	Muslim.....
	Protestant.....	2 (1%)	Sikh
	Other Christian denomination	10 (6%)	Other
	Buddhist.....	6 (3%)	
Q1.11	How would you describe your sexual orientation?		
	Heterosexual/ Straight		155 (90%)
	Homosexual/Gay.....		8 (5%)
	Bisexual.....		9 (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		50 (28%)
	No.....		128 (72%)
Q1.13	Are you a veteran (ex-armed services)?		
	Yes		23 (13%)
	No.....		154 (87%)
Q1.14	Is this your first time in prison?		
	Yes		103 (58%)
	No.....		76 (42%)
Q1.15	Do you have children under the age of 18?		
	Yes		72 (41%)
	No.....		105 (59%)

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		62 (35%)
	2 hours or longer		110 (61%)
	Don't remember		7 (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>	62 (35%)
	Yes	93 (53%)
	No.....	19 (11%)
	<i>Don't remember</i>	2 (1%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	62 (35%)
	Yes	14 (8%)
	No.....	98 (55%)
	<i>Don't remember</i>	3 (2%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	144 (81%)
	No.....	26 (15%)
	<i>Don't remember</i>	7 (4%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	144 (81%)
	No.....	30 (17%)
	<i>Don't remember</i>	3 (2%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	<i>Very well</i>	72 (41%)
	<i>Well</i>	76 (43%)
	<i>Neither</i>	22 (13%)
	<i>Badly</i>	4 (2%)
	<i>Very badly</i>	1 (1%)
	<i>Don't remember</i>	1 (1%)
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>	105 (59%)
	<i>Yes, I received written information</i>	37 (21%)
	<i>No, I was not told anything</i>	41 (23%)
	<i>Don't remember</i>	0 (0%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	159 (90%)
	No.....	17 (10%)
	<i>Don't remember</i>	1 (1%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	<i>Less than 2 hours</i>	118 (67%)
	<i>2 hours or longer</i>	43 (24%)
	<i>Don't remember</i>	15 (9%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	163 (93%)
	No	7 (4%)
	<i>Don't remember</i>	6 (3%)

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

Very well.....	74 (42%)
Well.....	70 (39%)
Neither.....	27 (15%)
Badly.....	4 (2%)
Very badly.....	1 (1%)
Don't remember.....	2 (1%)

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

Loss of property.....	30 (17%)	Physical health.....	26 (15%)
Housing problems.....	19 (11%)	Mental health.....	47 (27%)
Contacting employers.....	3 (2%)	Needing protection from other prisoners	10 (6%)
Contacting family.....	42 (24%)	Getting phone numbers.....	29 (17%)
Childcare.....	0 (0%)	Other.....	8 (5%)
Money worries.....	20 (12%)	Did not have any problems.....	56 (32%)
Feeling depressed or suicidal.....	38 (22%)		

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

Yes.....	55 (33%)
No.....	55 (33%)
Did not have any problems.....	56 (34%)

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

Tobacco.....	51 (29%)
A shower.....	26 (15%)
A free telephone call.....	75 (42%)
Something to eat.....	121 (68%)
PIN phone credit.....	60 (34%)
Toiletries/ basic items.....	113 (64%)
Did not receive anything.....	17 (10%)

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.....	95 (55%)
Someone from health services.....	118 (68%)
A Listener/Samaritans.....	66 (38%)
Prison shop/ canteen.....	49 (28%)
Did not have access to any of these.....	19 (11%)

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.....	89 (52%)
What support was available for people feeling depressed or suicidal.....	77 (45%)
How to make routine requests (applications).....	84 (49%)
Your entitlement to visits.....	67 (39%)
Health services.....	97 (57%)
Chaplaincy.....	93 (55%)
Not offered any information.....	33 (19%)

Q3.9	Did you feel safe on your first night here?	
	Yes	137 (77%)
	No.....	31 (18%)
	Don't remember	9 (5%)
Q3.10	How soon after you arrived here did you go on an induction course?	
	Have not been on an induction course	12 (7%)
	Within the first week.....	133 (75%)
	More than a week.....	29 (16%)
	Don't remember	4 (2%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	12 (7%)
	Yes	118 (68%)
	No.....	34 (20%)
	Don't remember	10 (6%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	Did not receive an assessment.....	10 (6%)
	Within the first week.....	67 (39%)
	More than a week.....	73 (43%)
	Don't remember	21 (12%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....						
		Very easy	Easy	Neither	Difficult	Very difficult	N/A
	Communicate with your solicitor or legal representative?	16 (10%)	38 (23%)	26 (16%)	30 (18%)	17 (10%)	36 (22%)
	Attend legal visits?	18 (12%)	43 (29%)	26 (17%)	11 (7%)	4 (3%)	48 (32%)
	Get bail information?	5 (4%)	7 (5%)	18 (13%)	12 (9%)	9 (6%)	90 (64%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	Not had any letters.....					30 (18%)	
	Yes.....					62 (37%)	
	No.....					77 (46%)	
Q4.3	Can you get legal books in the library?						
	Yes.....					78 (46%)	
	No.....					8 (5%)	
	Don't know					83 (49%)	
Q4.4	Please answer the following questions about the wing/unit you are currently living on:						
		Yes	No	Don't know			
	Do you normally have enough clean, suitable clothes for the week?	137 (77%)	39 (22%)	1 (1%)			
	Are you normally able to have a shower every day?	55 (31%)	122 (69%)	0 (0%)			
	Do you normally receive clean sheets every week?	145 (85%)	24 (14%)	2 (1%)			
	Do you normally get cell cleaning materials every week?	130 (74%)	44 (25%)	1 (1%)			
	Is your cell call bell normally answered within five minutes?	65 (37%)	97 (55%)	15 (8%)			
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	124 (71%)	48 (28%)	2 (1%)			
	If you need to, can you normally get your stored property?	40 (23%)	75 (43%)	58 (34%)			

