

Report on an unannounced inspection of

HMP Holme House

by HM Chief Inspector of Prisons

3–4, 10–13 July 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.justiceinspectors.gov.uk/hmiprisons/about-our-inspections/>

Introduction

Holme House, near Stockton on Tees, is a category B local prison holding just under 1,200 prisoners. We inspected at a time of significant change for the institution as it was part of a group of establishments being designated as reform prisons.¹ This change agenda brought with it the potential for greater devolved powers for the governor and new ways of working. It also placed the establishment in a cluster with neighbouring prisons. As part of these plans it was intended that Holme House would lose its local prison function and become a category C training prison. During the inspection we were told of the new management structures being developed as well as the plans for the future of the prison. The full impact of changes was emerging but had yet to be fully realised.

This was the first inspection of Holme House since late 2013 and we found a significant deterioration in outcomes across most of our assessments. The prison was not as safe as it had been and at the heart of our concerns was a very serious problem with drugs. Mandatory testing suggested a positive rate within the prison of 10.45%, which was bad enough, but this rose to nearer 36% when synthetic cannabinoids or new psychoactive substances (NPS) were included. Nearly 60% of prisoners thought it was easy to get drugs in the prison, and a quarter suggested that they had acquired a drug problem at the prison. The threat to the well-being of individuals was manifest and rarely have we seen so many serious and repeated incidents of prisoners under the influence of clearly harmful substances. Despite this, the prison did not have an integrated or effective supply reduction strategy in place. Stopping drugs from entering the prison was the prison's main priority in our view, and we have made this challenge the subject of one of our main recommendations.

Some good work had been done to try to reduce violence, but it needed to progress with greater urgency. Violence had risen since we last inspected and was now similar to levels we see in comparable prisons. There had also been six self-inflicted deaths since we last inspected and it was concerning that not all the recommendations made following the Prisons and Probation Ombudsman's (PPO) investigations had been implemented effectively. The care offered to those in crisis was inconsistent. Again, this was an issue of sufficient seriousness to be the subject of another of our main recommendations.

In keeping with other safety concerns, use of force and use of segregation were also higher than we had seen previously at Holme House, and supervision and governance, as well as the outcomes experienced by detainees, required improvement.

Holme House is a relatively modern prison and internal communal areas were clean, but too many cells were in a poorly equipped and often unhygienic condition, or were overcrowded. Many prisoners similarly had difficulty in accessing the basics of daily living, although the recent introduction of in-cell telephones was a step forward in supporting family ties. Most prisoners felt respected by staff but relationships were often strained and consultation was limited. The identification of and support offered to minority groups were reasonable overall, but there was evidence of worse outcomes for black and minority ethnic prisoners. Health services had deteriorated – largely owing to staffing shortages – and we identify a number of concerns, although the deterioration was being arrested.

Fully employed prisoners could expect to be out of cell for about 9.5 hours a day, but time out of cell was much worse for those without employment. During the working day, we counted about 35%

¹ The creation of 'reform' prisons was announced by the government in May 2016. These prisons are intended to give more flexibility to prison governors about how they manage budgets and services, which makes them more directly accountable for the performance of their establishments. Reform prison governors are allowed to opt out of national contracts and have more operational control over areas such as education, prison regime and rehabilitation services.

of prisoners locked in cell. Regular regime restrictions, in large part due to the need for staff to deal with incidents, were causing significant disruption and unpredictability for prisoners. For those who were able to attend learning or vocational training, however, the provision was good, with effective skills acquisition, good quality work and high achievement of qualifications. Plans were advancing to equip the provision of activity to meet the needs of a category C prison, and our colleagues in Ofsted assessed the overall effectiveness of the provision as 'good'.

Work to support rehabilitation was not good enough. Plans and structures were in place but coordination of offender management work and resettlement work was poor. If completed, offender assessment system (OASys) assessments were often of good quality but staff shortages had led to a significant backlog. Overall, there was a lack of systematic assessment or support for individuals to reduce their risks. The community rehabilitation company was energetic and effective but not well integrated. Offending behaviour work, for those who accessed it, was useful and some good work was also undertaken to support family connections.

Holme House is an ambitious and aspirational prison with plans to deliver a significant programme of change. Our commentary in no way seeks to undermine those ambitions, but there was a significant gap between aspiration and the day-to-day reality. This inspection was disappointing and demonstrated a need for greater attention to the fundamental requirements of safety, decency and prisoner rehabilitation. We make a number of recommendations which we hope will assist that process.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

September 2017

Fact page

Task of the establishment

Local category B prison

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

Public

Region/Department

North east region

Number held

1,197

Certified normal accommodation

1,034

Operational capacity

1,210

Date of last full inspection

August 2013

Brief history

HMP Holme House is a purpose-built category B prison, which opened in May 1992. It expanded in the late 1990s with the building of two further houseblocks, providing 235 additional places. Two new workshops opened in 1997 and an additional houseblock with 224 places opened in 2010, along with two further regimes buildings providing activity places for around 200 prisoners. In June 2016 it was announced that HMP Holme House would be one of the four reform prisons.

Short description of residential units

Houseblock 1: sentenced adults

Houseblock 2: sentenced adults

Houseblock 3: sentenced adults

Houseblock 4: sentenced adults and prisoners on methadone

Houseblock 5: sentenced adults

Houseblock 6: therapeutic community; drug recovery wing

Houseblock 7: sex offender unit

Name of governor

Chris Dyer

Escort contractor

GeoAmey

Health service provider

NHS England North East and Cumbria (commissioner)

G4S Forensic and Medical Services (UK) Limited

Tees Esk and Wear Valleys NHS Foundation Trust

Spectrum Community Health CIC

Learning and skills providers

Novus

Independent Monitoring Board chair

Barbara Buckle

Community rehabilitation company (CRC)

Durham Tees Valley CRC

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 wellbeing 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.²

² The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

Safety

- S1** Reception risk assessments did not focus sufficiently on identifying vulnerabilities. Not all prisoners received induction. Levels of violence were similar to comparator prisons. Many recommendations following deaths in custody had not been implemented. Constant watch arrangements for some prisoners were unsafe. Safeguarding procedures were generally good. With some exceptions, security arrangements were proportionate, but not enough had been done to address serious current NPS³-related risks. Governance of use of force was poor. Many segregation cells were in poor condition. There was little evidence that the incentives and earned privileges scheme was effective in managing behaviour. Support for those with substance misuse problems was good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.**
- S2** At the last inspection in 2013, we found that outcomes for prisoners in Holme House were reasonably good against this healthy prison test. We made 22 recommendations in the area of safety. At this follow-up inspection we found that four of the recommendations had been achieved, one had been partially achieved, 14 had not been achieved and three were no longer relevant.
- S3** Journey times to the prison were short but there were some delays in alighting from vans. Escort vehicles that we inspected were clean and free of graffiti. Prisoners spent long periods waiting in reception and initial risk interviews did not sufficiently encourage disclosure of vulnerabilities. Not all prisoners received a full induction. In our survey, only half who had received induction said that it told them what they needed to know. Peer workers provided valuable information and support. Inspected first night cells had not been adequately prepared and there were no additional safety checks during the first night.
- S4** Despite some useful violence reduction initiatives, such as the expansion of CCTV coverage and good consultation arrangements, violence reduction work had not progressed with sufficient urgency. Levels of recorded violence were similar to the average for category B prisons, but much higher than at the previous inspection. Not all violent incidents were recorded or investigated. There had not been enough focus on supporting and reintegrating prisoners separated for their own protection.
- S5** There had been six self-inflicted deaths since the previous inspection. The continuous action plan did not include all the recommendations made by the Prisons and Probation Ombudsman and a number of recommendations had not been implemented effectively. There had been 151 incidents of self-harm in the last six months. The quality of care reflected in ACCT⁴ documentation varied widely; some risk assessments were very poor and many reviews were not multidisciplinary. Prisoners on an ACCT gave similarly mixed feedback on the level of staff care and support. Some aspects of constant watch arrangements were unsafe.
- S6** There was some good support for prisoners with high-level safeguarding needs. There was a good safeguarding strategy and procedures, but many staff were unfamiliar with them, increasing the risk of needs being missed. We found young adults sharing with older prisoners without risk assessment.

³ New psychoactive substances: 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.

⁴ Assessment, care in custody and teamwork case management of prisoners at risk of suicide and self-harm.

- S7 With some exceptions, security was proportionate. Strategic security priorities were understood, but security management was too often reactive and resources were not always targeted at presenting risks. In particular, the response to NPS use, one of the main drivers of violence, had been inadequate. High availability of NPS was leading to frequent and alarming medical emergencies. Some life-threatening situations had been well managed but we were concerned to see similar situations occurring in the same location day after day. There was no integrated drug strategy or regular multi-departmental meeting to coordinate approaches to supply reduction and treatment.
- S8 Adjudication charges were largely appropriate and hearings were conducted fairly. Standardisation meetings were held quarterly but amalgamated with other meetings leading to a lack of focus and critical analysis of data. There was not enough use of the incentives and earned privileges process to motivate good behaviour and some elements of the scheme were too punitive.
- S9 Force had been used on 170 occasions in the previous six months, more than at our last inspection, although less than at comparator establishments. Most use of force paperwork that we reviewed was incomplete. In some cases, inappropriate techniques had been used without challenge. The use of special accommodation was high and paperwork showed long periods of use without sufficient justification. Overall, governance of the use of force was poor.
- S10 Segregation accommodation was in a poor state of repair. Use of segregation had increased since our last inspection and was significantly higher than at comparator establishments. The relationships between staff and prisoners were generally positive but little substantive reintegration work was being undertaken. The segregation regime was basic and disproportionately restrictive for some prisoners.
- S11 Despite high caseloads, psychosocial and clinical support for prisoners with drug and alcohol issues was very good. The therapeutic community was an enabling environment and an example of good practice.

Respect

S12 *Communal areas were clean but many cells and showers were in a poor state, and toilets were inadequately screened. Many prisoners could not obtain cleaning materials or sufficient clean sheets and clothes. Staff-prisoner relationships were reasonable overall but under strain in many parts of the prison. Not all minority groups received adequate attention and equality monitoring data were not being used to investigate and address concerns. Faith provision was good. Complaints were dealt with well but prisoners lacked confidence in complaints procedures. Health services were improving after a period of decline but continued to be undermined by long waiting times and staff shortages. The quality of food was good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S13 *At the last inspection in 2013, we found that outcomes for prisoners in Holme House were not sufficiently good against this healthy prison test. We made 26 recommendations in the area of respect. At this follow-up inspection we found that seven of the recommendations had been achieved, five had been partially achieved, 13 had not been achieved and one was no longer relevant.*

S14 Over two hundred cells designed for one prisoner were occupied by two men. Communal areas were generally clean but exercise yards were bleak and dirty. Many cells were in poor

condition, with graffiti and broken furniture. Many toilets were dirty and poorly screened, and many showers needed refurbishment. Prisoners often could not obtain cleaning materials. Emergency cell call bells were not answered promptly. In our survey, prisoners responded more negatively than at the last inspection on the fairness of the application system, and there was no management oversight. The introduction of in-cell phones to some houseblocks was a positive step and welcomed by prisoners.

- S15 Most staff appeared to be doing their best in a difficult environment. However, we observed a small number of rude and unhelpful staff, and many others appeared demoralised and/or disengaged. While 71% of prisoners in our survey said that staff treated them with respect, this was worse than at the last inspection.
- S16 Identification of and consultation with minority groups were reasonably good, and there was some effective support to meet the needs of prisoners. Emergency evacuation planning for prisoners with disabilities was sound. Older and disabled prisoners were usually well cared for. However, black and minority ethnic prisoners responded more negatively than white prisoners across a wide range of areas in our survey. Equality monitoring information suggested that these perceptions might have been well founded, but was not used by the establishment to investigate and address areas of concern. Investigations into discrimination incidents lacked rigour and quality assurance was weak. There was no equality action plan to drive change. The chaplaincy provided a reasonable range of services and had good links with community faith groups.
- S17 Prisoners were less content with the fairness of the complaints system than at our last inspection. However, complaint systems were good. Responses were timely, polite and focused on resolving the issues that were raised.
- S18 Health services had deteriorated since the previous inspection, mainly due to chronic staff shortages. While the decline had recently been arrested and reversed, a number of problems remained. The range of primary care services was good, but waiting times for some services, including routine GP appointments, were very long. Health care staff provided compassionate care to patients with complex needs on the inpatient unit, but their efforts were undermined by frequent lock-downs and an impoverished regime. Medicine queues were not supervised well enough to prevent diversion. Pharmacy and dental services were generally good. There was a wide range of integrated mental health services, but high demand and staff shortages affected provision and waiting times. Prisoners with social care needs were identified promptly and received good support.
- S19 The quality of food had improved and prisoners were much more positive about it than at the last inspection. The prison's freshly baked bread and pastries were particularly valued. Canteen arrangements were adequate.

Purposeful activity

S20 *Time out of cell was adequate for full-time workers but too limited for others. The quality of education and training was good. Most workshops enabled prisoners to develop useful skills. Attendance and punctuality were not good enough. Achievement of qualifications was generally high. Library and PE provision were reasonably good. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S21 *At the last inspection in 2013, we found that outcomes for prisoners in Holme House were good against this healthy prison test. We made 11 recommendations in the area of purposeful activity. At this follow-up inspection we found that five of the recommendations had been achieved, three had been partially achieved and three had not been achieved.*

S22 Prisoners who were fully employed could have up to 9.5 hours out of cell, but unemployed prisoners had two hours at most. Time out of cell and association were regularly curtailed as a result of NPS-related incidents. A third of prisoners were locked up during our roll checks over the course of the working day.

S23 Managers had a sound strategy for providing appropriate activities as the prison transitioned to category C status. Current provision met the needs of most prisoners, but there were only enough full-time activity places for 70% of the population. Links with employers were good. Quality assurance and improvement activities were generally effective. Overall attendance rates of around 80% required improvement.

S24 Allocation to activity was fair and vulnerable prisoners had equitable access. The range and breadth of education were appropriate to meet the needs of the population. Accredited qualifications were available in all work areas but too few were being completed.

S25 In the great majority of workshops, prisoners effectively developed practical skills and tutors used learning plans well. Workshop facilities were of a high commercial standard. There was very good integration of English and mathematics skills development into workshop activities. Prisoners undertaking education received good individual coaching and support. Planning of education and learning and use of progress reviews were inconsistent.

S26 There was good development of employability skills in workshops and education. We saw good behaviour and respectful relationships in all activity areas. However, punctuality was often poor.

S27 There were very high pass rates for the few prisoners who undertook accreditation in industrial workshops. Prisoners in industrial and vocational training workshops produced high quality work to commercial standards. Education pass rates were generally high but too many of those who started courses did not complete them.

S28 The library was well resourced and welcoming, but regime problems had affected attendance. PE facilities were appropriate, clean and suitably maintained. Access to the gym was adequate but no vocational qualifications were offered.

Resettlement

- S29** *Management of resettlement functions was not well coordinated. Staff shortages seriously undermined risk assessment and rehabilitation work by the offender management unit (OMU). The offender assessment system (OASys) assessments backlog was high. Many home detention curfew assessments were delayed. Good individual work was done with indeterminate sentenced prisoners. Public protection processes were not systematic enough. Re-categorisation processes were good. Resettlement planning and work were adequate but undermined by the lack of coordination with the OMU. Prisoners had access to a good range of programmes. Work to support family links was good but visits regularly started late. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S30** *At the last inspection in 2013, we found that outcomes for prisoners in Holme House were reasonably good against this healthy prison test. We made 15 recommendations in the area of resettlement. At this follow-up inspection we found that six of the recommendations had been achieved, one had been partially achieved, seven had not been achieved and one was no longer relevant.*
- S31** A comprehensive reducing re-offending strategy was in place, regular partnership meetings were held and there was a live action plan. However, the lack of coordination in resettlement processes, especially between offender management and practical resettlement work, meant that prisoners did not experience a coherent path through their sentence. Coordinated rehabilitative work was hampered by uncertainties about imminent national changes to offender management and local factors such as the transition from a category B to a category C prison, and NPS-related lock-downs.
- S32** Offender supervisors were redeployed to operational duties for more than half the time. The backlog of OASys assessments was very large at 219, and growing. As a result, it was impossible for offender management to exercise real influence on prisoners' progress through their sentence. Assessments and sentence plans, where they were completed, were of a good standard. Indeterminate sentence prisoners received good individual support from probation staff. Home detention curfew processes were carried out efficiently, but over half of those approved were past the eligibility date. Risk management and MAPPAs (multi-agency public protection arrangements) processes had so far proved adequate, but were not robust enough to ensure that risks were being systematically identified and addressed.
- S33** Reviews of security category were thorough and timely. The establishment had made good progress in achieving a progressive pathway between the prisons in the cluster, despite difficulties in transferring out those who were not category C convicted prisoners.
- S34** The community rehabilitation company (CRC) team was energetic and effective, but was held back by obstacles to liaison and joint working with others, including contract limitations and the lack of coordination between the CRC and the OMU. There was no reliable system for identifying and acting on practical resettlement needs more than three months before release.
- S35** There was a good accommodation service and only 12% of prisoners had been released to no fixed accommodation in the previous quarter. A good range of finance, benefit and debt services were available to prisoners and there was now assistance for them to open bank accounts.

- S36 National Careers Service provision was good. Improved use of careers advisers during induction ensured good quality skills action plans to inform activity allocation. Virtual campus⁵ provision was good.
- S37 Arrangements to ensure continuity of physical health care needs and medication on release were not systematic, but were satisfactory for mental health needs. Care for prisoners with palliative and end-of-life needs was very good. There was proactive and effective discharge planning for prisoners with alcohol and substance misuse issues.
- S38 The support by the NEPACS⁶ and DART (drug and alcohol recovery team) family support workers to maintain and help repair prisoners' relationships with their families was good, but did not meet the demand for such services. One of the two DART family support worker positions was vacant. Meetings held to build a relationship between fathers and their newborn children, supported by NEPACS, were good practice, as were the family release meetings in the visitors' centre which allowed families to meet their released relatives in a more appropriate and dignified space than the car park. Visits arrangements were not sufficiently good and too many visits started late.
- S39 A reasonably wide range of offending behaviour programmes was delivered by a motivated and effective team. The flow of referrals was hindered by the deficits in sentence planning, and programme delivery had been disrupted recently by participants using NPS. The psychology team made constructive contributions to wider work, especially on behaviour.

Main concerns and recommendations

- S40 **Concern:** There were some significant weaknesses in suicide and self-harm prevention work, including in the identification, assessment and monitoring of risk. Many Prisons and Probation Ombudsman (PPO) recommendations concerning these weaknesses had not been implemented effectively and the quality assurance of ACCT documentation was poor. Some aspects of constant watch arrangements were unsafe.

Recommendation: Actions identified as a result of PPO death in custody reports should be fully implemented and kept under regular review to ensure effectiveness. ACCT documentation should be subject to robust quality assurance. The inadequacy of constant watch arrangements should be addressed immediately.

- S41 **Concern:** Illegal drugs, principally new psychoactive substances (NPS), were too easily available and were leading to potentially life-threatening medical incidents. Some steps had been taken to address this, but there was a lack of comprehensive planning and action to reduce the supply of, and demand for, illegal drugs and to act on intelligence received.

Recommendation: Managers should ensure that rigorous and coordinated work is undertaken to tackle the availability of drugs in the prison, including a comprehensive drug strategy and systematic suspicion testing.

⁵ Internet access for prisoners to community education, training and employment opportunities.

⁶ North East Prison After Care Society is a third sector organisation which provides practical and emotional support to prisoners and their families.

S42 **Concern:** Many prisoners lived in conditions lacking decency and cleanliness. Many cells were cramped and poorly furnished, with graffiti and little or no screening around toilets. Communal showers were in need of refurbishment. Many prisoners could not obtain enough cleaning materials.

Recommendation: Prisoners should not be held in overcrowded conditions. They should be held in decent, hygienic and well maintained conditions, with sufficient furniture, properly screened toilets and good access to cleaning materials to keep their cells clean.

S43 **Concern:** Regular regime restrictions affected many aspects of prisoners' daily lives and prisoners were often unlocked late. A third of prisoners were locked behind their doors during the working day, unable to engage in constructive work or education. This was particularly prevalent for vulnerable prisoners located on houseblock 1.

Recommendation: A predictable regime should be delivered and prisoners should be unlocked on time. Prisoners should be unlocked and able to attend appointments and engage in constructive activity during the working day.

S44 **Concern:** Prisoners were not being encouraged and enabled to use their sentence to participate in relevant activities and interventions, planned and sequenced to reduce risk of harm and re-offending. Obstacles to such sentence planning included lack of systematic assessment when they arrived at the prison, lack of contact with an offender supervisor, and lack of liaison between the offender management unit and the community rehabilitation company.

Recommendation: There should be regular staff contact with individual prisoners from arrival at the prison to: assess and record individual risks and needs; ensure that the prisoner is engaging with a developing plan, shared across all relevant departments; and encourage prisoners to use their sentence to reduce the risk of reoffending.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1 Journey times for most prisoners were short and escort vehicles were not delayed in entering the prison. However, staff unloaded property first and we saw some men waiting 50 minutes before being taken to the reception area. Prisoners were not routinely handcuffed or strip-searched. In our survey, 82% of prisoners said they were searched in a respectful way on arrival against the comparator of 76%.
- I.2 Inspected vehicles were clean with no graffiti. Escort staff were aware of risk factors and how to manage them. In our survey, prisoners were more positive than the comparator in relation to feeling safe during transfer, receiving written information about the prison beforehand and their property arriving with them.

