

#### HM INSPECTORATE OF PRISONS

5<sup>th</sup> floor, Clive House 70 Petty France London, SW1H 9EX

Tel: 020 3334 0353

E-mail:barbara.buchanan@hmiprisons.gsi.gov.uk

# HM Chief Inspector of Prisons PETER CLARKE CVO OBE QPM

Date: 30th May 2018

The Rt Hon David Gauke MP Justice Secretary Ministry of Justice 9<sup>th</sup> floor 102 Petty France London SW1H 9AJ

Dear Secretary of State

## **Urgent Notification: HM Prison Exeter**

In accordance with the Protocol between HM Chief Inspector of Prisons and the Ministry of Justice dated 30 November 2017, I am writing to you to invoke the Urgent Notification (UN) process in respect of HM Prison Exeter.

An unannounced inspection of HM Prison Exeter took place between 14 and 24 May 2018. This inspection identified a number of significant concerns with regard to the treatment and conditions of prisoners. As required by the process, I am therefore writing to give you formal notification of my decision to invoke it. At this stage I shall also set out an indication of the evidence that underpins that decision, and the rationale for why I believe it is necessary. In addition, I attach a summary note which details all the main judgements that followed this inspection, and includes the priorities addressed in this letter. The summary note is drawn from a similar document provided to the Acting Governor at the end of the inspection last week. He has been informed of my intention to invoke the UN process. I shall, as usual, publish a full inspection report in due course.

The UN process requires me to summarise in this letter the judgements that have led to significant concerns, and to identify those issues that require improvement. A decision to invoke the UN process is determined by my judgement, informed by relevant factors during the inspection that, as set out in the Protocol, may include:

 Poor healthy prison test assessments (HMI Prisons' inspection methodology is outlined in the HMI Prisons Inspection Framework);

- The pattern of the healthy prison test judgements;
- Repeated poor assessments;
- The type of prison and the risks presented;
- The vulnerability of those detained;
- The failure to achieve recommendations;
- The Inspectorate's confidence in the prison's capacity for change and improvement.

The Protocol sets out that this letter will be placed in the public domain, and that the Secretary of State commits to respond publicly to the concerns raised within 28 calendar days. The response will explain how outcomes for prisoners in the institution will be improved in both the immediate and longer term.

The principal reasons I have decided to invoke the UN protocol in respect of HMP Exeter following this most recent inspection are because since the last full inspection in August 2016, safety in the prison has significantly worsened in many respects, and has attracted our lowest possible grading of 'poor'. There have been six self inflicted deaths, five of which were in 2017. Despite some creditable efforts to implement recommendations from the Prisons and Probation Ombudsman following those deaths, the overall level of safety at HMP Exeter is unequivocally poor.

Self harm during the past six months is running at a higher rate than in any similar prisons. It has risen by 40% since the last inspection. Assaults against both prisoners and staff are among the highest we have seen, and the use of force by staff is inadequately governed. Meanwhile, illicit drugs are rife in the prison, nearly a quarter of prisoners are testing positive, and all this is taking place in a prison where the living conditions for too many are unacceptably poor. During the inspection we saw many examples of a lack of care for vulnerable prisoners which, given the recent tragic events in the prison, were symptomatic of a lack of empathy and understanding of the factors that contribute to suicide and self harm.

The last inspection of HMP Exeter took place in August 2016. Outcomes for prisoners were found to be not sufficiently good in all four of our healthy prison tests. In terms of safety the report noted:

'Levels of violence were high and many prisoners said that they felt unsafe. The levels of self harm were high. There had been 10 self inflicted deaths since the previous inspection.'

At that time we made 14 recommendations in respect of safety, including two main recommendations. One was intended to address the fact that too many prisoners felt unsafe, and the other focused on the poor governance of the use of force. During this latest inspection we found that neither of these main recommendations had been achieved, and in fact the situation in both respects had deteriorated. Overall only three out of the 14 safety related recommendations had been fully achieved.