Q4.5	What is the food like here?	
	Very good.....	24 (14%)
	Good.....	77 (45%)
	Neither.....	46 (27%)
	Bad.....	20 (12%)
	Very bad.....	5 (3%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	
	Have not bought anything yet/ don't know.....	2 (1%)
	Yes.....	133 (75%)
	No.....	43 (24%)
Q4.7	Can you speak to a Listener at any time, if you want to?	
	Yes.....	110 (63%)
	No.....	7 (4%)
	Don't know.....	58 (33%)
Q4.8	Are your religious beliefs respected?	
	Yes.....	87 (49%)
	No.....	17 (10%)
	Don't know/ N/A.....	74 (42%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes.....	116 (66%)
	No.....	3 (2%)
	Don't know/ N/A.....	57 (32%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	I don't want to attend.....	40 (23%)
	Very easy.....	33 (19%)
	Easy.....	44 (26%)
	Neither.....	17 (10%)
	Difficult.....	13 (8%)
	Very difficult.....	4 (2%)
	Don't know.....	20 (12%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?		
	Yes.....	156 (88%)	
	No.....	14 (8%)	
	Don't know.....	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.)		
		Not made one	Yes
		No	
	Are applications dealt with fairly?	15 (9%)	108 (66%)
	Are applications dealt with quickly (within seven days)?	15 (9%)	83 (52%)
		41 (25%)	61 (38%)
Q5.3	Is it easy to make a complaint?		
	Yes.....	102 (59%)	
	No.....	26 (15%)	
	Don't know.....	44 (26%)	

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

	Not made one	Yes	No
Are complaints dealt with fairly?	84 (49%)	29 (17%)	59 (34%)
Are complaints dealt with quickly (within seven days)?	84 (50%)	28 (17%)	55 (33%)

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

Yes	38 (22%)
No.....	133 (78%)

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

Don't know who they are.....	46 (28%)
Very easy.....	18 (11%)
Easy.....	41 (25%)
Neither.....	45 (27%)
Difficult.....	14 (8%)
Very difficult.....	2 (1%)

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.....	9 (5%)
Yes	85 (50%)
No	60 (36%)
Don't know	15 (9%)

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

Don't know what the IEP scheme is.....	9 (5%)
Yes	70 (42%)
No.....	73 (43%)
Don't know	16 (10%)

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

Yes.....	17 (10%)
No.....	158 (90%)

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.....	139 (86%)
Very well.....	6 (4%)
Well.....	5 (3%)
Neither.....	8 (5%)
Badly.....	4 (2%)
Very badly.....	0 (0%)

Section 7: Relationships with staff**Q7.1 Do most staff treat you with respect?**

Yes.....	135 (79%)
No.....	36 (21%)

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

Yes.....	132 (76%)
No.....	42 (24%)

Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	46 (26%)
	No.....	131 (74%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	7 (4%)
	Never.....	28 (16%)
	Rarely	59 (34%)
	Some of the time	50 (29%)
	Most of the time	23 (13%)
	All of the time.....	7 (4%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	115 (66%)
	<i>In the first week</i>	19 (11%)
	<i>More than a week</i>	32 (18%)
	<i>Don't remember</i>	9 (5%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	115 (66%)
	Very helpful.....	12 (7%)
	Helpful	15 (9%)
	Neither	17 (10%)
	Not very helpful	4 (2%)
	Not at all helpful.....	10 (6%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	Yes	102 (57%)
	No.....	76 (43%)
Q8.2	Do you feel unsafe now?	
	Yes	33 (19%)
	No.....	140 (81%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	Never felt unsafe	76 (45%)
	Everywhere	24 (14%)
	Segregation unit	3 (2%)
	Association areas.....	28 (16%)
	Reception area	9 (5%)
	At the gym	17 (10%)
	In an exercise yard.....	21 (12%)
	At work.....	12 (7%)
	During movement	42 (25%)
	At education.....	11 (6%)
	At meal times	14 (8%)
	At health services	47 (28%)
	Visits area.....	7 (4%)
	In wing showers.....	25 (15%)
	In gym showers.....	14 (8%)
	In corridors/stairwells	34 (20%)
	On your landing/wing.....	27 (16%)
	In your cell.....	10 (6%)
	At religious services	2 (1%)
Q8.4	Have you been victimised by other prisoners here?	
	Yes	63 (36%)
	No.....	114 (64%)

Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	29 (16%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	18 (10%)
	<i>Sexual abuse</i>	5 (3%)
	<i>Feeling threatened or intimidated</i>	39 (22%)
	<i>Having your canteen/property taken.....</i>	18 (10%)
	<i>Medication.....</i>	8 (5%)
	<i>Debt</i>	5 (3%)
	<i>Drugs.....</i>	4 (2%)
	<i>Your race or ethnic origin.....</i>	5 (3%)
	<i>Your religion/religious beliefs</i>	3 (2%)
	<i>Your nationality</i>	3 (2%)
	<i>You are from a different part of the country than others.....</i>	5 (3%)
	<i>You are from a traveller community</i>	2 (1%)
	<i>Your sexual orientation</i>	8 (5%)
	<i>Your age.....</i>	9 (5%)
	<i>You have a disability.....</i>	9 (5%)
	<i>You were new here.....</i>	10 (6%)
	<i>Your offence/ crime</i>	29 (16%)
	<i>Gang related issues.....</i>	5 (3%)
Q8.6	Have you been victimised by staff here?	
	Yes	44 (25%)
	No.....	132 (75%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	21 (12%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	11 (6%)
	<i>Sexual abuse</i>	1 (1%)
	<i>Feeling threatened or intimidated</i>	30 (17%)
	<i>Medication.....</i>	5 (3%)
	<i>Debt</i>	3 (2%)
	<i>Drugs.....</i>	4 (2%)
	<i>Your race or ethnic origin.....</i>	0 (0%)
	<i>Your religion/religious beliefs</i>	2 (1%)
	<i>Your nationality</i>	3 (2%)
	<i>You are from a different part of the country than others.....</i>	4 (2%)
	<i>You are from a traveller community</i>	3 (2%)
	<i>Your sexual orientation</i>	4 (2%)
	<i>Your age.....</i>	6 (3%)
	<i>You have a disability.....</i>	8 (5%)
	<i>You were new here.....</i>	6 (3%)
	<i>Your offence/ crime</i>	9 (5%)
	<i>Gang related issues.....</i>	3 (2%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	93 (59%)
	Yes	31 (20%)
	No.....	34 (22%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?:						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	18 (10%)	15 (9%)	40 (23%)	21 (12%)	59 (34%)	19 (11%)
	The nurse	16 (9%)	27 (16%)	62 (36%)	26 (15%)	30 (17%)	11 (6%)
	The dentist	31 (18%)	9 (5%)	18 (11%)	12 (7%)	62 (37%)	37 (22%)
Q9.2	What do you think of the quality of the health service from the following people?:						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	21 (12%)	37 (21%)	49 (28%)	29 (17%)	26 (15%)	12 (7%)
	The nurse	14 (8%)	52 (30%)	62 (36%)	19 (11%)	17 (10%)	8 (5%)
	The dentist	50 (29%)	34 (20%)	36 (21%)	21 (12%)	17 (10%)	12 (7%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>						7 (4%)
	<i>Very good</i>						31 (18%)
	<i>Good</i>						59 (34%)
	<i>Neither</i>						36 (21%)
	<i>Bad</i>						25 (15%)
	<i>Very bad</i>						14 (8%)
Q9.4	Are you currently taking medication?						
	Yes						118 (67%)
	No						59 (33%)
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>						59 (34%)
	<i>Yes, all my meds</i>						78 (45%)
	<i>Yes, some of my meds</i>						20 (11%)
	<i>No</i>						18 (10%)
Q9.6	Do you have any emotional or mental health problems?						
	Yes						73 (42%)
	No						100 (58%)
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>						100 (59%)
	Yes						38 (22%)
	No						31 (18%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	33 (19%)
	No	143 (81%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	29 (16%)
	No	147 (84%)

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy.....	61 (35%)
	Easy.....	25 (14%)
	Neither.....	4 (2%)
	Difficult.....	0 (0%)
	Very difficult.....	2 (1%)
	Don't know.....	81 (47%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy.....	16 (9%)
	Easy.....	17 (10%)
	Neither.....	13 (8%)
	Difficult.....	8 (5%)
	Very difficult.....	5 (3%)
	Don't know.....	113 (66%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes.....	18 (10%)
	No.....	157 (90%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes.....	9 (5%)
	No.....	165 (95%)
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.....	132 (78%)
	Yes.....	27 (16%)
	No.....	11 (6%)
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.....	147 (83%)
	Yes.....	23 (13%)
	No.....	7 (4%)
Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	Did not have a problem/ did not receive help.....	132 (79%)
	Yes.....	29 (17%)
	No.....	7 (4%)

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	17 (10%)	22 (13%)	57 (34%)	19 (11%)	44 (26%)	10 (6%)
	Vocational or skills training	22 (14%)	23 (15%)	63 (40%)	22 (14%)	19 (12%)	7 (4%)
	Education (including basic skills)	17 (11%)	30 (19%)	74 (47%)	20 (13%)	13 (8%)	4 (3%)
	Offending behaviour programmes	54 (36%)	11 (7%)	33 (22%)	29 (19%)	15 (10%)	10 (7%)

Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)				
	<i>Not involved in any of these</i>				25 (15%)
	Prison job				116 (68%)
	Vocational or skills training.....				27 (16%)
	Education (including basic skills).....				38 (22%)
	Offending behaviour programmes				7 (4%)
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	25 (16%)	68 (43%)	50 (31%)	17 (11%)
	Vocational or skills training	34 (26%)	67 (51%)	21 (16%)	10 (8%)
	Education (including basic skills)	22 (16%)	74 (54%)	33 (24%)	9 (7%)
	Offending behaviour programmes	54 (43%)	29 (23%)	30 (24%)	13 (10%)
Q11.4	How often do you usually go to the library?				
	<i>Don't want to go</i>				13 (8%)
	<i>Never</i>				14 (8%)
	<i>Less than once a week</i>				68 (40%)
	<i>About once a week</i>				57 (34%)
	<i>More than once a week</i>				16 (10%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	<i>Don't use it</i>				24 (14%)
	<i>Yes</i>				100 (60%)
	<i>No</i>				43 (26%)
Q11.6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				49 (30%)
	<i>0</i>				39 (24%)
	<i>1 to 2</i>				22 (13%)
	<i>3 to 5</i>				45 (27%)
	<i>More than 5</i>				10 (6%)
Q11.7	How many times do you usually go outside for exercise each week?				
	<i>Don't want to go</i>				21 (12%)
	<i>0</i>				41 (24%)
	<i>1 to 2</i>				78 (46%)
	<i>3 to 5</i>				26 (15%)
	<i>More than 5</i>				5 (3%)
Q11.8	How many times do you usually have association each week?				
	<i>Don't want to go</i>				4 (2%)
	<i>0</i>				14 (8%)
	<i>1 to 2</i>				56 (34%)
	<i>3 to 5</i>				74 (45%)
	<i>More than 5</i>				17 (10%)