Recommendation

- I.3 **Prisoners should be able to alight from cellular vehicles immediately after arrival at Holme House.**

Early days in custody

Expected outcomes:

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

- I.4 The reception area was undergoing refurbishment. It was unwelcoming and disorganised for arriving prisoners. There were two holding rooms, the smaller for use by vulnerable prisoners and the larger for all other prisoners. Neither room had any information and the larger room had graffiti on the walls and ceiling. The smaller holding room was cramped with no toilet. Vulnerable prisoners had to use a toilet visible to other prisoners and suffered verbal abuse (see recommendation I.21). Staff could observe both holding rooms directly and on CCTV.
- I.5 In our survey, 25% of prisoners said they were in reception for less than two hours against the comparator of 41% and 38% at the last inspection. We observed prisoners spending five hours in reception before being transferred to the wing. However, valuable peer support was provided during this time by prisoners working in reception.
- I.6 Reception processes were brief. Safety screening remained inadequate. Risk interviews were conducted at an open desk using a tick-box questionnaire, and did not focus sufficiently on vulnerability. Six weeks previously, Holme House had stopped receiving prisoners from courts and only received them from HMP Durham. An over-reliance was placed on

assessments completed at the sending establishment and it was assumed that prisoners did not need additional assessment or support at Holme House. Prisoners' cell-sharing risks were not reassessed. There was no longer a designated first night centre. Prisoners were located wherever there was a space and no additional safety checks on new arrivals were carried out during their first night.

- I.7** We saw prisoners on their first night in custody located in cells that were dirty, with broken or inadequate furniture and graffiti on the walls and ceiling. In one case, the toilet did not flush and the prisoner had to use a bucket to aid flushing.
- I.8** In our survey, fewer prisoners than at our last inspection (49% against 62%) said that induction covered what they needed to know. A full induction was no longer delivered to men who had previously been at Holme House, although they were seen by peer workers. Other prisoners should have received a formal induction the day after arrival, but we met some who had not received one and were unsure about what to expect at the prison. We checked some records, which had been signed to confirm completion of inductions that had not yet been delivered.
- I.9** Peer workers on each unit provided good support and information to newly arrived prisoners the day after arrival. However, they told us that it was sometimes difficult to see new arrivals because of regime restrictions while staff were dealing with incidents.

Recommendations

- I.10 Prisoners should be received into a welcoming reception area and have a private assessment of needs and vulnerabilities, before being moved promptly to adequately prepared first night accommodation. They should have additional checks and appropriate support on their first night.**
- I.11 All prisoners should receive a prompt and full induction which provides information about all services and regime activities.**

Bullying and violence reduction

Expected outcomes:

Everyone feels and is safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.

- I.12** In our survey, prisoners generally responded more negatively than at the previous inspection to questions on safety and victimisation but more positively than the comparator. For example, 20% of prisoners said they currently felt unsafe against 14% at the previous inspection and 25% in other Category B prisons.
- I.13** It was concerning that black and minority ethnic prisoners reported a significantly worse experience of safety and victimisation across a range of questions. For example, 47% said they currently felt unsafe compared with 17% of white prisoners. The perpetrators of violence, but not the victims, were monitored by ethnicity.

- I.14** During the previous six months, there had been 144 recorded assaults, more than at our previous inspection but similar to other Category B prisons. However, we found incidents of violence and antisocial behaviour that had not been recorded.
- I.15** Despite useful violence reduction initiatives, such as the expansion of CCTV coverage and good consultation arrangements, violence reduction work had not progressed with sufficient urgency. Safety had deteriorated significantly since our last inspection. There was clear evidence that the use of new psychoactive substances (NPS)⁷ was one of the main drivers of violence, but the response to this had been inadequate (see paragraph I.34 and main recommendation S41). A decision to expand the poorly resourced safer custody team was welcome, but it was taking too long to implement and to put in place a new policy and procedures for reducing violence.
- I.16** Not all violent incidents were investigated and there was little use of victim support planning. Perpetrators of violence were largely managed through formal disciplinary measures and the incentives and earned privileges (IEP) scheme. Target setting was not specific to the individual and there was little evidence of monitoring in the cases that we looked at. Perpetrator intervention plans were used in a few cases, but added little value. There were welcome plans to introduce other interventions and two officers had recently completed training in conflict resolution.
- I.17** Fifty-nine prisoners were held in a special location for their own protection. Most were located with other vulnerable prisoners in houseblock 7, but 29 were held with mainstream prisoners in houseblock 1. They had a poor regime (see paragraph 3.4) and there was limited focus on supporting and re-integrating them.
- I.18** Some work had been carried out with vulnerable prisoners following our last inspection to understand their fears about their safety. Despite this, 49% of vulnerable prisoners in our survey said they had been victimised by other prisoners. They told us they were often verbally abused, especially while returning from work areas, and we witnessed some abuse that was not challenged by staff (see also paragraph I.4).

Recommendations

- I.19** **There should be a prompt and concerted response to the main drivers of violence.**
- I.20** **There should be effective support planning for own protection prisoners and for victims of violent and/or antisocial behaviour. Own protection prisoners should have a regime equivalent to other prisoners.**
- I.21** **Regular consultations should be held with vulnerable prisoners to understand their concerns, and effective steps should be taken to address any abuse directed towards them.**

⁷ New psychoactive substances: 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.

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.22** There had been six self-inflicted deaths since our last inspection. The continuous action plan did not include all the recommendations made by the Prisons and Probation Ombudsman (PPO). The PPO had identified weaknesses in the identification, assessment and monitoring of risk and in early days support. A number of recommendations to custodial staff in these areas had not been implemented effectively (see main recommendation S40). The response to recommendations to the health care team was generally good.
- I.23** During the previous six months, 448 ACCTs⁸ had been opened, a level similar to other category B prisons. There had been 151 self-harm incidents over the same period, which was fewer than in similar prisons.
- I.24** Prisoners on an ACCT had differing views on the level of staff care and support. The quality of ACCT documents that we reviewed also varied widely. In some cases records were completed well but in most cases there was little continuity of case management, many case reviews were not multidisciplinary and observations were often perfunctory. Some risk assessments were very poor. There was no quality assurance of most ACCT documents (see main recommendation S40).
- I.25** During the previous six months, constant watch arrangements had been used on 20 occasions, involving 16 prisoners. Prisoners were observed on constant watch for much longer than we usually see. The longest period had been 39 days and 12 prisoners had been on constant watch for more than a week.
- I.26** Some aspects of constant watch arrangements were unsafe. Officers sitting outside most constant watch cells could not see in because their view was obstructed by a broad metal strip between the two glass observation panels (see main recommendation S40).
- I.27** Listeners⁹ were positive about the support they received from the safer custody team and from Samaritans, and prisoners reported reasonably good access to them. Care suites used for prisoners in crisis were dirty and poorly furnished.

⁸ Assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm.

⁹ Prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.

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.¹⁰

- I.28** There was a safeguarding lead and the prison had appropriate links with the local director of adult social services and the safeguarding adults board. There was a good safeguarding strategy and safeguarding procedures were well developed. We saw examples of staff raising concerns with the safer custody team and there was some good support for prisoners with high-level safeguarding needs.
- I.29** However, many staff were not familiar with the safeguarding policy and procedures, which increased the risk of needs being missed. This was a particular concern given the ready availability of NPS (see paragraph I.34) and the risk of vulnerable prisoners being exploited.
- I.30** Safeguarding concern forms were available in the family and legal visits areas and 19 had been submitted during the previous six months.
- I.31** We were told that the few young prisoners (aged 18–21) were always located in a cell with another young prisoner. There was no further consideration of the safer custody needs of this group and no measures were in place to address the potential for increased bullying, victimisation or grooming. We found two examples of a young prisoner sharing a cell with an older prisoner, with no risk assessment of these arrangements. In one case, two sex offenders, one aged 20 and the other 62, had been located together.

Recommendations

- I.32 All staff should be trained in safeguarding policy and procedures.**
- I.33 The particular needs of and possible risks to young prisoners should be assessed and met.**

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.34** The establishment was aware of the strategic threats that it faced, but there was a reactive approach to security management. Resources were not always used flexibly to address the greatest risks. At the time of the inspection, NPS-related incidents with life-threatening

¹⁰ 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).

potential had occurred in the same location on three consecutive days. These incidents were well managed but no preventive measures had been taken.

- I.35** There was a good flow of intelligence into the security department and staff had submitted an average of over 700 incident reports each month through a prison computer-based intelligence gathering and information reporting system (Mercury). These were processed and categorised by regional security analysts. Appropriate action was not always taken following the receipt of intelligence.
- I.36** Key information from the previous month was reviewed at monthly intelligence meetings which helped the regular security meetings to identify key priorities. Security procedures were largely proportionate, with some exceptions, including routine strip-searching.
- I.37** Mandatory drug testing (MDT) results, finds and medical incidents indicated that NPS were easily available in the establishment. In our survey, 60% of prisoners said that it was easy to get illegal drugs and 40% alcohol against respective comparators of 42% and 20%. Twenty-six per cent said they had developed a drug problem in Holme House against the comparator of 11% and 8% at the previous inspection. There was no integrated drug strategy in place nor were meetings held regularly to coordinate approaches to supply reduction and treatment (see main recommendation S41).
- I.38** The random MDT figure averaged 10.45% against a target of 10% for the six months from December 2016 to May 2017 and revealed mainly buprenorphine, cannabis, opiates and benzodiazepine use. With the inclusion of synthetic cannabinoids (NPS), the positive rate rose to 36.31% over the same period. The use of spice (a man-made drug that mimics the effects of cannabis but is much stronger) was a particular concern.
- I.39** Suspicion testing was not adequately resourced: nearly three-quarters of requested suspicion tests had not been completed in the previous six months (see main recommendation S41). Referral to substance misuse services had improved for prisoners testing positive (see paragraph I.61).
- I.40** Escort risk assessments were completed appropriately and handcuffing arrangements were considered and proportionate. Managers providing risk assessment authorisation had details of prisoners with mobility and other health care considerations to aid their decision making.
- I.41** Sixty-nine prisoners were on closed visits at the time of our inspection, a number for non-visits related matters. Review procedures were weak and there was a lack of documentation.

Recommendation

- I.42** **Strip-searching and closed visits should only be applied when there is appropriate intelligence to justify their use.**

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.43** In our survey, 36% of prisoners said they had been treated fairly under the incentives and earned privileges (IEP) scheme against 53% at our last inspection. The scheme offered standard differentials between the levels, but some privileges, such as access to own clothes, depended on the availability of laundry facilities on residential units rather than the prisoner's IEP level. Most comments in the electronic case notes that we reviewed were negative and the scheme was not used enough to motivate good behaviour.
- I.44** At the time of our inspection, 62 prisoners were on the basic level of the scheme, overwhelmingly as a result of the 'serious single incident' protocol which was used to support the establishment's zero tolerance approach to violence. We considered some elements of this process to be punitive, such as prisoners automatically being moved to closed visits for incidents unrelated to visits (see recommendation I.41). Most prisoners to whom we spoke expected to remain on the basic regime for at least 28 days. Targets for those that we reviewed were generic and not sufficiently focused on behaviour change.

Recommendation

- I.45 The incentives and earned privileges scheme should motivate good behaviour through individual and meaningful targets for prisoners.**

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.46** There had been 2,158 adjudications during the previous six months, more than at our last inspection and the comparator group. Many of the charges related to violence, drugs, and disobeying orders, reflecting the risks that the establishment faced. Hearings that we observed were conducted appropriately and prisoners were fully involved. When a prisoner pleaded guilty, adjudicators showed a willingness to explore the issues further.
- I.47** Adjudication standardisation was considered at quarterly meetings chaired by the deputy governor at which segregation, monitoring and review group and use of force issues were also considered. This combined meeting limited the presentation, discussion and analysis of relevant data. Some key stakeholders, such as health care staff, did not attend. Punishment tariffs had been reviewed and published in 2016 and demonstrated a suitable range of punishments for each offence.

- I.48** There was a backlog of 75 adjudications at the time of our inspection, but this showed a downward trend with efforts being made to reduce this figure further.

Recommendation

- I.49** **Data on adjudications should be routinely analysed to identify emerging patterns, trends should be investigated and appropriate action taken to address them.**

The use of force

- I.50** During the previous six months, force had been used on 170 occasions, more than at our last inspection but less than the comparator group. Records that we viewed were of a reasonable standard, but most cases had missing paperwork. Planned interventions were video-recorded, but initial briefings were not always included. Some incidents demonstrated control and restraint techniques applied inappropriately, such as moving a compliant prisoner in handcuffs while still being held in wrist locks. These incidents had not been identified or challenged by managers.
- I.51** Minutes of the combined use of force meeting (see paragraph I.47) indicated good but limited discussion and analysis. Video footage was not examined during the meeting.
- I.52** Our review of records indicated that 15 officers had drawn batons during the previous six months, and on four of these occasions had used them to strike prisoners. Batons were in some cases drawn as a pre-emptive measure before adequate attempts at de-escalation had taken place. Scrutiny of these incidents was not robust enough and paperwork was missing.
- I.53** The use of special accommodation was high at 17 occasions in the past six months. There was not enough justification in all cases and observation logs indicated that prisoners were not removed from special accommodation as soon as they were compliant. The average time that prisoners were held in special accommodation was 12 hours 20 minutes, including some held overnight.

Recommendations

- I.54** **Managers should routinely analyse use of force data and review incidents to ensure proportionality and accountability, monitor trends, identify good practice and learn lessons.**
- I.55** **The use of special accommodation should be justified on all occasions and it should only be used for the shortest possible period.**

Segregation

- I.56** The use of segregation had increased since our last inspection. During the previous six months, it had been used on 11 occasions for own protection (Rule 45) and on 294 occasions for prisoners awaiting adjudication. A total of 604 prisoners had been segregated. At the time of the inspection, 19 prisoners were on the segregation unit, one of whom had been there for the longest period of 46 days.

- I.57** Cells were in poor condition. Many had no toilet seats and damaged flooring and windows. There was extensive graffiti in many cells and in the two exercise yards. The daily regime consisted of showers, exercise and access to telephones, but little else. Most prisoners spent nearly all day locked in their cells with little to do and no televisions. The regime for prisoners refusing to leave the unit was punitive, including restricted telephone access and closed visits. There was no evidence of individual target setting or reintegration planning.
- I.58** Although prisoners spoke positively of their treatment by segregation staff, staff were often unable to engage in meaningful conversation because of the pressures of managing a near full unit and the high number of disciplinary hearings.

Recommendations

- I.59** **Decent living conditions should be provided for segregated prisoners, including accommodation free of graffiti, with a regime that offers purposeful activity and engagement.**
- I.60** **Individual care plans should be in place for all segregated prisoners, with a clear focus on identified risks and successful reintegration planning.**

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.61** Change: Grow: Live (CGL) (a charity which supports people to change their lives for the better) provided psychosocial support to an average of 600 prisoners a month, a very high number. Recovery workers saw all new prisoners in reception, and referrals from the prison were seen within one working day, which was efficient. Prisoners were consulted regularly and meaningfully about the development of the services.
- I.62** In our survey, more prisoners than the comparator and the last inspection had had a drug problem when they entered the prison and more had developed a problem since arriving. Sixty-seven per cent said they had received help or support with their problem against the comparator of 56% and 58% at the previous inspection.
- I.63** A very wide range of appropriate individual and group therapies focused on recovery was available to prisoners. These included the 12-steps programme and modules with educational and motivational focus. A new CGL initiative had started during the inspection to reduce the demand for substances and a whole 'drug recovery prison' approach to demand reduction was planned. CGL staff had a good skills mix with dual diagnosis competencies and a visiting consultant psychiatrist specialised in substance misuse. Peer recovery workers assisted with some therapeutic approaches under supervision.
- I.64** The therapeutic community had 69 places, all of which were filled. Prisoners stayed for up to 12 months within the enabling regime. We observed the modelling of prosocial behaviour and individuals being held accountable to the community. The visiting therapeutic dog provided diversion and comfort. Residents spoke highly of the support they received and there was evidence of success for individuals following release.

- I.65** Nurses from G4S and specialist GPs from Spectrum offered conventional treatments to drug dependent prisoners. Over half the patients failed to attend their 13-week reviews and action was being taken to address this. Twenty-four-hour nursing had been withdrawn when the prison re-rolled and routine alcohol detoxification was no longer available. A large number of prisoners, an average of 310, were in opiate substitution therapy (OST) at any one time, with about 55% in maintenance and stabilisation and 45% reducing. Administration of OST was carried out to a high standard and medicine queues were well regulated.

Good practice

- I.66** *The therapeutic community was a centre of excellence with a philosophy that encouraged personal responsibility. There was evidence of good outcomes for prisoners.*

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** Two hundred and four cells were designed for one prisoner but used by two men. There was graffiti on most units and many prisoners were using bed sheets for curtains. Accommodation on houseblocks 6 and 7 was reasonable but on the older wings some cells were shabby and dirty and had missing or broken furniture. Many toilets were dirty and unscreened and some did not flush properly (see main recommendation S42). Offensive displays went unchallenged in some areas despite a local policy. Prisoners could often not obtain enough cleaning products to keep their cells clean. Some showers were in need of refurbishment but access to showers was good and prisoners responded much more positively on being able to have daily showers than at the last inspection (77% against 38%).
- 2.2** Communal areas outside were generally clean but exercise yards were bleak and dirty. Rubbish had gathered in the corners of the yards and graffiti was a problem.
- 2.3** In our survey, only 8% of prisoners said that their cell call bell was normally answered within five minutes and we found evidence of some prisoners waiting up to 50 minutes for their alarm to be answered. Responses were quicker during the night. Staff asked men who wanted to go to the gym to press their emergency cell bells, which was inappropriate and could have caused confusion in a genuine emergency. The cell call bell system was not routinely monitored.
- 2.4** As at the previous inspection, few prisoners could wear their own clothes. Prisoners on houseblocks 2, 5 and 6 could do so with restrictions. Laundry facilities were available only on two wings.
- 2.5** Access to property was uncoordinated and intermittent. In our survey, only 8% of prisoners said they could access their stored property against the comparator of 18% and 31% at the previous inspection. Prisoners told us that they had submitted applications concerning access to property but had not received replies.
- 2.6** Prisoners responded more negatively in our survey than at our last inspection on the fairness of the application system. Responses to applications were not tracked and there was no monitoring or oversight of the applications. Prisoner information desk workers logged applications and many remained outstanding weeks after submission.
- 2.7** Houseblocks 3, 4, 6 and 7 had in-cell telephones. Prisoners welcomed being able to contact friends and family while locked in their cells and plans were in progress for phones to be installed in all house blocks.

Recommendations

- 2.8 Staff should answer cell call bells promptly, and bells should only be used for emergencies.**
- 2.9 Prisoner applications should be tracked and timeliness of responses monitored.**
(Repeated recommendation 2.12)

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** In our survey, 71% of prisoners said that staff treated them with respect compared with 82% at the previous inspection. We observed a small number of rude and unhelpful staff but most staff interactions were good. Staff did their best in a difficult environment to balance dealing with the high number of incidents and managing prisoners on their units. A number of staff appeared demoralised and disengaged. Only 14% of prisoners said that staff spoke to them while they were on association and we observed some distant supervision during association.
- 2.11** There was no personal officer strategy. Most entries in P-Nomis records (electronic case notes) were perfunctory and limited to negative comments about behaviour. There was no evidence of contact for over four weeks for some prisoners. There were very few management checks of Nomis entries.
- 2.12** Formal consultation with prisoners was irregular and inconsistent and prisoners did not have enough opportunity to raise concerns. When meetings did occur, issues were often not addressed and rolled over to the next meeting.

Recommendation

- 2.13 Managers should encourage and enable staff to engage regularly and positively with prisoners.**

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 characteristic¹¹ 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

- 2.14** The strategic management of equality and diversity was not sufficiently robust. The safer prisons team managed equality but were also responsible for violence reduction and suicide and self-harm reduction. There was no equality action plan to drive change. The team did not use equality monitoring data to identify areas of inequitable treatment. The most recent available data were more than six months old. The data did not cover release on temporary licence, segregation or use of force. The equality policy was comprehensive and the identification of prisoners' protected characteristics was reasonably good. Consultation with minority groups was reasonably good; forums were held with some groups to discuss their treatment and address concerns. The monthly safer prisons team meetings were reasonably well attended but the agenda was lengthy and not enough attention was paid to equality.
- 2.15** During the previous six months, 111 discrimination incidents had been reported, most concerning race. Twenty were outstanding at the time of the inspection. Investigations lacked rigour and in some cases it was not clear if all parties to the incident had been interviewed or what evidence had been considered. Many investigations took too long to complete, up to two months in some cases. Quality assurance was weak. All responses were signed off by a manager but only five incidents in the last six months had been quality assured. Anonymous summaries of the incidents were discussed at the safer prisons meeting.
- 2.16** The 11 prisoner equality champions had job descriptions and occasionally met as a group. They were positive about their role, but there were nine vacancies and no champions on houseblocks 5 and 6.

Recommendations

- 2.17 National equality monitoring tool data should be recent, comprehensive and used systematically to help identify areas of potential discrimination.**
- 2.18 There should be an equality action plan, with measurable objectives and completion dates, which drives change and is monitored by managers and updated regularly.**
- 2.19 All discrimination incidents should be promptly and thoroughly investigated. Replies should summarise how the incident was investigated and give the reasons for the conclusions that are reached. Quality assurance arrangements should be robust.**

¹¹ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Protected characteristics

- 2.20** Seventy-five prisoners were from black and minority ethnic groups, about 6% of the population. In our survey, black and minority ethnic prisoners responded more negatively than white prisoners to a wide range of questions, including feelings of safety, victimisation, threats and intimidation by staff, and access to offending behaviour programmes and education. Historic equality monitoring information showed disparities suggesting that these perceptions were well founded. Forums for black and minority ethnic prisoners were held regularly and the minutes also reflected some of the issues raised in our survey. Efforts were made to organise forums for Gypsies and Travellers but no prisoners attended.
- 2.21** Forty-three foreign nationals were held at the time of the inspection, about 4% of the population. Provision for foreign nationals was reasonably good. The foreign national prisoner policy was helpful, although in need of updating. Foreign nationals who did not receive visits could apply for a free monthly five-minute phone call to their country of origin. Forums for foreign nationals were held occasionally, the most recent in March 2017. All foreign nationals had a one-to-one interview with a member of the equality team on arrival, which was helpful. They had access to Tracks, an electronic toolkit designed to help them plan for their resettlement. Foreign nationals seeking immigration advice were given a list of local solicitors. Two immigration detainees were held at the time of the inspection. Most immigration detainees were now promptly transferred to immigration removal centres on completion of their sentence. An immigration officer regularly attended to update foreign nationals on their cases.
- 2.22** The prison had identified 238 prisoners with a disability, which was consistent with our survey. Evacuation planning was sound for those who needed help in an emergency. Most prisoners with disabilities were well cared for. Some reasonable adjustments had been made for them but more were needed. For example, there were no grip rails in the adapted cells of some wheelchair users. We spoke to a deaf prisoner using a British Sign Language interpreter. He did not have a care plan and many of his needs were not met. He felt isolated and ignored. In our survey, prisoners with disabilities were less positive about safety than prisoners with no disability. During our inspection, disabled prisoners who were not in work or education were locked in their cells during the core day, which was inappropriate. Prisoner welfare champions cared for prisoners with disabilities and a robust job description described the tasks they were allowed to conduct.
- 2.23** One transgender prisoner was held at the time of our inspection. She told us that staff were respectful and that her needs were largely met, although she had to shower at the same time as other prisoners without complete privacy.
- 2.24** The prison had identified 32 gay and bisexual prisoners, which reflected our survey. A forum was held occasionally for gay and bisexual prisoners but only prisoners from houseblock 7 attended.
- 2.25** Forty-three prisoners between the ages of 18 and 20 were located throughout the prison. A younger prisoner wellbeing group was held once a week in the gym.
- 2.26** Eight per cent of the population were over the age of 50 and the oldest prisoner was 83. Older prisoners were well cared for. In our survey, many older prisoners responded positively about their treatment. For example, 96% of prisoners aged 50 and over said that most staff treated them with respect and 82% that there was a member of staff they could turn to if they had a problem against respective comparators of 68% and 62% of prisoners under 50. Retired prisoners were unlocked from their cells during the core day. A regular forum was held and there were links with Age UK. There was no dedicated gym session for older prisoners.

