

Report on an unannounced inspection of

# **HMP The Mount**

by HM Chief Inspector of Prisons

**30 April–18 May 2018**

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



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# Contents

Introduction	5
Fact page	7
About this inspection and report	9
Summary	11
Section 1. Safety	21
Section 2. Respect	29
Section 3. Purposeful activity	43
Section 4. Rehabilitation and release planning	51
Section 5. Summary of recommendations and good practice	57
Section 6. Appendices	63
Appendix I: Inspection team	63
Appendix II: Progress on recommendations from the last report	65
Appendix III: Prison population profile	73
Appendix IV: Prisoner survey methodology and results	77

### **Glossary of terms**

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

# Introduction

HMP The Mount in Hertfordshire is a category C training and resettlement prison with capacity for about 1,000 men. Opened in the late 1980s, it is a relatively modern facility which has been added to in the intervening years, leaving the prison with an eclectic mix of accommodation. All those held were convicted and the clear majority were serving long sentences for serious offences, many related to violence and drugs. Some 97% of men were serving more than four years in prison, with a third of men serving more than 10 years. Over 130 of those held were serving indeterminate sentences, including life sentences.

At our last inspection of The Mount in 2015, we reported on a successful prison that was ensuring reasonable outcomes across all four of our tests of a healthy prison. This inspection, in contrast, evidenced very significant deterioration. Outcomes in safety and respect we judged to be insufficient; in purposeful activity and rehabilitation and release planning they were even worse and received our lowest assessment of 'poor'. Based on the evidence available, and from the commentary of many we met, including managers, it is probable that had we inspected just a few months earlier, our assessments would have been worse still. It was clear the prison had experienced serious difficulties in recent times, although there was emergent evidence of some improvement.

Much more needed to be done to improve safety. Reception arrangements were partial with weaknesses in the prison's approach to the systematic identification of risk or vulnerability for those newly arrived. A prisoner-led induction was adequate but needed better oversight. Levels of violence were comparatively high and mostly related to drugs and debt. A significant amount of the violence was serious and nearly half of prisoners told us they had felt unsafe while in The Mount.

Work to reduce violence was, however, very mixed. Support for vulnerable and self-isolating prisoners was developing and there was an enthusiastic, if short staffed, violence reduction team in place. Some restorative justice work aimed at perpetrators and victims of violence was encouraging and the weekly violence prevention forum considered a wide range of useful information, although to limited effect. Policies needed updating, investigations needed to be more thorough and initiatives to reduce violence needed to be applied with greater consistency.

The segregation unit was usually full and, while staff cared for those held well, the regime was minimal and governance weak. Many of those segregated were seeking sanctuary and over half left the unit on transfer. Reintegration arrangements were limited. Arrangements for the management of formal disciplinary procedures required improvement.

Force was used more frequently and more often than at similar prisons. Again, governance and arrangements for accountability were seriously lacking. Simple measures such as switching on body-worn cameras were not complied with. The use of special accommodation was similarly higher than in comparable prisons and oversight too was not robust. Security arrangements were broadly proportionate, except for drug supply reduction work and the follow-up to intelligence. Less than half of required intelligence-led searches were completed and most suspicion drug tests were missed. Mandatory drug testing indicated that nearly a third of prisoners were using illegal drugs, a fact that was critically undermining the ability of the prison to remain safe or achieve its main purpose.

Tragically, there had been four self-inflicted deaths since we last inspected, but we were reassured that most recommendations made by the Prisons and Probation Ombudsman (PPO) following their investigations were being followed. An exception was an ongoing inability to ensure that cell call bells were answered promptly, a matter that needed to be fixed without further delay. Self-harm had also increased but remained lower than in comparable prisons. Generally, the care offered to men in crisis was good and the prison was looking to develop facilities that further supported well-being and care for the vulnerable.

There was evidence that since we last inspected staff-prisoner relationships had deteriorated. Only just over half of prisoners felt respected, despite some positive interaction that we observed. The situation had not been helped by staff shortages that were only beginning to be rectified. The prison was not overcrowded, but living conditions were often quite shabby and run down. Outside areas were tidy but plagued by rats. Very few prisoners thought the food was good, with some justification, but consultation, application and complaints arrangements were beginning to improve. The promotion of equality had declined significantly and negative perceptions were common among many with protected characteristics. Equality and the promotion of diversity at The Mount needed to become a greater priority, and is something we highlight in our main recommendations. Health provision was generally good.

Staff shortages were the underlying reason for a restricted regime that had been in place for almost a year. About a fifth of prisoners were locked up during the working day and there was only sufficient full-time activity for about two-thirds of the population. Workshop provision was poor, not enough was done to support English and maths skills and preparation for employment on release was inadequate. Allocation to activities was weak and attendance poor – although behaviour was good – and too few completed qualifications. Our partners in Ofsted judged the overall effectiveness of education, skills and work provision to be ‘inadequate’, their lowest assessment.

Little was done to help prisoners maintain family ties and work to support offender management was severely undermined by staff shortages. About 40% of prisoners had no offender assessment system (OASys) assessment of risks and needs and it was clear to us that this key task was peripheral to the prison’s priorities. Prisoners expressed real and justifiable frustration at their inability to progress through their sentence from The Mount. Public protection and pre-release work was similarly lacking and, for example, about a quarter of those released were immediately homeless.

The evidence we found made very clear to us that The Mount was a prison undergoing significant difficulties. Across a broad range of indicators there had been deterioration in recent years, not helped by crippling staff shortages. There was some encouragement in that new staff would be arriving at the prison within the coming months, and managers were keen to emphasise that they saw the prison as being in recovery and following an improving trajectory. There was emergent evidence to support this view but it would be complacent to presume the prison’s future is secure. The prison was neither safe enough nor sufficiently respectful. In terms of its key mission to train and rehabilitate, it was absolutely failing. Resources are important but they are not the whole picture. There needed to be some deep and joined-up thinking at The Mount about priorities, purpose and how improvement is to be implemented and sustained.

**Peter Clarke CVO OBE QPM**  
HM Chief Inspector of Prisons

July 2018

# Fact page

## Task of the establishment

Male adult category C training and resettlement prison

## Certified normal accommodation and operational capacity

Prisoners held at the time of inspection: 978

Baseline certified normal capacity: 1,008

In-use certified normal capacity: 1,008

Operational capacity: 1,028

## Notable features from this inspection

*71% of prisoners were under 40.*

*223 prisoners were receiving psychosocial interventions for drug problems*

*88% of intelligence-led drug tests commissioned had not taken place*

*1,412 disciplinary charges had been brought against prisoners in the previous six months.*

*55% of prisoners surveyed said that most staff treated them with respect.*

*No prisoners had identified themselves as gay or bisexual.*

*Average attendance in education classes in the previous nine months had been five.*

*40% of prisoners had no offender assessment system (OASys) assessment of risks and needs.*

## Prison status (public or private) and key providers

Public

Physical health provider: Hertfordshire Community NHS Trust

Mental health provider: Hertfordshire Partnership University NHS Foundation Trust

Substance misuse provider: Forward Trust

Learning and skills provider: People Plus

Community rehabilitation company (CRC): The Bedfordshire, Northamptonshire, Cambridgeshire and Hertfordshire CRC (BeNCH CRC)

Escort contractor: Serco

## Region

Hertfordshire, Essex and Suffolk group

## Brief history

The Mount opened in 1987 as a young offender institution. It changed to a category C training prison in 1989 and the large Nash wing was added in 2015. It is now a training and resettlement prison.

## Short description of residential units

The Annexe – a ‘super-enhanced’ wing, cell doors never locked. 36 prisoners

Brister – Induction wing holding 110 prisoners

Dixon – Enhanced wing holding 120 prisoners

Ellis – Standard wing holding 117 prisoners

Howard – Enhanced wing holding 110 prisoners

Lakes – Well-being unit for men needing support, including substance misuse

Narey – Older prisoner wing (over-50s) holding 60 prisoners

Nash – Standard wing holding 250 prisoners

**Name of governor and date in post**

Kevin Leggett, in post since May 2016

**Independent Monitoring Board chair**

Jeff Richardson

**Date of last inspection**

7 – 17 April 2015

# 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.

**Rehabilitation and release planning** Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release into the community.

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

- **Outcomes for prisoners are good.**

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

- **Outcomes for prisoners are reasonably good.**

There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

- **Outcomes for prisoners are not sufficiently good.**

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

- **Outcomes for prisoners are poor.**  
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.
- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
  - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous 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 and conditions for men in prisons (Version 5, 2017)*.<sup>1</sup> 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 the appendices.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in the final appendix of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.<sup>2</sup>

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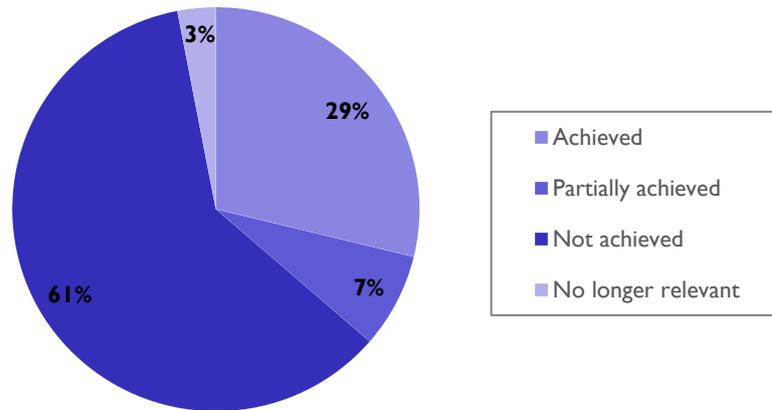
<sup>1</sup> <https://www.justiceinspectorates.gov.uk/hmiprison/our-expectations/prison-expectations/>

<sup>2</sup> 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

- S1 We last inspected HMP The Mount in 2015 and made 66 recommendations overall. The prison fully accepted 54 of the recommendations and partially (or subject to resources) accepted five. It rejected seven of the recommendations.
- S2 At this follow-up inspection we found that the prison had achieved 19 of those recommendations, partially achieved five recommendations and not achieved 40 recommendations. Two recommendations were no longer relevant.

Figure 1: HMP The Mount progress on recommendations from last inspection (n=66)



- S3 Since our last inspection outcomes for prisoners declined in all healthy prison areas. Outcomes were not sufficiently good in safety and respect, and were poor in purposeful activity and rehabilitation and release planning.

Figure 2: HMP The Mount healthy prison outcomes 2015 and 2018<sup>3</sup>



<sup>3</sup> Please note that the criteria assessed under each healthy prison area were amended in September 2017. Healthy prison outcomes reflect the expectations in place at the time of each inspection.

## Safety

**S4** Reception peer support was good, but first night interviews to identify risk and vulnerability were not consistent. Levels of violence were relatively high and systems to manage perpetrators and victims were underdeveloped. Use of force had increased. Governance of both force and segregation was poor. Segregation staff related well to prisoners in their care, but reintegration planning was underdeveloped. Security was generally proportionate, but drugs supply reduction work was weak. Most recommendations from the Prisons and Probation Ombudsman following deaths in custody had been met. Levels of self-harm were lower than in similar prisons and ACCT<sup>4</sup> processes were good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.**

**S5** At the last inspection in 2015, we found that outcomes for prisoners in HMP The Mount were reasonably good against this healthy prison test. We made 22 recommendations in the area of safety.<sup>5</sup> At this inspection we found that eight of the recommendations had been achieved, two had been partially achieved, 10 had not been achieved and two were no longer relevant.

**S6** Escort vehicles were reasonably clean and free of graffiti. Information-sharing between escort and reception staff was effective. The reception department was small and functional. Insiders<sup>6</sup> and Listeners<sup>7</sup> provided useful peer support to new arrivals. No reception or routine first night interviews were undertaken to encourage disclosure of vulnerabilities and risks, or to help address any immediate needs. Managers were unaware that these interviews were not taking place. First night welfare checks took place. The prisoner-led induction was reasonably comprehensive but the information provided was not always up to date or accurate, and there was a lack of staff oversight of the process.

**S7** Levels of violence were higher than in other prisons, and about a quarter of incidents were serious. In our survey, nearly half the prisoners told us that they had felt unsafe at some point and most said they would not report bullying or victimisation. Investigations into violent incidents were mostly adequate, but unexplained injuries were not systematically investigated. Support for perpetrators and victims was limited and inconsistent. The violence prevention forum considered a wide range of information but actions were not sufficiently broad or systematically implemented. Too little had been done to understand prisoners' perceptions of safety. Belong, a restorative justice charity, did some very good work with a small number of men.

**S8** Adjudication records demonstrated a lack of enquiry and, in some cases, decisions based on poor evidence. The adjudication holding room was dirty and in poor condition with graffiti on the walls, and some prisoners had to wait in locked special accommodation cells. Adjudication standardisation meetings took place quarterly but actions were not always followed up.

**S9** Communal areas in the segregation unit were generally clean but window grilles were dirty and full of rubbish. Relationships between staff and prisoners on the unit were good. Much segregation paperwork was incomplete and reviews were not always completed on time. Reintegration planning was underdeveloped and half the prisoners who left the unit were transferred to another establishment. Prisoners with serious mental health conditions had been held in the unit. While they were managed well in the circumstances, segregation was

<sup>4</sup> Assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm.

<sup>5</sup> This included recommendations about substance use treatment, which in our updated Expectations (Version 5, 2017) now appear under the healthy prison area of respect.

<sup>6</sup> Prisoners who introduce new arrivals to prison life.

<sup>7</sup> Prisoners trained by the Samaritans to provide confidential, emotional support to fellow prisoners.

not an appropriate location for men with substantial health needs, and they should have been transferred to prisons with inpatient units.

- S10 The use of force was higher than in similar prisons. Managers had not ensured accountable and proportionate use of force. A significant amount of paperwork was missing, including statements from officers and health care staff. Many use of force reports were not detailed enough. There were no recordings at all of planned uses of force. Body-worn cameras were not routinely turned on. We identified an incident of suspected inappropriate use of force from the little footage available; it had not been identified by managers. There was no routine scrutiny of the use of force. A use of force committee had only been re-established in January 2018, after seven months in abeyance, and had had little useful impact to date. The use of special accommodation was high and the average length of stay was long. Completed records suggested some unjustified use, but some paperwork was not completed at all.
- S11 Security was broadly proportionate. The volume of intelligence reports was good but there was a significant backlog in analysis. While finds and positive rates for the actions taken were good, over half the target searches and 88% of suspicion tests had not taken place over the previous six months, indicating particularly poor leadership of this area. In our survey, half the prisoners said it was easy to get illegal drugs. Supply reduction work was weak and not embedded within a wider drug strategy. The proportion of positive mandatory drug tests was high, at 32% including NPS<sup>8</sup>. Security netting that provided some protection against packages thrown into the prison had been damaged in the winter but was still not fully repaired.
- S12 There had been an increase in self-harm incidents to 121 in the previous six months, although this was lower than at other category C prisons. There had been four self-inflicted deaths since the previous inspection. Most Prisons and Probation Ombudsmen recommendations had been addressed but emergency call bells were still not always being answered promptly. After a period with not enough Listeners, there was now a regular service, but a long-planned Listener suite was not yet ready for use. ACCTs generally demonstrated good care for those at risk of self-harm. Care maps were especially well used. Case reviews were in most cases multidisciplinary, and consistency of case managers was improving. The new health and well-being unit was a good initiative and the number of prisoners self-isolating had reduced considerably. However, the unit was not a consistently supportive or calm environment and had yet to fulfil its potential. There was now good liaison with the Hertfordshire Safeguarding Adults Board.

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<sup>8</sup> NPS generally refers to synthetic cannabinoids, a growing number of man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporised and inhaled in e-cigarettes and other devices.

## Respect

**S13** *Relationships between staff and prisoners had deteriorated since our previous inspection. Staffing levels and experience remained a significant challenge. Living conditions varied considerably. Most cells were in reasonable condition but communal areas had deteriorated. The food was low quality and meal times were very early. Consultation had recently improved. Weaknesses in the applications and complaints systems were being addressed. Equality and diversity work was poor. Faith provision was good. Health services were good overall, but primary mental health services were underdeveloped. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

**S14** *At the last inspection in 2015, we found that outcomes for prisoners in HMP The Mount were reasonably good against this healthy prison test. We made 27 recommendations in the area of respect. At this inspection we found that 11 of the recommendations had been achieved, two had been partially achieved and 14 had not been achieved.*

**S15** In our survey, only 55% of prisoners said that most staff treated them with respect, which was fewer than at our previous inspection and at similar prisons. We saw some positive interactions between prisoners and staff, including calm responses from staff to frustrated prisoners. However, too few officers were visible on units and many were inexperienced and did not have the confidence of prisoners.

**S16** The prison was not overcrowded. More prisoners than in similar prisons had a single cell and most cells were in reasonable condition. However, the overall standard of prisoners' living conditions had declined and it had taken far too long for managers to address persistent problems. Many communal areas were shabby and some units lacked natural light and felt claustrophobic. Some efforts to improve conditions, such as painting and cleaning, had been very recent. Outside areas were attractive but rat infested, and there was still too much litter around some units. There were persistent problems with the hot water supply and legitimate complaints about bedding and clothing exchange had only recently been addressed by managers. Prisoners faced lengthy delays in obtaining property from reception.

**S17** In our survey, only 18% of prisoners said that the food was good, and the food we tasted was unappetising. Meals were served much too early: we saw prisoners collecting their lunch at 10.55am. The modern kitchen was a good facility but too much equipment was out of order and the bakery was not fully used. It was positive that enhanced prisoners could prepare their own food, but food preparation and storage facilities were not supervised well enough to ensure safety and hygiene.

**S18** Consultation arrangements had recently improved and were reasonably good, and included a newly formed prisoner council. The effectiveness and speed of the applications system had been poor. Prisoner information desks had been set up to help improve matters but it was too early to judge their success. The number of complaints was high. The timeliness of responses was improving but too many were delayed, affecting confidence in the system. Overall quality was reasonable. In our survey, two-thirds of prisoners said that privileged correspondence had been opened and we received many complaints during the inspection. This was not reflected in the prison's own data and required further investigation in consultation with prisoners.

**S19** Equality work had suffered from a lack of management focus and had declined markedly since the previous inspection. There was no equality officer and, apart from a brief effort at the beginning of the year, there had been no equality monitoring. There was a good number of equality representatives but they had inadequate support, supervision and guidance.

Responses to discrimination incident reports were undermined in almost all cases by a failure to speak to the complainant, and there was no investigation of possible underlying patterns.

- S20 About 40% of prisoners were from black or Asian backgrounds, and about 30% identified as Muslim. In our survey, both groups responded negatively on a wide range of issues. Muslims had been found by a temporary consultant to be over-represented on basic regime level during the first six months of 2017, but there had been no follow up and no subsequent figures were available. There was a policy on foreign national prisoners and two meetings had been held in recent months, but there was no foreign national officer at the time of inspection. Immigration enforcement staff continued to give a good service. Provision for people with disabilities was reasonable, and there was an active prisoner representative, but staff support was inadequate and there was very little awareness among staff of emergency evacuation plans. No prisoners had identified themselves as gay or bisexual, and nothing had been done to address the fact that they may have felt unsafe to disclose.
- S21 The chaplaincy covered almost all faiths and was very active in supporting prisoners, including those on ACCTs. Most chaplaincy groups and courses had been suspended as a result of the limited regime, but were shortly to restart.
- S22 Health provision was generally good, but there was not enough support for prisoners with less acute mental health needs. Partnership working and governance arrangements were mostly effective, although there was a lack of integration between primary and secondary mental health services. Responses to medical emergencies had been improved through some innovative practices. Cancellations of outside appointments had decreased but were still a significant problem. There was a good multidisciplinary approach to pain management. The health care team offered a good range of primary care and screening programmes. Prisoner health and well-being champions helped prisoners to engage with health services and provided good basic well-being support. There was good governance of the service. The management of medicines had improved and was now good. Dental provision was good. Waiting times had reduced but were still too long. Clinical and psychosocial substance misuse services were very good.