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>	31 (19%)
	<i>2 to less than 4 hours</i>	23 (14%)
	<i>4 to less than 6 hours</i>	57 (35%)
	<i>6 to less than 8 hours</i>	32 (19%)
	<i>8 to less than 10 hours</i>	6 (4%)
	<i>10 hours or more</i>	6 (4%)
	<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?	
	<i>Yes</i>	61 (36%)
	<i>No</i>	109 (64%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	62 (36%)
	<i>No</i>	110 (64%)
Q12.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	92 (54%)
	<i>No</i>	78 (46%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	38 (23%)
	<i>Very easy</i>	10 (6%)
	<i>Easy</i>	25 (15%)
	<i>Neither</i>	17 (10%)
	<i>Difficult</i>	35 (21%)
	<i>Very difficult</i>	39 (23%)
	<i>Don't know</i>	4 (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%)
	<i>Yes</i>	153 (92%)
	<i>No</i>	14 (8%)
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>	14 (8%)
	<i>No contact</i>	44 (26%)
	<i>Letter</i>	54 (32%)
	<i>Phone</i>	38 (23%)
	<i>Visit</i>	55 (33%)
Q13.3	Do you have a named offender supervisor in this prison?	
	<i>Yes</i>	150 (91%)
	<i>No</i>	15 (9%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	0 (0%)
	<i>Yes</i>	89 (52%)
	<i>No</i>	83 (48%)

Q13.5	How involved were you in the development of your sentence plan?		
	<i>Do not have a sentence plan/ not sentenced</i>	83	(49%)
	<i>Very involved</i>	15	(9%)
	<i>Involved</i>	27	(16%)
	<i>Neither</i>	12	(7%)
	<i>Not very involved</i>	7	(4%)
	<i>Not at all involved</i>	26	(15%)
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>	83	(49%)
	<i>Nobody</i>	41	(24%)
	<i>Offender supervisor</i>	30	(18%)
	<i>Offender manager</i>	23	(14%)
	<i>Named/ personal officer</i>	4	(2%)
	<i>Staff from other departments</i>	10	(6%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?		
	<i>Do not have a sentence plan/ not sentenced</i>	83	(49%)
	<i>Yes</i>	36	(21%)
	<i>No</i>	30	(18%)
	<i>Don't know</i>	19	(11%)
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>	83	(49%)
	<i>Yes</i>	16	(9%)
	<i>No</i>	51	(30%)
	<i>Don't know</i>	19	(11%)
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>	83	(49%)
	<i>Yes</i>	18	(11%)
	<i>No</i>	36	(21%)
	<i>Don't know</i>	34	(20%)
Q13.10	Do you have a needs based custody plan?		
	<i>Yes</i>	2	(1%)
	<i>No</i>	68	(41%)
	<i>Don't know</i>	94	(57%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?		
	<i>Yes</i>	18	(11%)
	<i>No</i>	146	(89%)
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	35 (23%)	39 (26%) 76 (51%)
	Accommodation	40 (26%)	30 (19%) 84 (55%)
	Benefits	30 (19%)	37 (24%) 88 (57%)
	Finances	35 (23%)	27 (18%) 87 (58%)
	Education	48 (34%)	31 (22%) 63 (44%)
	Drugs and alcohol	63 (43%)	34 (23%) 50 (34%)

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%)
Yes	84 (53%)
No	76 (48%)

Main comparator and comparator to last time



Prisoner survey responses HMP Dartmoor 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

Any percentage highlighted in green is significantly better		HMP Dartmoor 2017	Category C training prisons comparator	HMP Dartmoor 2017	HMP Dartmoor 2013
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		181	6,501	181	169
SECTION 1: General information					
1.2	Are you under 21 years of age?	0%	2%	0%	1%
1.3	Are you sentenced?	100%	100%	100%	100%
1.3	Are you on recall?	7%	9%	7%	8%
1.4	Is your sentence less than 12 months?	3%	6%	3%	6%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	5%	8%	5%	5%
1.5	Are you a foreign national?	6%	11%	6%	4%
1.6	Do you understand spoken English?	100%	99%	100%	99%
1.7	Do you understand written English?	98%	98%	98%	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.)	9%	26%	9%	7%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	4%	4%	7%
1.1	Are you Muslim?	2%	14%	2%	3%
1.11	Are you homosexual/gay or bisexual?	10%	3%	10%	6%
1.12	Do you consider yourself to have a disability?	28%	23%	28%	24%
1.13	Are you a veteran (ex-armed services)?	13%	6%	13%	15%
1.14	Is this your first time in prison?	58%	40%	58%	43%
1.15	Do you have any children under the age of 18?	41%	50%	41%	52%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	61%	44%	61%	65%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	82%	75%	82%	80%
2.3	Were you offered a toilet break?	12%	8%	12%	4%
2.4	Was the van clean?	81%	60%	81%	74%
2.5	Did you feel safe?	81%	78%	81%	78%
2.6	Were you treated well/very well by the escort staff?	84%	72%	84%	70%
2.7	Before you arrived here were you told that you were coming here?	59%	60%	59%	48%
2.7	Before you arrived here did you receive any written information about coming here?	21%	11%	21%	30%
2.8	When you first arrived here did your property arrive at the same time as you?	90%	83%	90%	86%