Recommendations

- 2.27** The reasons for black and minority ethnic prisoners' poor perceptions of their treatment should be investigated and addressed.
- 2.28** The needs of prisoners with disabilities should be identified promptly and met by individual assessment, regular consultation, care planning and monitoring. If they are not in education or work because of their disability, they should be unlocked during the core day.

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.

- 2.29** Prison records indicated that 47% of the population were of no faith, 47% Christian and 4% Muslim. The composition of the chaplaincy reflected the faiths represented in the prison. Recruitment of a Muslim chaplain had proved difficult over the past year but at the time of our inspection a Muslim chaplain was attending 16 hours a week. The team provided a reasonable range of services and study classes. Arrangements for Ramadan were generally good but the Eid al-Fitr feast was delayed by a day because of staff shortages. In our survey, 40% of religious prisoners said that their religious beliefs were respected against the comparator of 48% and 47% at the previous inspection.
- 2.30** The managing chaplain was a member of the senior management team and attended a range of meetings throughout the prison. The chaplaincy attended ACCT¹² reviews when appropriate and saw prisoners on a constant watch each day. All new arrivals were seen by a member of the team. Chaplains supporting bereaved prisoners and two qualified counsellors visited the prison each week for one-to-one bereavement sessions.
- 2.31** The chaplaincy had very good links with a wide range of community support groups. Some of these groups involved ex-offenders who were able to talk first hand of their rehabilitation.
- 2.32** Staff shortages and regime curtailment inhibited prisoners' access to religious services. In our survey, 37% of prisoners against the comparator of 44% said it was easy to attend religious services (see main recommendation S43).

Complaints

Expected outcomes:

Effective complaints procedures are in place for prisoners, which are easy to access, easy to use and provide timely responses. Prisoners feel safe from repercussions when using these procedures and are aware of an appeal procedure.

- 2.33** In our survey, prisoners were less satisfied with the complaints service than in 2013 and they told us that they lacked confidence in the system. Complaint forms and envelopes were readily available on all residential houseblocks, and boxes were accessible and locked. Complaints boxes were no longer emptied by wing officers but by the night orderly, a

¹² Assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm.

uniformed officer. There was scope for more independence to encourage confidence in the system.

- 2.34** There had been an average of 131 complaints a month during the previous six months, which was fewer than at similar prisons. Complaints commonly concerned property, laundry and canteen. The responses to complaints that we sampled were timely, focused and polite and apologies were offered as necessary.
- 2.35** The management of complaints had improved with effective compliance monitoring and action, quality assurance by independent governors and written summaries reported to the governor.

Recommendation

- 2.36** **Complaint boxes should be emptied by non-uniformed staff to encourage more confidence in the complaints system.**

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.

- 2.37** In our survey, prisoners' views on legal services were less favourable than in 2013. The two dedicated legal services staff had been withdrawn under the reform programme and legal services were now provided by HMP Durham. The requirement for legal services in Holme House was to be reviewed once the reconfiguration of prisons was complete. The court video-link and interview facilities were very good.

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.

- 2.38** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)¹³ 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 in Appendix III of this report.

¹³ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

Governance arrangements

- 2.39** Partnership working between the five main health and substance misuse service providers, commissioners and the prison was effective, despite some complex governance and delivery arrangements. Governance arrangements were generally appropriate. Preparations for the re-procurement of health services from April 2018 and the prison's move to a recovery model were satisfactory, including a new health and social care needs assessment. Clinical audits had started but were not yet driving service improvement, although learning from adverse incidents and complaints were. Mental health forums were arranged regularly and general health forums were planned.
- 2.40** Chronic staff shortages in the primary care nursing team had affected service delivery, including clinics for life-long conditions. The primary care nurse manager had been in post for three months and recruitment was progressing well within a revised workforce strategy which included associate practitioners and more pharmacy technicians. Nurses were on site 24 hours and regular GPs provided consistency.
- 2.41** In our survey, only 22% of prisoners said that the quality of health services was good. Many prisoners complained to us about prescribing practices (see paragraph 2.63) and long waiting times, but most spoke positively of the care received.
- 2.42** The health interactions that we observed were very good. However, we were concerned that medical confidentiality was not consistently maintained. Nurses routinely left consultation room doors open, including in reception, with no individual risk assessment. We saw clinic lists with confidential information displayed and visible to prisoners. This was addressed during the inspection.
- 2.43** Health staff were in date with mandatory training and identified deficits such as patient handling were being addressed. A monthly timetable had been introduced to ensure that staff engaged in clinical supervision consistently. Access to development opportunities was good. Not all policies were easy to access online, but hard copies of key policies were kept in the staff room.
- 2.44** The outpatient department provided a good clinical environment, but most wing-based clinical rooms offered a poorer environment including peeling paint and damaged flooring. Some prisoners spent excessive periods in the bare and uncomfortable waiting rooms. Refurbishment was planned over the next two years to support the move to wing-based health care delivery.
- 2.45** Emergency equipment held in clinical rooms across the prison was checked regularly, although the equipment layout was not easy to use or standardised. This was being addressed. Health staff responded effectively to multiple NPS-related health emergencies throughout the inspection. Specialist first responder training was planned for health staff to enhance their skills. Only 15 operational staff, including 10 custody managers, were first aid trained, which could create delays in treatment at night and in dealing with multiple casualties. Ambulances were called promptly for medical emergencies.
- 2.46** There was no information for prisoners on how to complain about health services. The health complaints forms were not easily accessible on all units and there was no mechanism to return them confidentially. During the three months to June 2017, 58 of the 101 complaints received concerned medication. Most responses that we examined were timely and those answered by Spectrum addressed all the issues, but responses about nursing and administration did not.

- 2.47** Regular health promotion activities had slipped, but an identified lead had completed a health trainer course and was introducing a calendar of events from August 2017. Access to age sensitive community health screening campaigns was good. Gym staff were starting daily smoking cessation clinics in July 2017 to meet the high demand in preparation for the prison going smoke free in 2018.
- 2.48** The Care Quality Commission issued 'requirement to improve' notices following the inspection (see Appendix III).

Recommendations

- 2.49 All clinical rooms should comply with infection control standards and offer a decent, safe and accessible environment for prisoners and staff.**
- 2.50 Patient confidentiality should be consistently maintained.**
- 2.51 Prisoners should be able to complain about health services through a confidential, well-advertised system and responses should address all issues.**

Delivery of care (physical health)

- 2.52** Nurses saw all new prisoners promptly for an initial assessment and made appropriate referrals. Good community liaison ensured continuity of care. A second assessment was carried out promptly.
- 2.53** Prisoners could request services by application or by ringing the health care administration team directly, which was a good initiative. The range of primary care services was appropriate, but waiting times for sexual health, podiatry and dental services were too long. At the time of the inspection, prisoners were waiting up to five weeks for routine GP and nurse practitioner appointments, which was excessive and contributed to negative patient perceptions. However, patients with urgent needs were seen quickly. Excessive non-attendance rates for some clinics extended waiting times.
- 2.54** The management of long-term conditions was not systematic, but this was being addressed by a new clinical lead. Men needing complex care were supported by two named nurses who implemented comprehensive patient-centred care plans. Care for patients with palliative or end-of-life needs was excellent, including family involvement. There were two palliative care beds and a dedicated Macmillan nurse for the prison cluster. Comprehensive care pathways supported compassionate care.
- 2.55** Men with significant physical or mental health care needs were admitted to the 18-bed inpatient unit. The unit was clean and refurbishment of some cells was planned. At the time of the inspection, six patients with limited mobility and significant needs were left unlocked for 24 hours to facilitate timely care, although not all had continuous access to an emergency call bell. Patients spoke of receiving compassionate nursing care and we observed this. However, the inpatient regime was impoverished. There were no therapeutic activities and access to a normal prison regime was inadequate, largely because of staff shortages.
- 2.56** External hospital appointments were well managed. The number of daily escort slots had doubled to four since April 2017 and the number cancelled by the prison had reduced significantly since then. Overall, waiting times were appropriate. The wide range of in-house services, including visiting specialists, x-ray, ultrasound and telemedicine, reduced the demand for outside appointments.

Recommendations

- 2.57** Patients should be able to access all primary care services within community equivalent waiting times and routine dental appointments within six weeks.
- 2.58** Patients on the inpatient unit should have easy access to a full prison regime and an adequate range of therapeutic activities.

Good practice

- 2.59** *Identified nurses provided consistent and effective case management for patients with the greatest clinical need. The Macmillan link nurse ensured patients with palliative and end-of-life needs received prompt community equivalent care.*

Pharmacy

- 2.60** The in-house pharmacy supplied medicines promptly. Errors, incidents and alerts were managed appropriately, but monitoring of refrigerator temperatures was inconsistent. The only pharmacy-led clinic was smoking cessation, although more were planned. A local medicines management committee had recently started to supplement the regional meetings, which enhanced governance.
- 2.61** The in-possession policy was too generic to support adequately consistent decision-making or effective risk assessments. Most medicines were supplied weekly in possession with no recorded justification. Medicines were administered by nurses and pharmacy technicians from dispensing rooms on six of the houseblocks at about 8am, 11.30am and 4pm. Some patients, therefore, received three doses within eight to nine hours and then none for about 15 hours. This was not clinically appropriate. Patients could receive supervised medicine at night if required.
- 2.62** Administration practices and recording were appropriate, but non-attendance was not consistently followed up. Supervision by officers of medication administration queues, including methadone, was inadequate, which created opportunities for diversion of medicines and bullying. In our survey, 12% of prisoners said they had developed a problem with diverted medication against the comparator of 9%.
- 2.63** Many prisoners we spoke to complained that their community prescribing had been stopped. Clinical records that we examined indicated that prescribers followed clinical guidance. However, prisoners were not involved in the prescribing decision and some waited up to five weeks to discuss alternative prescribing options with a GP. This was not acceptable. The prescribing of tradeable medicines was closely monitored and spot checks on in-possession medicines to assess compliance occurred regularly, which was positive.
- 2.64** Medicine storage was tidy and secure. Alert stickers were routinely used to differentiate medication for different patients with similar names, which was an excellent safety initiative. Some controlled drugs cabinets did not fully comply with requirements and the medicines trolley in the inpatient area was not adequately secured. Houseblock 7 had a high number of patients with complex health needs and effective systems ensured continuity of medicines for them, including a sheet to tick off each medicine for a patient on multiple medicines.
- 2.65** Systems to ensure all required blood tests were completed for high risk drugs were not sufficiently robust and we found one instance where required monitoring was not completed. We were assured by the manager that this would be addressed. The range of

medicines that health staff could administer without a prescription was too limited, which increased the demands on prescribers.

Recommendations

- 2.66 Prisoners should receive in-possession medication following a consistent recorded risk assessment that is regularly reviewed.**
- 2.67 Medication should be administered at clinically appropriate times.**
- 2.68 Prison officers should consistently monitor and manage medication administration queues to reduce the opportunities for bullying and diversion and maintain patient confidentiality at the hatch.**
- 2.69 Patients should be involved in prescribing decisions and be offered alternatives promptly where clinically indicated.**
- 2.70 Prisoners should have timely access to an appropriate range of over-the-counter remedies for minor injuries and illnesses.**

Dentistry

- 2.71** In our survey, prisoners responded more negatively than the comparator and the previous inspection on access to and the quality of dental services. Dental staff from Burgess and Hyder provided a range of interventions equivalent to the community with four dentists, two dental therapists and two oral health education sessions weekly. Despite the provision of additional sessions, waiting times for routine appointments remained too long at eight to ten weeks (see recommendation 2.57). The dental suite was good. Governance had improved and the safety of equipment and procedures was monitored appropriately. Records were of reasonable quality.

Delivery of care (mental health)

- 2.72** Joint working between the prison and mental health staff was very good. The mental health provider delivered mental health awareness training to Listeners¹⁴ and training for discipline staff was planned. In our survey, 49% of prisoners said that they had emotional wellbeing or mental health problems compared with 36% at the previous inspection.
- 2.73** Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) provided secondary mental health services seven days a week. The team's rich skill mix included specialisms in learning disability and dual diagnosis. Staff shortages had generated caseloads of about 35 patients. The team provided prompt support for prisoners in mental health crisis, but demand was high and regular lock-downs restricted practitioners' access to patients. Waiting times for routine assessments had increased from four days to two to three weeks and the frequency of review appointments had also been affected.
- 2.74** Clinical records indicated that assessments and interventions were comprehensive but some patients were not receiving regular reviews, care planning was underdeveloped and the frequency of planned reviews was often unclear (see Appendix III). The clinical lead developed an action plan to address these shortfalls during the inspection. New staff had

¹⁴ Prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.

been recruited and further recruitment, including a speech and language therapist, was in progress as part of the prison's move to a recovery model.

- 2.75** TEWV subcontracted Rethink Mental Illness to provide psychological wellbeing services for prisoners with mild to moderate mental ill health. Staff shortages, a lack of group room facilities and an influx of prisoners from HMP Durham who were awaiting interventions had increased treatment waiting times from 10 to 12 weeks to 18 to 20 weeks. Pet assisted therapy of up to six sessions was being piloted. Four prisoners were training to become peer mental health workers. Clinical record-keeping was very good.
- 2.76** TEWV subcontracted MIND to provide eight counselling sessions a week. High demand resulted in waiting times of about six months. Bereavement counselling was available through the chaplaincy (see paragraph 2.30).
- 2.77** At the time of the inspection, TEWV were supporting about 140 patients with moderate to severe mental illness and another 30 were engaging with the primary care services.
- 2.78** The three services were well integrated. The mental health service was part of the prison mental health quality network which supported service improvement. Daily integrated team meetings to allocate new patients and discuss cases supported effective communication. Joint working with health and substance misuse workers was effective.
- 2.79** Most of the 17 patients transferred under the Mental Health Act since January 2016 had experienced excessive waits for transfer. The longest wait had been 451 days, but most were between three weeks and four months, reflecting the availability of beds.

Recommendations

- 2.80** **All patients with mental health needs should have timely interventions and clear care plans that have been agreed with them.**
- 2.81** **Patients sectioned under the Mental Health Act should be transferred within the transfer timescale guidelines.**

Social care

- 2.82** Effective partnership arrangements were in place for the delivery of social care. Systems to identify prisoners with social care needs were effective, enhanced by proactive coordination by an identified primary care lead. During the previous 18 months, 46 prisoners had been referred for a social care assessment. Fourteen prisoners were receiving packages of social care at the time of the inspection. Access to occupational therapy equipment was appropriate. Prisoners we spoke to were very positive about their social care support.

Good practice

- 2.83** *An identified primary care worker completed a face-to-face secondary social care screen with all prisoners who had been identified with potential social care needs and all new arrivals whose clinical records indicated there may be a need. This ensured that appropriate referrals for assessment were made promptly. This worker also reviewed prisoners regularly to identify changing needs swiftly.*

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.

- 2.84** The quality of food had improved since our last inspection and the food that we tasted was good. The governor had increased the food budget by 5%. Prisoners could choose from six options at lunch and evening meals, including halal and vegetarian options. A separate vegan menu contained five options. The needs of the 62 prisoners on special diets were catered for. Soups were made on site. The prison baked all its own bread and pastries, and these fresh products were valued by prisoners.
- 2.85** Seven chefs worked in the kitchen with 30 prisoners divided into two shifts. Ten of the prisoners acted as mentors. In theory, prisoners could study a level 2 NVQ diploma in professional cookery but in the last 12 months no prisoners had completed the course. All prisoners working in the kitchen completed basic food hygiene qualifications.
- 2.86** Serveries were generally clean and prisoners serving food wore appropriate clothing. A chef from the kitchens supervised the serveries but did not take the temperature of the food. Evening meals were served before 5pm, which was too early, and small breakfast packs were served the night before they were eaten.
- 2.87** Consultation arrangements were good. Three food forums had been held during the last year. The catering manager attended a forum of black and minority ethnic prisoners to discuss food. A food survey was conducted once a year.

Recommendation

- 2.88 The evening meal should not be served before 5pm and breakfast packs should be served on the morning they are eaten.**

Good practice

- 2.89** *The prison baked all its own bread and pastries.*

Purchases

Expected outcomes:

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

- 2.90** Prisoners could buy goods from the canteen list once a week and the system worked well. Prisoners were not consulted about the contents of the list, which was an omission. Prisoners could buy goods from a small range of catalogues and paid a proportion of the delivery costs. Prisoners could also order newspapers and magazines.

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.¹⁵

- 3.1** Prisoners who were fully occupied had about 9.5 hours out of their cells each day. Prisoners who worked part time could expect between 5.25 and 6.5 hours out of their cells. Unemployed prisoners or those on basic regime had at most about two hours out of their cells a day. Prisoners told us that there were regular regime restrictions and we observed these consistently during the inspection when staff attended incidents throughout the prison relating to the use of psychoactive substances.
- 3.2** Roll checks indicated that an average of 35% of prisoners were locked up during the working day, which was higher than at our last inspection.
- 3.3** Exercise was available each day but only during the working day so that many employed prisoners could not participate on weekdays.
- 3.4** Access to the regime was poor for vulnerable prisoners located on the overflow landing on houseblock 1. Association and exercise should have been available with other vulnerable prisoners on houseblock 7, but they were not always collected (see main recommendation S43).

¹⁵ 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 Ofsted¹⁶ 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 A clear strategy had been implemented to support the prison's transition to category C status. Reviews of the curriculum and activities ensured that prisoners' needs were met and that the skills required in prisoners' resettlement plans were reflected. Managers exploited a good range of community links to identify development opportunities for prisoners.

3.7 The prison's self-assessment was critical and evaluative. Managers used detailed development plans well to enhance learning. The quality improvement group focused on driving up standards and the use of data for performance management was good. Managers used an appropriate range of long-term targets to monitor progress.

3.8 Quality assurance processes were sound and managers recognised the need to evaluate the impact of quality assurance on the learning experience. They gave appropriate priority to improving the quality of taught sessions, although there were not enough appropriately trained prison staff to support learners' development. The quality of the education and training delivered by Novus, the education provider, was good.

3.9 Managers acknowledged that more rapid change was needed to meet objectives. For example, overall attendance rates required improvement and punctuality was not consistent. Too many sessions finished early and the remaining time was not used productively.

¹⁶ 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>.

Recommendations

- 3.10** The proportion of appropriately trained prison staff should be increased to support learners' development.
- 3.11** Managers should ensure good attendance and punctuality at sessions and, where sessions finish early, productive use should be made of the remaining time.

Provision of activities

- 3.12** There were 517 full- and 637 part-time purposeful activity places, enough to occupy 70% of the population at any one time. Vulnerable prisoners had appropriate access to activities. The range of qualifications was adequate. Vocational training was limited but suitable for the population. The breadth and variety of work were good.
- 3.13** Allocation to activities was equitable. Delays in allocation identified at the previous inspection had been addressed, although regime shutdowns had delayed the completion of allocations in a few cases. Revised rates of pay were about to be introduced to encourage prisoners to pursue activities that would enhance their successful resettlement.
- 3.14** The prison had 509 full-time equivalent work places. Accredited qualifications were available in all work areas but too few prisoners took up the opportunities. Typically, only about 16% of prisoners were studying for qualifications while working. Industrial workshops enabled prisoners to develop skills in food preparation, laundry, wood milling, joinery, gardening, waste management, warehouse distribution, bespoke and mass furniture production, garment manufacture and plastic assembly. Orderly work was available in the library, health care, houseblocks, chapel, education and gym.
- 3.15** Novus offered 38 full- and 96 part-time classroom spaces. About 100 learners attended classes each week which included information and communication technology, English and mathematics from entry level to level 2. Courses at level 2 also included business administration, customer service, hospitality and catering and barbering. Outreach support to develop prisoners' English and mathematics skills was available in all activity areas.
- 3.16** Forty full-time and 14 part-time vocational workshop places were offered by Novus. Training included level 2 painting and decorating and fitted interiors. The use of a bricklaying and renewable energy workshop was in abeyance at the time of the inspection.
- 3.17** At the time of the inspection, 11 prisoners were following distance learning and Open University programmes and were supported well by the prison and Novus. Courses at level 3 and above could only be pursued through this route. Five of the 11 learners were studying at level 3. No prisoners were released on temporary licence.

Recommendations

- 3.18** Sufficient purposeful activity places should be provided to occupy prisoners who require full-time activity.
- 3.19** The proportion of prisoners studying for qualifications while working should reflect assessed resettlement needs.