## Purposeful activity

**S23** *Time out of cell was poor and unacceptable for a training prison. Library and gym resources were good, but access to the library was poor. There was too little meaningful activity and only enough full-time equivalent places for fewer than two-thirds of the population. Many of those places were not being used. Attendance at activities was poor and few prisoners were completing courses or achieving qualifications. **Outcomes for prisoners were poor against this healthy prison test.***

**S24** *At the last inspection in 2015, we found that outcomes for prisoners in HMP The Mount were reasonably good against this healthy prison test. We made eight recommendations in the area of purposeful activity. At this inspection we found that none of the recommendations had been achieved, one had been partially achieved and seven had not been achieved.*

**S25** The regime was too restricted for a category C training prison. A limited regime had been in place since the summer of 2017 as a result of staff shortages and instability. An average of 20% of prisoners were locked in their cells during the working day during our spot checks. Unemployed prisoners could spend 21 hours locked in their cell and the weekend regime was very poor for all prisoners. Some exercise yards were not fit for purpose, and for many months prisoners on some units had not had regular outside exercise. The library had a

- good range of resources, but access was limited and use was low. Most prisoners could use the gym regularly but there was limited provision for those requiring remedial gym, and few accredited courses.
- S26 There was some good partnership working between the prison and the education provider. Managers had achieved some improvements and made good use of data. The self-assessment report was accurate and had led to a good improvement action plan. There was good monitoring of the quality of teaching and learning in education. The restricted regime had severely limited prisoners' access to activities.
- S27 There were only enough full-time equivalent spaces for two-thirds of the population. While part-time activity was in theory available for almost all prisoners, enrolments on accredited courses had declined sharply. Allocation to activities took insufficient account of prisoners' needs and aspirations. Information on attendance was not always passed to the allocations unit and places on courses often remained unfilled. The prison did not do enough to ensure that prisoners with weak English and mathematics skills were encouraged to improve them.
- S28 Prison workshop provision was poor. The new industries manager had developed plans to introduce accreditation and skills development, but these were yet to be implemented. Attendance was poor in nearly all areas and procedures for managing attendance were not robust.
- S29 Preparation for employment after release was inadequate. There were some good initiatives but they were not co-ordinated and many prisoners approaching release did not receive adequate support. The virtual campus was not used. There was no careers service or Jobcentre Plus provision. Links to employers were inadequate. The prison had not received data on the job outcomes achieved by prisoners after release.
- S30 Teaching staff were well qualified and much teaching was good. Feedback on written work was supportive and encouraging, but did not always make it clear how learners could improve. Teaching plans did not always reflect individual needs, for example by providing additional activities for more able learners. There was good support for the high number of Open University students. Industry areas were well resourced and met industry standards, but there was poor provision of personal protective equipment for prisoners in some workshops. Learning development plans were in place but did not always record enough detail about what prisoners needed to do.
- S31 Prisoners' behaviour in classes and workshops was very good, and there was mutual respect between prisoners and staff. Prisoner mentors were enthusiastic and worked well with teachers and learners. Punctuality and attendance were poor. Prisoners approaching release did not receive enough support to help them gain employment.
- S32 Very few prisoners were enabled to obtain qualifications. Few prisoners had completed vocational training courses although, where they had, pass rates were generally good. Pass rates were generally good in English, mathematics and English for speakers of other languages. Workers in gardens and kitchen produced good results and were working towards accredited qualifications. Outcomes on the Prison Information and Communications Technology Academy courses required improvement.

## Rehabilitation and release planning

**S33** *There was very little work to help prisoners maintain links with their families. Visits provision was adequate. The offender management unit was under-resourced and the lack of a whole-prison commitment to rehabilitation and release planning had severely undermined outcomes for prisoners. There was a very large offender assessment system (OASys)<sup>9</sup> assessment backlog, including for higher risk prisoners. Along with a lack of programmes, this seriously affected prisoner progression. Prisoners assessed as low and medium risk had very little support. The timeliness of home detention curfew had improved considerably. Some aspects of public protection procedures were weak. Pre-release work was not good enough. About a quarter of prisoners were released homeless.*  
**Outcomes for prisoners were poor against this healthy prison test.**

**S34** *At the last inspection in 2015, we found that outcomes for prisoners in HMP The Mount were reasonably good against this healthy prison test. We made nine recommendations in the area of resettlement.<sup>10</sup> At this inspection we found that none of the recommendations had been achieved, none had been partially achieved and nine had not been achieved.*

**S35** In our survey, only 15% of prisoners said that staff had encouraged them to keep in touch with their families. There was little work with families other than through the education department and the Forward Trust, which worked with men who had substance misuse problems. Until recently, visits had routinely started late, but this was now improving. The main concern of visitors was the difficulty of booking visits over the phone. The visits hall and visitors' centre had become shabby and outdated, though refurbishment was scheduled. Mail and email processing had improved, but too many prisoners complained that both had been delayed. Reduced access to telephones, especially in the evening, was one of the most resented aspects of the restricted regime.

**S36** The effective implementation of offender management and related activities was significantly undermined by the lack of staff. Only three probation and two prison officer offender supervisors were in post out of a total complement of 14. Uniformed staff were regularly redeployed by managers and there was an evident lack of a whole prison approach to rehabilitation and release planning. There were no regular reducing reoffending meetings nor a clear local offender management policy.

**S37** Around 40% of all prisoners had no OASys or one that was out of date, including 88 high-risk prisoners. Some of these were over three years out of date. There had been attempts to prioritise work effectively and manage the limited resource. All indeterminate prisoners were allocated to probation staff and many were seen regularly, especially those beyond tariff and/or due to be reviewed by the Parole Board. For the rest, there was very little contact with the offender management unit.

**S38** Many prisoners had expressed great frustration at their inability to progress from The Mount and their concerns were usually justified. In some cases, prisoners were unable to progress because of outstanding offending behaviour work, yet programmes and courses available were very limited. In 2017 to 2018 only 29 of the 91 scheduled places on accredited offending behaviour programmes were delivered, mainly because of staff shortages and diminished regimes. There were no longer significant delays in undertaking recategorisation reviews but we found inconsistencies in several cases that we reviewed. Recent changes in

<sup>9</sup> Offender assessment system for both prisons and probation, providing a framework for assessing the likelihood of reoffending and the risk of harm to others

<sup>10</sup> This included recommendations about reintegration planning for drugs and alcohol and reintegration issues for education, skills and work, which in our updated Expectations (Version 5, 2017) now appear under the healthy prison areas of respect and purposeful activity respectively.

home detention curfew procedures appeared to have had a positive impact on progressing cases.

- S39 The monthly interdepartmental risk management meeting was poorly attended. Some cases were not reviewed frequently enough and tripartite pre-release meetings between the prisoner, community responsible officer and offender management representative could no longer be facilitated. The management of men subject to child protection restrictions or restraining orders was adequate. However, attendance at the interdepartmental risk management team meeting was poor and we came across a number of high risk men whose cases had not been reviewed. The quality of prison-based risk assessments for those men subject to multi-agency public protection arrangements (MAPPA) varied significantly.
- S40 While reasonable attempts were made to find accommodation for release, over a quarter of prisoners left The Mount homeless. Most prisoners had appointments for housing support to go to on release, but outcomes were not routinely followed up. It was therefore difficult to know how effective this service was. Some basic finance, benefit and debt advice and support were available.
- S41 The quality of resettlement plans varied and the lack of offending behaviour programmes and support for release planning undermined efforts to prepare prisoners for release. Most prisoners had a resettlement plan, but it was not well integrated with all partner agencies across the prison.

## Main concerns and recommendations

- S42 **Concern:** The number of violent incidents was high and safer custody work was weak. Not enough was done to understand, address and tackle victimisation. Unexplained injuries were not systematically investigated. Not all violent incidents were properly investigated. Support for victims and monitoring of perpetrators were limited.

**Recommendation: An effective violence reduction strategy should be implemented. It should include ongoing prisoner consultation, thorough investigation of violence, antisocial behaviour and unexplained injuries, systematic challenge and monitoring of perpetrators, and support for victims.**

- S43 **Concern:** Use of force was high and scrutiny of its use was weak. A significant amount of paperwork required to justify use of force was missing. Planned incidents were not recorded and body-worn cameras were not routinely turned on during spontaneous incidents.

**Recommendation: Managers should ensure that poor accountability and oversight in relation to the use of force is addressed through filming of all planned use of force and routine use of body-worn cameras during spontaneous incidents, systematic scrutiny of video footage, and thorough review of paperwork. Where necessary staff should be challenged and lessons learned.**

- S44 **Concern:** Equality work had declined greatly since the previous inspection, with no obvious ownership of this area by senior managers. Black and minority ethnic and Muslim prisoners responded negatively in a wide range of areas in our survey. Other minority groups were under-identified. There was no current equality monitoring or action to ensure equitable outcomes. There had been no meetings for many months to discuss equality. An action plan had been drawn up, but with no clear objectives, dates or allocation of responsibilities.

**Recommendation: The distinct needs of prisoners with protected characteristics should be identified and systematically addressed. In particular, systematic equality monitoring data which cover all key areas of prison life should lead to thorough investigation and action where necessary.**

- S45 **Concern:** Staff shortages and insufficient activity spaces were having a severely detrimental impact on outcomes for prisoners. Prisoners were increasingly frustrated by a predictable but restrictive regime, inhibiting their ability to progress constructively in custody. They were locked up for significant periods of the day, particularly at weekends, and many were unable to work full time, or have regular exercise or association periods.

**Recommendation: All prisoners should have the opportunity to participate in a full, purposeful and predictable regime, including association and exercise. Managers should ensure that the prison has sufficient staff and activity places to achieve this objective.**

- S46 **Concern:** Enrolments on the available accredited courses had declined sharply. Allocation to activities took insufficient account of prisoners' needs and aspirations, and preparation for employment after release was inadequate. There were some good initiatives but they were not co-ordinated and many prisoners approaching release did not receive adequate support.

**Recommendation: Prisoners should be enabled and encouraged to attend activities that meet their assessed education and resettlement needs, and receive coordinated support to enter employment or education and training on release.**

- S47 **Concern:** There was no whole-prison approach to reducing reoffending or to offender management. Many prisoners were very frustrated at the limited sentence progression opportunities. The offender management unit was severely understaffed, and about 40% of prisoners had no OASys.

**Recommendation: The prison should implement a whole-prison approach to offender management and reducing reoffending, which effectively supports prisoners to progress through their sentences. Prisoners should have up-to-date sentence plans and sufficient opportunities to meet their objectives, with support from dedicated staff.**



# Section 1. Safety

**Prisoners, particularly the most vulnerable, are held safely.**

## Early days in custody

### Expected outcomes:

**Prisoners transferring to and from the prison are safe and treated decently. On arrival prisoners are safe and treated with respect. Risks are identified and addressed at reception. Prisoners are supported on their first night. Induction is comprehensive.**

- I.1 Escort vehicles were reasonably clean, and food and water were provided. Prisoners were not handcuffed from vans into reception. Escort and reception staff communicated effectively and important information was shared; for example, escort staff explained that one prisoner had a pacemaker and reception staff decided not to use the metal detector portal.
- I.2 The reception area was adequate. The one holding room was clean, with benches to sit on. Some information was displayed but in English only. The toilet afforded privacy. In our survey, 87% of prisoners said they had been treated well in reception.
- I.3 New arrivals were met by prison Insiders<sup>11</sup> and a Listener<sup>12</sup>, although the latter had only recently started attending reception because of a Listeners, now resolved (see paragraph I.58). In our survey, only 19% of prisoners said they had been able to speak to a Listener before being locked up on their first night. Prisoners could access their property on arrival, but a third (against the comparator of a fifth) reported problems with property being lost or delayed from their originating establishment.
- I.4 We did not observe unduly long waits in reception. Prisoners had a private interview with a member of the health care team but not with prison staff. A short 'handover and concern' form was completed by the latter, but it did not include adequate consideration and recording of risks and vulnerabilities. Reception staff told us that other prisoners were used to interpret where this was necessary. There was no log of the use of professional interpretation in reception and staff could not recollect having used it.
- I.5 We were told by some staff that a first night interview was offered to all prisoners on the induction spur on Brister wing to identify immediate needs. This was not the case. None of the prisoners we followed up after arrival was interviewed, there was no evidence of any such interviews in records and none of the prisoners we spoke to could recall having been interviewed.
- I.6 First night cells were suitably equipped for most prisoners, but we found some that were missing basic items, such as kettles and mirrors. Some first night cells accommodated two prisoners, but none had toilet screening.
- I.7 Most prisoners could take showers and make telephone calls before being locked up for the night, but if they arrived on the unit in the late afternoon, they often missed out. Night staff were aware of new arrivals and additional welfare checks took place during the first night.
- I.8 Induction was delivered in a dedicated room on the day after arrival. The induction session was led by two Insiders, supported by offender management unit (OMU) and peer equality

<sup>11</sup> Prisoners who introduce new arrivals to prison life.

<sup>12</sup> Prisoners trained by the Samaritans to provide confidential, emotional support to fellow prisoners.

representatives, a prison information worker and a health and well-being champion, who were also prisoners.

- I.9** A comprehensive and mostly useful PowerPoint presentation was delivered. The use of prisoner representatives was positive, but no staff were present and there was inadequate oversight of the induction process. Some information in the presentation was outdated and some advice was inappropriate; for example, prisoners were advised to speak to OMU prisoner representatives if they had queries about their sentence plans, which was not a legitimate role for prisoner representatives to undertake.

## Recommendations

- I.10 All newly-arrived prisoners should have a confidential interview as soon as possible on the day of arrival, at which any risks, vulnerabilities or immediate needs are identified and addressed, using professional interpretation when needed.**
- I.11 Staff should oversee the induction process to ensure that accurate and consistent information is provided to all new arrivals.**

## Managing behaviour

### Expected outcomes:

**Prisoners live in a safe, well ordered and motivational environment where their positive behaviour is promoted and rewarded. Unacceptable conduct is dealt with in an objective, fair, proportionate and consistent manner.**

### Encouraging positive behaviour

- I.12** Levels of violence were high for a category C training prison. In the previous six months, there had been 35 assaults on staff, 75 assaults on prisoners and 17 fights. About a quarter of incidents were serious and involved improvised weapons and hospitalisation. Most violence was related to drugs and debts.
- I.13** In our survey, 48% of prisoners said they had felt unsafe at some time at The Mount and 22% felt unsafe at the time of the inspection. A well-being unit had been opened, partly to help prisoners who were at risk of victimisation; it had been effective in reducing the amount of self-isolation but was underdeveloped (see paragraph 1.57). Some prisoners continued to seek refuge in the segregation unit and many felt that their only course of action was a transfer to another prison (see paragraph 1.38). In our survey, 41% of prisoners against the comparator of 29% said they had experienced some form of victimisation from staff (see paragraphs 1.31 and 2.1).
- I.14** A prisoner survey had been carried out by the establishment to understand prisoners' perceptions of safety but elicited only two responses; no further work had been done to understand prisoners' perceptions (see main recommendation S42).
- I.15** Unexplained injuries were not recorded systematically and the establishment did not know how many had been reported in the previous six months. We were told that unexplained injuries were investigated locally when reported and an entry made on the electronic case note of the prisoner. There was no formal procedure to investigate and manage these incidents.

- I.16** The violence reduction strategy was out of date and under review at the time of the inspection. A weekly violence prevention forum considered a wide range of information on prisoners involved in acts of violence but actions were not wide-ranging or systematically implemented and the root cause of the violence was not addressed (see main recommendation S42).
- I.17** The safer custody team was enthusiastic and committed but short staffed. The team met monthly and monitored a wide range of data. Subsequent actions were limited in scope and implementation was inconsistent. Violent incidents were not always thoroughly investigated, but most of those we reviewed were reasonable.
- I.18** 'Belong', a registered restorative justice charity, did very good work with some victims and perpetrators of violence, but demand for their service outstripped the provision. For prisoners unable to engage with the service, the incentives and earned privileges (IEP) scheme and disciplinary procedures were used to manage perpetrators and there was very little support for victims (see main recommendation S42). The prison was preparing to introduce the new national HMPPS behaviour management policy in 2018.
- I.19** At the time of the inspection, 51% of prisoners were on the enhanced level of the IEP scheme, 6% on basic and the remainder on standard. The IEP policy was understood by staff and prisoners we spoke to, although not all enhanced prisoners lived on wings which enabled them to benefit fully from the regime.
- I.20** Reviews for those on basic level contained mostly generic behavioural targets. Electronic case notes that we examined demonstrated positive and negative comments about behaviour. However, prisoners were not always advised when they had been given a negative entry. There were regular management checks of case note entries.

## Recommendation

- I.21** **Formal written warnings under the incentives scheme should be issued to prisoners, together with written information on how to appeal when a prisoner is downgraded.**

## Good practice

- I.22** *Belong, a registered charity, worked with prisoners and staff to support victims and perpetrators of violence through a systematic and well-documented restorative justice approach.*

## Adjudications

- I.23** During the previous six months, there had been 1,412 adjudications, more than at our previous inspection. Many related to antisocial behaviour, the possession of unauthorised items, violence or drugs.
- I.24** A sample of adjudication records that we examined indicated a lack of enquiry in some cases and decision-making based on limited evidence.
- I.25** There was one adjudication holding room which was in a poor condition. It was dirty, with graffiti on the walls, broken furniture and an unscreened toilet. There was no separate holding room for vulnerable prisoners who were inappropriately held in locked special accommodation cells while awaiting their adjudications.

- I.26** Adjudication standardisation meetings took place quarterly but were not attended by all key staff. A wide range of data were considered but not analysed well enough to ensure that the process remained fair and supported discipline in the establishment. Actions were not always followed up. The deputy governor quality assured about 10% of adjudications.

## Recommendations

- I.27** **Adjudication investigations should be thorough and fair and lead to evidence-based decisions. Well attended standardisation meetings should support this objective.**
- I.28** **All prisoners should be held in decent conditions while awaiting adjudication.**

## Use of force

- I.29** Recorded levels of use of force had increased since the previous inspection. During the previous six months, there had been 195 incidents, more than at comparator prisons.
- I.30** Governance of use of force was weak. The use of force committee had only been re-established in January 2018 after seven months in abeyance. Some key representatives did not attend, analysis of data was basic, with no clear outcomes and too many actions rolled over from month to month. Many use of force records were missing, almost half were incomplete and many lacked an injury to prisoner form (see main recommendation S43).
- I.31** Video recording of incidents was much less frequent than at the last inspection and video footage of incidents was not routinely reviewed by managers to learn and disseminate lessons. The establishment could not produce footage of any planned use of force incidents over the previous six months and body-worn cameras were not routinely used by staff (see main recommendation S43). From the little body-worn camera footage available, we identified an incident of inappropriate use of force which had not been identified by managers. Two complaints about inappropriate use of force had been investigated by the deputy governor and were ongoing. Batons had been drawn five times in the previous six months, for legitimate reasons; in these cases, paperwork was completed properly and indicated that actions were proportionate.
- I.32** Prisoners had been held in special accommodation on 17 occasions in the previous six months, which was higher than in other category C training prisons. The average time spent in the cell was 6 hours 50 minutes and the longest stay was 16 hours 15 minutes. Justification for its use was not always fully documented, and in some cases not at all. Some documented uses of the special cell showed that it had been used for too long.

## Recommendation

- I.33** **The special cell should only be used as a last resort and for the shortest possible time. All documentation should be fully completed and scrutinised by managers to ensure legitimate use.**

## Segregation

- I.34** The unit was busy and records showed that it was usually full or nearly full. During the previous six months, 211 prisoners had been segregated which was higher than comparator

prisons. At the time of the inspection, 16 prisoners were on the unit, two of whom had been there for more than 42 days, one for 63 days. All prisoners, including those located for their own protection, were strip-searched on arrival at the unit (see recommendation I.51).

- I.35** Communal areas were clean and well maintained. Cells did not have electricity or screening around the toilet. Grilles outside the cell windows were dirty and full of rubbish. The exercise yard was cage-like and austere.
- I.36** Relationships between staff and prisoners were good and we saw good examples of staff managing prisoners with care and decency. Prisoners we spoke to were complimentary about their care on the unit and it was clear that staff knew the prisoners well.
- I.37** The regime on the unit was minimal at about an hour out of cell each day. This consisted of 30 minutes' exercise outside with others, subject to risk assessment, use of the small library, telephone access and the collection of meals from the servery. Prisoners could take part in in-cell education and distraction packs were available. No activities were available off the unit. Lunch was served too early at 11.10am (see paragraph 2.13).
- I.38** Governance of segregation was weak. Segregation review documents that we examined were poor. We found examples of reviews not taking place, incomplete safety screens and segregation records. Targets were generic and there was no evidence of individual care plans. Reintegration planning was underdeveloped and not enough prisoners returned to normal location. About 53% of those segregated were transferred to other prisons. Some were transferred for their own safety because they were in debt. Too many prisoners were held in the segregation unit for as long as three days while awaiting adjudication. Electronic case notes were used as the sole record of prisoner behaviour and of mandatory visits by senior managers to the segregation unit. There were too many missing entries, and those conducting segregation review meetings did not have enough information to inform their decisions.
- I.39** Prisoners with serious mental health problems had been held in the unit. They had been managed well, but segregation was not an appropriate location for men with significant mental health needs.