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?	67%	52%	67%	70%
3.2	When you were searched in reception, was this carried out in a respectful way?	93%	85%	93%	85%
3.3	Were you treated well/very well in reception?	81%	76%	81%	75%
	When you first arrived:				
3.4	Did you have any problems?	68%	62%	68%	61%
3.4	Did you have any problems with loss of property?	17%	20%	17%	15%
3.4	Did you have any housing problems?	11%	13%	11%	19%
3.4	Did you have any problems contacting employers?	2%	2%	2%	4%
3.4	Did you have any problems contacting family?	24%	18%	24%	23%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	2%	0%	3%
3.4	Did you have any money worries?	12%	13%	12%	20%
3.4	Did you have any problems with feeling depressed or suicidal?	22%	16%	22%	17%
3.4	Did you have any physical health problems?	15%	14%	15%	15%
3.4	Did you have any mental health problems?	27%	21%	27%	15%
3.4	Did you have any problems with needing protection from other prisoners?	6%	5%	6%	10%
3.4	Did you have problems accessing phone numbers?	17%	15%	17%	17%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	50%	35%	50%	42%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	29%	71%	29%	76%
3.6	A shower?	15%	28%	15%	23%
3.6	A free telephone call?	42%	40%	42%	43%
3.6	Something to eat?	68%	56%	68%	75%
3.6	PIN phone credit?	34%	50%	34%	53%
3.6	Toiletries/ basic items?	64%	49%	64%	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?	55%	53%	55%	52%
3.7	Someone from health services?	68%	69%	68%	72%
3.7	A Listener/Samaritans?	38%	34%	38%	32%
3.7	Prison shop/ canteen?	28%	26%	28%	23%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	52%	50%	52%	51%
3.8	Support was available for people feeling depressed or suicidal?	45%	39%	45%	46%
3.8	How to make routine requests?	49%	43%	49%	45%
3.8	Your entitlement to visits?	39%	38%	39%	38%
3.8	Health services?	57%	51%	57%	57%
3.8	The chaplaincy?	55%	47%	55%	49%
3.9	Did you feel safe on your first night here?	77%	79%	77%	80%
3.10	Have you been on an induction course?	93%	90%	93%	81%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	73%	59%	73%	60%
3.12	Did you receive an education (skills for life) assessment?	94%	85%	94%	80%
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?	33%	42%	33%	47%
4.1	Attend legal visits?	41%	44%	41%	51%
4.1	Get bail information?	9%	13%	9%	17%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	37%	38%	37%	37%
4.3	Can you get legal books in the library?	46%	41%	46%	40%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	77%	66%	77%	70%
4.4	Are you normally able to have a shower every day?	31%	89%	31%	92%
4.4	Do you normally receive clean sheets every week?	85%	64%	85%	86%
4.4	Do you normally get cell cleaning materials every week?	74%	62%	74%	77%
4.4	Is your cell call bell normally answered within five minutes?	37%	32%	37%	40%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	71%	68%	71%	69%
4.4	Can you normally get your stored property, if you need to?	23%	22%	23%	36%
4.5	Is the food in this prison good/very good?	59%	33%	59%	20%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	75%	49%	75%	52%
4.7	Are you able to speak to a Listener at any time, if you want to?	63%	55%	63%	61%
4.8	Are your religious beliefs respected?	49%	52%	49%	46%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	66%	58%	66%	55%
4.10	Is it easy/very easy to attend religious services?	45%	50%	45%	44%

Main comparator and comparator to last time

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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?	88%	80%	88%	85%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	72%	55%	72%	68%
5.2	Do you feel applications are dealt with quickly (within seven days)?	58%	36%	58%	59%
5.3	Is it easy to make a complaint?	59%	58%	59%	59%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	33%	32%	33%	40%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	34%	26%	34%	40%
5.5	Have you ever been prevented from making a complaint when you wanted to?	22%	20%	22%	18%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	36%	27%	36%	47%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	50%	47%	50%	47%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	42%	44%	42%	39%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	10%	9%	10%	4%
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?	48%	35%	48%	38%
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	79%	79%	79%	78%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	76%	72%	76%	76%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	26%	29%	26%	29%
7.4	Do staff normally speak to you most of the time/all of the time during association?	17%	21%	17%	27%
7.5	Do you have a personal officer?	34%	62%	34%	61%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	47%	61%	47%	57%

Main comparator and comparator to last time

Key to tables

		HMP Dartmoor 2017	Category C training prisons comparator	HMP Dartmoor 2017	HMP Dartmoor 2013
	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				
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	57%	41%	57%	42%
8.2	Do you feel unsafe now?	19%	18%	19%	16%
8.4	Have you been victimised by other prisoners here?	36%	29%	36%	40%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	17%	12%	17%	20%
8.5	Hit, kicked or assaulted you?	10%	9%	10%	9%
8.5	Sexually abused you?	3%	1%	3%	1%
8.5	Threatened or intimidated you?	22%	17%	22%	26%
8.5	Taken your canteen/property?	10%	8%	10%	12%
8.5	Victimised you because of medication?	5%	4%	5%	6%
8.5	Victimised you because of debt?	3%	5%	3%	2%
8.5	Victimised you because of drugs?	2%	5%	2%	3%
8.5	Victimised you because of your race or ethnic origin?	3%	4%	3%	4%
8.5	Victimised you because of your religion/religious beliefs?	2%	3%	2%	2%
8.5	Victimised you because of your nationality?	2%	3%	2%	2%
8.5	Victimised you because you were from a different part of the country?	3%	4%	3%	6%
8.5	Victimised you because you are from a Traveller community?	1%	1%	1%	1%
8.5	Victimised you because of your sexual orientation?	5%	2%	5%	2%
8.5	Victimised you because of your age?	5%	3%	5%	7%
8.5	Victimised you because you have a disability?	5%	3%	5%	4%
8.5	Victimised you because you were new here?	6%	5%	6%	8%
8.5	Victimised you because of your offence/crime?	17%	4%	17%	8%
8.5	Victimised you because of gang related issues?	3%	5%	3%	7%