Quality of provision

- 3.20** The quality of taught sessions was good in classroom education and vocational training workshops. Most tutors coached prisoners well to help them overcome significant barriers to learning. Most prisoners made good progress. Tutors made effective use of information on prisoners' starting points and learning disabilities to motivate them to succeed. In the most successful lessons, tutors used topics relevant to prisoners' lives to engage them. For example, in English lessons for speakers of other languages, prisoners learned and recorded in their personal dictionaries words relating to food shopping and cooking. Tutors and instructors checked regularly on prisoners' understanding and skill development during sessions and provided clear feedback to aid improvement. Teaching staff developed prisoners' reasoning skills well by, for example, helping them to identify mistakes and strategies to improve their work.
- 3.21** Instructors and tutors developed learners' practical skills very effectively and set challenging and detailed targets to ensure that they achieved their potential. Prisoners' progress was monitored and recorded well and prisoners knew how well their skills had developed and how to improve further.
- 3.22** In many lessons, orderlies very successfully supported individual prisoners who needed extra help with, for example, reading, writing and use of computers. However, managers did not ensure that all the orderlies attended lessons as planned and in these cases learners needing extra help did not progress rapidly enough.
- 3.23** Most tutors developed learners' writing and mathematical skills to a good standard in practical lessons so that they could use them effectively in work and in their personal life. For example, learners developed their mathematics skills by estimating rolls of wallpaper needed for different walls in the workshop. A few tutors did not ensure that prisoners improved their writing skills sufficiently and they did not make adequate progress in identifying and correcting spelling errors.
- 3.24** A few tutors did not plan learning activities well enough and not all learners, especially the most able, achieved to a high enough standard. Too few learners gained a clear understanding of how to apply their learning to wider contexts. In a few cases, progress was not recorded accurately or regularly enough for learners to appreciate the knowledge and skills they had developed.
- 3.25** The standard of accommodation and learning resources was good. Equipment in the workshops was of an appropriate industry standard and supported learning well. Managers did not ensure that prisoners used up-to-date software commonly used in industry in information technology lessons.

Recommendations

- 3.26** Tutors should plan activities well so that more learners attain at a high level and can apply their learning to wider contexts.
- 3.27** Tutors should ensure that the recording of learners' progress is regular and accurate, and enables learners to understand the knowledge and skills that they have developed.
- 3.28** Learners should use up-to-date software in information technology lessons.

Personal development and behaviour

- 3.29** Prisoners had a positive attitude to work and learning, and valued their education and training. They made appropriate use of the help received at induction and during custody to make realistic choices about their future. Most prisoners had an adequate or good appreciation of the 'stepping stones' activities needed to achieve their career goals.
- 3.30** Most prisoners developed the skills valued by employers including team working, using initiative, working independently and a regard for their own and others' safety. Regime curtailment too frequently prevented men from attending activities or arriving on time (see main recommendation S43). Once they arrived at the planned sessions, they quickly focused on the tasks set and worked productively. Prisoners were well behaved and demonstrated respect for each other and learning and skills staff.
- 3.31** Prisoners took pride in their work. In the industrial workshops, they routinely produced goods that matched commercial standards and met external contract deadlines. For example, they manufactured study bedroom furniture to a high standard for university accommodation.
- 3.32** In industrial and training workshops, men made good progress in developing the personal and social skills needed for work and successful resettlement on release. For example, in the bistro, their personal confidence and communications skills improved and they were able to work effectively with paying customers and deal with their queries.

Education and vocational achievements

- 3.33** Most prisoners who completed their education and vocational training courses achieved their qualifications and there were no significant gaps between the performances of different groups of learners. However, during 2015 to 2016, too many prisoners who had started courses left before completing them and no prisoners undertaking barbering or catering courses gained qualifications. In the following year, this trend had improved. However, improvement was still needed in the proportion of prisoners gaining qualifications in a few education courses such as functional skills in mathematics at level 1 and English at level 2.
- 3.34** Prisoners in industries and vocational workshops made good progress in developing practical skills, often from very low starting points. For example, prisoners with no previous wood machining experience learned to programme and operate an industry-standard computer numerical control cutting machine.
- 3.35** The standard of prisoners' written work was good, given their low starting points. In a few cases, learners produced finished text of a very high standard. Prisoners on Open University courses enjoyed their studies and increased their knowledge in their field of interest.

Recommendation

- 3.36** **Where practical, learners should complete their planned course and achieve their qualifications.**

Library

- 3.37** Stockton Borough Council provided a good library service. The facilities were well managed and the environment was welcoming. Two orderlies supported a senior librarian and two part-time assistant librarians. Prisoners had good access to the library during mornings, afternoons and one evening. However, only about a quarter of prisoners used the library regularly, partly because of regime shutdowns.
- 3.38** The library met the needs of prisoners well. Prisoners could borrow a good range of resources including fiction and non-fiction, easy-read books, audio books, vocational learning materials and legal texts. Relevant Prison Service instructions were available. Library stock included a variety of newspapers, magazines, and books for prisoners for whom English was a second language. All prisoners had appropriate access to additional resources through inter-library borrowing arrangements. An adequate range of books was available to prisoners in the segregation and health care units. Stock loss was low.
- 3.39** The enthusiastic librarians had undertaken a range of successful initiatives to encourage prisoners to improve their reading and knowledge. For example, a visiting author scheme allowed prisoners to meet and discuss their writing ideas. Staff appropriately promoted themes, for example Black History Week, to prepare prisoners for life in contemporary Britain. A small but successful Shannon Trust Turning Pages¹⁷ reading scheme was offered.

Recommendation

- 3.40** The number of prisoners who use the library should be significantly increased.

Physical education and healthy living

Expected outcomes:

All prisoners understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.

- 3.41** The PE department provided appropriate facilities, including free weights resistance and cardiovascular equipment. There was a dedicated classroom for inductions and theory work. The outside all-weather football pitch was used regularly. The showers in the PE department were in good order. The small weights room was not adequately ventilated and was unsuitable for use in hot weather.
- 3.42** Gym induction took place each day. It included a course in manual handling, which prisoners were required to complete before allocation to activities. Six prison orderlies supported the eight PE staff, who all had teaching qualifications.
- 3.43** The pass rate for accredited PE qualifications was high. A range of accredited vocational courses had been available until recently, including the certificate in fitness instructing, the level 2 certificate in circuit training and a first aid at work qualification. Staff vacancies had restricted provision to the core activity of access to the gymnasium to promote healthy living and no accredited vocational qualifications had been offered in the current year.

¹⁷ A reading programme created by the Shannon Trust, written specifically for adults (unlike its predecessor Toe by Toe) and delivered by peer mentors.

- 3.44** Access to the gym was satisfactory for mainstream and vulnerable prisoners. A good proportion of prisoners used the facilities regularly. In our survey, 41% of prisoners said they used the gym at least three times a week. Appropriate evening sessions were available for prisoners in full-time work or education. The PE facilities were used to the maximum capacity possible with the available staff.
- 3.45** The PE sessions met the needs of the population. Links with the health care department were good and included remedial sessions and courses to improve prisoners' mental health and wellbeing. The planned specialist weekly PE sessions for older prisoners were often cancelled because there were not enough PE staff to supervise them.

Recommendation

- 3.46 Prisoners should routinely be able to undertake accredited courses and specialist sessions.**

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

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

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

Good planning ensures a seamless transition into the community.

- 4.1** The transition from a category B local to a category C training prison meant that prisoners with a higher risk profile would stay longer at Holme House. The strategic configuration of resettlement activity did not yet reflect this change. There was a comprehensive reducing reoffending strategy, but it did not place offender management at the centre of the process, and was more appropriate to the establishment's previous role. There had been two needs analyses since the last inspection, and an online action plan was complemented by well-attended meetings involving all the main partners in resettlement work.
- 4.2** The work of offender supervisors was hampered by redeployment to operational duties for more than half the hours allocated to offender supervisor work. At the time of the inspection, they were able to do very little of their core work because of daily incidents related to psychoactive substances (see paragraph 1.34). Moreover, the future shape of sentence management in national policy was uncertain and made it difficult for managers to plan ahead or align ways of working with a clear route forward.
- 4.3** In the absence of a unified system of planning and tracking through OASys (offender assessment system) (see paragraph 4.5), skills action plans were used to ensure constructive use of the sentence. This focused mainly on the activities management unit. There was no effective coordination between the offender management unit (OMU) and other departments, and little continuity in managing each prisoner's sentence based on an assessment of risks and needs. There was no coordination between the OMU and the community rehabilitation company (CRC) (see paragraph 4.17).

Recommendation

- 4.4** **A new resettlement strategy based on the priorities of a training prison should be used to drive effective, planned and coordinated rehabilitation work throughout the prisoner's sentence. Implementation of the strategy should be monitored and adjusted to reflect relevant outcome data.**

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.

- 4.5** OMU staff were hard-working and well motivated. However, there were three vacancies in the team of 14 and the constant redeployment of OMU staff coincided with remand prisoners being replaced by a growing number of convicted prisoners arriving from local prisons with no OASys assessment. In the previous month, 21 had arrived from one local prison with no OASys. The Prison Service was responsible for the OASys of 361 men, but there was a backlog of 219 at the time of the inspection and the rate of OASys completions was half that of two years earlier (see main recommendation S44).
- 4.6** In our survey, only 36% of prisoners, against 47% at the last inspection, said they had a sentence plan. Records showed that offender supervisors had hardly any direct contact with their prisoners, and this was confirmed to us by staff and prisoners.
- 4.7** Most OASys assessments were completed by offender managers in the community for higher risk prisoners, and the quality was good in respect of risk management and sentence planning. However, risk management plans were sometimes not reviewed three months before release and the prison did not track which prisoners had an up-to-date OASys.
- 4.8** Very few entries were made by offender supervisors on the Nomis individual case notes, other than records of induction having taken place.
- 4.9** Home detention curfew (HDC) processes were carried out diligently, but more than half the HDC approvals (57 of 108 during the previous six months) resulted in release after the eligibility date. This related largely to factors outside the control of staff such as the arrival of prisoners with a short time to serve.

Recommendation

- 4.10 The backlog of offender assessment system (OASys) assessments should be cleared and the work kept up to date.** (Repeated recommendation 4.19)

Public protection

- 4.11** Procedures to protect children and prevent harassment were working effectively. There was no evidence that any prisoners were being released without proper risk management measures to ensure public safety. However, processes were not robust enough to ensure that such measures were put in place in good time. Monthly risk management meetings were informal and not sufficiently multidisciplinary. Administrative processes were not rigorous enough to ensure that checks were made at the required intervals before release or that prison and community agencies worked together in a timely way to ensure safe release under multi-agency public protection arrangements (MAPPA).
- 4.12** These shortcomings sometimes resulted in measures being taken nearer than desirable to the release date. However, probation staff worked hard to contribute to MAPPA meetings and provided good-quality written information.

Recommendation

- 4.13 Public protection measures should be planned, carried out and monitored in a consistent and timely way, involving all departments with knowledge of individual prisoners and the risk factors associated with them.**

Categorisation

- 4.14** Categorisation and re-categorisation processes were carried out in a thorough and timely way. This created a good foundation for the cluster model when many prisoners would move from the local prison (Durham) through Holme House and eventually, in many cases, to the open prison Kirklevington Grange. Imaginative work was in progress to bring staff and prisoners from the open prison to meet Holme House prisoners, which provided motivation for them to progress in their sentence. At the time of the inspection, there were delays in moving out remand prisoners and category B convicted prisoners, but the transition to a category C trainer was progressing steadily.

Indeterminate sentence prisoners

- 4.15** Support groups for life-sentenced prisoners had lapsed, and there was no organised support for those on IPP (indeterminate sentences for public protection). However, the transfer of IPP prisoners from the caseloads of offender supervisors to the care of probation staff, who could give more consistent attention to their needs, had been a valuable step.

Recommendation

- 4.16 Formal consultation arrangements should be developed and implemented for indeterminate sentenced prisoners.** (Repeated recommendation 4.34)

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.

- 4.17** All prisoners being released were seen by the through-the-gate (TTG) staff of the Durham Tees Valley CRC and their partners, but often only a few days before release. TTG staff worked hard and effectively to support individuals. They saw many prisoners during their induction, but their contract did not specify induction work, and this could not be given enough priority. The same staff saw all prisoners before release, usually three months before. In a number of cases they could only make arrangements a few days before release, for example when prisoners had arrived at Holme House for local release shortly before, or when community agencies had been slow to respond to requests. The lack of joint working with the OMU was a further obstacle to seamless preparation for release (see main recommendation S44).

Accommodation

- 4.18** In our survey, only 25% of prisoners who needed help with accommodation on release knew anyone who could help them against the comparator of 32% and 37% at the previous inspection.
- 4.19** Accommodation support was provided by Durham Tees Valley CRC (DTV). There had been a gap in contractual arrangements for the CRCs based at Durham and Holme House, and there was no provision to interview prisoners on arrival to determine their resettlement needs. They could apply to see the accommodation service at any time, but there was a risk that needs might not be identified until checks were made 12 weeks before their release date.
- 4.20** CRC workers who provided accommodation advice and support managed a large number of referrals each month. They had good contacts in the community, with a range of supported accommodation providers and links to local authorities. Checks were made to ensure prisoners arrived at their accommodation and subsequent checks were made for a sample of DTV cases. The percentage of prisoners being released homeless in the last quarter was 12%, which was better than some local prisons.

Education, training and employment

- 4.21** The quality of the National Careers Service provided by the Education Development Trust was good. Since the previous inspection, use of careers advisers at induction had improved and allocation to activities was informed by good quality skills action plans. Links between these action plans and the sentence plans were not strong enough.
- 4.22** The CRC, Thirteen Housing Trust and Wise Group provided an appropriate range of help and support. Jobcentre Plus offered advice on benefits and help in gaining employment and training. Advanced Personnel Management delivered a range of pre-release activities, including disclosure and motivation training. The pre-release course was suspended at the time of the inspection. Resettlement agency interventions were not coordinated well enough to ensure that all prisoners received planned support (see main recommendation S44).
- 4.23** Prisoners' use of the virtual campus¹⁸ to support resettlement was good.

Recommendations

- 4.24** **The prison should make full use of the National Careers Service skills action plans to inform sentence plans.**
- 4.25** **All prisoners should have planned participation in a pre-release course.**

Health care

- 4.26** There were no systematic procedures to ensure continuity of medication or physical health care on release. Immediately before release, all prisoners saw a nurse in reception who tried to address some issues. Discharge planning was effective for prisoners with mental ill health.

¹⁸ Internet access for prisoners to community education, training and employment opportunities.

The team's resettlement worker had supported 87 patients in the year to June 2017 and liaison with community mental health services was good.

Recommendation

- 4.27 All prisoners should receive effective pre-release planning to ensure continuity of care, including medications, after release.**

Drugs and alcohol

- 4.28** Release planning was efficient for prisoners with substance misuse and alcohol issues and there was proactive liaison with offender managers, probation staff and community agencies. Prisoners were given support to maintain opiate substitution therapy by good coordination with community services including GPs, harm minimisation supplies, and training in preventing overdoses to accompany naloxone medication (to assist someone who has overdosed to breathe) which was supplied by the community team.
- 4.29** Two family liaison workers enabled families to engage in recovery support through family visit days, individual case work, and the inclusion of relatives in reviews on the therapeutic community. Alcoholics Anonymous delivered good peer support in the prison and after release.

Finance, benefit and debt

- 4.30** In our survey, only 15% of prisoners who needed help with their finance on release said they knew anyone who could help them, against the comparator of 21%. Not all prisoners were interviewed on arrival by agencies providing finance, benefit and debt advice and there was a danger that needs might not be identified until checks took place three months before release (see paragraph 4.17).
- 4.31** DTV staff provided debt advice which included help with maintaining and terminating tenancies, cancellation of arrears and consolidation of debt. A money management course covering budget management and debt was delivered by the education department to prisoners about to be released. A separate course for new prisoners also covered debt.
- 4.32** Jobcentre Plus staff were available for benefits advice and support and to link prisoners with potential employers. There was support to open bank accounts with the Halifax Bank, but for some this was undermined by strict time limits for making applications.

Children, families and contact with the outside world

- 4.33** Work to help prisoners maintain and rebuild relationships with their families was good. There were two family support workers: one worked in the drug and alcohol recovery team (DART) and one with the NEPACS¹⁹. Prisoners were offered support through one-to-one and group sessions. NEPACS ran groups including family and relationships, child development, parenting capacity, positive communication and self-esteem, and impact of substance misuse on families. Each group met for two two-hour sessions. DART also ran a 10-session family nurturing course, which covered positive parenting, positive discipline, self-

¹⁹ North East Prison After Care Society is a third sector organisation that provides practical and emotional support to prisoners and their families.

awareness and self-esteem, empathy and appropriate expectation. Prisoners could record story CDs for their children through Storybook Dads²⁰.

- 4.34** These initiatives were good, but they were under-resourced. In our survey, only 29% of prisoners said that staff had supported them to maintain contact with family and friends against 36% at our last inspection. The family nurturing course had last run in April 2016, when 10 prisoners had completed it. A second DART family support worker position was vacant. Only six storybook CDs had been completed.
- 4.35** There were delays in prisoners receiving mail. In our survey, 51% of prisoners said that they had problems sending or receiving mail against 44% at our last inspection. Some prisoners had phones in their cells to make outgoing calls, which facilitated contact with families and friends.
- 4.36** New fathers had the opportunity to meet their new-born children, which was good practice. NEPACS arranged for the man to meet the baby and the mother at a dedicated visit in the children's section of the visits hall. A photograph was taken for the father to keep.
- 4.37** Special arrangements were also made for prisoners to meet their families in the visitors' centre on release, sometimes outside normal opening hours. This afforded more dignity than meeting in the prison car park. Family days were organised every school holiday.
- 4.38** The NEPACS-run visitors' centre was in good condition but visitors spoke to prison staff through perspex panelling, which was unwelcoming. The outside play area for children was in good condition. NEPACS held a one-to-one meeting with all first-time visitors to the prison, which was helpful and reassuring. NEPACS provided an excellent 'preparing you for release and resettlement' booklet for prisoners and families.
- 4.39** Many visits started late because of regime curtailment and delays in roll checks. Most but not all staff were polite and respectful. Visitors were not allowed to wear watches, which was an excessive security restriction. The visits hall had recently been repainted and a false ceiling installed but the seating and carpet were in poor condition. The children's play area staffed by a NEPACS worker was excellent.
- 4.40** There was no official prison visitors' scheme to support prisoners who did not receive visits.

Recommendations

- 4.41** **There should be sufficient support for all prisoners who need help to maintain and rebuild relationships with their families.**
- 4.42** **Visits should start at the publicised time, and prisoners should be able to receive visits from a prison visitors' scheme.**

²⁰ An independent, registered charity that helps prisoners to record a story for their children to listen to at home.

Good practice

- 4.43** *New fathers had the opportunity to meet their new-born children. NEPACS arranged for the man to meet the baby and the mother at a dedicated visit in the children's section of the visits hall. A photograph was taken for the father to keep.*
- 4.44** *Special arrangements were made for released prisoners to be reunited with their families in the visitors' centre on release, even if this was not in normal opening hours. This afforded more dignity than meeting in the prison car park.*

Attitudes, thinking and behaviour

- 4.45** A relatively wide range of programmes was delivered by a motivated and effective team, including for prisoners who had committed sexual offences. The risk of violent offending for high-risk men was addressed through the 'Resolve' programme, and at a more intensive level by the Self-change programme. The latter had been badly affected by the prevalence of psychoactive substances; a number of group members had had interruptions to treatment through drug incidents (see paragraph 1.34). The programmes staff had worked with commitment and flexibility to re-engage these men. There was a lack of interventions for prisoners who presented low to medium risk of violent reoffending.
- 4.46** The impressive range of psychology-led programmes was completed by the Thinking Skills Programme, the Healthy Relationships Programme for those with a history of domestic violence, and the Healthy Sex programme for those who had completed a programme relating to sexual offending and needed a further intervention. The flow of referrals continued in spite of the obstacles presented by the deficits in sentence planning.
- 4.47** The psychology team carried out one-to-one work to engage and motivate hard-to-reach men, including some with a history of sexual offending. They also made constructive contributions to the life of the prison, especially on behaviour management, where their motivational work had the potential to re-balance punitive approaches.