## Recommendations

- I.40** **Systematic management oversight of the segregation unit should ensure that prisoners do not stay on the unit any longer than necessary, and should include routine monitoring of segregation records for completeness and quality.**
- I.41** **Each segregated prisoner should have a care plan, with a clear focus on identified risks and reintegration planning.**
- I.42** **The segregation regime should be purposeful with a greater range of constructive activities to occupy prisoners.**
- I.43** **Prisoners with serious mental health conditions should not be held in the segregation unit.**

## Security

### Expected outcomes:

**Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence and positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse and effective drug supply reduction measures are in place.**

- I.44** Strategic oversight of security was reasonable. Security meetings were held regularly but not always attended by key representatives. Intelligence analysis did not lead to appropriate actions in all cases and some actions recurred at successive meetings with inadequate updates. Partnership working with the police was effective. Security procedures were largely proportionate, although there were some exceptions, such as routine strip-searching of those going to the segregation unit and a restrictive dress policy for visitors, who were, for example, not allowed to wear long cardigans or ripped jeans. Escort risk assessments were not always completed accurately, although handcuffing arrangements were considered and proportionate.
- I.45** During the six months from November 2017 and April 2018, a monthly average of 680 intelligence reports had been submitted, more than the comparator and the last inspection. However, a backlog of about 220 reports were awaiting analysis at the time of our inspection, with the longest delay of more than three months.
- I.46** The response to intelligence was also deficient; for example, in the previous six months only 45% of recommended intelligence-led searches had been completed. The completed searches were effective, uncovering more than 50 mobile phones, numerous drug finds and related paraphernalia. Very few requested suspicion tests were being completed. Between October 2017 and March 2018, 73 suspicion tests had been requested, but only nine were done (12%), all with positive results, mainly for synthetic cannabinoids (NPS). There was evidence that the security department was not always informed of the outcomes of all recommended actions.
- I.47** Illicit drugs remained very accessible, particularly cannabis and new psychoactive substances (NPS)<sup>13</sup>. In our survey, 50% of prisoners said that it was easy to get illegal drugs and 42% alcohol. Between October 2017 and March 2018, the positive rate for prisoners randomly tested for drugs was 18.95% which rose to 32% when NPS was included. Monthly figures indicated a downward trend from a peak in January 2018.
- I.48** The strategic approach to drugs, including supply reduction, was weak: there was no up-to-date strategy nor a suspicion testing programme. Overhead netting in outside areas had proved effective in reducing drugs thrown over, but it had taken too long to replace after damage sustained in the winter, and was still not fully in place during the inspection.
- I.49** Corruption prevention work had been effective. The security department received about 25 intelligence reports each month relating to corruption prevention. At the time of our inspection, two staff were suspended and one had been dismissed. Police intelligence officers were supporting counter-terrorism work and serious and organised crime activity.
- I.50** Only four prisoners were subject to closed visits, not all for visits-related offences. Although they were reviewed monthly, prisoners were unnecessarily kept on closed visits for a minimum of three months, even with no further relevant intelligence.

<sup>13</sup> NPS generally refers to synthetic cannabinoids, a growing number of man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporised and inhaled in e-cigarettes and other devices.

## Recommendations

- I.51 Strip-searching should only be used where it is clearly justified by evidence of effectiveness or individual risk.**
- I.52 Closed visits should be imposed only for visits-related activity, with restrictions lifted during monthly reviews if they are no longer supported by intelligence.**
- I.53 Following the receipt of intelligence reports, all actions should be carried out promptly.**
- I.54 An integrated drug strategy should be designed to reduce the demand and supply of drugs. An adequately resourced drug testing programme should ensure that all necessary random and intelligence-based tests are carried out promptly.**

## Safeguarding

### Expected outcomes:

**The prison provides a safe environment which reduces the risk of self-harm and suicide. Prisoners at risk of self-harm or suicide are identified and given appropriate care and support. All vulnerable adults are identified, protected from harm and neglect and receive effective care and support.**

### Suicide and self-harm prevention

- I.55** There had been six deaths since the last inspection, four of which had been self-inflicted, with the most recent in June 2017. Most Prisons and Probation Ombudsman (PPO) recommendations had been achieved, but, despite repeated PPO criticism, emergency call bells were still not answered promptly (see recommendation 2.12). In our survey, only 14% said that the bell was usually answered within five minutes against the comparator of 34% and 37% at the previous inspection (see paragraph 2.6).
- I.56** The number of self-harm incidents during the previous six months was higher than at the previous inspection, but lower than other category C prisons. ACCTs<sup>14</sup> suggested good care for men at risk of self-harm. Care maps were of consistent quality: objectives were generally well completed, refreshed at case reviews, and their completion always recorded. Case reviews were frequently attended by health care, chaplaincy and Forward Trust. There had not been enough continuity of managers on the wings to guarantee consistency of case managers for each prisoner on an ACCT, but this was beginning to improve with more supervising officers in place. Prisoners were quite often referred to by surname only. Occasional flaws (such as a blank immediate action plan) were picked up through quality assurance, but not promptly (six days in the one case found). There were many examples of good log entries and very few gaps in entries. In some cases, prisoners' families had been involved in the ACCT process.
- I.57** One residential unit, Lakes, had been relaunched as a well-being unit for men with vulnerabilities and behaviour patterns which made it difficult to sustain life on a regular wing; it included some men with substance misuse problems. 'Health and well-being champions' had been recruited as peer workers to support others (see paragraph 2.61). They were committed to their task and received support from specialist staff. The previously high number of prisoners isolating themselves in their cells had reduced sharply. However, the

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<sup>14</sup> Assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm.

unit was not yet more settled than other wings and did not provide a therapeutic environment.

- I.58** A new Listener suite was almost complete following long delays. After a period with insufficient Listeners, there were now 16. Prisoners had 24-hour access to them, and Listeners now routinely visited the segregation unit and reception to meet new arrivals. They were well organised and clear about their role. There had been some improvement in constant supervision arrangements, with access to exercise and phone calls and association where appropriate.

## Recommendation

- I.59** **The well-being unit should be developed as a genuinely therapeutic environment that provides consistent help for vulnerable men with support needs.**

## Protection of adults at risk<sup>15</sup>

- I.60** There was now close liaison with the Hertfordshire Safeguarding Adults Board, of which one of the prison managers was a member. At the time of the inspection, he was working closely with the safeguarding team in Hertfordshire and another county on the forthcoming release of a prisoner at risk. This manager had also recently joined the children's safeguarding board. One recent child protection referral had arisen from an incident in the visits area.

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<sup>15</sup> Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect (Care Act 2014).

## Section 2. Respect

**Prisoners are treated with respect for their human dignity.**

### Staff-prisoner relationships

#### Expected outcomes:

**Prisoners are treated with respect by staff throughout their time in custody, and are encouraged to take responsibility for their own actions and decisions.**

- 2.1** Relationships between staff and prisoners had deteriorated since our last inspection and were now unsatisfactory. In our survey, only 55% of prisoners said that most staff treated them with respect against the comparator of 77% and 84% at the previous inspection. We saw helpful interactions, including officers responding calmly to frustrated prisoners. However, very few officers were visible on the units. Many officers were inexperienced and 44% had joined the Prison Service within the last 12 months. Prisoners were not confident that new officers had the skills to manage the population. We rarely saw senior managers engaging with prisoners. Indeed, in our survey, only 5% of prisoners said they regularly saw prison governors or senior managers talking to prisoners. One prisoner wrote: 'Staff have no respect or any close relationship with other prisoners and there are too many prison staff coming and going and the prisoners are not getting the right help.' (See main recommendation S45).
- 2.2** The quality of case notes on P-NOMIS<sup>16</sup> was fair, with a combination of positive and negative comments. However, officers rarely made entries and none that we looked at addressed rehabilitation. Severe staff shortages in the OMU compounded the lack of prisoner contact (see paragraph 4.10). Managers believed that matters would improve significantly with growing staff experience, and more new staff were expected with the implementation of new offender management in custody (OMiC)<sup>17</sup> arrangements. Many prisoners were encouraged to contribute to the prison community by working as peer supporters. In theory, there was a personal officer scheme but in practice it did not work.

### Recommendation

- 2.3 Staff should encourage and support prisoners to take responsibility for their rehabilitation. This contact should be regular and recorded.**

<sup>16</sup> Database used in prisons for the management of offenders.

<sup>17</sup> Following a review of offender management in 2015, HMPPS began to introduce a new offender management model from 2017. The new model is being implemented in stages, starting with new prison officer key workers. The second phase, core Offender Management, and the introduction of prison offender managers (POM), is being introduced gradually, from 2019.

## Daily life

### Expected outcomes:

**Prisoners live in a clean and decent environment and are aware of the rules and routines of the prison. They are provided with essential basic services, are consulted regularly and can apply for additional services and assistance. The complaints and redress processes are efficient and fair.**

### Living conditions

- 2.4** Unlike many other establishments, the prison was not overcrowded. It was operating at 97% of its baseline certified normal accommodation. More prisoners than in similar prisons had a single cell and most cells were in a reasonable condition. Cells on Narey wing were decent with in-cell toilets and showers. No offensive materials were displayed.
- 2.5** However, the overall standard of living conditions had declined since our last inspection and was not good enough. Managers had been slow to address enduring problems. Many communal areas were shabby, poorly decorated and blighted by ingrained dirt. Poor design meant that some units lacked natural light and felt claustrophobic. Some work to improve the condition of the units, such as cleaning and painting, had only started after our inspection was announced. Outside areas were pleasant, with some attractive flower beds. Litter thrown from cell windows was a perennial problem around some units, and had contributed to a rat infestation in the grounds.
- 2.6** The hot water supply was deficient and many prisoners struggled to have a decent shower. Men on Howard unit said they used buckets of water to shower. Prisoners complained of poor access to cleaning materials. Until shortly before our inspection, prisoners had not been able to exchange bedding and clothing for more than a year. Work was in progress to replace outdated and faulty washing and drying machines. Prisoners on the enhanced level of the incentives and earned privileges scheme could receive a parcel of clothes once a year, as could prisoners with exceptional circumstances. Prisoners experienced lengthy delays in obtaining property from reception. Toilets in some cells lacked lids, seats and adequate screening. Not all prisoners had lockable cupboards. Units were reasonably quiet during our night visit. Emergency cell bells were not always answered within five minutes and response times were not recorded electronically for managers to monitor (see paragraph 1.55).

### Recommendations

- 2.7** Units should be clean and decorated to a good standard. Outside areas should be free of litter and vermin.
- 2.8** Prisoners should be able to shower in hot water every day.
- 2.9** All cells should have a lockable cupboard.
- 2.10** All cells should have a screened toilet fitted with a seat and lid.
- 2.11** Prisoners should be able to retrieve their property from reception promptly.
- 2.12** Staff should respond to emergency cell bells within five minutes. Response times should be recorded electronically and monitored by managers.

## Residential services

- 2.13** In our survey, only 18% of prisoners said that the food was good against the comparator of 31%. The food that we tasted was unappetising. Prisoners could choose in advance one of four options from a menu on a four-week cycle. Meals were served far too early; we saw prisoners collecting their lunch at 10.55am. Breakfast packs were served the evening before they were to be eaten.
- 2.14** The modern kitchen was a good facility but not used to its full potential. Too much equipment was out of order and the bakery was not fully used. For example, the prison bought in their bread and baguettes rather than baking their own. Up to 32 prisoners could work in the kitchen and four prisoners were working towards a level two NVQ qualification. Efforts were made to consult prisoners about food. The catering manager met unit food representatives every month but only two prisoners had attended the last meeting. Lessons had not been learned from the most recent annual food survey.
- 2.15** Prisoners on enhanced level could prepare food on their units, which was a welcome initiative and appreciated by prisoners. Staff did not focus enough on supervising food preparation and storage facilities to ensure safety and hygiene. Wing serveries were reasonably clean and men serving food wore appropriate clothing. Food was served at the correct temperature. Prisoners with special diets were catered for. Preparations for Ramadan were progressing well.
- 2.16** Arrangements were reasonably good for prisoners to purchase items from the canteen and catalogues. The canteen list contained a reasonably wide range of products. Prisoners could order products from a small range of catalogues but the prison continued to apply a 50p handling charge to cover administration costs.

## Recommendations

- 2.17 Meal times should match those in the community.**
- 2.18 Breakfast packs should be issued on the day of consumption.**
- 2.19 The bakery should be used to its full potential.**
- 2.20 All catering equipment should be maintained to a reasonable standard and quickly repaired when necessary.** (Repeated recommendation 2.91)
- 2.21 Staff should supervise wing food preparation and storage facilities to help ensure consistent levels of safety and hygiene.**

## Prisoner consultation, applications and redress

- 2.22** Consultation arrangements had improved and were reasonably good. The prison had worked with User Voice to set up a prisoner council. Elections to the council had taken place in December 2017 and it had met three times since then. The council had proposed changes to visits arrangements which had been accepted and implemented by managers. Unit representatives met the manager responsible for residential services every two months. Progress in addressing prisoners' concerns was slow but the meetings provided a good forum to update prisoners on developments.

- 2.23** The applications system had been poor until recently and there had been 22 different application and complaint forms. In our survey, 29% of prisoners who had made an application said they were dealt with fairly and 13% that they were dealt with within seven days against respective comparators of 57% and 40%. Managers had recognised these problems and had recently set up prisoner information desks where peer workers could help prisoners to make applications. Applications were now logged. It was too early to judge the success of this initiative.
- 2.24** In our survey, 17% of prisoners said that complaints were dealt with fairly against the comparator of 32%. The number of complaints remained high at 1,363 in the last six months. The timeliness of responses was improving but about 15% were still delayed. The senior management team discussed overdue responses to complaints at their daily meeting. The quality of most of the responses that we looked at was reasonable, although some were formulaic.
- 2.25** Data collection and analysis by senior management were good. Each month 10% of complaints were quality assured by a senior manager and critical feedback given to staff.
- 2.26** There was no longer a legal services officer or policy and no Access to Justice laptops were available. Prisoners could use library computers, but access to them depended on the regime. Prisoners were told during induction that they could access a solicitor through the application process. In our survey, 37% of prisoners said it was easy to attend legal visits against the comparator of 52%. The reason for this disparity was unclear as legal visits provision was reasonable and often not fully booked.
- 2.27** In our survey, two-thirds of prisoners said that privileged correspondence had been opened and we received many complaints during the inspection. This was not reflected in the establishment's data and more investigation was required by managers.

## Recommendations

- 2.28 Prisoners should receive timely and focused responses to their applications.**
- 2.29 The reason for the high number of complaints submitted should be investigated and action taken to ensure that issues are dealt with at the appropriate level.**  
(Repeated recommendation 2.38)
- 2.30 Prisoners should have unrestricted access to a computer for the purpose of addressing legal issues.**
- 2.31 Investigations should be carried out into prisoners' perceptions about the difficulty of attending legal visits and the opening of privileged correspondence. This should be done in consultation with prisoners and action taken to address the findings.**

## Equality, diversity and faith

### Expected outcomes:

**There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics<sup>18</sup> and any other minority characteristics are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.**

### Strategic management

- 2.32** Equality work had deteriorated significantly since the previous inspection, with little ownership by senior managers. At the time of the inspection, there was no equality officer or foreign nationals officer; recent recruitment initiatives had not been successful. A consultant engaged at the beginning of 2018 had contributed some excellent statistics and recommendations, but this work had not been sustained after his departure. There had been no meetings to discuss equality for several months. An action plan had been drawn up, but with no clear objectives, dates or allocation of responsibilities.
- 2.33** A committed group of prisoner equality representatives had a job description but were frustrated that there was very little scope for them to fulfil a positive role, since they were not supported, trained or supervised effectively.
- 2.34** During the previous six months, 37 discrimination incident report forms had been submitted. Responses were adequate and signed off by the governor or deputy governor, who returned the forms if they thought the reply was not appropriate. Most of the completed records provided no evidence of the prisoner being spoken to during the investigation. In several cases, there were allegations of systematic discrimination, for example in the allocation of cleaning jobs on wings. There was no evidence of a commitment to investigate underlying patterns of discrimination or unconscious bias.

### Recommendation

- 2.35** **Investigations into discrimination incident reports should always include talking to the complainant. Underlying patterns of discrimination of which the complainant gives prima facie evidence should also be investigated.**

### Protected characteristics

- 2.36** The lack of equality and diversity work was a serious deficiency in a prison where about two-thirds of prisoners were from black and minority ethnic groups. In our survey, only 22% of black and minority ethnic and 13% of Muslim prisoners said that staff had helped them to deal with problems on arrival and only 17% and 11% respectively said that a member of staff had talked to them in the last week about how they were getting on. Several prisoners told us that the treatment of ethnic minority prisoners varied across wings, but no investigation was taking place into these perceptions of inequitable treatment. For a six-month period in the previous year, Muslim prisoners had been consistently over-represented on the basic regime level. This had not been investigated.

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<sup>18</sup> The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.37** There was a foreign nationals policy but no foreign nationals officer. Meetings for foreign nationals had been held twice in recent months, but then lapsed. No other protected characteristic forums had taken place in the last year. The Home Office immigration enforcement team held surgeries on each wing every month. This was appreciated by prisoners. Three men were being held under immigration powers only, all for adequate reasons.
- 2.38** Good use had been made of a British Sign Language interpreter with a profoundly deaf man. However, there was very little use of telephone interpreting other than in the health care department, and no evidence of use in reception (see paragraph 1.4).
- 2.39** No staff member was responsible for coordinating support for prisoners with disabilities. A prisoner representative aimed to see all men with disabilities on their wing when they first arrived. There were cells for prisoners with mobility difficulties, although there was restricted access in some cases to services such as health care. Many staff, including night staff, were not familiar with the personal emergency evacuation procedure for identifying prisoners needing help in case of evacuation, and the system was not being maintained. In our survey, 58% of men with disabilities said they had felt unsafe at The Mount.
- 2.40** There were no trans prisoners at the time of the inspection, nor had there been recently. Appropriate guidance was in place.
- 2.41** Prison records indicated that there were no gay prisoners, which was not credible. Prisoners told us that it would be difficult for a man to disclose he was gay. Nothing had been done to explore and change this perception at The Mount, which differed markedly from many similar prisons.
- 2.42** Young adults appeared to be concentrated on one wing, although the establishment did not monitor this. Only 7% of men aged 25 and under said that a member of staff had spoken to them in the last week about how they were getting on or that staff had encouraged them to keep in touch with family and friends. Only 13% of this group said they felt they had been treated fairly under the incentives and earned privileges scheme. In contrast, older prisoners were more positive than others about some aspects of daily life, and 94% of over-50s in our survey said that they had not experienced bullying or victimisation by members of staff. The over-50s unit was valued highly by its residents.

## Recommendations

- 2.43** **Each protected characteristic should have its own prisoner forum to provide opportunities for consultation, support and information.** (Repeated recommendation 2.22)
- 2.44** **Prisoners with disabilities should be kept safe, particularly in emergency situations, and reasonable accommodation should be made for their needs.**
- 2.45** **Managers should explore why it is difficult for prisoners to identify as gay or bisexual at The Mount and take action to address this problem, including provision of appropriate services and facilities.**

## Faith and religion

- 2.46** The chaplaincy covered almost all faiths. The chaplains were very active, not only in statutory and pastoral duties, but in all aspects of care. Two members of the team were ACCT<sup>19</sup> assessors, and the chaplaincy was very often represented at case reviews. Ramadan and other key holy days were well provided for, and facilities for worship were adequate. The chaplaincy building remained an important focus at the centre of the site, and the managing chaplain played a prominent role in the prison. Several community groups visited to support the chaplaincy. The chaplaincy had relatively little involvement in resettlement and other community contacts, apart from linking men to specific churches on request.
- 2.47** Most chaplaincy groups and courses had been suspended for a few months as a result of the limited regime, but were re-starting, with a full range of classes and courses due to be in place by September 2018.

## Health, well-being and social care

### Expected outcomes:

**Patients are cared for by services that assess and meet their health, social care and substance use needs and promote continuity of care on release. The standard of provision is similar to that which patients could expect to receive elsewhere in the community.**

- 2.48** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)<sup>20</sup> and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found there were no breaches of the relevant regulations.