Despite some improvements in monitoring violence, assaults on both staff and prisoners have significantly increased since the last inspection. Many were serious and the use of weapons was a common feature. Assaults against prisoners have gone up by 107% since the last inspection and the rate is now the highest we have seen in local prisons in the last three years. Meanwhile, assaults on staff have risen by 60%, and the number of fights has risen by 46%. During the inspection I was told by a senior member of staff that the reason the figures were so high was because all incidents were properly recorded. I asked whether recording practices had changed since the last inspection and was told that they had not.

A key part of HMI Prisons' methodology is a survey of prisoners, carried out using fully validated research methods. These survey results are used to inform judgements made by inspectors who also speak to prisoners and staff, observe behaviours and study data and other documents. Our survey suggests that at HMP Exeter the population have high levels of need on arrival at the prison. Fifty five percent told us they felt depressed on arrival, 24% felt suicidal and 38% had problems with drugs or alcohol.

In the context of a prison with significant levels of vulnerability among prisoners, and where suicide and self harm are at such high levels, it was shocking to see the way in which cell call bells were routinely ignored by staff. Given that the prison is now much better staffed, this was inexcusable. Inspectors saw bells going unanswered even when staff were doing nothing else. Even on the first night and induction landings, where prisoners are likely to be at their most vulnerable, bells were left unanswered for long periods. The prison's own recording system showed that it was commonplace for bells not to be answered within a reasonable time. The system was either not being reviewed by managers, or what it revealed was being ignored.

Care provided to some prisoners during their first night and early days was poor. Some vulnerable prisoners spent their early days on overspill wings where they received a poor regime, abuse from mainstream prisoners and a lack of support from peer workers and staff. During the inspection we found wing staff who were completely unaware that they had new prisoners located on their wings. We also saw a new prisoner located in a filthy cell with a blocked toilet, and he was only moved after intervention by an inspector. Another vulnerable prisoner who was assessed as being at a heightened risk of suicide and self harm, who should have been located on the dedicated first night unit, was instead placed on C1 wing, a subterranean unit that was in effect being used as a segregation unit, but without any of the usual safeguards. This prisoner spent three days on this unit before moving to the first night unit where inspectors saw him in a squalid cell without bedding, a television or glass in his window. None of this had been reported by staff who were required to check on him regularly as part of his care plan.

C1 wing was a major cause of concern for inspectors. There were no proper reintegration plans and no formal reviews. The regime was extremely limited, and record keeping was very poor. I asked to see the record of when one of the men had last had access to exercise, was assured that it would have been recorded, but found that it was not. During my visit the member of staff in the unit could not tell me when the prisoners had access to even basic entitlements such as showers or exercise.

Meanwhile, in the designated segregation unit (A1) there was a special cell which was completely bare and contained no furniture, toilet or bed. Prison and regional managers had approved the use of this cell for those judged to be so vulnerable as to be in need of constant observation, and it had been so used 17 times in the previous six months. There was supposedly an inflatable bed available for use in this cell, but it could not be found by staff during the inspection, and inspectors saw video of a prisoner on constant watch being located in the cell without it.

Many cells at HMP Exeter were in a very poor state of repair, with many broken windows and observation panels, leaking lavatories and sinks, and poorly screened toilets. I saw some cells that were clearly not fit to be used, and should have been taken out of commission. Had it not been for the improvement in healthcare in the prison since the last inspection, it is highly likely that the poor living conditions experienced by many would have resulted in a grading of 'poor' for our Respect test.

The findings around safety and poor living conditions were compounded by the prevalence of illicit drugs in the prison. In our survey, a very high 60% of prisoners told us it was easy to get hold of drugs, and 14% said they had acquired a drug habit while in the prison. These responses were to an extent confirmed by the results of mandatory drug testing. There was a strong smell of drugs on some of the wings, and I saw prisoners who were clearly under the influence of drugs. There can be little doubt that the ready availability of drugs was contributing to the violence in the prison.

Given the vulnerability of many prisoners, the rise in violence of all kinds, the lack of care in too many cases, the prevalence of drugs and poor living conditions, it is perhaps unsurprising that despite our main concern and linked recommendation at the last inspection, far too many prisoners still felt unsafe. Sixty seven percent told us they had felt unsafe at Exeter at some time, a significant increase since the last inspection, and almost a third said they felt unsafe at the time of our inspection. Sixty percent said they had been bullied or victimised by other prisoners and 48% said they had been bullied or victimised by staff.