Main comparator and comparator to last time

Key to tables

		HMP Dartmoor 2017	Category C training prisons comparator	HMP Dartmoor 2017	HMP Dartmoor 2013
	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				
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	25%	27%	25%	27%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	12%	11%	12%	10%
8.7	Hit, kicked or assaulted you?	6%	4%	6%	4%
8.7	Sexually abused you?	1%	1%	1%	1%
8.7	Threatened or intimidated you?	17%	12%	17%	14%
8.7	Victimised you because of medication?	3%	3%	3%	2%
8.7	Victimised you because of debt?	2%	2%	2%	0%
8.7	Victimised you because of drugs?	2%	2%	2%	1%
8.7	Victimised you because of your race or ethnic origin?	0%	4%	0%	2%
8.7	Victimised you because of your religion/religious beliefs?	1%	3%	1%	2%
8.7	Victimised you because of your nationality?	2%	3%	2%	2%
8.7	Victimised you because you were from a different part of the country?	2%	2%	2%	4%
8.7	Victimised you because you are from a Traveller community?	2%	1%	2%	0%
8.7	Victimised you because of your sexual orientation?	2%	1%	2%	2%
8.7	Victimised you because of your age?	3%	2%	3%	5%
8.7	Victimised you because you have a disability?	5%	3%	5%	4%
8.7	Victimised you because you were new here?	3%	3%	3%	4%
8.7	Victimised you because of your offence/crime?	5%	4%	5%	6%
8.7	Victimised you because of gang related issues?	2%	2%	2%	2%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	48%	40%	48%	39%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Dartmoor 2017	Category C training prisons comparator	HMP Dartmoor 2017	HMP Dartmoor 2013
	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 9: Health services					
9.1	Is it easy/very easy to see the doctor?	32%	28%	32%	30%
9.1	Is it easy/very easy to see the nurse?	52%	48%	52%	52%
9.1	Is it easy/very easy to see the dentist?	16%	14%	16%	20%
	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?	56%	49%	56%	38%
9.2	The nurse?	72%	56%	72%	53%
9.2	The dentist?	58%	43%	58%	51%
9.3	The overall quality of health services?	55%	41%	55%	32%
9.4	Are you currently taking medication?	67%	51%	67%	52%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	85%	83%	85%	87%
9.6	Do you have any emotional well being or mental health problems?	42%	36%	42%	34%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	55%	49%	55%	35%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	19%	26%	19%	24%
10.2	Did you have a problem with alcohol when you came into this prison?	17%	16%	17%	18%
10.3	Is it easy/very easy to get illegal drugs in this prison?	50%	47%	50%	38%
10.4	Is it easy/very easy to get alcohol in this prison?	19%	28%	19%	30%
10.5	Have you developed a problem with drugs since you have been in this prison?	10%	12%	10%	7%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	5%	7%	5%	10%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	71%	61%	71%	77%
10.8	Have you received any support or help with your alcohol problem while in this prison?	76%	62%	76%	69%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	80%	76%	80%	74%

Main comparator and comparator to last time

Key to tables

Any percentage highlighted in green is significantly better	HMP Dartmoor 2017	Category C training prisons comparator	HMP Dartmoor 2017	HMP Dartmoor 2013
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?	47%	50%	47%	46%
11.1 Vocational or skills training?	55%	43%	55%	41%
11.1 Education (including basic skills)?	66%	58%	66%	62%
11.1 Offending behaviour programmes?	29%	24%	29%	25%
Are you currently involved in any of the following activities:				
11.2 A prison job?	68%	60%	68%	59%
11.2 Vocational or skills training?	16%	16%	16%	17%
11.2 Education (including basic skills)?	22%	22%	22%	20%
11.2 Offending behaviour programmes?	4%	11%	4%	16%
11.3 Have you had a job while in this prison?	84%	85%	84%	83%
For those who have had a prison job while in this prison:				
11.3 Do you feel the job will help you on release?	50%	43%	50%	42%
11.3 Have you been involved in vocational or skills training while in this prison?	74%	76%	74%	71%
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?	68%	56%	68%	52%
11.3 Have you been involved in education while in this prison?	84%	80%	84%	79%
For those who have been involved in education while in this prison:				
11.3 Do you feel the education will help you on release?	64%	57%	64%	54%
11.3 Have you been involved in offending behaviour programmes while in this prison?	57%	71%	57%	73%
For those who have been involved in offending behaviour programmes while in this prison:				
11.3 Do you feel the offending behaviour programme(s) will help you on release?	40%	49%	40%	37%
11.4 Do you go to the library at least once a week?	44%	42%	44%	49%
11.5 Does the library have a wide enough range of materials to meet your needs?	60%	45%	60%	52%
11.6 Do you go to the gym three or more times a week?	33%	33%	33%	39%
11.7 Do you go outside for exercise three or more times a week?	18%	54%	18%	31%
11.8 Do you go on association more than five times each week?	10%	60%	10%	47%
11.9 Do you spend ten or more hours out of your cell on a weekday?	4%	17%	4%	16%
SECTION 12: Friends and family				
12.1 Have staff supported you and helped you to maintain contact with family/friends while in this prison?	36%	33%	36%	34%
12.2 Have you had any problems with sending or receiving mail?	36%	43%	36%	41%
12.3 Have you had any problems getting access to the telephones?	54%	21%	54%	23%
12.4 Is it easy/ very easy for your friends and family to get here?	21%	28%	21%	19%