### Strategy, clinical governance and partnerships

- 2.49** Hertfordshire Community NHS Trust (HCT) had been the main health provider since April 2015 and they subcontracted secondary mental health services to Hertfordshire Partnership University NHS Foundation Trust. An Improving Access to Psychological Therapies (IAPT) service had been commissioned but was not yet in place.
- 2.50** Commissioners monitored the contract through monthly reviews and quality visits and a partnership board met regularly. A range of strategic and operational governance meetings were largely effective. Working relationships with the prison were good, and health care was suitably represented at wider prison meetings.
- 2.51** The service had received the current health and social needs assessment in January 2018 and had started to make progress against the identified recommendations.
- 2.52** Action was taken in response to reported clinical incidents with evidence of trend analysis and lessons learned. Information on how to complain was clearly publicised. Responses that we examined were timely and courteous and dealt with all concerns.
- 2.53** Most primary care services were delivered from the health care department: a bright, clean environment which met infection control standards. The waiting area was well ventilated and less crowded than previously. However, several patients told us they sometimes had to wait

<sup>19</sup> Assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm.

<sup>20</sup> 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>.

for long periods before and after appointments because there were no officers to escort them to their wings (see paragraph 3.1).

- 2.54** Primary care services were available from 8am to 6.30pm each weekday and from 8am to 6pm at weekends. Out-of-hours care was accessible through the Hertfordshire Urgent Care GP service and officers knew how to contact the service for prisoners.
- 2.55** Strong leadership was evident and an enthusiastic and skilled team told us they felt well supported. Health care staff had excellent training opportunities including 'top to toe training' for nurses to undertake triage and non-medical prescribing courses. Primary care staff received regular managerial and clinical supervision. However, we found that supervision for mental health nurses was not taking place in accordance with the policy of either Trust.
- 2.56** All health care staff were trained in resuscitation skills and had access to strategically sited automated external defibrillators (AEDs), oxygen and associated equipment. Twenty-two per cent of prison officers were trained to use AEDs and had access to them. Two nurses now attended code blue incidents (collapse of a prisoner), one of whom carried a mobile communication device to talk directly to the ambulance service, saving valuable time.

## Recommendations

- 2.57 Prisoners should not routinely wait in health care for excessive periods before and after appointments.**
- 2.58 All health care practitioners should receive regular, documented clinical supervision.**

## Good practice

- 2.59** *Two nurses attending code blue incidents ensured competent support for the resuscitating nurse, and the use of a mobile communication device allowed nurses to talk directly to paramedics and others, making resuscitation communications and practices more efficient.*

## Promoting health and well-being

- 2.60** A wide range of eye-catching health promotion material was displayed in the health care centre and throughout the prison. This was overseen by a health care assistant who ensured that the information was relevant and based on national campaigns.
- 2.61** Nine prisoner health and well-being champions helped their peers to engage with health and substance misuse services and provided good basic well-being and health promotion support (see paragraph 1.57). They received relevant training, including a healthy living programme, and their work was managed by Forward Trust. They attended a monthly health and wellness forum, chaired by the health care manager, where issues were raised and actioned, helping to improve the service.
- 2.62** The prison had become smoke free at the end of April 2018 and smoking cessation support was good.
- 2.63** New arrivals were offered screening for sexually transmitted infections and blood-borne viruses. Barrier protection was available from health staff and on release. The service made

good use of visiting specialists and offered hepatitis C treatment. Other disease prevention, screening and immunisation programmes were accessible and promoted.

- 2.64** NHS health checks were offered to prisoners aged 35 to 74 years in line with Public Health England guidelines. A clinic for prisoners over 55 was run on Narey, the older prisoners' wing, which included memory assessment and prostate information.
- 2.65** Prisoners were seen at a pre-discharge clinic and they received take-home medicines as required and assistance to find a GP if they did not have one.

## Good practice

- 2.66** *Effective use was made of the health and well-being champions who provided useful health promotion and well-being support for their peers.*

## Primary care and inpatient services

- 2.67** Prisoners received a comprehensive health assessment on arrival at which immediate and continuing health and substance misuse needs were identified. A conference phone was now available in the health reception room to aid telephone interpretation, and translated health literature was provided as required.
- 2.68** A regular locum GP delivered eight sessions a week and a routine appointment took about nine days, similar to the community. The GP provided a comprehensive service but prisoners did not have a choice of GP. Recruitment was taking place to deliver a further two sessions which would allow patient choice.
- 2.69** A proactive multidisciplinary approach to the management of pain was a good initiative. The GP, a physiotherapist, a senior nurse and pharmacist reviewed all patients on medication to treat and reduce neuropathic pain, support prisoners who no longer had clinical need for medication and to provide other pain relief and care.
- 2.70** Six physiotherapist sessions a week provided a very accessible service for musculoskeletal assessment and treatment. An optician provided a prompt service, but patients waited too long to see the podiatrist with the longest wait of about 25 weeks. Additional sessions had been booked to reduce the waiting time.
- 2.71** Nurses ran regular clinics and we saw evidence of effective nurse-led interventions. The use of NHS England's Quality and Outcomes Framework supported the identification and monitoring of prisoners with long-term conditions. Nurses liaised with the GP and community specialists to ensure a coordinated approach.
- 2.72** The service was keen to reduce the need for external hospital appointments by upskilling staff and increasing in-reach specialist services. Liver scans were now completed in house. However, too many external appointments were rescheduled for different reasons, including lack of officer escorts.

## Recommendations

- 2.73** Prisoners should have timely access to podiatry services equivalent to community waiting times.
- 2.74** Escort arrangements should meet the health care needs of the population effectively.

## Good practice

- 2.75** *The multidisciplinary team approach to pain management was a positive initiative to ensure appropriate clinical management and care.*

## Social care

- 2.76** There was a memorandum of understanding between the local authority and the governor but it was unclear who had been commissioned to deliver social care support. Health care staff had provided this on a few occasions. Four prisoners had been referred for a social care assessment in the previous six months, which had taken between three and six weeks. At the time of our inspection, nobody was in receipt of social care and one prisoner was awaiting assessment. Prisoners could receive an occupational therapy assessment and access to specialist advice and equipment.

## Recommendation

- 2.77** **The memorandum of understanding between the governor and local authority should be extended to include resources for social care when it is required. Social care assessments should be completed without delay.**

## Mental health care

- 2.78** In our survey, only 11% of prisoners said it was easy to see a mental health worker against the comparator of 22%. Primary mental health provision by HCT had increased since our last inspection. Two nurses had recently been recruited with a caseload of 60 prisoners. The in-reach team comprised three mental health nurses, a part-time psychologist and a psychiatrist whose sessions were increasing from one to two a week.
- 2.79** IAPT services had been commissioned to address the fact that prisoners with mild to moderate anxiety and depression had limited support. This service was due to start soon after the inspection.
- 2.80** Both services attended the weekly multidisciplinary team meeting and some patients were managed between the two. The teams were based separately which did not facilitate communication about patient care.
- 2.81** The in-reach team worked from 8am to 4pm on weekdays. They triaged referrals each morning and had 54 patients on their caseload. Routine assessments were carried out within two weeks, and urgent cases were seen quickly during weekday hours.

- 2.82** Referrals were received from reception and an open referral system. A record screen had been introduced by in-reach nurses for all new arrivals to identify those who needed support. This was a positive initiative.
- 2.83** Liaison with sending prisons and community services ensured continuity of care for patients on the care programme approach<sup>21</sup> but not all risk assessments and care plans were updated in a timely way.
- 2.84** Progress notes were detailed and we saw evidence of impressive joint working with the prison with vulnerable patients where complex decisions in the best interest of the patient were made under the Mental Capacity Act 2005. However, the in-reach team used two electronic patient record systems and some risk information was not updated onto SystemOne, the main patient record.
- 2.85** There had been four transfers to hospital under the Mental Health Act 1983 in the previous six months. Three had slightly exceeded the two-week guideline and one had waited for 10 weeks.
- 2.86** A quarter of custody staff had received mental health awareness training and further sessions were planned. Staff we spoke to said it helped them to recognise and support prisoners with mental health conditions.

## Recommendations

- 2.87 Prisoners with mental health conditions should have prompt access to an evidence-based range of support which meets their identified needs.**
- 2.88 All patient information should be clearly recorded on SystemOne, the main patient record.**

## Substance misuse treatment<sup>22</sup>

- 2.89** HCT delivered clinical substance misuse services and contracted Forward Trust (FT) to provide psychosocial services. In our survey, 18% of prisoners said they had acquired an addiction in the prison compared with 5% at the previous inspection and many we spoke to said they were not receiving help. We found services to be easily accessible. There was no prison drug strategy to coordinate interventions, although HCT and FT worked with the prison on a joint action plan.
- 2.90** FT psychosocial services were very good and included individual and group therapies, which were motivational and recovery focused. About 220 clients were in psychosocial treatment at any one time, similar to 2015. The Dixon drug recovery unit had ceased to be used since the previous inspection. A recovery landing had yet to become fully established on the Lakes well-being unit (see paragraph 1.57 and recommendation 1.59). Access to group therapy rooms was difficult.
- 2.91** Competent HCT staff used national clinical guidelines flexibly to deliver opiate replacement therapy to about 40 patients, 45% of whom were on reducing regimes, which was good. The administration of methadone, including supervision of queues, was impressive. Patients with dual diagnosis needs received good coordinated care.

<sup>21</sup> Mental health services for individuals diagnosed with a mental illness.

<sup>22</sup> In the previous report substance misuse treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

- 2.92** Resettlement arrangements were very good with strong links to local community services and communication with other substance misuse providers further afield. The family and peer support workers continued to encourage family links throughout sentences and to support men to engage with voluntary support services in the community.

## Medicines optimisation and pharmacy services

- 2.93** Medicines were supplied by Lloyds Pharmacy against individual prescriptions. They were stored and transported around the prison safely and securely. Deliveries were received every weekday and urgent items were delivered on the same day. Medicines brought by patients transferring from other prisons were routinely used following correct procedures. Pre-packs and some stock items were accessible to ensure that doses of critical medicines were available but there was no formal list of these medicines.
- 2.94** Medicines reconciliation took place during the reception interview and in-possession risk assessments were reviewed as part of this initial screening and at regular intervals. Medicines were supplied in blister packs if needed to help patients to self-administer.
- 2.95** Medication was administered throughout the day from the main health care location supervised by a pharmacist and at set times from two other locations. Administration was recorded electronically except for the segregation unit, where it was recorded on paper and completed electronically retrospectively. Administration was confidential and queues were managed effectively. When medicines were supplied as a skin patch, the site of application was not included in the records and patients were not counselled about the correct rotation of sites. We witnessed patients speaking to pharmacy staff about medicine concerns or minor ailments and receiving appropriate treatment. Patients could request an appointment with pharmacy staff.
- 2.96** Patients who had missed three or more doses of medication were routinely referred and followed up. This had recently been audited. Patients who failed to collect in-possession medication were also followed up. Other audits included the use of antibiotics, safe storage and the use of emollients and creams. Patients in shared cells had lockable facilities to store their medication.
- 2.97** Most medicine errors were reported and reviewed, although if a patient said their medicine had gone missing this was only logged on their individual record. The lack of a formal report made the frequency of these incidents difficult to determine.
- 2.98** There was a medicines management committee and the lead pharmacist met the head of health care regularly. Formal medicine usage reviews no longer took place, but the pharmacy team identified patients who needed a review and alerted the appropriate member of the health care team.

## Recommendation

- 2.99** **Transdermal patches should be applied in line with the manufacturer's instructions and recorded in the patient's medical record.**

## Dental services and oral health

- 2.100** Six dental clinics and one dental nurse triage session were held each week. An additional session had recently been introduced to reduce waiting times. Three dentists and one dental

nurse provided a full range of dental treatment, including good oral health promotion. Improvements had been made to waiting times, but prisoners waited about two weeks to see the dental nurse for triage, and up to 12 weeks thereafter to see the dentist. This was too long. Urgent dental care was offered within two working days. The suite was bright and well ventilated and had separate decontamination facilities. There had been some delays in the maintenance of fixed equipment and the consistency of cleaning. Governance and infection prevention and control arrangements were very good.

## Recommendations

**2.101 Patients should have access to routine dental appointments within six weeks.**

**2.102 Cleaning and maintenance arrangements should support dental staff in the provision of dental care to prisoners.**



## Section 3. Purposeful activity

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

### Time out of cell

#### **Expected outcomes:**

**All prisoners have sufficient time out of cell and are encouraged to engage in activities which support their rehabilitation.**

- 3.1 The full and purposeful regime expected in a category C training prison was not being delivered. A restricted regime had been introduced in August 2017 when the prison was experiencing staff shortages, instability and frequent unplanned lockdowns. Periods of lock-up were now generally predictable but the ongoing restricted regime left many prisoners very frustrated at their limited time out of cell and inability to participate in purposeful activity. Our spot checks identified a fifth of prisoners locked behind their doors during the working day (see main recommendation S45).
- 3.2 Enhanced prisoners on the incentives and earned privileges (IEP) scheme who were in full-time employment could have nine hours a day out of their cells, but this reduced to 6.5 hours for prisoners on the standard level. Unemployed prisoners could spend 21 hours a day locked in their cells. The weekend regime was particularly poor. Most prisoners could only have just over four hours out of cell across the whole weekend.
- 3.3 Only prisoners on the enhanced units and the health and well-being champions could have evening association. Opportunities for outside exercise were too limited, with only 10% of prisoners in our survey saying that they had time in the open air five or more times each week. The temporary exercise yards for several wings were not fit for purpose; they were too small for the number of prisoners using them, overgrown and in poor condition, with no benches or exercise equipment.
- 3.4 The library, provided by Hertfordshire County Council, was a pleasant environment. Access was by application and available sessions reflected the restricted activity regime. Attendance had fallen markedly, and library issues had reduced by a third in the previous year. The stock was good, with a wide range of books and other materials. Consultation with the education department ensured that stock purchases supported learners' needs and the anticipated education curriculum.
- 3.5 Support for higher education and distance learning remained good (see paragraph 3.30). Literacy continued to be promoted and supported with a regular book club, the 'Six-Book Challenge', Storybook Dads (in which prisoners record stories for their children) and an active Shannon Trust<sup>23</sup> literacy learner scheme. Satellite libraries were provided in the segregation unit and some residential units.
- 3.6 Library staff collected data on the number of prisoners attending each session but did not analyse the data to identify which prisoners were using the facilities. The learning, skills and employment manager gathered more detailed information on attendance by age, religion, sentence length and nationality, but it was not clear how this was used to ensure delivery of a service that met the needs of prisoners.

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<sup>23</sup> Provides peer-mentored reading plan resources and training to prisons.

- 3.7** There were two gyms at either end of the site. Both contained resistance machines, free weights and cardiovascular equipment. There was a sports hall and a rugby pitch. No water was available for prisoners to drink in one gym and much of the lighting in the sports hall needed replacement. There were clean changing facilities and showers in both gyms.
- 3.8** There were four vacancies in the team of PE instructors. There was a focus on delivering recreational PE activities and first aid was the only accredited course. Most prisoners could use the gym at least twice a week, but those on the basic level of the IEP scheme only had one session.
- 3.9** Links with other departments were weak and there were no sessions for specific groups such as those needing remedial activity. Provision for older prisoners or those with specific health needs, such as smoking cessation, had ceased since our last inspection.
- 3.10** Staff monitored prisoners who had completed their gym induction. The database provided useful data on the age profile of gym users for example, but it was not used effectively to monitor attendance, identify regular users or encourage non-users to participate.

## Recommendations

- 3.11** The library and PE departments should gather sufficient data to understand trends, identify non-users and ensure delivery of a service that meets the needs of all prisoners.
- 3.12** The PE department should be sufficiently resourced to deliver a balance of accredited courses and recreational gym, including support for prisoners in need of health and well-being interventions.

## Education, skills and work activities (Ofsted)<sup>24</sup>

### 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 education, skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.<sup>25</sup>**

**3.13** *Ofsted made the following assessments about the education, skills and work provision:*

<b>Overall effectiveness of education, skills and work:</b>	<b>Inadequate</b>
<i>Achievements of prisoners engaged in education, skills and work:</i>	<i>Requires improvement</i>
<i>Quality of education, skills and work provision, including the quality of teaching, training, learning and assessment:</i>	<i>Requires improvement</i>
<i>Personal development and behaviour:</i>	<i>Requires improvement</i>
<i>Leadership and management of education, skills and work:</i>	<i>Inadequate</i>

### Management of education, skills and work

- 3.14** There was good partnership working between the prison and provider agencies. Managers reviewed performance regularly and had achieved improvements in some areas, such as the range of skills training provision. Managers understood the issues, the self-assessment report was accurate and included a plan to improve the quality of provision, but few of the specified actions had been achieved.
- 3.15** There were sufficient activities to provide almost all prisoners with a part-time activity place, but many places were not used. The restricted regime operating for the previous eight months had severely limited prisoners' access to activities, although the range of activities had been maintained. Only about 60% of prisoners were able to participate in each session. Enrolments and achievements on accredited courses had declined since the last inspection (see main recommendation S46).
- 3.16** The education and training provision by People Plus was good. Regular observations of teaching and subsequent actions to rectify weaknesses led to improvements in teaching practice. Information from observations was used well to plan staff development. However, managers had not given enough attention to adapting teaching programmes and methods for the small classes and restricted regime.
- 3.17** Allocation to activities did not adequately reflect prisoners' needs and aspirations. Links between the allocation unit and induction staff were underdeveloped, and the unit did not have enough information about prisoners' preferences and previous employment. Information on attendance and withdrawals was not communicated to the allocations unit and in many cases classes they believed to be fully allocated were almost empty (see main

<sup>24</sup> This part of the inspection is conducted by Ofsted inspectors using Ofsted's common inspection framework. This ensures that prisons are held accountable to the same standard of performance as further education colleges in the community.

<sup>25</sup> In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

recommendation S46). The prisoner pay policy was fair and did not discourage prisoners from improving their learning and skills.

- 3.18** The prison did not have an effective policy to ensure that prisoners improved their English and mathematics skills. Many prisoners did not attend the education induction, so were allocated to work before their skills were assessed. About a third of those who were assessed were found to be below level 1 attainment. Despite this, few attended English and mathematics classes. In one session during the inspection, only 29 learners attended functional skills courses out of the 80 places allocated.
- 3.19** Procedures for managing attendance were not robust, and attendance was poor. In education, the average class attendance since August 2017 had been less than five and less than three on many courses. In industrial workshops only about half the allocated prisoners attended. Prisoners who failed to attend were not challenged, and sanctions for non-attendance were ineffective. Punctuality was poor, with some prisoners arriving up to 40 minutes late.
- 3.20** Prison workshop provision was poor. There was no development or recording of employability skills, and no vocational qualifications were offered apart from the gardens' work party and the prison kitchen. Managers had yet to develop effective links with employers. Provision of personal protective equipment for prisoners was poor – overalls were in poor condition and items such as ear defenders were not readily available. However, personal protective equipment was good for the kitchen and farms and gardens' work parties.
- 3.21** All prisoners approaching release were offered assistance by St Giles' Trust acting for the community rehabilitation company. There was no appropriate training to help men gain employment. Several agencies provided support to prisoners and achieved good results for some individuals. However, their work was not co-ordinated and many prisoners did not receive adequate support. For example, there was no careers service or Jobcentre Plus provision, no employer fairs or help with job search through the virtual campus<sup>26</sup>. There were no data on the job outcomes achieved by prisoners after release (see main recommendation S46).

## Recommendations

- 3.22** **Managers should ensure that the functional skills of all prisoners are assessed on induction, and that prisoners with lower-level skills in English and mathematics are encouraged to improve these skills.**
- 3.23** **The prison should develop links with external employers to assist with curriculum development and employment opportunities, enable prisoners to use the virtual campus and monitor job outcomes after release.**
- 3.24** **The prison should provide, and enforce the use of, personal protective equipment.**

## Quality of provision

- 3.25** Some teaching in education and vocational training was good. Teachers were well qualified and had good knowledge of their subject. Most made good use of electronic media and questioning techniques to engage learners, and provided good support. There was some

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<sup>26</sup> Prisoner access to community education, training and employment opportunities via the internet.

innovative teaching – one teacher planned a level 1 English class focusing on prisoners' career choices, enabling learners with very different starting points to engage and progress with the class work. Classrooms were well equipped with attractive wall displays, which stimulated learners' interest and promoted diversity.

- 3.26** However, teachers did not always take account of individuals' specific needs when providing tasks and activities in lessons. Some failed to provide learning activities to meet the needs of more able learners. Teachers did not always make learning objectives clear, to focus learners' attention and help them progress quickly. The low numbers in many classes often made it difficult to create a suitable learning environment.
- 3.27** Some teachers made good use of learning development plans to focus learners' attention on what they needed to do next, but other plans lacked detail and did not help learners to progress effectively. Teachers' feedback on learners' written work was generally supportive and encouraging, but improvements were not always stated clearly.
- 3.28** Additional learning support in education was good. Learners were encouraged to declare any additional needs at induction, and teachers were well informed about their students' needs. They often made good use of prisoner mentors to provide additional support. A qualified learning needs teacher supported learners with more complex needs well, enabling them to progress. Particularly good support had been provided to a learner with profound and complex needs.
- 3.29** Workshop facilities met industry standards, and some, such as the barbering workshop, were good. Instructors enabled some prisoners to improve their skills but did not offer opportunities for accreditation, or help prisoners to develop employability skills. Some workshops did not have enough work to keep prisoners busy. Equality and diversity were not well promoted in industry and work areas.
- 3.30** The library provided very good support for Open University students and learners on distance-learning courses (see paragraph 3.5).