In light of the high levels of violence at HMP Exeter, it was perhaps to be expected that the use of force should have risen since the last inspection. It had, by some 39%. However, it is extraordinary that our main recommendation on the governance of the use of force has been largely ignored. Since 1 January 2018 there had been 187 recorded incidents of force being used, yet the prison's own database showed that more than 250 reports relating to those incidents had not been completed by staff, and those that had been completed were not routinely reviewed by managers. There had also been 39 planned uses of force between November 2017 and April 2018, but despite the formal requirement to film and review such incidents the prison was only able to provide us with film from three of them. Body-worn cameras were issued to many staff but these were not used in the majority of incidents and footage was not routinely reviewed.

At the last inspection I expressly mentioned and made allowance for the chronic staff shortages that HMP Exeter was experiencing at that time. The prison is now significantly

better staffed, and there is now a more predictable regime available to many, though not all, prisoners. There have also been distinct improvements in healthcare and resettlement activity. This latter feature led us to improve the grading for Resettlement and Release Planning from 'not sufficiently good' to 'reasonably good'. This is a real achievement.

Nevertheless, it is of great concern that the response to our recommendations made in respect of safety issues at the last inspection has been so poor. Across the full breadth of the previous inspection the number of recommendations achieved was also disappointingly small. It must be emphasised that a low achievement rate is not in itself an indicator of performance in meeting HMI Prisons' Expectations. We make our judgements solely on the basis of the evidence gathered during the course of the inspection. However, a poor response to past inspections can and does give an indication as to how much confidence we can have that the issues raised by the Inspectorate will be satisfactorily addressed in the future, which is of course a relevant factor in coming to the decision to invoke the UN protocol. The senior management team that is currently in place at HMP Exeter is largely the same as at the last inspection in 2016. The failure to address the actual and perceived lack of safety, and the issues that contribute to both, is so serious that is has led me to have significant concerns about the treatment and conditions of prisoners at HMP Exeter and to the inevitable conclusion to invoke the UN protocol.

If there is any further information that would be of help to you in considering your response to this Urgent Notification, please do not hesitate to contact me.

Yours sincerely

PETER CLARKE



Debriefing paper by HM Inspectorate of Prisons

Full inspection of:

**HMP** Exeter

14<sup>th</sup> May – 24<sup>th</sup> May 2018

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Outcomes for prisoners are good against this healthy prison test.

There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

Outcomes for prisoners are reasonably good against this healthy prison test. 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 against this healthy prison test. There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

Outcomes for prisoners are poor against this healthy prison test.

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.

## 1. Safety

Reception procedures worked reasonably well but some prisoners spent their first night in poor conditions. Almost one in three prisoners felt unsafe. The violence reduction strategy had not been effective in reducing significantly high and rising levels of violence. However, the recent introduction of key workers using a casework approach looked very promising. The adjudication system was managed fairly. The use of force was high and governance was inadequate. Conditions for the single prisoner being held in the segregation unit were poor and there were few safeguards in place for the prisoners being segregated on C1 landing. The drug strategy was not effective in reducing high levels of drugs available in the prison. There had been six self-inflicted deaths since the last inspection and levels of self-harm were high.

Outcomes for prisoners are poor against this healthy prison test.

## **Early Days in Custody**

- Reception staff were welcoming but prisoners spent too long in stark holding cells.
- Initial interviews with staff and peer workers were carried out sensitively. In addition, prisoners could access support with family contact from Choices.
- Prisoners were not always allocated to dedicated first night cells and some prisoners, particularly vulnerable prisoners, spent their first night in poor conditions.
- The induction programme was good for mainstream prisoners but there were gaps in the delivery of induction to vulnerable prisoners.