Main comparator and comparator to last time

Key to tables

		HMP Dartmoor 2017	Category C training prisons comparator	HMP Dartmoor 2017	HMP Dartmoor 2013
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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				
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?	92%	80%	92%	88%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	29%	37%	29%	29%
13.2	Contact by letter?	35%	32%	35%	41%
13.2	Contact by phone?	25%	27%	25%	29%
13.2	Contact by visit?	36%	31%	36%	32%
13.3	Do you have a named offender supervisor in this prison?	91%	75%	91%	85%
For those who are sentenced:					
13.4	Do you have a sentence plan?	52%	60%	52%	58%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	48%	54%	48%	50%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	47%	46%	47%	41%
13.6	Offender supervisor?	34%	39%	34%	37%
13.6	Offender manager?	27%	27%	27%	29%
13.6	Named/ personal officer?	5%	12%	5%	14%
13.6	Staff from other departments?	12%	15%	12%	17%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	42%	62%	42%	59%
13.8	Are there plans for you to achieve any of your targets in another prison?	19%	19%	19%	18%
13.9	Are there plans for you to achieve any of your targets in the community?	21%	28%	21%	23%
13.10	Do you have a needs based custody plan?	1%	6%	1%	3%
13.11	Do you feel that any member of staff has helped you to prepare for release?	11%	16%	11%	19%
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?	34%	33%	34%	31%
13.12	Accommodation?	26%	35%	26%	44%
13.12	Benefits?	30%	36%	30%	46%
13.12	Finances?	24%	26%	24%	30%
13.12	Education?	33%	33%	33%	43%
13.12	Drugs and alcohol?	41%	40%	41%	57%
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?	53%	54%	53%	50%

Diversity Analysis



Key question responses (disability, age over 50) HMP Dartmoor 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

Key question responses (disability, age over 50) HMP Dartmoor 2017		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 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		50	128	68	110
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	8%	6%	8%	6%
1.6	Do you understand spoken English?	100%	100%	100%	100%
1.7	Do you understand written English?	94%	99%	95%	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.)	6%	10%	6%	11%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	10%	2%	2%	6%
1.1	Are you Muslim?	2%	2%	0%	3%
1.12	Do you consider yourself to have a disability?			29%	28%
1.13	Are you a veteran (ex-armed services)?	16%	11%	21%	9%
1.14	Is this your first time in prison?	40%	64%	70%	51%
2.6	Were you treated well/very well by the escort staff?	77%	87%	86%	83%
2.7	Before you arrived here were you told that you were coming here?	54%	61%	69%	51%
3.2	When you were searched in reception, was this carried out in a respectful way?	86%	96%	94%	92%
3.3	Were you treated well/very well in reception?	76%	83%	89%	76%
3.4	Did you have any problems when you first arrived?	77%	63%	59%	72%
3.7	Did you have access to someone from health care when you first arrived here?	72%	66%	73%	66%
3.9	Did you feel safe on your first night here?	66%	82%	79%	79%
3.10	Have you been on an induction course?	88%	96%	92%	94%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	27%	36%	41%	29%

Diversity Analysis

Key to tables

	Key question responses (disability, age over 50) HMP Dartmoor 2017	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 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?	76%	78%	92%	70%
4.4	Are you normally able to have a shower every day?	25%	34%	36%	29%
4.4	Is your cell call bell normally answered within five minutes?	36%	37%	49%	30%
4.5	Is the food in this prison good/very good?	58%	60%	67%	54%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	75%	74%	80%	72%
4.7	Are you able to speak to a Listener at any time, if you want to?	70%	60%	67%	61%
4.8	Do you feel your religious beliefs are respected?	52%	49%	62%	42%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	69%	66%	71%	63%
5.1	Is it easy to make an application?	87%	89%	95%	83%
5.3	Is it easy to make a complaint?	57%	61%	62%	57%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	42%	54%	53%	49%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	36%	44%	44%	40%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	17%	7%	2%	15%
7.1	Do most staff, in this prison, treat you with respect?	75%	80%	81%	77%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	78%	75%	80%	74%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	15%	19%	23%	14%
7.4	Do you have a personal officer?	36%	32%	41%	30%
8.1	Have you ever felt unsafe here?	74%	51%	50%	62%
8.2	Do you feel unsafe now?	29%	16%	14%	23%
8.3	Have you been victimised by other prisoners?	42%	33%	24%	44%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	30%	19%	18%	25%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4%	3%	2%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	6%	0%	3%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	4%	1%	0%	3%
8.5	Have you been victimised because of your age? (By prisoners)	8%	4%	11%	2%
8.5	Have you been victimised because you have a disability? (By prisoners)	16%	1%	5%	6%