## Recommendations

- 3.31** **Teachers should ensure that the range of class activities reflects the needs of all learners and can be adapted to large or small classes.**
- 3.32** **The promotion of equality and diversity should be embedded in all areas.**

## Personal development and behaviour

- 3.33** Relationships between staff and prisoners were respectful and behaviour was good. Most of those who attended activities enjoyed their work and felt that the environment was safe. However, many prisoners did not value the provision and the poor attendance was partly due to low levels of motivation. Most prisoners approaching release did not receive enough support to help them gain employment (see recommendation 3.23 and main recommendation S46). The provision did not develop employability skills successfully.
- 3.34** Classroom assistants on education courses and in induction were aware of their roles and responsibilities. They were proud of their work and the support they were able to offer to other prisoners. They were able to work towards qualifications in peer support and progress to a level 3 qualification.

- 3.35** The restricted regime afforded a poor preparation for working life; in each session about 40% of the population was not working. Punctuality and attendance were poor, which slowed prisoners' progress towards the achievement of qualifications and reduced opportunities for progression to higher levels.
- 3.36** Workshop instructors did not set individual targets or monitor or give feedback to prisoners on their work, and many did not work to realistic commercial standards or develop a good work ethic. Instructors did not use work activities to develop prisoners' English or mathematics skills.

## Recommendation

- 3.37** **Instructors in work areas should set and monitor performance targets for prisoners, to help them develop their employability skills.**

## Outcomes and achievements

- 3.38** The proportion of learners who achieved a recognised qualification was low. Pass rates for those taking education courses were satisfactory. About three-quarters of learners studying English and mathematics courses achieved their qualifications. Learners with additional needs received good support to help them progress. Data indicated no significant differences between groups of learners of different ethnic origin.
- 3.39** Prisoners' work was appropriate for the level of their course. Workers on the gardens party and in the kitchen were achieving good standards of work, and those on the art course were developing very good skills. Most provision enabled progression to at least level 2, and barbering and the Education and Training Award were offered at level 3. Learners were not able to study qualifications in most industry workshops.
- 3.40** Learners made slow progress in vocational training and at the time of the inspection few had achieved an award. For example, 76 prisoners had started construction courses since August 2017, but only six had achieved an award. Outcomes on the Prison Information and Communications Technology Academy (PICTA) courses also required improvement. However, most learners on the barbering course had achieved their qualifications.
- 3.41** The support provided by the library service for about 50 students studying on open and distance learning was good practice. Library staff had developed good links to the regional Open University office. They supported prisoners' applications for funding, successfully promoted learning, and provided valuable support for men applying for permission to enrol. Once on the course, prisoners were effectively supported with mailings, return of assignments, and facilitation of tutor visits. They were able to use the suite of library computers to complete assignments but did not have access to the virtual campus.

## Recommendation

- 3.42** **Prisoners employed in workshops should be able to obtain industry-recognised qualifications.**

## Good practice

- 3.43** *The library service provided multi-faceted support for prisoners studying on open and distance learning, with good links to the Open University regional office and the use of computers to complete assignments.*



## Section 4. Rehabilitation and release planning

**Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.**

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

#### Expected outcomes:

**The prison supports prisoners' contact with their families and friends. Programmes aimed at developing parenting and relationship skills are facilitated by the prison. Prisoners not receiving visits are supported in other ways to establish or maintain family support.**

- 4.1 Relatively little work was carried out to strengthen family ties and support family life. In our survey, only 15% of prisoners said staff had encouraged them to keep in touch with their family against the comparator of 29%. This proportion reduced to only 7% for black and minority ethnic and 6% for Muslim prisoners. The education department delivered a family relationships course which culminated in a family day, and a Forward Trust family worker did good work with the substance misuse caseload and beyond. The library ran the Storybook Dads scheme. Family visits were held twice a month, but with no difference to ordinary visits other than freedom of movement for prisoners. Family visits remained available only to prisoners on the enhanced regime level.
- 4.2 In our survey, only 19% said that visits usually started and finished on time against the comparator of 62% which reflected consistently late start times over recent months. The system had recently been streamlined, and at the time of the inspection visits were starting on time. The children's play area and the visits café, run by the local prisoner rehabilitation charity Hacro<sup>27</sup>, which also staffed the visitors' centre, made a very good contribution to the visits experience.
- 4.3 The main complaint from prisoners and visitors was the difficulty of booking visits. A single phone line was available at restricted times, with no queuing system. The online system was less popular because a visit could not be confirmed at the time of booking. Many prisoners said their families tried to phone day after day and could not book.
- 4.4 The visits hall and the visitors' centre outside the prison were shabby and run down, particularly the furnishings. There were firm plans for refurbishment, but at the time of inspection the conditions were old fashioned and stark with rigid, moulded seats bolted to the floor. New CCTV and biometric ID equipment had been installed in the visits hall, as the first stage in refreshing the visits operation. In our survey, only 59% of prisoners against the comparator of 77% said their visitors were usually treated respectfully by staff. There had been a lack of staff continuity over the previous year, and a dedicated group of staff was now providing more consistency and getting to know families.
- 4.5 In our survey, 68% of prisoners said they had had problems with mail against the comparator of 44% and 52% at the previous inspection. Many prisoners cited long delays in receiving

<sup>27</sup> See: <http://hacro.org.uk/>

mail. We were told that in the previous two months systems had improved and staffing in the mail room increased, and managers were able to demonstrate improved promptness. All incoming and outgoing mail was now dealt with on the same day.

- 4.6 Only 79% in our survey said they had access to a phone every day, against the comparator of 94%. There were enough payphones and most of them were working but unlock times limited access to the telephone and was a major concern for prisoners (see main recommendation S45).
- 4.7 The email reply service was now in operation and was appreciated by the relatively small number of prisoners who used it.

## Recommendations

- 4.8 **Family visits should be available to all prisoners.** (Repeated recommendation 4.56)
- 4.9 **People booking visits should be able to do so in a single transaction without undue waiting, through a second telephone line, a call queuing system or other practical solution.**

## Reducing risk, rehabilitation and progression

### Expected outcomes:

**Planning for a prisoner's release starts on their arrival at the prison. Each prisoner has an allocated case manager and a custody plan designed to address their specific needs, manage risk of harm and reduce the risk of reoffending.**

- 4.10 The offender management function had experienced a long period of instability with a series of different custodial managers and functional heads. At the time of the inspection, the incumbent head of offender management and senior probation officer were beginning to introduce some stability and consistency. However, implementation was severely hampered by the lack of staff. Only three probation officers and two band four prison staff (supervising officers) were in post out of a complement of 14 offender supervisors. This was compounded by the regular redeployment of the band four staff, reducing the available resource still further (see main recommendation S47).
- 4.11 There was no whole-prison approach to reducing reoffending or to offender management. The reducing reoffending policy covered the key resettlement pathways but there were no clear developmental objectives. A needs analysis had been undertaken earlier in 2018 based exclusively on prisoner questionnaires. No offender assessment system (OASys) data were included and the analysis had not been used to inform the strategic direction of the prison. There had been no recent reducing reoffending meetings and there was no clear plan of how prison departments would contribute to the development of an effective approach to managing prisoners. Throughout the inspection, it was apparent that few staff outside the department had any real idea about the function of offender management or how they could contribute to its development (see main recommendation S47).
- 4.12 About 40% of prisoners had no OASys, including 88 high-risk men whose assessments were the responsibility of the National Probation Service. A significant number of OASys were out of date, although the prison could not provide a definitive figure. We came across a number of men whose OASys was more than three years old or who had only received an assessment for their court hearing (pre-sentence report) (see main recommendation S47).

- 4.13** The offender management unit (OMU) had made efforts to prioritise work to maximise the effectiveness of the limited resource. The three probation officers prioritised work with indeterminate sentenced prisoners, of whom there were 131 at the time of the inspection: 78 serving life and 53 serving an indeterminate sentence for public protection (ISPP). We saw good work being undertaken with a number of these men, most of whom were beyond their tariff and/or working towards a parole review.
- 4.14** Contact with OMU staff was rare for virtually all determinate sentenced men. Many assessed as high or very high risk of harm did have an OASys, completed by the community offender manager. In many cases these were completed to a good standard, but there was no offender supervisor at the prison to support the completion of identified targets. It was unlikely that prisoners assessed as low or medium risk of harm would have an up-to-date OASys, and they would have little or no contact with an offender supervisor. In our survey, 28% of respondents said that a member of staff was helping them meet sentence plan targets against the comparator of 47% (see main recommendation S47).
- 4.15** Prisoners had few opportunities to demonstrate a reduction in their risk of reoffending, or serious harm, to justify a progressive move from The Mount. This was a cause of substantial frustration for many prisoners we spoke to. Few offending behaviour programmes were available and wing staff and personal officer comments in case notes were relatively rare (see paragraph 4.32 and recommendation 4.34). In some cases, when lower risk men arrived at The Mount, an offender supervisor sent them a letter outlining often broad sentence planning targets instead of a full OASys. Progress (re-categorisation) was, in some cases, deferred because men had not met these targets, even though they were not based on assessments.
- 4.16** We were told that there had been a backlog of recategorisation reviews, although at the time of the inspection only seven were outstanding. However, prisoners were no longer invited to make their own contributions to reviews and little or no information was available to inform men of the criteria. We also found inconsistencies in decision-making, although this was improving.
- 4.17** The OMU had introduced offender management orderlies to improve communication with prisoners. There were six at the time of the inspection. It was proving difficult for them to carry out their role as champions for offender management because so many prisoners were feeling frustrated.
- 4.18** At the time of the inspection, about 15% of the population were serving sentences of less than four years. They qualified for consideration for home detention curfew (HDC) although a significant number did not meet the eligibility criteria. During the previous six months, 44 men had been considered for HDC, 61% of whom had been successful. Since the introduction of a national approach in January 2018, the system at The Mount had improved. Reviews that we looked at appeared reasonable.
- 4.19** Arrangements to identify men subject to harassment restrictions, restraining orders or child protection procedures were broadly appropriate. Screening procedures were in place when men first arrived. At the time of the inspection, 61 men were subject to some form of restraining order and 14 were subject to child protection restrictions. Men were informed when they were subject to monitoring and levels were managed in line with national and local policies.
- 4.20** Wider public protection procedures were less well managed. The interdepartmental risk management team met monthly but attendance was poor from departments other than the OMU. In principle, the meeting was used to review high or very high risk of harm men approaching release, who invariably had no allocated offender supervisor. When such cases were reviewed, release plans were put in place. However, we came across a number of high

risk men whose cases had not been reviewed. Men subject to MAPPA (multi-agency public protection arrangements) were also managed through this meeting. Cases requiring MAPPA F reports (prison based assessments of risk) were prioritised but the quality varied significantly. Assessments undertaken by probation staff were of a good standard but those by prison staff were less good and often based on little knowledge.

## Recommendations

- 4.21 The recategorisation process should be transparent and consider all relevant information, including from prisoners, and lead to consistent decision-making.**
- 4.22 The interdepartmental risk management team (IRMT) meeting should be attended by representatives from all key departments across the prison. All high-risk prisoners due for release should be reviewed through the IRMT and there should be consistent quality assurance to improve the usefulness of MAPPA F reports.**

## Interventions

### Expected outcomes:

**Prisoners are able to access interventions designed to promote successful rehabilitation.**

- 4.23** Two nationally accredited offending behaviour programmes were still being delivered: the thinking skills programme (TSP) and Resolve designed to address violence and aggression. The programme team had struggled with staffing and delivering programmes during the previous year. Ninety-one men had been scheduled to complete one of the courses (three TSP and seven Resolve). Only 29 had completed and no TSP courses had been delivered. Four of each course had been scheduled for 2018 to 2019 with 72 planned completions. Demand remained high and there was a waiting list of 87 men to be assessed for Resolve and 47 for TSP, and 35 who had been assessed as suitable for one of the courses. A further 69 men had been referred to the programme team but could not be assessed because they had no OASys.
- 4.24** There were few alternative programmes. The Sycamore Tree restorative justice programme was delivered four times a year by the chaplaincy. The anger management cognitive skills course was no longer delivered.
- 4.25** In the absence of offending behaviour programmes, in-cell work books had been introduced, one on victim awareness and another addressing drug dealing. Completed workbooks were reviewed by offender management staff but there was little evidence that the work had effectively addressed the underlying reasons for offending or reduced the risk of reoffending.
- 4.26** St Mungo's provided support with accommodation. About one-third of the population were assessed as high or very high risk of harm, and most of these were released to approved premises via the National Probation Service. There was limited support for men needing accommodation and accommodation was rarely found before release if it was not with friends or family. About a quarter of the men leaving The Mount were technically homeless. St Mungo's could offer referrals to community providers, and often made appointments for the day of release, but the success of this was not clear. There was no post-release follow-up of whether sustainable accommodation had been found.

- 4.27** Basic finance, benefit and debt management advice and support were available. Up to 15 men could be facilitated with opening a bank account each month. A budgeting course was also delivered.

## Recommendations

- 4.28** **Sufficient, appropriate offending behaviour programmes should be delivered to meet the needs of the whole population.**
- 4.29** **The use of in-cell work books should be reviewed to determine their effectiveness.**
- 4.30** **Outcome data on debt management and sustainable housing should be routinely made available, analysed by the reducing reoffending strategy group and used to determine the most effective interventions for prisoners.**

## Release planning

### Expected outcomes:

**The specific reintegration needs of individual prisoners are met through an individual multi-agency plan to maximise the likelihood of successful reintegration into the community.**

- 4.31** Resettlement services were provided by The St Giles' Trust on behalf of Bench CRC (community rehabilitation company). An average of 28 men were released each month and all men were seen about 12 weeks beforehand to complete a resettlement plan. The quality and usefulness of these resettlement plans varied considerably. The St Giles' Trust made referrals to prison departments and partner agencies when issues were identified but it was not always clear if work had been carried out. Prisoners due for release were followed up again three weeks and then 24 hours before release by the St Giles' peer adviser but documents merely recorded what prisoners had said and not whether work had been undertaken. Information from some departments, for example drugs and alcohol and mental health, was not documented in resettlement plans that we examined the day before prisoners were released.
- 4.32** The absence of OASys, sentence plans and allocated offender supervisors undermined the overall effectiveness of release planning. The resettlement plan, orientated to resettlement pathways in isolation of offending behaviour work, was of little benefit to responsible officers in planning post-release supervision. There was little evidence of integration between the resettlement team and offender management, although resettlement plans were forwarded to the OMU. We came across one case of a man due for release at the end of a sentence of nine years four months for a series of armed and attempted armed robberies. These offences had been committed only two days after release from a previous sentence, also for a series of robberies. He was assessed as a high risk of serious harm. His OASys had last been updated in 2015 and no work had been undertaken on any of the identified targets. He had not undertaken any offending behaviour work at The Mount and had no identified offender supervisor. He had been seen by the resettlement team but the work to be undertaken and the plans for his release remained unclear (see main recommendation S47).
- 4.33** In some cases that we reviewed, pre-release planning was undertaken by responsible officers, usually National Probation Service staff. These were usually tripartite meetings incorporating the offender manager, prisoner and a representative from offender management. Some meetings were good and demonstrated a reasonable level of engagement. We were told that

a decision had been taken for the OMU to stop facilitating these meetings because there were not enough staff.

## **Recommendations**

- 4.34 All sentenced prisoners should have a clear resettlement plan outlining work that has been undertaken by all departments to reduce the risk of reoffending and what is outstanding.**
- 4.35 Offender supervisors should play an active role in pre-release planning with resettlement staff and community based responsible officers.**

# 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** An effective violence reduction strategy should be implemented. It should include ongoing prisoner consultation, thorough investigation of violence, antisocial behaviour and unexplained injuries, systematic challenge and monitoring of perpetrators, and support for victims. (S42)
- 5.2** Managers should ensure that poor accountability and oversight in relation to the use of force is addressed through filming of all planned use of force and routine use of body-worn cameras during spontaneous incidents, systematic scrutiny of video footage, and thorough review of paperwork. Where necessary staff should be challenged and lessons learned. (S43)
- 5.3** The distinct needs of prisoners with protected characteristics should be identified and systematically addressed. In particular, systematic equality monitoring data that cover all key areas of prison life should lead to thorough investigation and action where necessary. (S44)
- 5.4** All prisoners should have the opportunity to participate in a full, purposeful and predictable regime, including association and exercise. Managers should ensure that the prison has sufficient staff and activity places to achieve this objective. (S45)
- 5.5** Prisoners should be enabled and encouraged to attend activities that meet their assessed education and resettlement needs, and receive coordinated support to enter employment or education and training on release. (S46)
- 5.6** The prison should implement a whole-prison approach to offender management and reducing reoffending, which effectively supports prisoners to progress through their sentences. Prisoners should have up-to-date sentence plans and sufficient opportunities to meet their objectives, with support from dedicated staff. (S47)

## Recommendations

### Early days in custody

- 5.7** All newly-arrived prisoners should have a confidential interview as soon as possible on the day of arrival, at which any risks, vulnerabilities or immediate needs are identified and addressed, using professional interpretation when needed. (I.10)
- 5.8** Staff should oversee the induction process to ensure that accurate and consistent information is provided to all new arrivals. (I.11)

## Managing behaviour

- 5.9** Formal written warnings under the incentives scheme should be issued to prisoners, together with written information on how to appeal when a prisoner is downgraded. (1.21)
- 5.10** Adjudication investigations should be thorough and fair and lead to evidence-based decisions. Well attended standardisation meetings should support this objective. (1.27)
- 5.11** All prisoners should be held in decent conditions while awaiting adjudication. (1.28)
- 5.12** The special cell should only be used as a last resort and for the shortest possible time. All documentation should be fully completed and scrutinised by managers to ensure legitimate use. (1.33)
- 5.13** Systematic management oversight of the segregation unit should ensure that prisoners do not stay on the unit any longer than necessary, and should include routine monitoring of segregation records for completeness and quality. (1.40)
- 5.14** Each segregated prisoner should have a care plan, with a clear focus on identified risks and reintegration planning. (1.41)
- 5.15** The segregation regime should be purposeful with a greater range of constructive activities to occupy prisoners. (1.42)
- 5.16** Prisoners with serious mental health conditions should not be held in the segregation unit. (1.43)

## Security

- 5.17** Strip-searching should only be used where it is clearly justified by evidence of effectiveness or individual risk. (1.51)
- 5.18** Closed visits should be imposed only for visits-related activity, with restrictions lifted during monthly reviews if they are no longer supported by intelligence. (1.52)
- 5.19** Following the receipt of intelligence reports, all actions should be carried out promptly. (1.53)
- 5.20** An integrated drug strategy should be designed to reduce the demand and supply of drugs. An adequately resourced drug testing programme should ensure that all necessary random and intelligence-based tests are carried out promptly. (1.54)

## Safeguarding

- 5.21** The well-being unit should be developed as a genuinely therapeutic environment that provides consistent help for vulnerable men with support needs. (1.59)

## Staff-prisoner relationships

- 5.22** Staff should encourage and support prisoners to take responsibility for their rehabilitation. This contact should be regular and recorded. (2.3)

## Daily life

- 5.23** Units should be clean and decorated to a good standard. Outside areas should be free of litter and vermin. (2.7)
- 5.24** Prisoners should be able to shower in hot water every day. (2.8)
- 5.25** All cells should have a lockable cupboard. (2.9)
- 5.26** All cells should have a screened toilet fitted with a seat and lid. (2.10)
- 5.27** Prisoners should be able to retrieve their property from reception promptly. (2.11)
- 5.28** Staff should respond to emergency cell bells within five minutes. Response times should be recorded electronically and monitored by managers. (2.12)
- 5.29** Meal times should match those in the community. (2.17)
- 5.30** Breakfast packs should be issued on the day of consumption. (2.18)
- 5.31** The bakery should be used to its full potential. (2.19)
- 5.32** All catering equipment should be maintained to a reasonable standard and quickly repaired when necessary. (2.20, repeated recommendation 2.91)
- 5.33** Staff should supervise wing food preparation and storage facilities to help ensure consistent levels of safety and hygiene. (2.21)
- 5.34** Prisoners should receive timely and focused responses to their applications. (2.28)
- 5.35** The reason for the high number of complaints submitted should be investigated and action taken to ensure that issues are dealt with at the appropriate level. (2.29, repeated recommendation 2.38)
- 5.36** Prisoners should have unrestricted access to a computer for the purpose of addressing legal issues. (2.30)
- 5.37** Investigations should be carried out into prisoners' perceptions about the difficulty of attending legal visits and the opening of privileged correspondence. This should be done in consultation with prisoners and action taken to address the findings. (2.31)