Recommendation

- 4.48** **Interventions should be available to reduce the potential for violence across all levels of risk, by addressing behaviour in custody and in the community after release.**

Section 5. Summary of recommendations and good practice

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

Main recommendations

To the governor

- 5.1** Actions identified as a result of PPO death in custody reports should be fully implemented and kept under regular review to ensure effectiveness. ACCT documentation should be subject to robust quality assurance. The inadequacy of constant watch arrangements should be addressed immediately. (S40)
- 5.2** Managers should ensure that rigorous and coordinated work is undertaken to tackle the availability of drugs in the prison, including a comprehensive drug strategy and systematic suspicion testing. (S41)
- 5.3** Prisoners should not be held in overcrowded conditions. They should be held in decent, hygienic and well maintained conditions, with sufficient furniture, properly screened toilets and good access to cleaning materials to keep their cells clean. (S42)
- 5.4** A predictable regime should be delivered and prisoners should be unlocked on time. Prisoners should be unlocked and able to attend appointments and engage in constructive activity during the working day. (S43)
- 5.5** There should be regular staff contact with individual prisoners from arrival at the prison to: assess and record individual risks and needs; ensure that the prisoner is engaging with a developing plan, shared across all relevant departments; and encourage prisoners to use their sentence to reduce the risk of reoffending. (S44)

Recommendations

To the governor

Courts, escort and transfers

- 5.6** Prisoners should be able to alight from cellular vehicles immediately after arrival at Holme House. (1.3)

Early days in custody

- 5.7** Prisoners should be received into a welcoming reception area and have a private assessment of needs and vulnerabilities, before being moved promptly to adequately prepared first night accommodation. They should have additional checks and appropriate support on their first night. (1.10)
- 5.8** All prisoners should receive a prompt and full induction which provides information about all services and regime activities. (1.11)

Bullying and violence reduction

- 5.9** There should be a prompt and concerted response to the main drivers of violence. (1.19)
- 5.10** There should be effective support planning for own protection prisoners and for victims of violent and/or antisocial behaviour. Own protection prisoners should have a regime equivalent to other prisoners. (1.20)
- 5.11** Regular consultations should be held with vulnerable prisoners to understand their concerns, and effective steps should be taken to address any abuse directed towards them. (1.21)

Safeguarding

- 5.12** All staff should be trained in safeguarding policy and procedures. (1.32)
- 5.13** The particular needs of and possible risks to young prisoners should be assessed and met. (1.33)

Security

- 5.14** Strip-searching and closed visits should only be applied when there is appropriate intelligence to justify their use. (1.42)

Incentives and earned privileges

- 5.15** The incentives and earned privileges scheme should motivate good behaviour through individual and meaningful targets for prisoners. (1.45)

Discipline

- 5.16** Data on adjudications should be routinely analysed to identify emerging patterns, trends should be investigated and appropriate action taken to address them. (1.49)
- 5.17** Managers should routinely analyse use of force data and review incidents to ensure proportionality and accountability, monitor trends, identify good practice and learn lessons. (1.54)
- 5.18** The use of special accommodation should be justified on all occasions and it should only be used for the shortest possible period. (1.55)
- 5.19** Decent living conditions should be provided for segregated prisoners, including accommodation free of graffiti, with a regime that offers purposeful activity and engagement. (1.59)
- 5.20** Individual care plans should be in place for all segregated prisoners, with a clear focus on identified risks and successful reintegration planning. (1.60)

Residential units

- 5.21** Staff should answer cell call bells promptly, and bells should only be used for emergencies. (2.8)

- 5.22** Prisoner applications should be tracked and timeliness of responses monitored. (2.9, repeated recommendation 2.12)

Staff-prisoner relationships

- 5.23** Managers should encourage and enable staff to engage regularly and positively with prisoners. (2.13)

Equality and diversity

- 5.24** National equality monitoring tool data should be recent, comprehensive and used systematically to help identify areas of potential discrimination. (2.17)
- 5.25** There should be an equality action plan, with measurable objectives and completion dates, which drives change and is monitored by managers and updated regularly. (2.18)
- 5.26** All discrimination incidents should be promptly and thoroughly investigated. Replies should summarise how the incident was investigated and give the reasons for the conclusions that are reached. Quality assurance arrangements should be robust. (2.19)
- 5.27** The reasons for black and minority ethnic prisoners' poor perceptions of their treatment should be investigated and addressed. (2.27)
- 5.28** The needs of prisoners with disabilities should be identified promptly and met by individual assessment, regular consultation, care planning and monitoring. If they are not in education or work because of their disability, they should be unlocked during the core day. (2.28)

Complaints

- 5.29** Complaint boxes should be emptied by non-uniformed staff to encourage more confidence in the complaints system. (2.36)

Health services

- 5.30** All clinical rooms should comply with infection control standards and offer a decent, safe and accessible environment for prisoners and staff. (2.49)
- 5.31** Patient confidentiality should be consistently maintained. (2.50)
- 5.32** Prisoners should be able to complain about health services through a confidential, well-advertised system and responses should address all issues. (2.51)
- 5.33** Patients should be able to access all primary care services within community equivalent waiting times and routine dental appointments within six weeks. (2.57)
- 5.34** Patients on the inpatient unit should have easy access to a full prison regime and an adequate range of therapeutic activities. (2.58)
- 5.35** Prisoners should receive in-possession medication following a consistent recorded risk assessment that is regularly reviewed. (2.66)
- 5.36** Medication should be administered at clinically appropriate times. (2.67)

- 5.37** Prison officers should consistently monitor and manage medication administration queues to reduce the opportunities for bullying and diversion and maintain patient confidentiality at the hatch. (2.68)
- 5.38** Patients should be involved in prescribing decisions and be offered alternatives promptly where clinically indicated. (2.69)
- 5.39** Prisoners should have timely access to an appropriate range of over-the-counter remedies for minor injuries and illnesses. (2.70)
- 5.40** All patients with mental health needs should have timely interventions and clear care plans that have been agreed with them. (2.80)
- 5.41** Patients sectioned under the Mental Health Act should be transferred within the transfer timescale guidelines. (2.81)

Catering

- 5.42** The evening meal should not be served before 5pm and breakfast packs should be served on the morning they are eaten. (2.88)

Learning and skills and work activities

- 5.43** The proportion of appropriately trained prison staff should be increased to support learners' development. (3.10)
- 5.44** Managers should ensure good attendance and punctuality at sessions and, where sessions finish early, productive use should be made of the remaining time. (3.11)
- 5.45** Sufficient purposeful activity places should be provided to occupy prisoners who require full-time activity. (3.18)
- 5.46** The proportion of prisoners studying for qualifications while working should reflect assessed resettlement needs. (3.19)
- 5.47** Tutors should plan activities well so that more learners attain at a high level and can apply their learning to wider contexts. (3.26)
- 5.48** Tutors should ensure that the recording of learners' progress is regular and accurate, and enables learners to understand the knowledge and skills that they have developed. (3.27)
- 5.49** Learners should use up-to-date software in information technology lessons. (3.28)
- 5.50** Where practical, learners should complete their planned course and achieve their qualifications. (3.36)
- 5.51** The number of prisoners who use the library should be significantly increased. (3.40)

Physical education and healthy living

- 5.52** Prisoners should routinely be able to undertake accredited courses and specialist sessions. (3.46)

Strategic management of resettlement

- 5.53** A new resettlement strategy based on the priorities of a training prison should be used to drive effective, planned and coordinated rehabilitation work throughout the prisoner's sentence. Implementation of the strategy should be monitored and adjusted to reflect relevant outcome data. (4.4)

Offender management and planning

- 5.54** The backlog of offender assessment system (OASys) assessments should be cleared and the work kept up to date. (4.10, repeated recommendation 4.19)
- 5.55** Public protection measures should be planned, carried out and monitored in a consistent and timely way, involving all departments with knowledge of individual prisoners and the risk factors associated with them. (4.13)
- 5.56** Formal consultation arrangements should be developed and implemented for indeterminate sentenced prisoners. (4.16, repeated recommendation 4.34)

Reintegration planning

- 5.57** The prison should make full use of the National Careers Service skills action plans to inform sentence plans. (4.24)
- 5.58** All prisoners should have planned participation in a pre-release course. (4.25)
- 5.59** All prisoners should receive effective pre-release planning to ensure continuity of care, including medications, after release. (4.27)
- 5.60** There should be sufficient support for all prisoners who need help to maintain and rebuild relationships with their families. (4.41)
- 5.61** Visits should start at the publicised time, and prisoners should be able to receive visits from a prison visitors' scheme. (4.42)
- 5.62** Interventions should be available to reduce the potential for violence across all levels of risk, by addressing behaviour in custody and in the community after release. (4.48)

Examples of good practice

- 5.63** The therapeutic community was a centre of excellence with a philosophy that encouraged personal responsibility. There was evidence of good outcomes for prisoners. (1.66)
- 5.64** Identified nurses provided consistent and effective case management for patients with the greatest clinical need. The Macmillan link nurse ensured patients with palliative and end-of-life needs received prompt community equivalent care. (2.59)
- 5.65** An identified primary care worker completed a face-to-face secondary social care screen with all prisoners who had been identified with potential social care needs and all new arrivals whose clinical records indicated there may be a need. This ensured that appropriate referrals for assessment were made promptly. This worker also reviewed prisoners regularly to identify changing needs swiftly. (2.83)

- 5.66** The prison baked all its own bread and pastries. (2.89)
- 5.67** New fathers had the opportunity to meet their new-born children. NEPACS arranged for the man to meet the baby and the mother at a dedicated visit in the children's section of the visits hall. A photograph was taken for the father to keep. (4.43)
- 5.68** Special arrangements were made for released prisoners to be reunited with their families in the visitors' centre on release, even if this was not in normal opening hours. This afforded more dignity than meeting in the prison car park. (4.44)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy chief inspector
Hindpal Singh Bhui	Team leader
Tamara Pattinson	Inspector
Martin Kettle	Inspector
Colin Carroll	Inspector
Deri Hughes-Roberts	Inspector
Kam Sarai	Inspector
Paul Tarbuck	Health services inspector
Majella Pearce	Health services inspector
Jo MacDonald	Care Quality Commission inspector
Sue Melvin	Pharmacist
Keith Humphries	Offender management inspector
Nigel Bragg	Ofsted inspector
Allan Shaw	Ofsted inspector
Shahram Safavi	Ofsted inspector
Kenneth Merry	Ofsted inspector
Patricia Taflan	Research officer
Laura Green	Research officer
Joe Simmonds	Research officer
Jayne Price	Research officer

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 our last inspection in 2013, reception was welcoming but first night arrangements were generally poor, and insufficient attention was paid to safety and vulnerability issues. Few prisoners felt unsafe and levels of violence and bullying were low, although support for victims was inadequate. Levels of self-harm were low but there had been five self-inflicted deaths in custody since the last inspection and not all lessons learnt had been sustained. Prisoners at risk of self-harm felt well supported and case management was effective. Drug availability was problematic. There were relatively few adjudications and the levels of use of force and segregation were low. Substance misuse provision was good and enhanced by the drug recovery wing and therapeutic community. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

First night assessments should concentrate on safety risk factors and should be conducted in private. Additional staff support and peer support should be provided. First night cells should be clean, free of graffiti and properly equipped. (S50)

Not achieved

Recommendations

Prisoners should not be held in court cells for long periods before being taken or returned to the prison. (1.6)

No longer relevant

Prisoners should be received and moved to their first night accommodation as quickly as possible. (1.17)

Not achieved

All newly arrived prisoners should be able to take a shower on the day of arrival, regardless of the time of their arrival or location. (1.18)

Not achieved

The induction process should equip prisoners who are new into custody, including vulnerable prisoners, with sufficient knowledge fully to access services and regime activities. (1.19)

Not achieved

The negative perceptions of safety expressed by vulnerable prisoners should be explored and acted on. (1.27)

Partially achieved

The particular needs and possible risks to young prisoners should be assessed and met. (1.28)

Not achieved

Support planning should be introduced for victims of violent and/or antisocial behaviour. (1.29)

Not achieved

Reviews should be sufficiently multidisciplinary to ensure that an appropriate focus is maintained on all relevant areas of support. (1.36)

Not achieved

The prison should ensure that actions identified as a result of Prisons and Probation Ombudsman death in custody reports are fully implemented, and their effectiveness ensured and regularly reviewed. (1.37)

Not 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. (1.41)

Achieved

A mechanism to manage target testing more effectively should be developed to ensure that tests are undertaken within the required timeframe. (1.50)

Not achieved

Closed visits should be applied only due to visits-related issues. (1.51)

Not achieved

Protocols with the police should ensure that prompt and effective police support is provided to any incident where there is substantial evidence that a visitor is bringing drugs into the prison. The visitor should not be strip-searched but in these circumstances should be detained for a short time until the police arrive. (1.52)

Achieved

Prisoners should not be downgraded on the IEP scheme without a review taking place. (1.57)

Not achieved

Collective or unofficial punishments should not be threatened or used. (1.63)

Achieved

A full investigation should take place following the use of batons. (1.68)

Not achieved

The daily regime segregation, particularly for longer-stay prisoners, should be improved. (1.73)

Not achieved

Planning to help prisoners to return to normal location should be developed. (1.74)

Not achieved

Opiate-dependent prisoners should have access to the full range of prescribing regimes in line with national guidance. (1.84)

Achieved

Drug- or alcohol-dependent prisoners who require stabilisation should receive appropriate monitoring, day and night, for the first five days or longer, as clinically indicated. (1.85)

No longer relevant

The drug recovery wing should provide an environment which offers additional support to prisoners wanting to become and remain drug free. (1.86)

No longer relevant

Respect

Prisoners are treated with respect for their human dignity.

At our last inspection in 2013, external and communal areas were generally clean. Too many cells were poorly furnished. Many prisoners could not maintain fundamental levels of personal care. They struggled to keep clean, and the provision of suitable bedding and clean clothes was poor. Access to showers and telephones was compromised by restricted association opportunities. Staff–prisoner relationships had improved. The development of equality had stalled and there was little support for most minority groups. Faith provision was reasonably good. The number of complaints submitted was low and analysis was thorough. Legal services advice was comprehensive. Health services had improved and were good. Food was of variable quality and served too early. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

Prisoners should be able to shower in privacy every day. Sufficient clothing and bedding should be provided, alongside adequate laundry services. (S51)

Not achieved

The needs of prisoners with protected characteristics should be promptly identified and met through individual assessment, regular direct consultation with minority groups, effective care planning and monitoring. (S52)

Partially achieved

Recommendations

Graffiti should be removed from cells and all cells should be adequately furnished, with lockable cupboards provided. (2.10)

Not achieved

Cell call bells should be answered promptly. (2.11)

Not achieved

Prisoner applications should be tracked and timeliness of responses monitored. (2.12)

Not achieved (Recommendation repeated, 2.9)

Prisoners should have daily access to telephones, and these should all have privacy hoods. (2.13)

Partially achieved

Case note entries should reflect meaningful engagement with prisoners and quality assurance measures should be effective. (2.20)

Not achieved

The equality policy should clearly state the services that will be provided and the responsibilities of staff in achieving prisoner equality. It should include an action plan, with measurable objectives, which is monitored by the diversity action team and updated regularly. (2.27)

Not achieved

The management of discrimination incident report forms should be improved to ensure availability to prisoners and the quality of responses. (2.28)

Partially achieved

Foreign national prisoners detained beyond their release date should be transferred promptly to immigration removal centres or bailed. (2.41)

Achieved

Evacuation plans which cover all necessary arrangements and identify who is responsible for them should be prepared for all prisoners requiring them and should be readily available at all times to staff on the house block where they currently reside. (2.42)

Achieved

Consultation should be held with prisoners identifying themselves as having a disability, to investigate why they feel less safe and more victimised. (2.43)

Not achieved

The chaplaincy and residential staff should investigate the reasons for the negative views of prisoners about access to chaplaincy provision and respect for religious beliefs. Action to remedy the situation should be identified and taken. (2.50)

Not achieved

Medications should be administered at the prescribed times. (2.87)

Achieved

Supervised medication should be administered directly from the labelled package. (2.88)

Achieved

Full and complete records of administration of medicines should be made including records of when a patient has failed to attend. (2.89)

Partially achieved

There should be a 'special sick' policy, and over-the-counter medication should be readily accessible. (2.90)

Partially achieved

The pharmacist should be supported to develop pharmacy-led clinics and medicine use reviews for the prison population. (2.91)

Not achieved

There should be in-house performance management of dentistry, based on agreed definitions of the measured activities. (2.99)

Achieved

SystemOne should be available to support the work of clinicians wherever access is routinely required. (2.104)

Achieved

Breakfast packs should be issued on the morning they are to be eaten. (2.111)

Not achieved

Serveries should be cleaned thoroughly after each use and waste food removed. (2.112)

Achieved

Prisoners should not be required to eat their meals in cells with inadequately screened toilets. (2.113)

Not achieved

The evening meal should not be served before 5pm. (2.114)

Not achieved

The complaint boxes should be opened by staff responsible for administering the complaints process. (2.55)

Not achieved

All staff involved in providing legal services should be fully trained in the role. (2.60)

No longer relevant

Purposeful activity

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

At our last inspection in 2013, prisoners were engaged in activity during the day but too little association was offered. There were sufficient activity places but some prisoners failed to attend. The quality and range of learning and skills activities were good and suitably tailored to meet the needs of the population. There were good opportunities for progression. Teaching and coaching were effective. A wide range of qualifications was available but not all were taken up. Success rates were mainly high. Library and PE provision was good. Outcomes for prisoners were good against this healthy prison test.

Recommendations

All prisoners, including all vulnerable prisoners, should have daily association periods which allow access to their cells and are actively supervised by staff. (3.7)

Not achieved

Supervision of exercise should allow immediate safe access by staff to deal with any threats to prisoners. (3.8)

Achieved

The prison should continue to improve attendance, and ensure that prisoners access their activity on time. (3.15)

Not achieved

More formal links should be developed to share information and assessments collected by the National Careers Service to inform sentence planning. (3.19)

Partially achieved

A more formalised initial assessment of learners' English for speakers of other languages needs should be introduced. (3.27)

Achieved

The use of learning support practitioners should be improved in the more challenging lessons. (3.28)

Partially achieved

The number of prisoners following accredited qualifications in prison work should be increased. (3.34)

Partially achieved

The use of library data should be improved, to ensure that the library is fully meeting the needs of the prison population. (3.38)

Achieved

The ventilation in the small weights room should be improved. (3.45)

Not achieved

Data should be collected and analysed on gym usage to identify groups of prisoners who do not use the gym and explore the reasons for this. (3.46)

Achieved

PE provision, tailored for older prisoners should be reinstated. (3.47)

Achieved

Resettlement

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

At our last inspection in 2013, the resettlement strategy was not supported by an action plan. Short-term and remand prisoners did not have a custody plan. Assessment and planning for longer-term prisoners were reasonable but few prisoners had regular meaningful offender supervisor contact. Home detention curfew decisions were sound but too many were late. Public protection arrangements were good. The initial assessment of resettlement needs was uncoordinated but individual agencies identified specific needs. Pathway provision was good and some of the education, training and employment, and children and family initiatives were particularly impressive. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

The resettlement needs of all prisoners should be comprehensively assessed on arrival and before release and all prisoners should have easy access to resettlement services and peer mentors. A coordinated plan should be developed to support them. (S53)

Not achieved

Recommendations

The reducing reoffending strategy should be supported by a comprehensive analysis of specific groups of prisoners, including those with protected characteristics, and an action plan with specific actions and clear timescales which is reviewed regularly. (4.8)

Partially achieved

Data relating to resettlement provision should be analysed and monitored at the reducing reoffending meeting, to monitor current outcomes and inform future provision. (4.9)

Achieved

The offender management unit should be central to all work to prevent re-offending in the prison and all staff should be aware of its work and how they should share information and contribute in other ways. (4.10)

Not achieved

Custody planning should be introduced for prisoners serving under 12 months. (4.18)

Achieved

The backlog of offender assessment system (OASys) assessments should be cleared and the work kept up to date. (4.19)

Not achieved (Recommendation repeated, 4.10)

Offender supervisors should have regular and meaningful contact with prisoners based on their risk and needs. (4.20)

Not achieved

All prisoners who are eligible for home detention curfew should be discharged on their eligibility date. (4.21)

Not achieved

Formal consultation arrangements should be developed and implemented for indeterminate sentenced prisoners. (4.34)

Not achieved (Recommendation repeated, 4.16)

The number of homeless prisoners helped to secure accommodation before release should be monitored. (4.42)

Achieved

All relevant prisoners should be helped to open a bank account before release. (4.51)

Achieved

Visits should start at the publicised time. (4.58)

Not achieved

Prisoners suitable for the sex offender treatment programme should be transferred without delay or consideration should be given to providing it at Holme House. (4.64)

Achieved

Interventions and motivational work should be provided for prisoners in denial of sexual offending. (4.65)

Achieved

Guidance on the management of prisoners no longer eligible for the thinking skills programme should be provided or alternative provision made available. (4.66)

No longer relevant

Appendix III: Care Quality Commission Requirement Notices



Requirement Notices

Provider: Spectrum Community Health C.I.C.
Location: One Navigation Walk
Location ID: 1-2579124197
Regulated activities: Diagnostic and screening procedures; treatment of disease, disorder, or injury.

Action we have told the provider to take

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

Regulation 9 Person Centred Care	Care and treatment of service users must be appropriate, meet their needs and reflect their preferences
---	---

How the regulation was not being met:

There was evidence that person-centred care was not being provided. Assessments of the needs and preferences for services users were not being carried out collaboratively with the relevant person and patients were not enabled and supported to make, or participate in making, decisions relating to their care and treatment to the maximum extent possible.

In particular, the GP did not give information or reasons to patients when changes of medication were made nor were appropriate alternatives offered at the time these changes were made. Patients were not given the opportunity to discuss changes to medication or given any explanation until seeing the GP despite having to wait up to five weeks for routine appointments.

Requirement Notices

Provider: Tees, Esk and Wear Valleys NHS Foundation Trust

Location: Trust Headquarters

Location ID: RX3

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

Action we have told the provider to take

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

Regulation 9 Person Centred Care	9(1) The care and treatment of service users must be appropriate, meet their needs and reflect their preferences
---	---

How the regulation was not being met:

Mental health care was not consistently provided in an appropriate way which met the needs and reflected the preferences of patients. Active case load management was not taking place which meant some patients' care had significant gaps. In particular:

- One patient had arrived from a secure mental health hospital and was not seen by the mental health team for over six months and another had not been reviewed since January 2017, despite a significant self-harm incident in June 2017.
- Care planning was underdeveloped, waiting times for mental health assessments were variable, and patients who had been assessed could wait several weeks to see their allocated practitioner.
- Patients were not given agreed timescales for continuation of care, records included the term: "see in due course".