## **Encouraging positive behaviour**

- 67% of respondents to our survey said that they had previously felt unsafe in the prison which was worse than the previous inspection. Nearly a third said they felt unsafe at the time of our inspection.
- The number of violent incidents had increased significantly since the last inspection and was very high. Levels of violence were higher than at other local prisons. Many incidents were serious and involved the use of weapons.
- Important elements of the violence reduction strategy had not been implemented effectively.
- The zero-tolerance policy was overly focused on the punitive aspects of IEP rather than the encouragement of positive behaviour through rewards and praise.
- The prison had recently introduced a casework approach to manage and change poor behaviour. Key workers had started to develop behaviour improvement and progression plans for perpetrators but this had not yet been rolled out to all of the most challenging prisoners.

# **Adjudications**

 The number of adjudications was far higher than at the last inspection and at similar prisons, and reflected the high levels of violence and related issues. The process was generally fair and well monitored.

### **Use of Force**

- The number of incidents involving the use of force had risen and was very high.
- The special accommodation cell was austere and its use was ungoverned.
- Governance of use of force was inadequate and did not provide assurance that force was always used appropriately.

## Segregation

- Most of the cells on the segregation unit were being refurbished and staff were left with only one prisoner to supervise. Despite this, the prisoner had been placed in a dirty cell and was offered an unnecessarily poor regime.
- We were concerned to find prisoners segregated on landing C1 without proper authorisation or appropriate safeguards.

## Security

- Links between the security and the violence reduction teams had improved and were good. There were also excellent links with local police.
- The flow of intelligence was good and systems for processing and analysing data were robust.
- Broken glass and furniture around the site presented a significant risk but seemed to go unnoticed by staff.
- We observed some poor supervision of prisoners on wings.
- A new drug strategy document and supply reduction action plan was in place. Despite this, the use of new psychoactive substances (NPS) remained a significant problem.
- The mandatory drug testing positive rate, including NPS, was high at 23%.

# Suicide and self-harm prevention

- There had been 6 self-inflicted deaths since the previous inspection and the prison had implemented most PPO recommendations but more remains to be done.
- There was evidence to suggest that a lack of activity, poor conditions and high levels of drug use and violence contributed to high levels of self-harm.
- The quality of ACCT case management reviews was better than we normally see but the delivery of care was inconsistent and we found examples of poor care for some prisoners in crisis.
- There were some positive initiatives including the prison's log of triggers and the weekly complex case meetings.
- Use of the special cell for prisoners on constant watch was inappropriate.

## 2. Respect

Relationships were generally good. However, there was a lack of care for a significant minority of prisoners and widespread tolerance of poor conditions. The new keyworker scheme was promising. Too many areas of the prison were dirty and in disrepair. In cell telephones were greatly valued. Cell bells frequently went unanswered for long periods of time. The quality and quantity of food was reasonable. Peer support was reasonably good. Leadership in equalities work was weak and not enough was done to identify and meet the needs of prisoners with protected characteristics. The chaplaincy team provided an excellent service to the establishment. Health services had improved and were mostly good.

Outcomes for prisoners are not sufficiently good against this healthy prison test.

## **Staff-prisoner relationships**

- There were many examples of positive and respectful engagement between prisoners and staff from across all disciplines. However, some staff on residential units lacked sufficient empathy or care for prisoners. There was a widespread tolerance of some poor conditions for prisoners which went unnoticed or unchallenged.
- The keyworker scheme was relatively new but very promising. Some of the cases we examined demonstrated good interaction, insight, and record keeping.
- The most complex and challenging prisoners had not been prioritised for keyworker contact despite having the greatest need.

### Daily life

- Too many communal areas were dirty and much of the site was in disrepair. There was
  an extensive list of outstanding maintenance work which hindered efforts to improve
  living conditions. The introduction of prisoner painting parties was helpful and further
  opportunities to employ prisoners to carry out minor repairs was being considered.
- Too many cells were cramped, dirty and often poorly furnished and equipped.
- The introduction of in cell telephony was greatly valued by prisoners.
- Access to shower areas was better than at the last inspection.
- We were deeply concerned by the number of cell bells that were blatantly ignored for long periods of time.

#### **Residential services**

- Only a third of prisoners said they had enough to eat at meal times. The portion sizes and quality we observed during the inspection were reasonable.
- Breakfast was a more substantial meal than in many prisons and meals were served at appropriate times at lunchtime and in the evening.
- There was no opportunity to dine communally, even on the enhanced wing.