## Equality, diversity and faith

- 5.38** Investigations into discrimination incident reports should always include talking to the complainant. Underlying patterns of discrimination of which the complainant gives prima facie evidence should also be investigated. (2.35)
- 5.39** Each protected characteristic should have its own prisoner forum to provide opportunities for consultation, support and information. (2.43, repeated recommendation 2.22)
- 5.40** Prisoners with disabilities should be kept safe, particularly in emergency situations, and reasonable accommodation should be made for their needs. (2.44)

- 5.41** Managers should explore why it is difficult for prisoners to identify as gay or bisexual at The Mount and take action to address this problem, including provision of appropriate services and facilities. (2.45)

#### Health, well-being and social care

- 5.42** Prisoners should not routinely wait in health care for excessive periods before and after appointments. (2.57)
- 5.43** All health care practitioners should receive regular, documented clinical supervision. (2.58)
- 5.44** Prisoners should have timely access to podiatry services equivalent to community waiting times. (2.73)
- 5.45** Escort arrangements should meet the health care needs of the population effectively. (2.74)
- 5.46** The memorandum of understanding between the governor and local authority should be extended to include resources for social care when it is required. Social care assessments should be completed without delay. (2.77)
- 5.47** Prisoners with mental health conditions should have prompt access to an evidence-based range of support which meets their identified needs. (2.87)
- 5.48** All patient information should be clearly recorded on SystemOne, the main patient record. (2.88)
- 5.49** Transdermal patches should be applied in line with the manufacturer's instructions and recorded in the patient's medical record. (2.99)
- 5.50** Patients should have access to routine dental appointments within six weeks. (2.101)
- 5.51** Cleaning and maintenance arrangements should support dental staff in the provision of dental care to prisoners. (2.102)

#### Time out of cell

- 5.52** The library and PE departments should gather sufficient data to understand trends, identify non-users and ensure delivery of a service that meets the needs of all prisoners. (3.11)
- 5.53** The PE department should be sufficiently resourced to deliver a balance of accredited courses and recreational gym, including support for prisoners in need of health and well-being interventions. (3.12)

#### Education, skills and work activities

- 5.54** Managers should ensure that the functional skills of all prisoners are assessed on induction, and that prisoners with lower-level skills in English and mathematics are encouraged to improve these skills. (3.22)
- 5.55** The prison should develop links with external employers to assist with curriculum development and employment opportunities, enable prisoners to use the virtual campus and monitor job outcomes after release. (3.23)
- 5.56** The prison should provide, and enforce the use of, personal protective equipment. (3.24)

- 5.57** Teachers should ensure that the range of class activities reflects the needs of all learners and can be adapted to large or small classes. (3.31)
- 5.58** The promotion of equality and diversity should be embedded in all areas. (3.32)
- 5.59** Instructors in work areas should set and monitor performance targets for prisoners, to help them develop their employability skills. (3.37)
- 5.60** Prisoners employed in workshops should be able to obtain industry-recognised qualifications. (3.42)

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

- 5.61** Family visits should be available to all prisoners. (4.8, repeated recommendation 4.56)
- 5.62** People booking visits should be able to do so in a single transaction without undue waiting, through a second telephone line, a call queuing system or other practical solution. (4.9)

#### **Reducing risk, rehabilitation and progression**

- 5.63** The recategorisation process should be transparent and consider all relevant information, including from prisoners, and lead to consistent decision-making. (4.21)
- 5.64** The interdepartmental risk management team (IRMT) meeting should be attended by representatives from all key departments across the prison. All high-risk prisoners due for release should be reviewed through the IRMT and there should be consistent quality assurance to improve the usefulness of MAPPA F reports. (4.22)

#### **Interventions**

- 5.65** Sufficient, appropriate offending behaviour programmes should be delivered to meet the needs of the whole population. (4.28)
- 5.66** The use of in-cell work books should be reviewed to determine their effectiveness. (4.29)
- 5.67** Outcome data on debt management and sustainable housing should be routinely made available, analysed by the reducing reoffending strategy group and used to determine the most effective interventions for prisoners. (4.30)

#### **Release planning**

- 5.68** All sentenced prisoners should have a clear resettlement plan outlining work that has been undertaken by all departments to reduce the risk of reoffending and what is outstanding. (4.34)
- 5.69** Offender supervisors should play an active role in pre-release planning with resettlement staff and community based responsible officers. (4.35)

## Examples of good practice

- 5.70** Belong, a registered charity, worked with prisoners and staff to support victims and perpetrators of violence through a systematic and well-documented restorative justice approach. (1.22)
- 5.71** Two nurses attending code blue incidents ensured competent support for the resuscitating nurse, and the use of a mobile communication device allowed nurses to talk directly to paramedics and others, making resuscitation communications and practices more efficient. (2.59)
- 5.72** Effective use was made of the health and well-being champions who provided useful health promotion and well-being support for their peers. (2.66)
- 5.73** The multidisciplinary team approach to pain management was a positive initiative to ensure appropriate clinical management and care. (2.75)
- 5.74** The library service provided multi-faceted support for prisoners studying on open and distance learning, with good links to the Open University regional office and the use of computers to complete assignments. (3.43)

## Section 6. Appendices

### Appendix I: Inspection team

Peter Clarke	Chief inspector
Hindpal Singh Bhui	Team leader
Bev Alden	Inspector
Colin Carroll	Inspector
Martin Kettle	Inspector
Keith McInnis	Inspector
Tamara Pattinson	Inspector
Kam Sarai	Inspector
Tamara al Janabi	Researcher
Catherine Shaw	Researcher
Charli Bradley	Researcher
Emily Spilman	Researcher
Maureen Jamieson	Lead health and social care inspector
Paul Tarbuck	Health and social care inspector
Anne Melrose	Pharmacist
Joanne MacDonald	Care Quality Commission inspector
Steve Oliver-Watts	Ofsted inspector
Diane Koppitt	Ofsted inspector
Darryl Jones	Ofsted inspector
Keith Humphreys	Offender management inspector



## Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided. The recommendations in the main body of the report are based on the fifth edition of Expectations, but those below are based on the fourth edition. Their order may therefore differ slightly from the main report.

### Safety

**Prisoners, particularly the most vulnerable, are held safely.**

*At the last inspection in 2015, reception was welcoming. Early days arrangements were adequate and good use was made of peer supporters, but the lack of telephone interpreting presented a significant risk. The induction programme was good. Few prisoners felt unsafe and levels of violence were not high, but too little was done to support victims. The quality of care for those at risk of self-harm was reasonable. Security was well managed. Prisoners told us drugs and alcohol were easily available but the prison was responding comprehensively to the threats. The number of adjudications and levels of use of force were higher than elsewhere but generally well managed. Special accommodation was used too often. Too many prisoners were transferred to other prisons from the segregation unit without their issues being addressed. Substance misuse treatment was good but was undermined by the mix of prisoners on the recovery wing. Outcomes for prisoners were reasonably good against this healthy prison test.*

### Main recommendations

Professional telephone interpreting should be available in reception. Staff should use this service to assess prisoners' health needs on arrival, and to assess, inform and consult them during their sentence. (S53)

**Partially achieved**

The underlying causes behind problems or vulnerable behaviour should be effectively and appropriately addressed, and options for each prisoner's safe reintegration back into the main prison or transfer should be identified. (S54)

**Not achieved**

### Recommendations

Reception should stay open over the lunch period, to avoid unnecessary delays in prisoners disembarking from escort vans. (1.4)

**Achieved**

Reception interviews should be undertaken in private. (1.14)

**Not achieved**

All new prisoners should receive the full range of first night activities, such as telephone calls and showers, and be provided with an adequate amount of prison-issue clothing. (1.15)

**Not achieved**

First night staff should know where new prisoners are located and provide additional checks to promote their safety. (I.16)

**Achieved**

A localised violence reduction strategy should be developed, based on all the intelligence gathered and trend information about the establishment, and should include the direct challenging of perpetrators, more use of structured interventions and individualised support to victims. (I.23)

**Not achieved**

All Prisons and Probation Ombudsman recommendations should be reviewed regularly to evidence full and ongoing achievement. (I.32)

**Partially achieved**

Procedures for managing in-cell incidents of self-harm should be clarified and communicated to all staff. (I.33)

**Achieved**

The quality of assessment, care in custody and teamwork (ACCT) care maps should be improved, to identify and address all underlying risk factors. (I.34)

**Achieved**

All prisoners at acute risk of self-harm who are placed on constant watch should have access to an individualised and constructive daily regime. (I.35)

**Achieved**

Access to Listeners should be reviewed and improved. (I.36)

**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. (I.39)

**Achieved**

Closed visits should only be applied in response to trafficking-related activity. (I.47)

**Not achieved**

All use of force dossiers should be complete, including a F213 form. (I.58)

**Not achieved**

All uses of batons should be reviewed, to ensure proportionality. (I.59)

**Not achieved**

Robust governance arrangements should ensure that the use of the special cell is reduced, authorised only as a last resort and that all paperwork is fully completed. (I.60)

**Not achieved**

Reintegration planning for prisoners on the segregation unit should be formalised and individual objectives should be set, according to their needs and risks. (I.65)

**Not achieved**

All segregated prisoners should be offered at least an hour's exercise in the open air. (I.66)

**Not achieved**

Only prisoners engaged in recovery should be housed on the recovery wing. (I.76)

**No longer relevant**

Officers working on the recovery unit should be specially selected and trained for the task. (1.77)

**No longer relevant**

Officers supervising medication queues should consistently prevent overcrowding of the hatch area. (1.78)

**Achieved**

## Respect

**Prisoners are treated with respect for their human dignity.**

*At the last inspection in 2015, the prison was clean and well maintained. Prisoners had good access to telephones, showers, a laundry and on-wing cooking facilities. Most prisoners said that staff treated them respectfully but were very busy. The application system was poor and prisoners had little confidence in it. The number of complaints submitted was high but they were well managed. Equality and diversity arrangements were satisfactory for most groups. Health services were reasonably good overall but medicines management was poor. Outcomes for prisoners were reasonably good against this healthy prison test.*

### Recommendations

Two prisoners should not share cells meant for one. (2.8)

**Not achieved**

Toilets in all cells should be appropriately screened. (2.9)

**Not achieved**

The applications process should be standardised across the prison and should include an active tracking system. (2.10)

**Achieved**

Staff should have regular, meaningful contact with prisoners and this should be recorded. (2.14)

**Not achieved**

Comprehensive equality data across all protected characteristics should be collated and interrogated, and action should be taken to address any identified inequality. (2.20)

**Not achieved**

Responses to discrimination incidents should be completed within an agreed time frame. (2.21)

**Achieved**

Each protected characteristic should have its own prisoner forum to provide opportunities for consultation, support and information. (2.22)

**Not achieved** (Recommendation repeated, 2.43)

The negative perceptions of prisoners with disabilities should be explored and any necessary action taken. (2.29)

**Not achieved**

Older prisoners with specific needs and all those with a disability should have, and be involved in the development and regular update of, a multidisciplinary care plan that sets out how their needs are to be met, in line with the Care Act 2014. (2.30)

**Not achieved**

Services and facilities for gay and bisexual prisoners should be developed. (2.31)

**Not achieved**

The reason for the high number of complaints submitted should be investigated and action taken to ensure that issues are dealt with at the appropriate level. (2.38)

**Not achieved** (Recommendation repeated, 2.29)

Health staff should have easy access to regular recorded supervision and all required mandatory training. (2.54)

**Partially achieved**

Prisoners should not have to queue for long periods to access the health centre and receive their medication. (2.55)

**Achieved**

Staff should ensure that patients receive follow-up appointments as determined by health assessments. Those who fail to attend appointments or collect their medicines should be routinely followed up. (2.56)

**Achieved**

All custodial staff should be aware of the location of emergency equipment and what to do in an emergency. (2.57)

**Partially achieved**

Prisoners should be able to complain about health services through a well-publicised confidential system and all responses to complaints should be timely and fully address all the issues raised. (2.58)

**Achieved**

Health information and health promotion information should be available in a range of formats and languages, and accessible to all prisoners. (2.59)

**Achieved**

Secondary dispensing should cease and medicines should be transported in a safe manner. (2.69)

**Achieved**

Pharmacy staff involved in the administration of medication should receive appropriate training for this activity and pharmacist medication reviews should be available. (2.70)

**Achieved**

A clear administration chart, which records the issue of individual medications, should be used and prisoners who do not attend for their medication should be followed up. (2.71)

**Achieved**

The use of general sales list medicines should be reviewed to ensure consistency in the issuing of medication, and additional patient group directions should be introduced to enable the pharmacist or nurse to supply more potent medication, avoiding unnecessary consultations with the doctor. (2.72)

**Achieved**

There should be effective ventilation in the dental suite and waiting area, to ensure a therapeutic and comfortable environment for patients and staff. (2.77)

**Achieved**

Prisoners should have access to routine dental appointments within six weeks. (2.78)

**Not achieved**

Prisoners should have timely access to a full range of care-planned support for mild and moderate mental health problems, including a dedicated primary mental health nurse and group therapies. (2.84)

**Not achieved**

Breakfast packs should be issued on the day of consumption. (2.90)

**Not achieved**

All catering equipment should be maintained to a reasonable standard and quickly repaired when necessary. (2.91)

**Not achieved** (Recommendation repeated, 2.20)

Prisoners should not be expected to pay an administration charge for catalogue orders. (2.96)

**Not achieved**

## Purposeful activity

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

*At the last inspection in 2015, for most prisoners, the amount of time out of cell and access to association were good but too many were locked up during the working day. The management of learning and skills and work activities was good. There were too few activity places and too many prisoners were unemployed but plans to meet the needs of the additional population were well advanced. The range of activities was good but more progression routes were required and prisoners needed to be better allocated to activities suited to their needs. The quality of facilities and teaching and learning was mostly good. Prisoners achieved well, particularly in English and mathematics. Library and PE provision was good. Outcomes for prisoners were reasonably good against this healthy prison test.*

### Main recommendation

Plans to increase the number of activity places to meet the new and increased population should be implemented as soon as possible and prisoners should be allocated to an activity which meets their needs. (S55)

**Partially achieved**

### Recommendations

Prisoners should have access to evening association periods. (3.3)

**Not achieved**

The prison should provide sufficient, appropriately qualified and experienced staff to deliver teaching and training in all planned sessions. (3.11)

**Not achieved**

The supply of materials to the workshops and the work flows should provide continuous activity for prisoners in these settings. (3.17)

**Not achieved**

The outcomes for learners on English for speakers of other languages courses should be improved. (3.28)

**Not achieved**

Library orderlies should be provided with the opportunity to achieve an appropriate vocational qualification. (3.34)

**Not achieved**

All prisoners should have access to drinking water while exercising. (3.40)

**Not achieved**

Use and care of the cardiovascular equipment on the wings should be closely managed and maintained. (3.41)

**Not achieved**

## Resettlement

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

*At the last inspection in 2015, the strategic management of resettlement was good but arrangements for the new resettlement providers were unclear, despite their imminent introduction. Offender management was reasonable but prisoners were dissatisfied with it, mainly due to limited face-to-face contact with offender supervisors. Public protection arrangements were very good. Recategorisation processes were efficient but a number of prisoners were dissatisfied with their progress. Provision for indeterminate-sentenced prisoners was good. Existing reintegration planning was weak, too few prisoners knew where to go for help and we were not assured that the new arrangements would meet the needs of the whole population. Resettlement pathway provision was reasonable, with particularly good support for drug users, but more needed to be done to help prisoners find employment and maintain contact with family and friends. Outcomes for prisoners were reasonably good against this healthy prison test.*

### Main recommendations

Arrangements to identify and meet the resettlement needs of all prisoners (not just those within the remit of the community rehabilitation companies) should be put in place immediately. (S56)

**Not achieved**

A full programme of family support work should be provided and visits facilities should be upgraded to meet the needs of the population. (S57)

**Not achieved**

### Recommendations

The reducing reoffending strategy and action plan should be updated to reflect new resettlement arrangements. (4.6)

**Not achieved**

The resettlement committee should set up further mechanisms to monitor the views and outcomes for prisoners of resettlement services. (4.7)

**Not achieved**

Offender assessment system (OASys) risk assessments and sentence plans should be complete and up to date for all prisoners. The resources for offender supervisors should be reviewed, to allow them sufficient time to undertake the full requirements of the role. (4.17)

**Not achieved**

Prisoners' recategorisation should not be held back to complete a programme unless completion would significantly affect their risk level. (4.24)

**Not achieved**

Education, training and employment provision should be adequately publicised and all prisoners should receive appropriate training and advice before release, to meet their resettlement needs. (4.41)

**Not achieved**

The virtual campus should be used to support prisoners' active job searches. (4.42)

**Not achieved**

Family visits should be available to all prisoners. (4.56)

**Not achieved** (Recommendation repeated, 4.8)



## Appendix III: 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		934	95.5
Recall		41	4.19
Convicted unsentenced			
Remand			
Civil prisoners		0	0.00
Detainees		3	0.3
<b>Total</b>		<b>978</b>	

Sentence	18–20 yr olds	21 and over	%
Unsentenced			
Less than six months		2	0.20
six months to less than 12 months		6	0.61
12 months to less than 2 years		23	2.35
2 years to less than 4 years		121	12.37
4 years to less than 10 years		503	51.43
10 years and over (not life)		192	19.63
ISPP (indeterminate sentence for public protection)		53	5.41
Life		78	7.97
<b>Total</b>		<b>978</b>	

Age	Number of prisoners	%
Please state minimum age here:	21	
Under 21 years	0	
21 years to 29 years	380	39
30 years to 39 years	311	32
40 years to 49 years	173	9
50 years to 59 years	90	10
60 years to 69 years	20	0.02
70 plus years	4	0.0004
Please state maximum age here:		
<b>Total</b>	<b>978</b>	

Nationality	18–20 yr olds	21 and over	%
British		823	84
Foreign nationals		155	16
<b>Total</b>		<b>978</b>	

<b>Security category</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Uncategorised unsentenced			
Uncategorised sentenced			
Category A			
Category B		1	0.01
Category C		953	97
Category D		24	0.02
Other		0	0.00
<b>Total</b>		<b>978</b>	

<b>Ethnicity</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
White			
British		361	36.91
Irish		19	1.94
Gypsy/Irish Traveller		13	1.32
Other white		132	13.49
Mixed			
White and black Caribbean		39	3.98
White and black African		7	0.71
White and Asian		3	0.30
Other mixed		13	1.32
Asian or Asian British			
Indian		34	3.47
Pakistani		37	3.78
Bangladeshi		17	1.73
Chinese		1	0.10
Other Asian		26	2.65
Black or black British			
Caribbean		128	13.08
African		74	7.56
Other black		46	4.70
Other ethnic group			
Arab		3	0.30
Other ethnic group		23	2.35
Not stated		2	0.20
<b>Total</b>		<b>978</b>	

<b>Religion</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Baptist		1	0.10
Church of England		116	11.86
Roman Catholic		206	21.06
Other Christian denominations		98	10.02
Muslim		296	30.47
Sikh		19	1.94
Hindu		9	0.92
Buddhist		14	1.43
Jewish		9	0.92
Other		48	4.90
No religion		162	16.56
<b>Total</b>		<b>978</b>	

<b>Other demographics</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Veteran (ex-armed services)			
<b>Total</b>			

### Sentenced prisoners only

<b>Length of stay</b>	<b>18–20 yr olds</b>		<b>21 and over</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Less than 1 month			29	2.96
1 month to 3 months			156	15.95
3 months to six months			124	12.67
six months to 1 year			294	30.06
1 year to 2 years			227	23.21
2 years to 4 years			128	13.08
4 years or more			20	2.04
<b>Total</b>			<b>978</b>	

### Sentenced prisoners only

	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Foreign nationals detained post sentence expiry		3	0.30
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).		1	0.10
<b>Total</b>			

### Unsentenced prisoners only

<b>Length of stay</b>	<b>18–20 yr olds</b>		<b>21 and over</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Less than 1 month				
1 month to 3 months				
3 months to six months				
six months to 1 year				
1 year to 2 years				
2 years to 4 years				
4 years or more				
<b>Total</b>				

<b>Main offence</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Violence against the person		294	30.06
Sexual offences		0	0.00
Burglary		91	9.30
Robbery		127	12.98
Theft and handling		13	1.32
Fraud and forgery		47	4.80
Drugs offences		288	29.44
Other offences		118	12.06
Civil offences			
Offence not recorded /holding warrant			

# Appendix IV: Prisoner survey methodology and results

## Prisoner survey methodology

A representative survey of prisoners is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection.