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	33	874	75.1%
Recall	3	155	13.1%
Convicted unsentenced	2	41	3.6%
Remand	3	39	3.5%
Civil prisoners	0	0	0.0%
Detainees	1	1	0.2%
Indeterminate sentenced	1	55	4.6%
Total	43	1,165	100.0%

Sentence	18–20 yr olds	21 and over	%
Unsentenced	6	81	7.2%
Less than six months	6	81	7.2%
six months to less than 12 months	7	70	6.4%
12 months to less than 2 years	8	129	11.3%
2 years to less than 4 years	8	249	21.2%
4 years to less than 10 years	3	376	31.5%
10 years and over (not life)	2	85	7.2%
ISPP (indeterminate sentence for public protection)	0	56	4.6%
Life	1	38	7.9%
Total	43	1,165	100.0%

Age	Number of prisoners	%
Please state minimum age here:	18	
Under 21 years	408	33.8%
21 years to 29 years	393	32.5%
30 years to 39 years	236	19.5%
40 years to 49 years	76	6.3%
50 years to 59 years	24	2.0%
60 years to 69 years	28	2.3%
70 plus years	43	3.6%
Please state maximum age here:	83	
Total	1,208	100.0%

Nationality	18–20 yr olds	21 and over	%
British	41	1,222	96.3%
Foreign nationals	2	43	3.7%
Total	43	1,165	100.0%

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	6	84	7.5%
Uncategorised sentenced	0	0	0.0%
Category A	0	0	0.0%
Category B	0	57	4.7%
Category C	3	1,002	83.2%
Category D	0	20	7.5%
Other	34	2	2.9%
Total	43	1,165	100.0%

Ethnicity	18–20 yr olds	21 and over	%
White			
British	40	1,064	91.4%
Irish	0	6	0.5%
Gypsy/Irish Traveller	0	11	0.9%
Other white	0	12	1.0%
Mixed			
White and black Caribbean	0	6	0.5%
White and black African	1	3	0.3%
White and Asian	0	3	0.2%
Other mixed	0	2	0.2%
Asian or Asian British			
Indian	0	7	0.6%
Pakistani	1	10	0.9%
Bangladeshi	0	1	0.1%
Chinese	0	2	0.2%
Other Asian	0	12	1.0%
Black or black British			
Caribbean	1	4	0.4%
African	0	10	0.8%
Other black	0	5	0.4%
Other ethnic group			
Arab	0	6	0.5%
Other ethnic group	0	1	0.1%
Not stated			
Total	43	1,165	100.0%

Religion	18–20 yr olds	21 and over	%
Baptist	0	0	0.0%
Church of England	2	281	23.4%
Roman Catholic	6	177	15.1%
Other Christian denominations	8	100	8.9%
Muslim	3	44	3.9%
Sikh	0	3	0.2%
Hindu	0	0	0.0%
Buddhist	0	10	0.8%
Jewish	0	3	0.2%
Other	0	8	0.7%
No religion	24	539	46.6%
Total	43	1,165	100.0%

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)	No data recorded		
Total			

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	20	1.7%	198	16.4%
1 month to 3 months	10	0.8%	240	19.9%
3 months to six months	2	0.2%	200	16.6%
six months to 1 year	3	0.2%	236	19.5%
1 year to 2 years	1	0.1%	172	14.2%
2 years to 4 years	1	0.1%	32	2.6%
4 years or more	0	0.0%	5	0.4%
Total	37	3.1%	1,084	89.7%

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry	0	0	0.0%
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	0	0	0.0%
Total	0	0	0.0%

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0.0%	0	0.0%
1 month to 3 months	3	3.4%	41	47.1%
3 months to six months	3	3.4%	29	33.3%
six months to 1 year	0	0.0%	10	11.5%
1 year to 2 years	0	0.0%	1	1.1%
2 years to 4 years	0	0.0%	0	0.0%
4 years or more	0	0.0%	0	0.0%
Total	6	0.5%	81	6.7%

Main offence	18–20 yr olds	21 and over	%
Violence against the person			
Sexual offences			
Burglary			
Robbery			
Theft and handling			
Fraud and forgery			
Drugs offences			
Other offences			
Civil offences			
Offence not recorded /holding warrant			
Total			

Appendix V: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment²¹. 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 interpretation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

Survey response

At the time of the survey on 3 July 2017, the prisoner population at HMP Holme House was 1,196. Using the method described above, questionnaires were distributed to a sample of 223 prisoners.

We received a total of 190 completed questionnaires, a response rate of 85%. This included four questionnaires completed via interview. Eleven respondents refused to complete a questionnaire, and 22 questionnaires were not returned.

²¹ 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
1	24
2	28
3	28
4	27
5	16
6A	11
6B	13
7	38
Segregation unit	2
Health care	3

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Holme House.

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 differences²² 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 Holme House in 2017 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 33 local prisons since April 2014.
- The current survey responses from HMP Holme House in 2017 compared with the responses of prisoners surveyed at HMP Holme House in 2013.
- A comparison within the 2017 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2017 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2017 survey between those who are aged 50 and over and those under 50.

²² A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.01 which means that there is only a 1% likelihood that the difference is due to chance.

- A comparison within the 2017 survey between responses of prisoners on the vulnerable prisoners' wing (wing 7) and those on house blocks 1, 2, 3, 4, 5 and 6B.
- A comparison within the 2017 survey between the prisoners on house blocks 1 to 5 and those on house blocks 6 and 7.

Survey summary

Section I: About You

Q1.1	What wing or houseblock are you currently living on? See survey methodology.	
Q1.2	How old are you?	
	Under 21	6 (3%)
	21 - 29.....	75 (40%)
	30 - 39.....	53 (28%)
	40 - 49.....	31 (16%)
	50 - 59.....	12 (6%)
	60 - 69.....	6 (3%)
	70 and over	6 (3%)
Q1.3	Are you sentenced?	
	Yes	150 (79%)
	Yes - on recall.....	23 (12%)
	No - awaiting trial.....	9 (5%)
	No - awaiting sentence	7 (4%)
	No - awaiting deportation.....	0 (0%)
Q1.4	How long is your sentence?	
	Not sentenced.....	16 (9%)
	Less than 6 months.....	16 (9%)
	6 months to less than 1 year	13 (7%)
	1 year to less than 2 years	15 (8%)
	2 years to less than 4 years	44 (24%)
	4 years to less than 10 years.....	49 (26%)
	10 years or more.....	12 (6%)
	IPP (indeterminate sentence for public protection)	11 (6%)
	Life.....	10 (5%)
Q1.5	Are you a foreign national (i.e. do not have UK citizenship)?	
	Yes.....	5 (3%)
	No.....	180 (97%)
Q1.6	Do you understand spoken English?	
	Yes.....	184 (100%)
	No.....	0 (0%)
Q1.7	Do you understand written English?	
	Yes.....	182 (98%)
	No.....	3 (2%)

Q1.8	What is your ethnic origin?		
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	167 (88%)	Asian or Asian British - Chinese..... 0 (0%)
	White - Irish	1 (1%)	Asian or Asian British - other
	White - other.....	2 (1%)	Mixed race - white and black Caribbean ..
	Black or black British - Caribbean.....	0 (0%)	Mixed race - white and black African.....
	Black or black British - African	2 (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.....	6 (3%)	Other ethnic group.....
	Asian or Asian British - Bangladeshi.....	0 (0%)	
Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	Yes		6 (3%)
	No.....		178 (97%)
Q1.10	What is your religion?		
	None.....	70 (37%)	Hindu.....
	Church of England	60 (32%)	Jewish.....
	Catholic	29 (15%)	Muslim.....
	Protestant.....	3 (2%)	Sikh
	Other Christian denomination	2 (1%)	Other
	Buddhist	0 (0%)	
Q1.11	How would you describe your sexual orientation?		
	Heterosexual/ Straight		178 (97%)
	Homosexual/Gay.....		4 (2%)
	Bisexual.....		2 (1%)
Q1.12	Do you consider yourself to have a disability (i.e. do you need help with any long term physical, mental or learning needs)?		
	Yes		55 (29%)
	No.....		132 (71%)
Q1.13	Are you a veteran (ex- armed services)?		
	Yes		7 (4%)
	No.....		178 (96%)
Q1.14	Is this your first time in prison?		
	Yes		46 (24%)
	No.....		142 (76%)
Q1.15	Do you have children under the age of 18?		
	Yes		94 (50%)
	No.....		94 (50%)

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		140 (74%)
	2 hours or longer		33 (17%)
	Don't remember		16 (8%)

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>	140 (76%)
	<i>Yes</i>	25 (14%)
	<i>No</i>	17 (9%)
	<i>Don't remember</i>	3 (2%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	140 (76%)
	<i>Yes</i>	2 (1%)
	<i>No</i>	40 (22%)
	<i>Don't remember</i>	3 (2%)
Q2.4	On your most recent journey here, was the van clean?	
	<i>Yes</i>	110 (59%)
	<i>No</i>	59 (32%)
	<i>Don't remember</i>	17 (9%)
Q2.5	On your most recent journey here, did you feel safe?	
	<i>Yes</i>	149 (80%)
	<i>No</i>	34 (18%)
	<i>Don't remember</i>	4 (2%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	<i>Very well</i>	51 (27%)
	<i>Well</i>	76 (41%)
	<i>Neither</i>	48 (26%)
	<i>Badly</i>	6 (3%)
	<i>Very badly</i>	4 (2%)
	<i>Don't remember</i>	2 (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>	122 (65%)
	<i>Yes, I received written information</i>	10 (5%)
	<i>No, I was not told anything</i>	53 (28%)
	<i>Don't remember</i>	5 (3%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	<i>Yes</i>	150 (82%)
	<i>No</i>	29 (16%)
	<i>Don't remember</i>	5 (3%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	<i>Less than 2 hours</i>	47 (25%)
	<i>2 hours or longer</i>	130 (70%)
	<i>Don't remember</i>	10 (5%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	<i>Yes</i>	150 (82%)
	<i>No</i>	25 (14%)
	<i>Don't remember</i>	7 (4%)

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

Very well.....	33 (18%)
Well.....	87 (47%)
Neither.....	36 (19%)
Badly.....	22 (12%)
Very badly.....	8 (4%)
Don't remember.....	0 (0%)

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.....	29 (16%)	Physical health.....	34 (18%)
Housing problems.....	32 (17%)	Mental health.....	62 (34%)
Contacting employers.....	4 (2%)	Needing protection from other prisoners.....	17 (9%)
Contacting family.....	57 (31%)	Getting phone numbers.....	36 (20%)
Childcare.....	1 (1%)	Other.....	4 (2%)
Money worries.....	35 (19%)	Did not have any problems.....	43 (23%)
Feeling depressed or suicidal.....	52 (28%)		

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

Yes.....	42 (24%)
No.....	93 (52%)
Did not have any problems.....	43 (24%)

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

Tobacco.....	152 (82%)
A shower.....	60 (32%)
A free telephone call.....	97 (52%)
Something to eat.....	126 (68%)
PIN phone credit.....	93 (50%)
Toiletries/ basic items.....	85 (46%)
Did not receive anything.....	7 (4%)

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

Chaplain.....	96 (53%)
Someone from health services.....	123 (68%)
A Listener/Samaritans.....	56 (31%)
Prison shop/ canteen.....	31 (17%)
Did not have access to any of these.....	33 (18%)

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.....	71 (41%)
What support was available for people feeling depressed or suicidal.....	64 (37%)
How to make routine requests (applications).....	57 (33%)
Your entitlement to visits.....	62 (35%)
Health services.....	70 (40%)
Chaplaincy.....	72 (41%)
Not offered any information.....	61 (35%)

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

Yes.....	136 (74%)
No.....	37 (20%)
Don't remember.....	11 (6%)

Q3.10	How soon after you arrived here did you go on an induction course?	
	<i>Have not been on an induction course</i>	28 (15%)
	<i>Within the first week</i>	48 (26%)
	<i>More than a week</i>	96 (52%)
	<i>Don't remember</i>	11 (6%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	28 (16%)
	<i>Yes</i>	74 (42%)
	<i>No</i>	66 (37%)
	<i>Don't remember</i>	10 (6%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	18 (10%)
	<i>Within the first week</i>	31 (17%)
	<i>More than a week</i>	108 (60%)
	<i>Don't remember</i>	23 (13%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	<i>Communicate with your solicitor or legal representative?</i>	20 (11%)	44 (25%)	28 (16%)	44 (25%)	25 (14%)	16 (9%)
	<i>Attend legal visits?</i>	32 (19%)	66 (39%)	29 (17%)	16 (10%)	9 (5%)	16 (10%)
	<i>Get bail information?</i>	9 (6%)	16 (11%)	26 (17%)	28 (19%)	31 (21%)	39 (26%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	<i>Not had any letters</i>						25 (14%)
	<i>Yes</i>						98 (54%)
	<i>No</i>						58 (32%)
Q4.3	Can you get legal books in the library?						
	<i>Yes</i>						78 (45%)
	<i>No</i>						12 (7%)
	<i>Don't know</i>						85 (49%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:						
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>			
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	75 (42%)	101 (56%)	4 (2%)			
	<i>Are you normally able to have a shower every day?</i>	140 (77%)	42 (23%)	1 (1%)			
	<i>Do you normally receive clean sheets every week?</i>	105 (58%)	72 (40%)	4 (2%)			
	<i>Do you normally get cell cleaning materials every week?</i>	46 (26%)	128 (72%)	4 (2%)			
	<i>Is your cell call bell normally answered within five minutes?</i>	15 (8%)	158 (86%)	11 (6%)			
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	115 (64%)	63 (35%)	1 (1%)			
	<i>If you need to, can you normally get your stored property?</i>	14 (8%)	137 (79%)	22 (13%)			
Q4.5	What is the food like here?						
	<i>Very good</i>						6 (3%)
	<i>Good</i>						30 (16%)
	<i>Neither</i>						39 (21%)
	<i>Bad</i>						56 (30%)
	<i>Very bad</i>						53 (29%)

Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	
	<i>Have not bought anything yet/ don't know</i>	6 (3%)
	Yes.....	114 (63%)
	No.....	61 (34%)
Q4.7	Can you speak to a Listener at any time, if you want to?	
	Yes.....	104 (57%)
	No.....	19 (10%)
	Don't know.....	59 (32%)
Q4.8	Are your religious beliefs respected?	
	Yes.....	73 (40%)
	No.....	25 (14%)
	Don't know/ N/A.....	86 (47%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes.....	94 (52%)
	No.....	15 (8%)
	Don't know/ N/A.....	73 (40%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	48 (26%)
	Very easy.....	24 (13%)
	Easy.....	44 (24%)
	Neither.....	14 (8%)
	Difficult.....	13 (7%)
	Very difficult.....	6 (3%)
	Don't know.....	34 (19%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?		
	Yes.....		140 (77%)
	No.....		35 (19%)
	Don't know.....		6 (3%)
Q5.2	Please answer the following questions about applications. (If you have not made an application please tick the 'not made one' option.)		
		<i>Not made one</i>	Yes
		No	
	Are <i>applications</i> dealt with fairly?	16 (9%)	77 (44%)
	Are <i>applications</i> dealt with quickly (within seven days)?	16 (9%)	51 (29%)
		83 (47%)	106 (61%)
Q5.3	Is it easy to make a complaint?		
	Yes.....		89 (49%)
	No.....		43 (24%)
	Don't know.....		49 (27%)
Q5.4	Please answer the following questions about complaints. (If you have not made a complaint please tick the 'not made one' option.)		
		<i>Not made one</i>	Yes
		No	
	Are <i>complaints</i> dealt with fairly?	77 (43%)	23 (13%)
	Are <i>complaints</i> dealt with quickly (within seven days)?	77 (44%)	17 (10%)
		81 (45%)	83 (47%)

Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	40 (23%)
	No.....	134 (77%)
Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	<i>Don't know who they are</i>	64 (36%)
	Very easy.....	9 (5%)
	Easy	22 (12%)
	Neither	33 (19%)
	Difficult.....	31 (18%)
	Very difficult.....	18 (10%)

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)	
	<i>Don't know what the IEP scheme is</i>	24 (13%)
	Yes	65 (36%)
	No	62 (35%)
	<i>Don't know</i>	28 (16%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)	
	<i>Don't know what the IEP scheme is</i>	24 (14%)
	Yes	55 (32%)
	No.....	79 (46%)
	<i>Don't know</i>	14 (8%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	Yes	23 (13%)
	No.....	156 (87%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	<i>I have not been to segregation in the last 6 months</i>	122 (69%)
	Very well.....	5 (3%)
	Well.....	14 (8%)
	Neither	9 (5%)
	Badly.....	10 (6%)
	Very badly	16 (9%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes	126 (71%)
	No.....	51 (29%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	115 (64%)
	No.....	64 (36%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	39 (22%)
	No.....	138 (78%)

Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	5 (3%)
	<i>Never</i>	59 (34%)
	<i>Rarely</i>	48 (27%)
	<i>Some of the time</i>	39 (22%)
	<i>Most of the time</i>	19 (11%)
	<i>All of the time</i>	5 (3%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	127 (73%)
	<i>In the first week</i>	11 (6%)
	<i>More than a week</i>	19 (11%)
	<i>Don't remember</i>	17 (10%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	127 (74%)
	<i>Very helpful</i>	18 (11%)
	<i>Helpful</i>	7 (4%)
	<i>Neither</i>	11 (6%)
	<i>Not very helpful</i>	3 (2%)
	<i>Not at all helpful</i>	5 (3%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	<i>Yes</i>	85 (47%)
	<i>No</i>	94 (53%)
Q8.2	Do you feel unsafe now?	
	<i>Yes</i>	35 (20%)
	<i>No</i>	139 (80%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	<i>Never felt unsafe</i>	94 (54%)
	<i>Everywhere</i>	26 (15%)
	<i>Segregation unit</i>	13 (8%)
	<i>Association areas</i>	25 (14%)
	<i>Reception area</i>	11 (6%)
	<i>At the gym</i>	22 (13%)
	<i>In an exercise yard</i>	28 (16%)
	<i>At work</i>	20 (12%)
	<i>During movement</i>	34 (20%)
	<i>At education</i>	16 (9%)
	<i>At meal times</i>	15 (9%)
	<i>At health services</i>	14 (8%)
	<i>Visits area</i>	26 (15%)
	<i>In wing showers</i>	22 (13%)
	<i>In gym showers</i>	9 (5%)
	<i>In corridors/stairwells</i>	17 (10%)
	<i>On your landing/wing</i>	25 (14%)
	<i>In your cell</i>	16 (9%)
	<i>At religious services</i>	5 (3%)
Q8.4	Have you been victimised by other prisoners here?	
	<i>Yes</i>	50 (28%)
	<i>No</i>	127 (72%)

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>	26 (15%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	23 (13%)
	<i>Sexual abuse</i>	3 (2%)
	<i>Feeling threatened or intimidated</i>	28 (16%)
	<i>Having your canteen/property taken</i>	13 (7%)
	<i>Medication</i>	10 (6%)
	<i>Debt</i>	11 (6%)
	<i>Drugs</i>	11 (6%)
	<i>Your race or ethnic origin</i>	7 (4%)
	<i>Your religion/religious beliefs</i>	6 (3%)
	<i>Your nationality</i>	3 (2%)
	<i>You are from a different part of the country than others</i>	7 (4%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	1 (1%)
	<i>Your age</i>	2 (1%)
	<i>You have a disability</i>	3 (2%)
	<i>You were new here</i>	7 (4%)
	<i>Your offence/ crime</i>	13 (7%)
	<i>Gang related issues</i>	3 (2%)
Q8.6	Have you been victimised by staff here?	
	Yes	58 (33%)
	No	119 (67%)
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>	27 (15%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	15 (8%)
	<i>Sexual abuse</i>	2 (1%)
	<i>Feeling threatened or intimidated</i>	27 (15%)
	<i>Medication</i>	16 (9%)
	<i>Debt</i>	3 (2%)
	<i>Drugs</i>	8 (5%)
	<i>Your race or ethnic origin</i>	8 (5%)
	<i>Your religion/religious beliefs</i>	8 (5%)
	<i>Your nationality</i>	6 (3%)
	<i>You are from a different part of the country than others</i>	7 (4%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	2 (1%)
	<i>Your age</i>	6 (3%)
	<i>You have a disability</i>	4 (2%)
	<i>You were new here</i>	5 (3%)
	<i>Your offence/ crime</i>	5 (3%)
	<i>Gang related issues</i>	2 (1%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	88 (54%)
	Yes	27 (17%)
	No	48 (29%)

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	23 (13%)	6 (3%)	10 (6%)	18 (10%)	54 (31%)	64 (37%)
	The nurse	16 (9%)	19 (11%)	50 (29%)	18 (11%)	31 (18%)	37 (22%)
	The dentist	26 (15%)	4 (2%)	3 (2%)	13 (8%)	31 (18%)	91 (54%)

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	31 (18%)	6 (3%)	26 (15%)	29 (16%)	48 (27%)	37 (21%)
	The nurse	23 (14%)	17 (10%)	34 (20%)	28 (17%)	41 (24%)	26 (15%)
	The dentist	47 (28%)	5 (3%)	14 (8%)	25 (15%)	41 (25%)	35 (21%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>					18 (10%)	
	<i>Very good</i>					9 (5%)	
	<i>Good</i>					25 (15%)	
	<i>Neither</i>					25 (15%)	
	<i>Bad</i>					46 (27%)	
	<i>Very bad</i>					49 (28%)	
Q9.4	Are you currently taking medication?						
	<i>Yes</i>					104 (58%)	
	<i>No</i>					75 (42%)	
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>					75 (42%)	
	<i>Yes, all my meds</i>					43 (24%)	
	<i>Yes, some of my meds</i>					23 (13%)	
	<i>No</i>					38 (21%)	
Q9.6	Do you have any emotional or mental health problems?						
	<i>Yes</i>					84 (49%)	
	<i>No</i>					89 (51%)	
Q9.7	Are you being helped/ supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?						
	<i>Do not have any emotional or mental health problems</i>					89 (51%)	
	<i>Yes</i>					39 (23%)	
	<i>No</i>					45 (26%)	

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?		
	<i>Yes</i>		94 (53%)
	<i>No</i>		82 (47%)
Q10.2	Did you have a problem with alcohol when you came into this prison?		
	<i>Yes</i>		41 (23%)
	<i>No</i>		136 (77%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?		
	<i>Very easy</i>		83 (47%)
	<i>Easy</i>		23 (13%)
	<i>Neither</i>		4 (2%)
	<i>Difficult</i>		5 (3%)
	<i>Very difficult</i>		9 (5%)
	<i>Don't know</i>		53 (30%)

Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy.....	43 (24%)
	Easy.....	32 (18%)
	Neither.....	12 (7%)
	Difficult.....	16 (9%)
	Very difficult.....	8 (5%)
	Don't know.....	66 (37%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes.....	45 (26%)
	No.....	130 (74%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes.....	21 (12%)
	No.....	154 (88%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	Did not / do not have a drug problem.....	67 (40%)
	Yes.....	68 (40%)
	No.....	33 (20%)
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.....	136 (77%)
	Yes.....	25 (14%)
	No.....	15 (9%)
Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	Did not have a problem/ did not receive help.....	93 (55%)
	Yes.....	50 (30%)
	No.....	26 (15%)

Section II: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	12 (7%)	14 (8%)	44 (25%)	23 (13%)	51 (29%)	29 (17%)
	Vocational or skills training	32 (20%)	12 (7%)	38 (24%)	33 (20%)	30 (19%)	16 (10%)
	Education (including basic skills)	27 (17%)	21 (13%)	46 (29%)	30 (19%)	21 (13%)	14 (9%)
	Offending behaviour programmes	45 (28%)	6 (4%)	22 (13%)	29 (18%)	37 (23%)	24 (15%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	Not involved in any of these.....					64 (39%)	
	Prison job.....					81 (49%)	
	Vocational or skills training.....					7 (4%)	
	Education (including basic skills).....					14 (8%)	
	Offending behaviour programmes.....					19 (12%)	