## Prisoner consultation, applications and redress

- Consultation with prisoners was not sufficiently frequent or effective.
- Peer support and mentoring opportunities were available to a small number of prisoners, and was reasonably good.
- Responses to applications were not tracked so we were not confident that they had been dealt with adequately.
- Timeliness of complaint responses had improved in the last two months. The quality of responses varied from helpful to evidencing only superficial enquiry into the issue raised.

## **Equality, Diversity and Faith**

- Leadership of equality and diversity had not improved and was weak. Attendance at committee meetings was limited and prisoners did not attend.
- The analysis of monthly data was superficial and tended to be descriptive.
- Most DIRFs were investigated adequately, but we found cases where the standard of inquiry was incomplete and lacked rigour.
- Focus groups designed for prisoners from minority groups were generic and only held intermittently. This limited greatly the opportunity prisoners had to express their diverse needs.
- No work had been carried out to try and understand the continuing negative perceptions of disabled prisoners.
- We were concerned about the lack of formal provision to meet the needs of foreign national prisoners, particularly those that did not speak English.
- There was a lack of understanding about the distinctive needs of younger prisoners.
- The chaplaincy team had a high profile within the prison and provided excellent pastoral and spiritual support to prisoners.

### Health, wellbeing and social care

- Health services had improved and were mostly good.
- Most aspects of governance were good, but staffing shortages continued to restrict service development. Systems to review and learn from deaths in custody were strong. There was a backlog of investigations into other incidents, but this was being addressed.
- The demand for mental health services was high and the small team was providing responsive and good services.
- Substance use service provision was good, but prisoners on B wing had inadequate access to group interventions.
- Primary care and dental services had improved and were generally good.
- Social care support including the social care unit was impressive.
- Pharmacy services were reasonably good.
- The primary care discharge planning clinics were an excellent innovation and overall the pre-release and transfer planning was good.

# 3. Purposeful activity

Although it had improved since the last inspection, too many prisoners were locked up during the core day. The provision of library services was good. There had been improvements to the management of learning and skills in the few months before the inspection; but it still required improvement. Although there was sufficient purposeful activity for all prisoners, too few attended their allocated session. The prison did not offer sufficient provision in English and mathematics. The quality of learning and skills and work required improvement in a number of areas. Prisoners who did attend activities were motivated, well behaved and achieved well.

Outcomes for prisoners are not sufficiently good against this healthy prison test.

#### Time out of cell

- We found around a third of prisoners locked in their cells during the working day which, although not good enough, was an improvement on the last inspection.
- Time out of cell was adequate for prisoners who worked full or part time, but poor for prisoners who were unemployed, particularly those on basic. We also observed regime slippage at various points during the core day.
- The regime was predictable and included evening association during the week which again demonstrated an improvement in this area.

## **Library and PE**

- The library stocked a wide range of material and was well-run by very enthusiastic and committed staff and a good orderly.
- There was a strong emphasis on encouraging prisoners to use the facility and access was good.
- There were numerous sources of help for prisoners who needed assistance with their literacy.
- Staffing levels in the gym had improved and there was now better provision for those who wouldn't traditionally use the gym. However, only 36% of all prisoners said they attended two or more sessions a week.
- The sports hall floor had been repaired but poor conditions in the showers had deteriorated further.

#### Education, skills and work activity

## Effectiveness of leadership and management of learning and skills and work activities

- Following a period of significant staffing issues in the prison that led to the curtailment of the regime, improvements had been made over the last few months. Weston College offered a good provision and prison staff allocated most prisoners swiftly to courses or activities.
- Despite improvements, managers had not ensured that all prisoners attended their lessons and activities regularly and on time.
- The prison did not offer sufficient provision in English and mathematics to meet the need.
   Foreign national prisoners did not have suitable support to develop their speaking skills in English.
- The prison had sufficient activities for most prisoners, although too much prison work was mundane. Consequently, too many prisoners on prison work did not develop a sufficient range of useful practical skills to help them on release.
- Vulnerable prisoners did not have access to a sufficient range of activities.