Diversity Analysis

Key to tables

	Key question responses (disability, age over 50) HMP Dartmoor 2017	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 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?	36%	21%	16%	31%
8.7	Have you ever felt threatened or intimidated by staff here?	26%	14%	13%	20%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	0%	0%	0%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	2%	0%	2%
8.7	Have you been victimised because of your nationality? (By staff)	2%	2%	0%	3%
8.7	Have you been victimised because of your age? (By staff)	6%	3%	5%	3%
8.7	Have you been victimised because you have a disability? (By staff)	14%	1%	8%	3%
9.1	Is it easy/very easy to see the doctor?	28%	34%	39%	28%
9.1	Is it easy/ very easy to see the nurse?	52%	53%	59%	47%
9.4	Are you currently taking medication?	86%	59%	75%	61%
9.6	Do you feel you have any emotional well being/mental health issues?	77%	29%	26%	52%
10.3	Is it easy/very easy to get illegal drugs in this prison?	51%	50%	28%	63%
11.2	Are you currently working in the prison?	53%	75%	65%	71%
11.2	Are you currently undertaking vocational or skills training?	17%	15%	18%	15%
11.2	Are you currently in education (including basic skills)?	30%	19%	23%	22%
11.2	Are you currently taking part in an offending behaviour programme?	0%	6%	3%	5%
11.4	Do you go to the library at least once a week?	47%	43%	43%	44%
11.6	Do you go to the gym three or more times a week?	21%	39%	20%	42%
11.7	Do you go outside for exercise three or more times a week?	9%	22%	23%	15%
11.8	On average, do you go on association more than five times each week?	9%	11%	16%	7%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	0%	5%	5%	3%
12.2	Have you had any problems sending or receiving mail?	35%	37%	22%	45%
12.3	Have you had any problems getting access to the telephones?	46%	57%	48%	58%

Diversity analysis



Key question responses (veterans) HMP Dartmoor 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

	Any percentage highlighted in green is significantly better	Consider themselves to be a veteran	Do not consider themselves to be a veteran
	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		23	154
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	0%	6%
1.6	Do you understand spoken English?	100%	100%
1.7	Do you understand written English?	95%	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.)	9%	9%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	5%
1.1	Are you Muslim?	0%	2%
1.12	Do you consider yourself to have a disability?	36%	27%
1.13	Are you a veteran (ex-armed services)?		
1.14	Is this your first time in prison?	73%	55%
2.6	Were you treated well/very well by the escort staff?	77%	85%
2.7	Before you arrived here were you told that you were coming here?	74%	57%
3.2	When you were searched in reception, was this carried out in a respectful way?	91%	93%
3.3	Were you treated well/very well in reception?	86%	81%
3.4	Did you have any problems when you first arrived?	76%	66%
3.7	Did you have access to someone from health care when you first arrived here?	60%	69%
3.9	Did you feel safe on your first night here?	66%	79%
3.10	Have you been on an induction course?	74%	96%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	45%	32%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be a veteran	Do not consider themselves to be a veteran
	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?	91%	76%
4.4	Are you normally able to have a shower every day?	41%	30%
4.4	Is your cell call bell normally answered within five minutes?	35%	37%
4.5	Is the food in this prison good/very good?	52%	59%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	74%	75%
4.7	Are you able to speak to a Listener at any time, if you want to?	55%	65%
4.8	Do you feel your religious beliefs are respected?	50%	49%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	77%	65%
5.1	Is it easy to make an application?	91%	89%
5.3	Is it easy to make a complaint?	53%	61%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	55%	50%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	38%	43%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	0%	11%
7.1	Do most staff, in this prison, treat you with respect?	77%	80%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	83%	75%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	23%	17%
7.4	Do you have a personal officer?	31%	35%
8.1	Have you ever felt unsafe here?	69%	56%
8.2	Do you feel unsafe now?	5%	21%
8.3	Have you been victimised by other prisoners?	41%	35%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	36%	21%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	5%	1%
8.5	Have you been victimised you are from a different part of the country than others? (By prisoners)		
8.5	Have you been victimised because you are from a traveller community? (By prisoners)		
8.5	Have you been victimised because of your age? (By prisoners)	9%	5%
8.5	Have you been victimised because you have a disability? (By prisoners)	9%	5%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be a veteran	Do not consider themselves to be a veteran
	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?	27%	25%
8.7	Have you ever felt threatened or intimidated by staff here?	14%	17%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	0%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	1%
8.7	Have you been victimised because of your nationality? (By staff)	5%	1%
8.7	Have you been victimised you are from a different part of the country than others? (By staff)		
8.7	Have you been victimised because you are from a traveller community? (By staff)		
8.7	Have you been victimised because of your age? (By staff)	0%	4%
8.7	Have you been victimised because you have a disability? (By staff)	5%	5%
9.1	Is it easy/very easy to see the doctor?	32%	33%
9.1	Is it easy/ very easy to see the nurse?	55%	53%
9.4	Are you currently taking medication?	65%	67%
9.6	Do you feel you have any emotional well being/mental health issues?	59%	40%
10.3	Is it easy/very easy to get illegal drugs in this prison?	46%	51%
11.2	Are you currently working in the prison?	76%	68%
11.2	Are you currently undertaking vocational or skills training?	19%	15%
11.2	Are you currently in education (including basic skills)?	5%	24%
11.2	Are you currently taking part in an offending behaviour programme?	0%	5%
11.4	Do you go to the library at least once a week?	53%	42%
11.6	do you go to the gym three or more times a week?	27%	34%
11.7	Do you go outside for exercise three or more times a week?	9%	20%
11.8	On average, do you go on association more than five times each week?	9%	11%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	5%	4%
12.2	Have you had any problems sending or receiving mail?	41%	35%
12.3	Have you had any problems getting access to the telephones?	50%	54%