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	33 (21%)	45 (28%)	60 (38%)	20 (13%)
	Vocational or skills training	54 (44%)	19 (15%)	39 (31%)	12 (10%)
	Education (including basic skills)	49 (36%)	38 (28%)	40 (29%)	10 (7%)
	Offending behaviour programmes	54 (40%)	37 (27%)	34 (25%)	10 (7%)
Q11.4	How often do you usually go to the library?				
	<i>Don't want to go</i>				37 (22%)
	<i>Never</i>				46 (27%)
	<i>Less than once a week</i>				50 (29%)
	<i>About once a week</i>				35 (20%)
	<i>More than once a week</i>				4 (2%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	<i>Don't use it</i>				63 (36%)
	<i>Yes</i>				74 (43%)
	<i>No</i>				36 (21%)
Q11.6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				50 (29%)
	<i>0</i>				31 (18%)
	<i>1 to 2</i>				23 (13%)
	<i>3 to 5</i>				48 (27%)
	<i>More than 5</i>				23 (13%)
Q11.7	How many times do you usually go outside for exercise each week?				
	<i>Don't want to go</i>				19 (11%)
	<i>0</i>				9 (5%)
	<i>1 to 2</i>				46 (26%)
	<i>3 to 5</i>				53 (30%)
	<i>More than 5</i>				50 (28%)
Q11.8	How many times do you usually have association each week?				
	<i>Don't want to go</i>				5 (3%)
	<i>0</i>				2 (1%)
	<i>1 to 2</i>				17 (10%)
	<i>3 to 5</i>				61 (35%)
	<i>More than 5</i>				89 (51%)
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>				72 (41%)
	<i>2 to less than 4 hours</i>				36 (20%)
	<i>4 to less than 6 hours</i>				20 (11%)
	<i>6 to less than 8 hours</i>				20 (11%)
	<i>8 to less than 10 hours</i>				8 (5%)
	<i>10 hours or more</i>				9 (5%)
	<i>Don't know</i>				12 (7%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes	50 (29%)
	No.....	125 (71%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	90 (51%)
	No.....	86 (49%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	73 (41%)
	No.....	105 (59%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	34 (19%)
	<i>Very easy</i>	31 (17%)
	<i>Easy</i>	46 (26%)
	<i>Neither</i>	11 (6%)
	<i>Difficult</i>	28 (16%)
	<i>Very difficult</i>	27 (15%)
	<i>Don't know</i>	2 (1%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	16 (9%)
	Yes	130 (74%)
	No.....	29 (17%)
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>	45 (26%)
	<i>No contact</i>	51 (29%)
	<i>Letter</i>	34 (19%)
	<i>Phone</i>	19 (11%)
	<i>Visit</i>	50 (28%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	93 (53%)
	No.....	81 (47%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	16 (9%)
	Yes	57 (33%)
	No.....	101 (58%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	117 (67%)
	<i>Very involved</i>	19 (11%)
	<i>Involved</i>	11 (6%)
	<i>Neither</i>	6 (3%)
	<i>Not very involved</i>	6 (3%)
	<i>Not at all involved</i>	16 (9%)

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>	117	(68%)	
	<i>Nobody</i>	25	(14%)	
	<i>Offender supervisor</i>	21	(12%)	
	<i>Offender manager</i>	14	(8%)	
	<i>Named/ personal officer</i>	5	(3%)	
	<i>Staff from other departments</i>	9	(5%)	
Q13.7	Can you achieve any of your sentence plan targets in this prison?			
	<i>Do not have a sentence plan/ not sentenced</i>	117	(66%)	
	<i>Yes</i>	36	(20%)	
	<i>No</i>	10	(6%)	
	<i>Don't know</i>	13	(7%)	
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>	117	(66%)	
	<i>Yes</i>	12	(7%)	
	<i>No</i>	33	(19%)	
	<i>Don't know</i>	14	(8%)	
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>	117	(67%)	
	<i>Yes</i>	23	(13%)	
	<i>No</i>	18	(10%)	
	<i>Don't know</i>	17	(10%)	
Q13.10	Do you have a needs based custody plan?			
	<i>Yes</i>	9	(5%)	
	<i>No</i>	84	(49%)	
	<i>Don't know</i>	80	(46%)	
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?			
	<i>Yes</i>	15	(9%)	
	<i>No</i>	153	(91%)	
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	38 (24%)	23 (15%)	95 (61%)
	Accommodation	43 (27%)	29 (18%)	88 (55%)
	Benefits	32 (20%)	48 (30%)	82 (51%)
	Finances	42 (27%)	17 (11%)	98 (62%)
	Education	39 (26%)	23 (15%)	90 (59%)
	Drugs and alcohol	41 (25%)	65 (40%)	55 (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>	16	(9%)	
	<i>Yes</i>	66	(39%)	
	<i>No</i>	88	(52%)	

Main comparator and comparator to last time



Prisoner survey responses HMP Holme House 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

		HMP Holme House 2017	Local Prisons Comparator	HMP Holme House 2017	HMP Holme House 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				
Number of completed questionnaires returned		190	6,041	190	202
SECTION 1: General information					
1.2	Are you under 21 years of age?	3%	6%	3%	4%
1.3	Are you sentenced?	92%	69%	92%	82%
1.3	Are you on recall?	12%	10%	12%	10%
1.4	Is your sentence less than 12 months?	16%	20%	16%	21%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	6%	3%	6%	6%
1.5	Are you a foreign national?	3%	13%	3%	5%
1.6	Do you understand spoken English?	100%	97%	100%	100%
1.7	Do you understand written English?	98%	96%	98%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	11%	26%	11%	5%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	5%	3%	3%
1.1	Are you Muslim?	9%	13%	9%	4%
1.11	Are you homosexual/gay or bisexual?	3%	3%	3%	4%
1.12	Do you consider yourself to have a disability?	29%	28%	29%	22%
1.13	Are you a veteran (ex-armed services)?	4%	6%	4%	7%
1.14	Is this your first time in prison?	25%	33%	25%	27%
1.15	Do you have any children under the age of 18?	50%	53%	50%	55%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	18%	24%	18%	13%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	56%	41%	56%	50%
2.3	Were you offered a toilet break?	5%	8%	5%	5%
2.4	Was the van clean?	59%	57%	59%	65%
2.5	Did you feel safe?	80%	73%	80%	85%
2.6	Were you treated well/very well by the escort staff?	68%	67%	68%	75%
2.7	Before you arrived here were you told that you were coming here?	65%	63%	65%	66%
2.7	Before you arrived here did you receive any written information about coming here?	5%	3%	5%	4%
2.8	When you first arrived here did your property arrive at the same time as you?	82%	78%	82%	86%

Main comparator and comparator to last time

Key to tables

		HMP Holme House 2017	Local Prisons Comparator	HMP Holme House 2017	HMP Holme House 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 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	25%	41%	25%	38%
3.2	When you were searched in reception, was this carried out in a respectful way?	82%	76%	82%	83%
3.3	Were you treated well/very well in reception?	65%	61%	65%	67%
	When you first arrived:				
3.4	Did you have any problems?	77%	79%	77%	65%
3.4	Did you have any problems with loss of property?	16%	17%	16%	9%
3.4	Did you have any housing problems?	17%	23%	17%	14%
3.4	Did you have any problems contacting employers?	2%	6%	2%	2%
3.4	Did you have any problems contacting family?	31%	36%	31%	27%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	3%	1%	3%
3.4	Did you have any money worries?	19%	24%	19%	12%
3.4	Did you have any problems with feeling depressed or suicidal?	28%	26%	28%	20%
3.4	Did you have any physical health problems?	19%	18%	19%	18%
3.4	Did you have any mental health problems?	34%	29%	34%	20%
3.4	Did you have any problems with needing protection from other prisoners?	9%	9%	9%	7%
3.4	Did you have problems accessing phone numbers?	20%	33%	20%	22%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	31%	31%	31%	35%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	82%	75%	82%	82%
3.6	A shower?	32%	28%	32%	22%
3.6	A free telephone call?	52%	53%	52%	59%
3.6	Something to eat?	68%	71%	68%	69%
3.6	PIN phone credit?	50%	49%	50%	51%
3.6	Toiletries/ basic items?	46%	59%	46%	44%

Key to tables

Main comparator and comparator to last time

		HMP Holme House 2017	Local Prisons Comparator	HMP Holme House 2017	HMP Holme House 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 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?	53%	44%	53%	49%
3.7	Someone from health services?	68%	65%	68%	76%
3.7	A Listener/Samaritans?	31%	30%	31%	31%
3.7	Prison shop/ canteen?	17%	22%	17%	18%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	41%	40%	41%	53%
3.8	Support was available for people feeling depressed or suicidal?	37%	35%	37%	45%
3.8	How to make routine requests?	33%	33%	33%	43%
3.8	Your entitlement to visits?	35%	32%	35%	44%
3.8	Health services?	40%	43%	40%	50%
3.8	The chaplaincy?	41%	39%	41%	43%
3.9	Did you feel safe on your first night here?	74%	66%	74%	78%
3.10	Have you been on an induction course?	85%	75%	85%	87%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	49%	49%	49%	62%
3.12	Did you receive an education (skills for life) assessment?	90%	74%	90%	82%
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?	36%	34%	36%	50%
4.1	Attend legal visits?	58%	48%	58%	68%
4.1	Get bail information?	17%	15%	17%	32%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	54%	41%	54%	36%
4.3	Can you get legal books in the library?	45%	33%	45%	47%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	42%	49%	42%	40%
4.4	Are you normally able to have a shower every day?	77%	73%	77%	38%
4.4	Do you normally receive clean sheets every week?	58%	61%	58%	71%
4.4	Do you normally get cell cleaning materials every week?	26%	49%	26%	28%
4.4	Is your cell call bell normally answered within five minutes?	8%	22%	8%	24%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	64%	54%	64%	73%
4.4	Can you normally get your stored property, if you need to?	8%	18%	8%	31%
4.5	Is the food in this prison good/very good?	20%	22%	20%	8%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	63%	46%	63%	54%
4.7	Are you able to speak to a Listener at any time, if you want to?	57%	52%	57%	62%
4.8	Are your religious beliefs respected?	40%	48%	40%	47%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	52%	49%	52%	51%
4.10	Is it easy/very easy to attend religious services?	37%	44%	37%	39%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Holme House 2017	Local Prisons Comparator	HMP Holme House 2017	HMP Holme House 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 5: Applications and complaints					
5.1	Is it easy to make an application?	77%	70%	77%	85%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	48%	45%	48%	63%
5.2	Do you feel applications are dealt with quickly (within seven days)?	33%	30%	33%	43%
5.3	Is it easy to make a complaint?	49%	47%	49%	56%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	22%	25%	22%	40%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	17%	21%	17%	39%
5.5	Have you ever been prevented from making a complaint when you wanted to?	23%	22%	23%	16%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	18%	17%	18%	30%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	36%	39%	36%	53%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	32%	38%	32%	40%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	13%	11%	13%	7%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	35%	33%	35%	44%
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	71%	71%	71%	82%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	64%	67%	64%	76%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	22%	27%	22%	27%
7.4	Do staff normally speak to you most of the time/all of the time during association?	14%	17%	14%	22%
7.5	Do you have a personal officer?	27%	31%	27%	36%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	57%	65%	57%	77%

Main comparator and comparator to last time

Key to tables

		HMP Holme House 2017	Local Prisons Comparator	HMP Holme House 2017	HMP Holme House 2013
	Any percentage highlighted in green is significantly better				
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	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	48%	52%	48%	39%
8.2	Do you feel unsafe now?	20%	25%	20%	14%
8.4	Have you been victimised by other prisoners here?	28%	32%	28%	24%
Since you have been here, have other prisoners:					
8.5	Made insulting remarks about you, your family or friends?	15%	14%	15%	12%
8.5	Hit, kicked or assaulted you?	13%	11%	13%	7%
8.5	Sexually abused you?	2%	2%	2%	1%
8.5	Threatened or intimidated you?	16%	18%	16%	13%
8.5	Taken your canteen/property?	7%	9%	7%	5%
8.5	Victimised you because of medication?	6%	5%	6%	4%
8.5	Victimised you because of debt?	6%	5%	6%	3%
8.5	Victimised you because of drugs?	6%	5%	6%	4%
8.5	Victimised you because of your race or ethnic origin?	4%	4%	4%	1%
8.5	Victimised you because of your religion/religious beliefs?	3%	4%	3%	1%
8.5	Victimised you because of your nationality?	2%	4%	2%	1%
8.5	Victimised you because you were from a different part of the country?	4%	4%	4%	4%
8.5	Victimised you because you are from a Traveller community?	1%	2%	1%	1%
8.5	Victimised you because of your sexual orientation?	1%	2%	1%	0%
8.5	Victimised you because of your age?	1%	3%	1%	3%
8.5	Victimised you because you have a disability?	2%	5%	2%	1%
8.5	Victimised you because you were new here?	4%	7%	4%	4%
8.5	Victimised you because of your offence/crime?	7%	7%	7%	8%
8.5	Victimised you because of gang related issues?	2%	6%	2%	3%

Main comparator and comparator to last time

Key to tables

		HMP Holme House 2017	Local Prisons Comparator	HMP Holme House 2017	HMP Holme House 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?	33%	33%	33%	23%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	15%	13%	15%	8%
8.7	Hit, kicked or assaulted you?	8%	7%	8%	2%
8.7	Sexually abused you?	1%	1%	1%	2%
8.7	Threatened or intimidated you?	15%	14%	15%	8%
8.7	Victimised you because of medication?	9%	6%	9%	4%
8.7	Victimised you because of debt?	2%	2%	2%	2%
8.7	Victimised you because of drugs?	5%	3%	5%	2%
8.7	Victimised you because of your race or ethnic origin?	5%	4%	5%	1%
8.7	Victimised you because of your religion/religious beliefs?	5%	4%	5%	1%
8.7	Victimised you because of your nationality?	3%	4%	3%	1%
8.7	Victimised you because you were from a different part of the country?	4%	3%	4%	1%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	1%
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	0%
8.7	Victimised you because of your age?	3%	2%	3%	3%
8.7	Victimised you because you have a disability?	2%	4%	2%	2%
8.7	Victimised you because you were new here?	3%	6%	3%	4%
8.7	Victimised you because of your offence/crime?	3%	5%	3%	3%
8.7	Victimised you because of gang related issues?	1%	3%	1%	2%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	36%	34%	36%	27%

Main comparator and comparator to last time

Key to tables

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	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	9%	20%	9%	23%
9.1	Is it easy/very easy to see the nurse?	40%	40%	40%	52%
9.1	Is it easy/very easy to see the dentist?	4%	9%	4%	7%
	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?	22%	39%	22%	45%
9.2	The nurse?	35%	48%	35%	63%
9.2	The dentist?	16%	30%	16%	34%
9.3	The overall quality of health services?	22%	33%	22%	38%
9.4	Are you currently taking medication?	58%	53%	58%	59%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	64%	56%	64%	62%
9.6	Do you have any emotional well being or mental health problems?	49%	45%	49%	36%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	46%	39%	46%	48%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	53%	33%	53%	39%
10.2	Did you have a problem with alcohol when you came into this prison?	23%	21%	23%	25%
10.3	Is it easy/very easy to get illegal drugs in this prison?	60%	42%	60%	46%
10.4	Is it easy/very easy to get alcohol in this prison?	42%	20%	42%	24%
10.5	Have you developed a problem with drugs since you have been in this prison?	26%	11%	26%	8%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	12%	9%	12%	12%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	67%	56%	67%	58%
10.8	Have you received any support or help with your alcohol problem while in this prison?	63%	52%	63%	56%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	66%	73%	66%	67%

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 11: Activities					
Is it very easy/ easy to get into the following activities:					
11.1	A prison job?	34%	33%	34%	43%
11.1	Vocational or skills training?	31%	29%	31%	45%
11.1	Education (including basic skills)?	42%	44%	42%	59%
11.1	Offending behaviour programmes?	17%	17%	17%	24%
Are you currently involved in any of the following activities:					
11.2	A prison job?	49%	46%	49%	43%
11.2	Vocational or skills training?	4%	8%	4%	10%
11.2	Education (including basic skills)?	9%	23%	9%	23%
11.2	Offending behaviour programmes?	12%	7%	12%	10%
11.3	Have you had a job while in this prison?	79%	71%	79%	73%
For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	36%	39%	36%	34%
11.3	Have you been involved in vocational or skills training while in this prison?	56%	56%	56%	66%
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?	27%	41%	27%	34%
11.3	Have you been involved in education while in this prison?	64%	67%	64%	74%
For those who have been involved in education while in this prison:					
11.3	Do you feel the education will help you on release?	43%	48%	43%	41%
11.3	Have you been involved in offending behaviour programmes while in this prison?	60%	54%	60%	60%
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?	46%	39%	46%	30%
11.4	Do you go to the library at least once a week?	23%	28%	23%	34%
11.5	Does the library have a wide enough range of materials to meet your needs?	43%	32%	43%	49%
11.6	Do you go to the gym three or more times a week?	41%	23%	41%	34%
11.7	Do you go outside for exercise three or more times a week?	58%	39%	58%	46%
11.8	Do you go on association more than five times each week?	51%	42%	51%	3%
11.9	Do you spend ten or more hours out of your cell on a weekday?	5%	9%	5%	7%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	29%	30%	29%	36%
12.2	Have you had any problems with sending or receiving mail?	51%	48%	51%	44%
12.3	Have you had any problems getting access to the telephones?	41%	35%	41%	38%
12.4	Is it easy/ very easy for your friends and family to get here?	43%	34%	43%	41%

Main comparator and comparator to last time

Key to tables

		HMP Holme House 2017	Local Prisons Comparator	HMP Holme House 2017	HMP Holme House 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?	82%	61%	82%	80%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	39%	45%	39%	41%
13.2	Contact by letter?	26%	26%	26%	32%
13.2	Contact by phone?	15%	13%	15%	10%
13.2	Contact by visit?	38%	32%	38%	43%
13.3	Do you have a named offender supervisor in this prison?	54%	30%	54%	47%
For those who are sentenced:					
13.4	Do you have a sentence plan?	36%	31%	36%	47%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	52%	55%	52%	48%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	45%	49%	45%	45%
13.6	Offender supervisor?	38%	32%	38%	35%
13.6	Offender manager?	25%	24%	25%	32%
13.6	Named/ personal officer?	9%	10%	9%	12%
13.6	Staff from other departments?	16%	18%	16%	17%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	61%	49%	61%	60%
13.8	Are there plans for you to achieve any of your targets in another prison?	20%	29%	20%	18%
13.9	Are there plans for you to achieve any of your targets in the community?	40%	32%	40%	29%
13.10	Do you have a needs based custody plan?	5%	7%	5%	3%
13.11	Do you feel that any member of staff has helped you to prepare for release?	9%	11%	9%	11%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	20%	26%	20%	32%
13.12	Accommodation?	25%	32%	25%	37%
13.12	Benefits?	37%	33%	37%	39%
13.12	Finances?	15%	21%	15%	22%
13.12	Education?	20%	27%	20%	26%
13.12	Drugs and alcohol?	54%	40%	54%	46%
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?	43%	44%	43%	44%

Diversity analysis



Key question responses (ethnicity) HMP Holme House 2017

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

Key to tables

		Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in green is significantly better		
	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		20	170
1.3	Are you sentenced?	79%	93%
1.5	Are you a foreign national?	11%	2%
1.6	Do you understand spoken English?	100%	100%
1.7	Do you understand written English?	89%	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.)		
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	4%
1.1	Are you Muslim?	70%	1%
1.12	Do you consider yourself to have a disability?	25%	30%
1.13	Are you a veteran (ex-armed services)?	0%	4%
1.14	Is this your first time in prison?	35%	23%
2.6	Were you treated well/very well by the escort staff?	53%	69%
2.7	Before you arrived here were you told that you were coming here?	50%	66%
3.2	When you were searched in reception, was this carried out in a respectful way?	65%	84%
3.3	Were you treated well/very well in reception?	53%	66%
3.4	Did you have any problems when you first arrived?	89%	75%
3.7	Did you have access to someone from health care when you first arrived here?	59%	69%
3.9	Did you feel safe on your first night here?	59%	76%
3.10	Have you been on an induction course?	73%	86%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	39%	36%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	50%	41%
4.4	Are you normally able to have a shower every day?	78%	76%
4.4	Is your cell call bell normally answered within five minutes?	11%	8%
4.5	Is the food in this prison good/very good?	17%	20%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	50%	64%
4.7	Are you able to speak to a Listener at any time, if you want to?	56%	57%
4.8	Do you feel your religious beliefs are respected?	44%	39%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	47%	52%
5.1	Is it easy to make an application?	78%	77%
5.3	Is it easy to make a complaint?	39%	50%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	36%	36%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	47%	31%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	6%	14%
7.1	Do most staff, in this prison, treat you with respect?	82%	70%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	78%	63%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	19%	13%
7.4	Do you have a personal officer?	14%	28%
8.1	Have you ever felt unsafe here?	56%	47%
8.2	Do you feel unsafe now?	47%	17%
8.3	Have you been victimised by other prisoners?	44%	27%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	25%	15%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	31%	1%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	25%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	19%	0%
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	2%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	56%	30%
8.7	Have you ever felt threatened or intimidated by staff here?	25%	14%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	38%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	38%	1%
8.7	Have you been victimised because of your nationality? (By staff)	31%	1%
8.7	Have you been victimised because you have a disability? (By staff)	6%	2%
9.1	Is it easy/very easy to see the doctor?	5%	10%
9.1	Is it easy/ very easy to see the nurse?	44%	40%
9.4	Are you currently taking medication?	22%	62%
9.6	Do you feel you have any emotional well being/mental health issues?	31%	50%
10.3	Is it easy/very easy to get illegal drugs in this prison?	69%	59%
11.2	Are you currently working in the prison?	56%	48%
11.2	Are you currently undertaking vocational or skills training?	0%	5%
11.2	Are you currently in education (including basic skills)?	0%	9%
11.2	Are you currently taking part in an offending behaviour programme?	0%	13%
11.4	Do you go to the library at least once a week?	19%	23%
11.6	Do you go to the gym three or more times a week?	56%	39%
11.7	Do you go outside for exercise three or more times a week?	53%	59%
11.8	On average, do you go on association more than five times each week?	40%	52%
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%	6%
12.2	Have you had any problems sending or receiving mail?	62%	50%
12.3	Have you had any problems getting access to the telephones?	39%	41%