 Advice and guidance about the suitability of courses and activities were not good enough and links with employers to help prisoners with resettlement were underdeveloped.

# Quality of learning and skills and work activities including teaching, learning and assessment

- Most tutors used a good variety of activities to motivate and interest prisoners. They
  checked what prisoners learnt and ensured they made good progress from their low
  starting points.
- Instructors did not ensure that prisoners developed sufficient new vocational skills in prison contract workshops and too often failed to engage regularly with prisoners to check their understanding and develop their wider employment skills.
- Outside English and mathematic lessons, prisoners did not receive sufficient support to improve their English and mathematics.

## Personal development and behaviour

- The prisoners who attended regularly and on time were motivated and demonstrated good work ethics. They behaved well and showed respect to peers and staff.
- Prisoners were proud of what they achieved and produced.
- Many prisoners did not recognise the value of improving their English and mathematics because they did not receive effective advice and guidance. They did not develop relevant skills in using computers to prepare them better for employment and life in the community.

## Outcomes for prisoners engaged in learning, skills, and work activities

- Most prisoners who did attend education achieved their qualifications.
- Instructors in prison work did not define and record the skills that prisoners gained which
  meant that prisoners did not know if they had developed the skills they needed to help
  them in their resettlement.

# 4. Rehabilitation and release planning

Children and families work was good. Strategic management of rehabilitation and resettlement was reasonably good. The CRC was now well established and integration between the key departments had improved since the last inspection. Contact with prisoners and the management of HDC had also improved. Category B sex offenders were now promptly transferred to an appropriate establishment. There was some good casework with high risk prisoners but weaknesses in the IRMT meeting presented some risk. Release planning was reasonably good but too many prisoners were released without settled accommodation to go to.

Outcomes for prisoners are reasonably good against this healthy prison test.

#### Children, families and contact with the outside world

- Choices Consultancy Services continued to provide excellent support to families and prisoners.
- The establishment offered popular family days and the library facilitated Storybook Dads.
- The visits hall was noisy but the atmosphere was reasonably relaxed.
- Visitors we spoke to were quite content about the way they were treated.

# Reducing risk, rehabilitation and progression

- There was a comprehensive policy for reducing reoffending overseen by a well- attended strategic meeting. The offender management policy needed updating to reflect the introduction of the Offender Management in Custody (OMIC) system.
- As at the last inspection the needs analysis used lacked objective data but a research project had been commissioned to provide better analysis.
- The CRC was now well established and communication between them, the OMU and other prison departments had improved.
- Contact with prisoners by offender supervisors, the CRC provider and the new key workers, to address resettlement needs, had improved and was prompt and sufficient in most cases.
- Most prisoners stayed at Exeter for short periods before transfer to suitable prisons closer to their home areas. They were transferred without an OASYS assessment which was consistent with the new arrangements.
- Home Detention Curfew management had improved and was good with most eligible prisoners being released on time.

# Categorisation

 The onward transfer of Category B sex offenders which had been problematic at our last inspection was now well managed. Offender supervisors worked hard to organise transfers for a small number of other Category B prisoners who had been difficult to move on.

#### **ISP**

 Management of the small number of indeterminate sentence prisoners was appropriately focussed on their progression.

#### **Public Protection**

- Assessments of risk of harm and casework with high-risk prisoners were mostly good.
- Referrals to the IRMT were not systematic, meetings were not sufficiently action focussed and release arrangements for high-risk prisoners were not reviewed.

#### Interventions

- Useful individual work helped prisoners to progress and some groupwork addressing violent behaviour and resettlement skills was offered.
- Too many prisoners were released without sustainable accommodation.
- The prison offered good specialist advice and links to ongoing support for those who would be homeless.
- There was no specialist advice on finance problems and support was limited to sign posting. Prisoners could open bank accounts.

## Release planning

- All prisoners had a resettlement plan prepared with the CRC and this was supported for some through contact with their keyworker.
- Plans for further support on the day of release to help prisoners navigate the community services they would require were well progressed.
- Good through the gate services were provided through PACT, community chaplaincy mentors and some additional support was available from a local housing charity.