HMIP researchers have developed a self-completion questionnaire to support HMIP Expectations. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express in their own words what they find most positive and negative about the prison<sup>28</sup>.

The questionnaire is available in 14 languages and can also be administered via a telephone interpreting service if necessary.

The questionnaire was revised during 2016-17, in consultation with both inspectors and prisoners. The current version has been in use since September 2017.

## Sampling

On the day of the survey a stratified random sample is drawn by HMIP researchers from a P-NOMIS prisoner population printout ordered by cell location. Using a power calculation, HMIP researchers calculate the minimum sample size required to ensure that the survey findings are representative of the entire population of the establishment.<sup>29</sup>

### Distributing and collecting questionnaires

HMIP researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent<sup>30</sup> to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity. Prisoners are made aware that participation in the survey is voluntary; refusals are noted but not replaced within the sample. Those who agree to participate are provided with a sealable envelope for their completed questionnaire and told when we will be returning to collect it. We make arrangements to administer the questionnaire via a face-to-face interview for respondents who disclose literacy difficulties.

### Survey response

At the time of the survey on 30 April 2018, the prisoner population at HMP The Mount was 981. Using the sampling method described above, questionnaires were distributed to 218 prisoners. We received a total of 156 completed questionnaires, a response rate of 72%<sup>31</sup>. No questionnaires were

<sup>28</sup> Qualitative analysis of these written comments is undertaken by HMIP researchers and used by inspectors.

<sup>29</sup> 95% confidence interval with a 7% margin of error. The formula assumes a 75% response rate (65% in open establishments).

<sup>30</sup> For further information about the ethical principles which underpin our survey methodology, please see 'Ethical principles for research activities' which can be downloaded from HMIP's website <http://www.justiceinspectorates.gov.uk/hmiprison/about-our-inspections/>

<sup>31</sup> The response rate at The Mount was below the anticipated 75% resulting in a slightly larger margin of error than in other comparable surveys.

completed via face-to-face interview. Twenty-two prisoners declined to participate in the survey and 40 questionnaires were either not returned at all, or returned blank.

## Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP The Mount. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared.<sup>32</sup> Missing responses have been excluded from all analyses and for some questions, responses from a sub-group of the sample are reported (as indicated in the data).

### Full survey results

A full breakdown of responses is provided for every question. Percentages have been rounded and therefore may not add up to 100%.

### Responses from HMP The Mount 2018 compared with those from other HMIP surveys<sup>33</sup>

- Survey responses from HMP The Mount in 2018 compared with survey responses from the most recent inspection at all other category C training prisons.
- Survey responses from HMP The Mount in 2018 compared with survey responses from other category C training prisons inspected since September 2017.
- Survey responses from HMP The Mount in 2018 compared with survey responses from HMP The Mount in 2015.

### Comparisons between sub-populations of prisoners within HMP The Mount 2018<sup>34</sup>

- white prisoners' responses compared with those of prisoners from black or minority ethnic groups.
- British nationals' responses compared with those of foreign nationals.
- Muslim prisoners' responses compared with those of non-Muslim prisoners.
- disabled prisoners' responses compared with those who do not have a disability.
- responses of prisoners with mental health problems compared with those who do not have mental health problems.
- responses of prisoners aged 50 and over compared with those under 50.
- responses of prisoners aged 25 and under compared with those over 25.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group.<sup>35</sup>

In the comparator analyses, statistically significant<sup>36</sup> differences are indicated by shading. Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant difference in demographic or other background details. If there is no shading, any difference between the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there are no valid comparative data for that question.

<sup>32</sup> Using the Chi-square test (or Fisher's exact test if there are fewer than five responses in a group).

<sup>33</sup> These analyses are carried out on summary data from all survey questions. As we have been using a new version of the questionnaire since September 2017, we do not yet have full comparator data for all questions.

<sup>34</sup> These analyses are carried out on summary data from selected survey questions only.

<sup>35</sup> A minimum of 10 responses which must also represent at least 10% of the total response.

<sup>36</sup> 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. In order to appropriately adjust p-values in light of multiple testing,  $p < 0.01$  is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

# Survey results

## Background information

<b>I.1</b>	<b>What wing or houseblock are you currently living on?</b>	
	Brister Wing.....	18 (12%)
	Dixon Wing.....	23 (15%)
	Ellis Wing.....	12 (8%)
	Fowler Wing.....	10 (6%)
	Howard Wing.....	15 (10%)
	Lakes Wing.....	18 (12%)
	Narey Wing.....	10 (6%)
	Annexe Wing.....	10 (6%)
	Nash Wing.....	39 (25%)
	Segregation unit.....	1 (1%)
<b>I.2</b>	<b>How old are you?</b>	
	Under 21.....	0 (0%)
	21 - 25.....	31 (20%)
	26 - 29.....	29 (19%)
	30 - 39.....	45 (29%)
	40 - 49.....	31 (20%)
	50 - 59.....	15 (10%)
	60 - 69.....	2 (1%)
	70 or over.....	1 (1%)
<b>I.3</b>	<b>What is your ethnic group?</b>	
	White - English/ Welsh/ Scottish/ Northern Irish/ British.....	57 (37%)
	White - Irish.....	3 (2%)
	White - Gypsy or Irish Traveller.....	2 (1%)
	White - any other White background.....	18 (12%)
	Mixed - White and Black Caribbean.....	10 (7%)
	Mixed - White and Black African.....	4 (3%)
	Mixed - White and Asian.....	1 (1%)
	Mixed - any other Mixed ethnic background.....	2 (1%)
	Asian/ Asian British - Indian.....	9 (6%)
	Asian/ Asian British - Pakistani.....	7 (5%)
	Asian/ Asian British - Bangladeshi.....	1 (1%)
	Asian/ Asian British - Chinese.....	0 (0%)
	Asian - any other Asian Background.....	0 (0%)
	Black/ Black British - Caribbean.....	19 (12%)
	Black/ Black British - African.....	10 (7%)
	Black - any other Black/ African/ Caribbean background.....	2 (1%)
	Arab.....	2 (1%)
	Any other ethnic group.....	6 (4%)
<b>I.4</b>	<b>How long have you been in this prison?</b>	
	Less than 6 months.....	38 (26%)
	6 months or more.....	110 (74%)

<b>1.5</b>	<b>Are you currently serving a sentence?</b>	
	Yes .....	147 (96%)
	Yes - on recall .....	5 (3%)
	No - on remand or awaiting sentence .....	0 (0%)
	No - immigration detainee.....	1 (1%)
<b>1.6</b>	<b>How long is your sentence?</b>	
	Less than 6 months.....	0 (0%)
	6 months to less than 1 year .....	2 (1%)
	1 year to less than 4 years .....	26 (17%)
	4 years to less than 10 years .....	78 (51%)
	10 years or more .....	29 (19%)
	IPP (indeterminate sentence for public protection) .....	2 (1%)
	Life .....	14 (9%)
	Not currently serving a sentence.....	1 (1%)
<b>Arrival and reception</b>		
<b>2.1</b>	<b>Were you given up-to-date information about this prison before you came here?</b>	
	Yes .....	25 (16%)
	No.....	116 (75%)
	Don't remember .....	13 (8%)
<b>2.2</b>	<b>When you arrived at this prison, how long did you spend in reception?</b>	
	Less than 2 hours .....	74 (48%)
	2 hours or more.....	73 (47%)
	Don't remember .....	7 (5%)
<b>2.3</b>	<b>When you were searched in reception, was this done in a respectful way?</b>	
	Yes .....	135 (88%)
	No.....	9 (6%)
	Don't remember .....	9 (6%)
<b>2.4</b>	<b>Overall, how were you treated in reception?</b>	
	Very well .....	43 (28%)
	Quite well .....	91 (59%)
	Quite badly .....	10 (6%)
	Very badly .....	5 (3%)
	Don't remember .....	5 (3%)
<b>2.5</b>	<b>When you first arrived here, did you have any of the following problems?</b>	
	Problems getting phone numbers .....	39 (26%)
	Contacting family.....	40 (26%)
	Arranging care for children or other dependants.....	2 (1%)
	Contacting employers .....	2 (1%)
	Money worries.....	26 (17%)
	Housing worries .....	14 (9%)
	Feeling depressed.....	35 (23%)
	Feeling suicidal.....	10 (7%)
	Other mental health problems .....	14 (9%)
	Physical health problems .....	18 (12%)
	Drug or alcohol problems (e.g. withdrawal) .....	6 (4%)
	Problems getting medication .....	26 (17%)
	Needing protection from other prisoners.....	4 (3%)
	Lost or delayed property .....	55 (36%)
	Other problems.....	13 (9%)
	Did not have any problems.....	41 (27%)

<b>2.6</b>	<b>Did staff help you to deal with these problems when you first arrived?</b>	
	Yes .....	26 (18%)
	No .....	80 (54%)
	Did not have any problems when I first arrived .....	41 (28%)

### First night and induction

<b>3.1</b>	<b>Before you were locked up on your first night here, were you offered any of the following things?</b>			
	Tobacco or nicotine replacement .....	103 (68%)		
	Toiletries / other basic items .....	70 (46%)		
	A shower .....	55 (36%)		
	A free phone call .....	67 (44%)		
	Something to eat .....	103 (68%)		
	The chance to see someone from health care .....	94 (62%)		
	The chance to talk to a Listener or Samaritans .....	29 (19%)		
	Support from another prisoner (e.g. Insider or buddy) .....	39 (26%)		
	Wasn't offered any of these things .....	11 (7%)		
<b>3.2</b>	<b>On your first night in this prison, how clean or dirty was your cell?</b>			
	Very clean .....	5 (3%)		
	Quite clean .....	43 (28%)		
	Quite dirty .....	51 (33%)		
	Very dirty .....	53 (34%)		
	Don't remember .....	2 (1%)		
<b>3.3</b>	<b>Did you feel safe on your first night here?</b>			
	Yes .....	103 (67%)		
	No .....	42 (27%)		
	Don't remember .....	8 (5%)		
<b>3.4</b>	<b>In your first few days here, did you get:</b>			
		Yes	No	Don't remember
	Access to the prison shop / canteen?	65 (44%)	77 (52%)	7 (5%)
	Free PIN phone credit?	82 (57%)	56 (39%)	6 (4%)
	Numbers put on your PIN phone?	62 (45%)	65 (47%)	10 (7%)
<b>3.5</b>	<b>Did your induction cover everything you needed to know about this prison?</b>			
	Yes .....	64 (42%)		
	No .....	78 (51%)		
	Have not had an induction .....	11 (7%)		

### On the wing

<b>4.1</b>	<b>Are you in a cell on your own?</b>	
	Yes .....	120 (77%)
	No, I'm in a shared cell or dormitory .....	35 (23%)
<b>4.2</b>	<b>Is your cell call bell normally answered within 5 minutes?</b>	
	Yes .....	22 (14%)
	No .....	117 (76%)
	Don't know .....	12 (8%)
	Don't have a cell call bell .....	2 (1%)

**4.3 Please answer the following questions about the wing or houseblock you are currently living on:**

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	75 (49%)	74 (48%)	4 (3%)
Can you shower every day?	113 (75%)	36 (24%)	1 (1%)
Do you have clean sheets every week?	50 (34%)	95 (64%)	4 (3%)
Do you get cell cleaning materials every week?	80 (53%)	68 (45%)	2 (1%)
Is it normally quiet enough for you to relax or sleep at night?	91 (63%)	51 (35%)	3 (2%)
Can you get your stored property if you need it?	25 (17%)	92 (61%)	33 (22%)

**4.4 Normally, how clean or dirty are the communal / shared areas of your wing or houseblock (landings, stairs, wing showers etc.)?**

Very clean .....	14 (9%)
Quite clean .....	55 (36%)
Quite dirty .....	52 (34%)
Very dirty .....	32 (21%)

**Food and canteen**

**5.1 What is the quality of food like in this prison?**

Very good.....	2 (1%)
Quite good.....	26 (17%)
Quite bad .....	70 (45%)
Very bad .....	56 (36%)

**5.2 Do you get enough to eat at mealtimes?**

Always.....	13 (8%)
Most of the time.....	33 (21%)
Some of the time.....	68 (44%)
Never.....	40 (26%)

**5.3 Does the shop / canteen sell the things that you need?**

Yes.....	85 (56%)
No.....	63 (42%)
Don't know.....	3 (2%)

**Relationships with staff**

**6.1 Do most staff here treat you with respect?**

Yes.....	82 (55%)
No.....	66 (45%)

**6.2 Are there any staff here you could turn to if you had a problem?**

Yes.....	94 (64%)
No.....	52 (36%)

**6.3 In the last week, has any member of staff talked to you about how you are getting on?**

Yes.....	33 (22%)
No.....	119 (78%)

<b>6.4</b>	<b>How helpful is your personal or named officer?</b>	
	Very helpful.....	21 (15%)
	Quite helpful.....	27 (19%)
	Not very helpful.....	19 (13%)
	Not at all helpful.....	26 (18%)
	Don't know.....	18 (13%)
	Don't have a personal / named officer .....	31 (22%)
<b>6.5</b>	<b>How often do you see prison governors, directors or senior managers talking to prisoners?</b>	
	Regularly.....	7 (5%)
	Sometimes.....	32 (21%)
	Hardly ever.....	103 (68%)
	Don't know.....	9 (6%)
<b>6.6</b>	<b>Do you feel that you are treated as an individual in this prison?</b>	
	Yes.....	47 (33%)
	No.....	96 (67%)
<b>6.7</b>	<b>Are prisoners here consulted about things like food, canteen, health care or wing issues?</b>	
	Yes, and things sometimes change.....	16 (11%)
	Yes, but things don't change.....	44 (30%)
	No.....	72 (48%)
	Don't know.....	17 (11%)

## Faith

<b>7.1</b>	<b>What is your religion?</b>	
	No religion.....	40 (27%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations) .....	59 (40%)
	Buddhist.....	3 (2%)
	Hindu.....	3 (2%)
	Jewish .....	2 (1%)
	Muslim.....	35 (24%)
	Sikh .....	2 (1%)
	Other .....	2 (1%)
<b>7.2</b>	<b>Are your religious beliefs respected here?</b>	
	Yes.....	69 (46%)
	No.....	23 (15%)
	Don't know.....	18 (12%)
	Not applicable (no religion).....	40 (27%)
<b>7.3</b>	<b>Are you able to speak to a Chaplain of your faith in private, if you want to?</b>	
	Yes.....	65 (43%)
	No.....	18 (12%)
	Don't know.....	28 (19%)
	Not applicable (no religion).....	40 (26%)
<b>7.4</b>	<b>Are you able to attend religious services, if you want to?</b>	
	Yes.....	82 (55%)
	No.....	20 (13%)
	Don't know.....	8 (5%)
	Not applicable (no religion).....	40 (27%)

**Contact with family and friends**

<b>8.1</b>	<b>Have staff here encouraged you to keep in touch with your family / friends?</b>	
	Yes .....	22 (14%)
	No .....	130 (86%)
<b>8.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	Yes .....	104 (68%)
	No .....	48 (32%)
<b>8.3</b>	<b>Are you able to use a phone every day (if you have credit)?</b>	
	Yes .....	120 (79%)
	No .....	32 (21%)
<b>8.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	Very easy .....	15 (10%)
	Quite easy .....	51 (34%)
	Quite difficult .....	39 (26%)
	Very difficult .....	38 (25%)
	Don't know .....	9 (6%)
<b>8.5</b>	<b>How often do you have visits from family or friends?</b>	
	More than once a week .....	7 (5%)
	About once a week .....	27 (18%)
	Less than once a week .....	73 (49%)
	Not applicable (don't get visits) .....	42 (28%)
<b>8.6</b>	<b>Do visits usually start and finish on time?</b>	
	Yes .....	20 (19%)
	No .....	84 (81%)
<b>8.7</b>	<b>Are your visitors usually treated respectfully by staff?</b>	
	Yes .....	58 (59%)
	No .....	40 (41%)

**Time out of cell**

<b>9.1</b>	<b>Do you know what the unlock and lock-up times are supposed to be here (or roll check times if you are in an open prison)?</b>	
	Yes, and these times are usually kept to .....	37 (25%)
	Yes, but these times are not usually kept to .....	90 (60%)
	No .....	22 (15%)
<b>9.2</b>	<b>How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?</b>	
	Less than 2 hours .....	31 (21%)
	2 to 6 hours .....	72 (49%)
	6 to 10 hours .....	23 (16%)
	10 hours or more .....	13 (9%)
	Don't know .....	7 (5%)
<b>9.3</b>	<b>How long do you usually spend out of your cell on a typical Saturday or Sunday?</b>	
	Less than 2 hours .....	80 (55%)
	2 to 6 hours .....	48 (33%)
	6 to 10 hours .....	9 (6%)
	10 hours or more .....	6 (4%)
	Don't know .....	3 (2%)

<b>9.4</b>	<b>How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?</b>		
	None .....	9 (6%)	
	1 or 2 .....	29 (19%)	
	3 to 5.....	46 (31%)	
	More than 5.....	56 (38%)	
	Don't know.....	9 (6%)	
<b>9.5</b>	<b>How many days in a typical week do you get association, if you want it?</b>		
	None .....	7 (5%)	
	1 or 2 .....	21 (14%)	
	3 to 5.....	73 (49%)	
	More than 5.....	40 (27%)	
	Don't know.....	7 (5%)	
<b>9.6</b>	<b>How many days in a typical week could you go outside for exercise, if you wanted to?</b>		
	None .....	31 (21%)	
	1 or 2 .....	44 (30%)	
	3 to 5.....	48 (33%)	
	More than 5.....	15 (10%)	
	Don't know.....	8 (5%)	
<b>9.7</b>	<b>Typically, how often do you go to the gym?</b>		
	Twice a week or more .....	98 (66%)	
	About once a week.....	17 (11%)	
	Less than once a week.....	10 (7%)	
	Never .....	24 (16%)	
<b>9.8</b>	<b>Typically, how often do you go to the library?</b>		
	Twice a week or more .....	15 (10%)	
	About once a week.....	15 (10%)	
	Less than once a week.....	34 (23%)	
	Never .....	85 (57%)	
<b>9.9</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>		
	Yes .....	42 (30%)	
	No.....	15 (11%)	
	Don't use the library .....	85 (60%)	

### Applications, complaints and legal rights

<b>10.1</b>	<b>Is it easy for you to make an application?</b>		
	Yes.....	87 (58%)	
	No.....	56 (37%)	
	Don't know.....	8 (5%)	
<b>10.2</b>	<b>If you have made any applications here, please answer the questions below:</b>		
		Yes	No
			Not made any applications
	Are applications usually dealt with fairly?	39 (28%)	94 (68%)
	Are applications usually dealt with within 7 days?	17 (12%)	119 (84%)
			6 (4%)
			6 (4%)

<b>10.3</b>	<b>Is it easy for you to make a complaint?</b>				
	Yes .....			81 (54%)	
	No .....			43 (28%)	
	Don't know .....			27 (18%)	
<b>10.4</b>	<b>If you have made any complaints here, please answer the questions below:</b>				
		Yes	No	Not made any complaints	
	Are complaints usually dealt with fairly?	17 (12%)	85 (62%)	36 (26%)	
	Are complaints usually dealt with within 7 days?	18 (13%)	82 (60%)	36 (26%)	
<b>10.5</b>	<b>Have you ever been prevented from making a complaint here when you wanted to?</b>				
	Yes .....			35 (25%)	
	No .....			77 (55%)	
	Not wanted to make a complaint .....			28 (20%)	
<b>10.6</b>	<b>In this prison, is it easy or difficult for you to...</b>				
		Easy	Difficult	Don't know	
				Don't need this	
	Communicate with your solicitor or legal representative?	39 (27%)	49 (34%)	40 (27%)	18 (12%)
	Attend legal visits?	43 (31%)	28 (20%)	45 (32%)	24 (17%)
	Get bail information?	6 (4%)	35 (25%)	53 (38%)	45 (32%)
<b>10.7</b>	<b>Have staff here ever opened letters from your solicitor or legal representative when you were not present?</b>				
	Yes .....			71 (49%)	
	No .....			35 (24%)	
	Not had any legal letters .....			40 (27%)	