Diversity Analysis



Key question responses (disability and age over 50) HMP Holme House 2017

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

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		55	132	24	165
1.3	Are you sentenced?	91%	92%	100%	90%
1.5	Are you a foreign national?	2%	3%	0%	3%
1.6	Do you understand spoken English?	100%	100%	100%	100%
1.7	Do you understand written English?	94%	100%	96%	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.)	9%	11%	4%	11%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	2%	0%	4%
1.1	Are you Muslim?	7%	9%	9%	8%
1.12	Do you consider yourself to have a disability?			50%	27%
1.13	Are you a veteran (ex-armed services)?	2%	5%	14%	2%
1.14	Is this your first time in prison?	19%	26%	54%	21%
2.6	Were you treated well/very well by the escort staff?	75%	64%	79%	67%
2.7	Before you arrived here were you told that you were coming here?	56%	69%	71%	64%
3.2	When you were searched in reception, was this carried out in a respectful way?	84%	81%	79%	83%
3.3	Were you treated well/very well in reception?	71%	61%	74%	63%
3.4	Did you have any problems when you first arrived?	90%	71%	86%	75%
3.7	Did you have access to someone from health care when you first arrived here?	72%	66%	67%	68%
3.9	Did you feel safe on your first night here?	73%	74%	70%	74%
3.10	Have you been on an induction course?	79%	87%	74%	86%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	37%	35%	38%	36%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	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?	46%	39%	41%	42%
4.4	Are you normally able to have a shower every day?	83%	73%	80%	76%
4.4	Is your cell call bell normally answered within five minutes?	8%	9%	17%	7%
4.5	Is the food in this prison good/very good?	23%	16%	46%	16%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	69%	62%	64%	63%
4.7	Are you able to speak to a Listener at any time, if you want to?	65%	54%	64%	56%
4.8	Do you feel your religious beliefs are respected?	56%	33%	58%	37%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	52%	52%	70%	49%
5.1	Is it easy to make an application?	71%	20%	68%	79%
5.3	Is it easy to make a complaint?	51%	48%	43%	50%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	45%	33%	38%	36%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	42%	28%	33%	32%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	12%	14%	9%	13%
7.1	Do most staff, in this prison, treat you with respect?	77%	69%	96%	68%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	65%	64%	82%	62%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	16%	13%	14%	14%
7.4	Do you have a personal officer?	24%	27%	32%	26%
8.1	Have you ever felt unsafe here?	57%	45%	38%	49%
8.2	Do you feel unsafe now?	22%	20%	9%	22%
8.3	Have you been victimised by other prisoners?	29%	28%	42%	26%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	21%	14%	17%	16%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	3%	0%	5%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	6%	3%	0%	4%
8.5	Have you been victimised because of your nationality? (By prisoners)	2%	2%	0%	2%
8.5	Have you been victimised because of your age? (By prisoners)	4%	0%	9%	0%
8.5	Have you been victimised because you have a disability? (By prisoners)	4%	0%	9%	1%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability		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?	33%	33%	17%	35%	
8.7	Have you ever felt threatened or intimidated by staff here?	16%	16%	4%	17%	
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	7%	0%	5%	
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	7%	4%	5%	
8.7	Have you been victimised because of your nationality? (By staff)	0%	5%	0%	4%	
8.7	Have you been victimised because of your age? (By staff)	2%	4%	9%	3%	
8.7	Have you been victimised because you have a disability? (By staff)	4%	2%	0%	3%	
9.1	Is it easy/very easy to see the doctor?	10%	8%	17%	8%	
9.1	Is it easy/ very easy to see the nurse?	44%	38%	65%	37%	
9.4	Are you currently taking medication?	79%	49%	83%	54%	
9.6	Do you feel you have any emotional well being/mental health issues?	79%	38%	38%	50%	
10.3	Is it easy/very easy to get illegal drugs in this prison?	56%	62%	48%	62%	
11.2	Are you currently working in the prison?	47%	51%	45%	50%	
11.2	Are you currently undertaking vocational or skills training?	5%	4%	5%	4%	
11.2	Are you currently in education (including basic skills)?	9%	8%	15%	8%	
11.2	Are you currently taking part in an offending behaviour programme?	12%	12%	15%	11%	
11.4	Do you go to the library at least once a week?	23%	23%	33%	21%	
11.6	Do you go to the gym three or more times a week?	21%	50%	5%	46%	
11.7	Do you go outside for exercise three or more times a week?	57%	60%	41%	61%	
11.8	On average, do you go on association more than five times each week?	61%	47%	52%	51%	
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	4%	6%	9%	5%	
12.2	Have you had any problems sending or receiving mail?	50%	52%	43%	52%	
12.3	Have you had any problems getting access to the telephones?	37%	44%	30%	43%	



Prisoner survey responses HMP Holme House 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	Wing 7	Wing 1, 2, 3, 4, 5 and 6B
	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		38	136
SECTION 1: General information			
1.2	Are you under 21 years of age?	5%	3%
1.3	Are you sentenced?	92%	90%
1.3	Are you on recall?	21%	10%
1.4	Is your sentence less than 12 months?	19%	17%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	6%	6%
1.5	Are you a foreign national?	0%	4%
1.6	Do you understand spoken English?	100%	100%
1.7	Do you understand written English?	100%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	5%	12%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	3%
1.1	Are you Muslim?	8%	9%
1.11	Are you homosexual/gay or bisexual?	13%	1%
1.12	Do you consider yourself to have a disability?	33%	26%
1.13	Are you a veteran (ex-armed services)?	6%	2%
1.14	Is this your first time in prison?	41%	21%
1.15	Do you have any children under the age of 18?	35%	54%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	18%	19%
2.5	Did you feel safe?	84%	76%
2.6	Were you treated well/very well by the escort staff?	71%	66%
2.7	Before you arrived here were you told that you were coming here?	74%	63%
2.8	When you first arrived here did your property arrive at the same time as you?	87%	80%

Key to tables

	Any percentage highlighted in green is significantly better	Wing 7	Wing 1, 2, 3, 4, 5 and 6B
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	31%	24%
3.2	When you were searched in reception, was this carried out in a respectful way?	87%	82%
3.3	Were you treated well/very well in reception?	71%	61%
	When you first arrived:		
3.4	Did you have any problems?	89%	71%
3.4	Did you have any problems with loss of property?	11%	18%
3.4	Did you have any housing problems?	22%	16%
3.4	Did you have any problems contacting employers?	3%	2%
3.4	Did you have any problems contacting family?	38%	31%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	0%
3.4	Did you have any money worries?	19%	18%
3.4	Did you have any problems with feeling depressed or suicidal?	49%	21%
3.4	Did you have any physical health problems?	19%	19%
3.4	Did you have any mental health problems?	38%	33%
3.4	Did you have any problems with needing protection from other prisoners?	35%	2%
3.4	Did you have problems accessing phone numbers?	25%	19%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	65%	86%
3.6	A shower?	16%	34%
3.6	A free telephone call?	30%	56%
3.6	Something to eat?	73%	65%
3.6	PIN phone credit?	35%	53%
3.6	Toiletries/ basic items?	41%	47%

Key to tables

	Any percentage highlighted in green is significantly better	Wing 7	Wing 1, 2, 3, 4, 5 and 6B
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	56%	53%
3.7	Someone from health services?	75%	65%
3.7	A Listener/Samaritans?	33%	29%
3.7	Prison shop/ canteen?	20%	19%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	35%	43%
3.8	Support was available for people feeling depressed or suicidal?	41%	37%
3.8	How to make routine requests?	32%	32%
3.8	Your entitlement to visits?	38%	35%
3.8	Health services?	46%	39%
3.8	The chaplaincy?	49%	40%
3.9	Did you feel safe on your first night here?	71%	75%
3.10	Have you been on an induction course?	78%	87%
3.12	Did you receive an education (skills for life) assessment?	86%	92%
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?	43%	33%
4.1	Attend legal visits?	59%	57%
4.1	Get bail information?	10%	18%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	43%	61%
4.3	Can you get legal books in the library?	44%	43%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	47%	37%
4.4	Are you normally able to have a shower every day?	82%	73%
4.4	Do you normally receive clean sheets every week?	69%	53%
4.4	Do you normally get cell cleaning materials every week?	32%	18%
4.4	Is your cell call bell normally answered within five minutes?	16%	5%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	81%	56%
4.4	Can you normally get your stored property, if you need to?	11%	7%
4.5	Is the food in this prison good/very good?	39%	14%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	60%	64%
4.7	Are you able to speak to a Listener at any time, if you want to?	70%	51%
4.8	Are your religious beliefs are respected?	50%	35%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	60%	48%
4.10	Is it easy/very easy to attend religious services?	39%	35%

Key to tables

	Any percentage highlighted in green is significantly better	Wing 7	Wing 1, 2, 3, 4, 5 and 6B
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	78%	78%
5.3	Is it easy to make a complaint?	43%	50%
5.5	Have you ever been prevented from making a complaint when you wanted to?	14%	26%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	35%	11%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	45%	33%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	40%	28%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	11%	15%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	76%	68%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	75%	59%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	35%	15%
7.4	Do staff normally speak to you most of the time/all of the time during association?	8%	14%
7.5	Do you have a personal officer?	25%	23%

Key to tables

	Any percentage highlighted in green is significantly better	Wing 7	Wing 1, 2, 3, 4, 5 and 6B
	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?	61%	44%
8.2	Do you feel unsafe now?	16%	22%
8.4	Have you been victimised by other prisoners here?	49%	19%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	25%	10%
8.5	Hit, kicked or assaulted you?	22%	9%
8.5	Sexually abused you?	3%	2%
8.5	Threatened or intimidated you?	30%	10%
8.5	Taken your canteen/property?	8%	5%
8.5	Victimised you because of medication?	3%	6%
8.5	Victimised you because of debt?	8%	4%
8.5	Victimised you because of drugs?	8%	4%
8.5	Victimised you because of your race or ethnic origin?	3%	5%
8.5	Victimised you because of your religion/religious beliefs?	3%	4%
8.5	Victimised you because of your nationality?	0%	2%
8.5	Victimised you because you were from a different part of the country?	3%	4%
8.5	Victimised you because you are from a traveller community?	3%	0%
8.5	Victimised you because of your sexual orientation?	3%	0%
8.5	Victimised you because of your age?	3%	1%
8.5	Victimised you because you have a disability?	3%	2%
8.5	Victimised you because you were new here?	3%	3%
8.5	Victimised you because of your offence/crime?	25%	2%
8.5	Victimised you because of gang related issues?	6%	0%

Key to tables

	Any percentage highlighted in green is significantly better	Wing 7	Wing 1, 2, 3, 4, 5 and 6B
	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?	22%	37%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	3%	18%
8.7	Hit, kicked or assaulted you?	11%	8%
8.7	Sexually abused you?	3%	1%
8.7	Threatened or intimidated you?	8%	18%
8.7	Victimised you because of medication?	6%	11%
8.7	Victimised you because of debt?	0%	2%
8.7	Victimised you because of drugs?	0%	6%
8.7	Victimised you because of your race or ethnic origin?	3%	6%
8.7	Victimised you because of your religion/religious beliefs?	8%	4%
8.7	Victimised you because of your nationality?	3%	4%
8.7	Victimised you because you were from a different part of the country?	3%	4%
8.7	Victimised you because you are from a traveller community?	0%	1%
8.7	Victimised you because of your sexual orientation?	3%	1%
8.7	Victimised you because of your age?	6%	3%
8.7	Victimised you because you have a disability?	3%	2%
8.7	Victimised you because you were new here?	0%	3%
8.7	Victimised you because of your offence/crime?	6%	2%
8.7	Victimised you because of gang related issues?	0%	2%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	16%	7%
9.1	Is it easy/very easy to see the nurse?	57%	34%
9.1	Is it easy/very easy to see the dentist?	6%	4%
9.4	Are you currently taking medication?	66%	57%
9.6	Do you have any emotional well being or mental health problems?	51%	46%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	36%	57%
10.2	Did you have a problem with alcohol when you came into this prison?	25%	20%
10.3	Is it easy/very easy to get illegal drugs in this prison?	47%	60%
10.4	Is it easy/very easy to get alcohol in this prison?	42%	42%
10.5	Have you developed a problem with drugs since you have been in this prison?	14%	28%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	6%	14%

Key to tables

	Any percentage highlighted in green is significantly better	Wing 7	Wing 1, 2, 3, 4, 5 and 6B
	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?	43%	28%
11.1	Vocational or skills training?	32%	29%
11.1	Education (including basic skills)?	39%	40%
11.1	Offending Behaviour Programmes?	19%	15%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	57%	50%
11.2	Vocational or skills training?	3%	4%
11.2	Education (including basic skills)?	6%	9%
11.2	Offending Behaviour Programmes?	6%	7%
11.4	Do you go to the library at least once a week?	38%	19%
11.5	Does the library have a wide enough range of materials to meet your needs?	53%	37%
11.6	Do you go to the gym three or more times a week?	23%	45%
11.7	Do you go outside for exercise three or more times a week?	41%	64%
11.8	Do you go on association more than five times each week?	58%	50%
11.9	Do you spend ten or more hours out of your cell on a weekday?	3%	5%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	43%	22%
12.2	Have you had any problems with sending or receiving mail?	53%	52%
12.3	Have you had any problems getting access to the telephones?	30%	44%
12.4	Is it easy/ very easy for your friends and family to get here?	41%	44%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	70%	48%
13.10	Do you have a needs based custody plan?	3%	6%
13.11	Do you feel that any member of staff has helped you to prepare for release?	11%	6%



Prisoner survey responses HMP Holme House 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	Houseblocks 1, 2, 3, 4 and 5	Houseblocks 6 and 7
	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		123	62
SECTION 1: General information			
1.2	Are you under 21 years of age?	3%	3%
1.3	Are you sentenced?	91%	92%
1.3	Are you on recall?	10%	16%
1.4	Is your sentence less than 12 months?	18%	12%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	7%	5%
1.5	Are you a foreign national?	3%	2%
1.6	Do you understand spoken English?	100%	100%
1.7	Do you understand written English?	99%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	13%	5%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	3%
1.1	Are you Muslim?	9%	7%
1.11	Are you homosexual/gay or bisexual?	1%	8%
1.12	Do you consider yourself to have a disability?	26%	32%
1.13	Are you a veteran (ex-armed services)?	1%	7%
1.14	Is this your first time in prison?	21%	30%
1.15	Do you have any children under the age of 18?	56%	43%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	19%	15%
2.5	Did you feel safe?	75%	89%
2.6	Were you treated well/very well by the escort staff?	70%	63%
2.7	Before you arrived here were you told that you were coming here?	64%	69%
2.8	When you first arrived here did your property arrive at the same time as you?	82%	82%

Key to tables

	Any percentage highlighted in green is significantly better	Houseblocks 1, 2, 3, 4 and 5	Houseblocks 6 and 7
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	25%	27%
3.2	When you were searched in reception, was this carried out in a respectful way?	84%	80%
3.3	Were you treated well/very well in reception?	65%	61%
	When you first arrived:		
3.4	Did you have any problems?	69%	90%
3.4	Did you have any problems with loss of property?	18%	13%
3.4	Did you have any housing problems?	17%	18%
3.4	Did you have any problems contacting employers?	2%	3%
3.4	Did you have any problems contacting family?	31%	33%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	2%
3.4	Did you have any money worries?	18%	22%
3.4	Did you have any problems with feeling depressed or suicidal?	21%	38%
3.4	Did you have any physical health problems?	18%	20%
3.4	Did you have any mental health problems?	31%	38%
3.4	Did you have any problems with needing protection from other prisoners?	3%	22%
3.4	Did you have problems accessing phone numbers?	17%	27%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	85%	76%
3.6	A shower?	33%	30%
3.6	A free telephone call?	56%	43%
3.6	Something to eat?	65%	74%
3.6	PIN phone credit?	54%	41%
3.6	Toiletries/ basic items?	48%	43%

Key to tables

	Any percentage highlighted in green is significantly better	Houseblocks 1, 2, 3, 4 and 5	Houseblocks 6 and 7
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	53%	56%
3.7	Someone from health services?	65%	75%
3.7	A Listener/Samaritans?	29%	32%
3.7	Prison shop/ canteen?	17%	19%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	45%	33%
3.8	Support was available for people feeling depressed or suicidal?	40%	32%
3.8	How to make routine requests?	33%	30%
3.8	Your entitlement to visits?	37%	33%
3.8	Health services?	40%	40%
3.8	The chaplaincy?	40%	46%
3.9	Did you feel safe on your first night here?	76%	71%
3.10	Have you been on an induction course?	86%	85%
3.12	Did you receive an education (skills for life) assessment?	91%	90%
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%	40%
4.1	Attend legal visits?	60%	53%
4.1	Get bail information?	19%	13%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	61%	45%
4.3	Can you get legal books in the library?	44%	47%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	37%	50%
4.4	Are you normally able to have a shower every day?	72%	84%
4.4	Do you normally receive clean sheets every week?	57%	57%
4.4	Do you normally get cell cleaning materials every week?	20%	35%
4.4	Is your cell call bell normally answered within five minutes?	5%	13%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	58%	76%
4.4	Can you normally get your stored property, if you need to?	8%	7%
4.5	Is the food in this prison good/very good?	14%	31%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	65%	58%
4.7	Are you able to speak to a Listener at any time, if you want to?	53%	63%
4.8	Are your religious beliefs are respected?	35%	46%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	49%	57%
4.10	Is it easy/very easy to attend religious services?	34%	44%

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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?	81%	70%
5.3	Is it easy to make a complaint?	51%	47%
5.5	Have you ever been prevented from making a complaint when you wanted to?	26%	18%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	11%	29%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	33%	45%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	31%	35%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	14%	12%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	69%	75%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	60%	70%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	15%	31%
7.4	Do staff normally speak to you most of the time/all of the time during association?	16%	9%
7.5	Do you have a personal officer?	25%	29%

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SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	42%	55%
8.2	Do you feel unsafe now?	22%	19%
8.4	Have you been victimised by other prisoners here?	18%	42%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	8%	25%
8.5	Hit, kicked or assaulted you?	8%	19%
8.5	Sexually abused you?	2%	2%
8.5	Threatened or intimidated you?	8%	27%
8.5	Taken your canteen/property?	4%	10%
8.5	Victimised you because of medication?	4%	7%
8.5	Victimised you because of debt?	4%	8%
8.5	Victimised you because of drugs?	4%	8%
8.5	Victimised you because of your race or ethnic origin?	5%	2%
8.5	Victimised you because of your religion/religious beliefs?	4%	2%
8.5	Victimised you because of your nationality?	3%	0%
8.5	Victimised you because you were from a different part of the country?	4%	4%
8.5	Victimised you because you are from a traveller community?	0%	2%
8.5	Victimised you because of your sexual orientation?	0%	2%
8.5	Victimised you because of your age?	1%	2%
8.5	Victimised you because you have a disability?	2%	2%
8.5	Victimised you because you were new here?	4%	4%
8.5	Victimised you because of your offence/crime?	2%	15%
8.5	Victimised you because of gang related issues?	0%	5%

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SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	33%	29%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	17%	10%
8.7	Hit, kicked or assaulted you?	7%	12%
8.7	Sexually abused you?	0%	4%
8.7	Threatened or intimidated you?	16%	12%
8.7	Victimised you because of medication?	10%	9%
8.7	Victimised you because of debt?	1%	4%
8.7	Victimised you because of drugs?	6%	2%
8.7	Victimised you because of your race or ethnic origin?	5%	4%
8.7	Victimised you because of your religion/religious beliefs?	4%	7%
8.7	Victimised you because of your nationality?	4%	4%
8.7	Victimised you because you were from a different part of the country?	4%	5%
8.7	Victimised you because you are from a traveller community?	0%	2%
8.7	Victimised you because of your sexual orientation?	0%	4%
8.7	Victimised you because of your age?	3%	5%
8.7	Victimised you because you have a disability?	1%	5%
8.7	Victimised you because you were new here?	2%	4%
8.7	Victimised you because of your offence/crime?	2%	5%
8.7	Victimised you because of gang related issues?	1%	2%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	7%	12%
9.1	Is it easy/very easy to see the nurse?	32%	53%
9.1	Is it easy/very easy to see the dentist?	4%	4%
9.4	Are you currently taking medication?	57%	56%
9.6	Do you have any emotional well being or mental health problems?	43%	57%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	55%	52%
10.2	Did you have a problem with alcohol when you came into this prison?	17%	31%
10.3	Is it easy/very easy to get illegal drugs in this prison?	58%	60%
10.4	Is it easy/very easy to get alcohol in this prison?	40%	47%
10.5	Have you developed a problem with drugs since you have been in this prison?	25%	25%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	13%	9%

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SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	29%	40%
11.1	Vocational or skills training?	29%	32%
11.1	Education (including basic skills)?	41%	42%
11.1	Offending Behaviour Programmes?	16%	20%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	52%	46%
11.2	Vocational or skills training?	5%	4%
11.2	Education (including basic skills)?	10%	6%
11.2	Offending Behaviour Programmes?	7%	19%
11.4	Do you go to the library at least once a week?	19%	30%
11.5	Does the library have a wide enough range of materials to meet your needs?	39%	46%
11.6	Do you go to the gym three or more times a week?	44%	36%
11.7	Do you go outside for exercise three or more times a week?	63%	51%
11.8	Do you go on association more than five times each week?	50%	56%
11.9	Do you spend ten or more hours out of your cell on a weekday?	5%	5%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	22%	38%
12.2	Have you had any problems with sending or receiving mail?	49%	54%
12.3	Have you had any problems getting access to the telephones?	40%	41%
12.4	Is it easy/ very easy for your friends and family to get here?	46%	40%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	48%	67%
13.10	Do you have a needs based custody plan?	6%	4%
13.11	Do you feel that any member of staff has helped you to prepare for release?	6%	13%