## Health care

<b>11.1</b>	<b>How easy or difficult is it to see the following people?</b>					
		Very easy	Quite easy	Quite difficult	Very difficult	Don't know
	Doctor	7 (5%)	48 (32%)	55 (37%)	27 (18%)	12 (8%)
	Nurse	22 (15%)	57 (39%)	34 (23%)	18 (12%)	14 (10%)
	Dentist	4 (3%)	16 (11%)	41 (28%)	64 (43%)	23 (16%)
	Mental health workers	4 (3%)	11 (8%)	23 (16%)	28 (20%)	75 (53%)
<b>11.2</b>	<b>What do you think of the quality of the health service from the following people?</b>					
		Very good	Quite good	Quite bad	Very bad	Don't know
	Doctor	10 (7%)	46 (31%)	33 (22%)	29 (20%)	29 (20%)
	Nurse	24 (17%)	62 (43%)	21 (15%)	16 (11%)	21 (15%)
	Dentist	19 (13%)	39 (27%)	19 (13%)	21 (15%)	46 (32%)
	Mental health workers	6 (4%)	11 (8%)	14 (10%)	20 (15%)	84 (62%)
<b>11.3</b>	<b>Do you have any mental health problems?</b>					
	Yes .....				32 (21%)	
	No .....				118 (79%)	
<b>11.4</b>	<b>Have you been helped with your mental health problems in this prison?</b>					
	Yes .....				9 (6%)	
	No .....				22 (15%)	
	Don't have any mental health problems .....				118 (79%)	

<b>11.5</b>	<b>What do you think of the overall quality of the health services here?</b>	
	Very good.....	8 (5%)
	Quite good.....	52 (34%)
	Quite bad .....	42 (28%)
	Very bad .....	32 (21%)
	Don't know.....	17 (11%)
<b>Other support needs</b>		
<b>12.1</b>	<b>Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?</b>	
	Yes .....	32 (21%)
	No.....	117 (79%)
<b>12.2</b>	<b>If you have a disability, are you getting the support you need?</b>	
	Yes .....	10 (7%)
	No.....	19 (13%)
	Don't have a disability .....	117 (80%)
<b>12.3</b>	<b>Have you been on an ACCT in this prison?</b>	
	Yes .....	16 (11%)
	No.....	131 (89%)
<b>12.4</b>	<b>If you have been on an ACCT in this prison, did you feel cared for by staff?</b>	
	Yes .....	4 (3%)
	No.....	12 (8%)
	Have not been on an ACCT in this prison.....	131 (89%)
<b>12.5</b>	<b>How easy or difficult is it for you to speak to a Listener, if you need to?</b>	
	Very easy .....	26 (17%)
	Quite easy .....	29 (19%)
	Quite difficult .....	10 (7%)
	Very difficult .....	7 (5%)
	Don't know.....	75 (50%)
	No Listeners at this prison .....	3 (2%)

### Alcohol and drugs

<b>13.1</b>	<b>Did you have an alcohol problem when you came into this prison?</b>	
	Yes .....	14 (9%)
	No.....	137 (91%)
<b>13.2</b>	<b>Have you been helped with your alcohol problem in this prison?</b>	
	Yes .....	5 (3%)
	No.....	9 (6%)
	Did not / do not have an alcohol problem .....	137 (91%)
<b>13.3</b>	<b>Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?</b>	
	Yes .....	28 (19%)
	No.....	122 (81%)
<b>13.4</b>	<b>Have you developed a problem with illicit drugs since you have been in this prison?</b>	
	Yes .....	27 (18%)
	No.....	122 (82%)

<b>13.5</b>	<b>Have you developed a problem with taking medication not prescribed to you since you have been in this prison?</b>	
	Yes .....	13 (9%)
	No .....	136 (91%)
<b>13.6</b>	<b>Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?</b>	
	Yes .....	15 (10%)
	No .....	24 (16%)
	Did not / do not have a drug problem.....	107 (73%)
<b>13.7</b>	<b>Is it easy or difficult to get illicit drugs in this prison?</b>	
	Very easy .....	54 (36%)
	Quite easy .....	20 (13%)
	Quite difficult .....	3 (2%)
	Very difficult .....	4 (3%)
	Don't know.....	68 (46%)
<b>13.8</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy .....	45 (30%)
	Quite easy .....	19 (13%)
	Quite difficult .....	4 (3%)
	Very difficult .....	7 (5%)
	Don't know.....	76 (50%)

## Safety

<b>14.1</b>	<b>Have you ever felt unsafe here?</b>	
	Yes .....	73 (48%)
	No .....	78 (52%)
<b>14.2</b>	<b>Do you feel unsafe now?</b>	
	Yes .....	33 (22%)
	No .....	116 (78%)
<b>14.3</b>	<b>Have you experienced any of the following types of bullying / victimisation from other prisoners here? (Please tick all that apply to you.)</b>	
	Verbal abuse .....	32 (23%)
	Threats or intimidation.....	33 (23%)
	Physical assault.....	18 (13%)
	Sexual assault.....	2 (1%)
	Theft of canteen or property.....	33 (23%)
	Other bullying / victimisation .....	16 (11%)
	Not experienced any of these from prisoners here.....	93 (66%)
<b>14.4</b>	<b>If you were being bullied / victimised by other prisoners here, would you report it?</b>	
	Yes .....	34 (24%)
	No .....	110 (76%)

<b>14.5</b>	<b>Have you experienced any of the following types of bullying / victimisation from staff here? (Please tick all that apply to you.)</b>	
	Verbal abuse .....	38 (27%)
	Threats or intimidation.....	28 (20%)
	Physical assault.....	16 (11%)
	Sexual assault.....	3 (2%)
	Theft of canteen or property.....	19 (13%)
	Other bullying / victimisation .....	21 (15%)
	Not experienced any of these from staff here.....	85 (59%)

<b>14.6</b>	<b>If you were being bullied / victimised by staff here, would you report it?</b>	
	Yes .....	61 (43%)
	No.....	81 (57%)

### Behaviour management

<b>15.1</b>	<b>Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?</b>	
	Yes .....	61 (41%)
	No.....	72 (48%)
	Don't know what the incentives / rewards are .....	16 (11%)

<b>15.2</b>	<b>Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?</b>	
	Yes .....	43 (29%)
	No.....	71 (48%)
	Don't know.....	24 (16%)
	Don't know what this is .....	11 (7%)

<b>15.3</b>	<b>Have you been physically restrained by staff in this prison in the last 6 months?</b>	
	Yes .....	23 (15%)
	No.....	128 (85%)

<b>15.4</b>	<b>If you have been restrained by staff in this prison in the last 6 months, did anyone come and talk to you about it afterwards?</b>	
	Yes .....	2 (1%)
	No.....	20 (13%)
	Don't remember .....	1 (1%)
	Not been restrained here in last 6 months .....	128 (85%)

<b>15.5</b>	<b>Have you spent one or more nights in the segregation unit in this prison in the last 6 months?</b>	
	Yes .....	11 (7%)
	No.....	139 (93%)

<b>15.6</b>	<b>If you have spent one or more nights in the segregation unit in this prison in the last 6 months please answer the questions below:</b>		
		Yes	No
	Were you treated well by segregation staff?	6 (60%)	4 (40%)
	Could you shower every day?	7 (70%)	3 (30%)
	Could you go outside for exercise every day?	7 (70%)	3 (30%)
	Could you use the phone every day (if you had credit)?	7 (70%)	3 (30%)

**Education, skills and work****16.1 Is it easy or difficult to get into the following activities in this prison?**

	Easy	Difficult	Don't know	Not available here
Education	69 (47%)	54 (37%)	23 (16%)	0 (0%)
Vocational or skills training	30 (21%)	75 (54%)	33 (24%)	2 (1%)
Prison job	34 (24%)	91 (64%)	18 (13%)	0 (0%)
Voluntary work outside of the prison	2 (1%)	43 (31%)	41 (30%)	52 (38%)
Paid work outside of the prison	1 (1%)	40 (29%)	39 (28%)	59 (42%)

**16.2 If you have done any of these activities while in this prison, do you think they will help you on release?**

	Yes, will help	No, won't help	Not done this
Education	86 (59%)	39 (27%)	21 (14%)
Vocational or skills training	65 (49%)	31 (23%)	36 (27%)
Prison job	43 (32%)	75 (55%)	18 (13%)
Voluntary work outside of the prison	32 (25%)	20 (16%)	75 (59%)
Paid work outside of the prison	34 (27%)	18 (14%)	75 (59%)

**16.3 Do staff encourage you to attend education, training or work?**

Yes .....	50 (34%)
No.....	92 (63%)
Not applicable (e.g. if you are retired, sick or on remand) .....	3 (2%)

**Planning and progression****17.1 Do you have a custody plan? (This may be called a sentence plan or resettlement plan.)**

Yes .....	81 (55%)
No.....	67 (45%)

**17.2 Do you understand what you need to do to achieve the objectives or targets in your custody plan?**

Yes .....	67 (84%)
No.....	9 (11%)
Don't know what my objectives or targets are.....	4 (5%)

**17.3 Are staff here supporting you to achieve your objectives or targets?**

Yes .....	22 (28%)
No.....	52 (67%)
Don't know what my objectives or targets are.....	4 (5%)

**17.4 If you have done any of the following things in this prison, did they help you to achieve your objectives or targets?**

	Yes, this helped	No, this didn't help	Not done / don't know
Offending behaviour programmes	25 (33%)	11 (14%)	40 (53%)
Other programmes	24 (34%)	9 (13%)	37 (53%)
One to one work	10 (15%)	8 (12%)	50 (74%)
Being on a specialist unit	2 (3%)	8 (12%)	55 (85%)
ROTL - day or overnight release	0 (0%)	7 (11%)	58 (89%)

**Preparation for release**

<b>18.1</b>	<b>Do you expect to be released in the next 3 months?</b>			
	Yes .....			14 (9%)
	No .....			130 (87%)
	Don't know .....			5 (3%)
<b>18.2</b>	<b>How close is this prison to your home area or intended release address?</b>			
	Very near .....			1 (8%)
	Quite near .....			5 (38%)
	Quite far .....			3 (23%)
	Very far .....			4 (31%)
<b>18.3</b>	<b>Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?</b>			
	Yes .....			5 (36%)
	No .....			9 (64%)
<b>18.4</b>	<b>Are you getting help to sort out the following things for when you are released?</b>			
		Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
	Finding accommodation	3 (23%)	6 (46%)	4 (31%)
	Getting employment	0 (0%)	5 (45%)	6 (55%)
	Setting up education or training	0 (0%)	5 (45%)	6 (55%)
	Arranging benefits	2 (15%)	6 (46%)	5 (38%)
	Sorting out finances	1 (8%)	5 (42%)	6 (50%)
	Support for drug or alcohol problems	1 (9%)	3 (27%)	7 (64%)
	Health / mental health support	1 (8%)	4 (33%)	7 (58%)
	Social care support	1 (8%)	3 (25%)	8 (67%)
	Getting back in touch with family or friends	1 (8%)	3 (25%)	8 (67%)

**More about you**

<b>19.1</b>	<b>Do you have children under the age of 18?</b>		
	Yes .....		77 (51%)
	No .....		73 (49%)
<b>19.2</b>	<b>Are you a UK / British citizen?</b>		
	Yes .....		124 (83%)
	No .....		25 (17%)
<b>19.3</b>	<b>Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?</b>		
	Yes .....		5 (3%)
	No .....		143 (97%)
<b>19.4</b>	<b>Have you ever been in the armed services (e.g. army, navy, air force)?</b>		
	Yes .....		5 (3%)
	No .....		144 (97%)
<b>19.5</b>	<b>What is your gender?</b>		
	Male .....		148 (100%)
	Female .....		0 (0%)
	Non-binary .....		0 (0%)
	Other .....		0 (0%)

<b>19.6</b>	<b>How would you describe your sexual orientation?</b>	
	Straight / heterosexual.....	143 (98%)
	Gay / lesbian / homosexual.....	2 (1%)
	Bisexual.....	1 (1%)
	Other.....	0 (0%)

<b>19.7</b>	<b>Do you identify as transgender or transsexual?</b>	
	Yes.....	2 (1%)
	No.....	139 (99%)

**Final question about this prison**

<b>20.1</b>	<b>Do you think your experiences in this prison have made you more or less likely to offend in the future?</b>	
	More likely to offend.....	13 (9%)
	Less likely to offend.....	72 (50%)
	Made no difference.....	59 (41%)

## HMP The Mount 2018

### Survey responses compared with those from other HMIP surveys of category C training prisons and with those from the previous survey

**In this table summary statistics from HMP The Mount 2018 are compared with the following HMIP survey data:**

- **Summary statistics from most recent surveys of all other category C training prisons (38 prisons).** Please note that we do not have comparable data for the new questions introduced in September 2017.
- **Summary statistics from surveys of local prisons conducted since the introduction of the new questionnaire in September 2017 (6 prisons).** Please note that this does not include all category C training prisons.
- **Summary statistics from HMP The Mount in 2018 are compared with those from HMP The Mount in 2015.** Please note that we do not have comparable data for the new questions introduced in September 2017.

**Shading is used to indicate statistical significance\*, as follows:**

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

\* less than 1% probability that the difference is due to chance

**Number of completed questionnaires returned**

*n=number of valid responses to question (HMP The Mount 2018)*

HMP The Mount 2018	All other category C training prisons	HMP The Mount 2018	All other category C training prisons surveyed since September 2017	HMP The Mount 2018	HMP The Mount 2015
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DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION								
1.2	Are you under 21 years of age?	<i>n=154</i>	0%	2%	0%	5%	0%	1%
	Are you 25 years of age or younger?	<i>n=154</i>	20%		20%	23%	20%	
	Are you 50 years of age or older?	<i>n=154</i>	12%	18%	12%	13%	12%	13%
	Are you 70 years of age or older?	<i>n=154</i>	1%	2%	1%	2%	1%	1%
1.3	Are you from a minority ethnic group?	<i>n=153</i>	48%	26%	48%	20%	48%	40%
1.4	Have you been in this prison for less than 6 months?	<i>n=148</i>	26%		26%	33%	26%	
1.5	Are you currently serving a sentence?	<i>n=153</i>	99%	100%	99%	100%	99%	100%
	Are you on recall?	<i>n=153</i>	3%	9%	3%	10%	3%	7%
1.6	Is your sentence less than 12 months?	<i>n=152</i>	1%	7%	1%	9%	1%	3%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	<i>n=152</i>	1%	7%	1%	3%	1%	11%
7.1	Are you Muslim?	<i>n=146</i>	24%	14%	24%	13%	24%	16%
11.3	Do you have any mental health problems?	<i>n=150</i>	21%		21%	45%	21%	
12.1	Do you consider yourself to have a disability?	<i>n=149</i>	22%	26%	22%	36%	22%	13%
19.1	Do you have any children under the age of 18?	<i>n=150</i>	51%	49%	51%	52%	51%	57%
19.2	Are you a foreign national?	<i>n=149</i>	17%	11%	17%	4%	17%	14%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	<i>n=148</i>	3%	4%	3%	4%	3%	7%
19.4	Have you ever been in the armed services?	<i>n=149</i>	3%	7%	3%	5%	3%	6%
19.5	Is your gender female or non-binary?	<i>n=148</i>	0%		0%	0%	0%	
19.6	Are you homosexual, bisexual or other sexual orientation?	<i>n=146</i>	2%	4%	2%	4%	2%	1%
19.7	Do you identify as transgender or transsexual?	<i>n=141</i>	1%		1%	2%	1%	

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ARRIVAL AND RECEPTION								
2.1	Were you given up-to-date information about this prison before you came here?	<i>n=154</i>	16%		16%	17%	16%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	<i>n=154</i>	48%	54%	48%	45%	48%	51%
2.3	When you were searched in reception, was this done in a respectful way?	<i>n=153</i>	88%	85%	88%	84%	88%	87%
2.4	Overall, were you treated very / quite well in reception?	<i>n=154</i>	87%		87%	87%	87%	
2.5	When you first arrived, did you have any problems?	<i>n=152</i>	73%	64%	73%	72%	73%	61%
2.5	Did you have problems with:							
	- Getting phone numbers?	<i>n=152</i>	26%	18%	26%	29%	26%	12%
	- Contacting family?	<i>n=152</i>	26%	20%	26%	28%	26%	11%
	- Arranging care for children or other dependents?	<i>n=152</i>	1%		1%	2%	1%	
	- Contacting employers?	<i>n=152</i>	1%	2%	1%	2%	1%	2%
	- Money worries?	<i>n=152</i>	17%	14%	17%	17%	17%	16%
	- Housing worries?	<i>n=152</i>	9%	13%	9%	14%	9%	16%
	- Feeling depressed?	<i>n=152</i>	23%		23%	30%	23%	
	- Feeling suicidal?	<i>n=152</i>	7%		7%	8%	7%	
	- Other mental health problems?	<i>n=152</i>	9%		9%	23%	9%	
	- Physical health problems	<i>n=152</i>	12%	14%	12%	14%	12%	9%
	- Drugs or alcohol (e.g. withdrawal)?	<i>n=152</i>	4%		4%	14%	4%	
	- Getting medication?	<i>n=152</i>	17%		17%	24%	17%	
	- Needing protection from other prisoners?	<i>n=152</i>	3%	5%	3%	5%	3%	6%
	- Lost or delayed property?	<i>n=152</i>	36%	20%	36%	19%	36%	26%
<i>For those who had any problems when they first arrived:</i>								
2.6	Did staff help you to deal with these problems?	<i>n=106</i>	25%	36%	25%	34%	25%	32%

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FIRST NIGHT AND INDUCTION								
3.1	Before you were locked up on your first night, were you offered:							
	- Tobacco or nicotine replacement?	<i>n</i> =152	68%	68%	68%	72%	68%	73%
	- Toiletries / other basic items?	<i>n</i> =152	46%	51%	46%	52%	46%	35%
	- A shower?	<i>n</i> =152	36%	30%	36%	45%	36%	24%
	- A free phone call?	<i>n</i> =152	44%	40%	44%	45%	44%	31%
	- Something to eat?	<i>n</i> =152	68%	59%	68%	77%	68%	57%
	- The chance to see someone from health care?	<i>n</i> =152	62%	68%	62%	60%	62%	72%
	- The chance to talk to a Listener or Samaritans?	<i>n</i> =152	19%	34%	19%	30%	19%	31%
	- Support from another prisoner (e.g. Insider or buddy)?	<i>n</i> =152	26%		26%	25%	26%	
	- None of these?	<i>n</i> =152	7%		7%	4%	7%	
3.2	On your first night in this prison, was your cell very / quite clean?	<i>n</i> =154	31%		31%	38%	31%	
3.3	Did you feel safe on your first night here?	<i>n</i> =153	67%	78%	67%	78%	67%	85%
3.4	In your first few days here, did you get?							
	- Access to the prison shop / canteen?	<i>n</i> =149	44%	27%	44%	34%	44%	24%
	- Free PIN phone credit?	<i>n</i> =144	57%		57%	44%	57%	
	- Numbers put on your PIN phone?	<i>n</i> =137	45%		45%	48%	45%	
3.5	Have you had an induction at this prison?	<i>n</i> =153	93%	91%	93%	93%	93%	90%
	<i>For those who have had an induction:</i>							
3.5	Did your induction cover everything you needed to know about this prison?	<i>n</i> =142	45%		45%	57%	45%	
ON THE WING								
4.1	Are you in a cell on your own?	<i>n</i> =155	77%		77%	50%	77%	
4.2	Is your cell call bell normally answered within 5 minutes?	<i>n</i> =153	14%	34%	14%	32%	14%	37%
4.3	On the wing or houseblock you currently live on:							
	- Do you normally have enough clean, suitable clothes for the week?	<i>n</i> =153	49%	68%	49%	70%	49%	69%
	- Can you shower every day?	<i>n</i> =150	75%	87%	75%	96%	75%	98%
	- Do you have clean sheets every week?	<i>n</i> =149	34%	68%	34%	61%	34%	53%
	- Do you get cell cleaning materials every week?	<i>n</i> =150	53%	63%	53%	65%	53%	82%
	- Is it normally quiet enough for you to relax or sleep at night?	<i>n</i> =145	63%	69%	63%	70%	63%	69%
	- Can you get your stored property if you need it?	<i>n</i> =150	17%	24%	17%	27%	17%	22%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	<i>n</i> =153	45%		45%	66%	45%	

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FOOD AND CANTEEN				
5.1	Is the quality of the food in this prison very / quite good?	<i>n=154</i>	18%	
5.2	Do you get enough to eat at meal-times always / most of the time?	<i>n=154</i>	30%	
5.3	Does the shop / canteen sell the things that you need?	<i>n=151</i>	56%	53%
RELATIONSHIPS WITH STAFF				
6.1	Do most staff here treat you with respect?	<i>n=148</i>	55%	77%
6.2	Are there any staff here you could turn to if you had a problem?	<i>n=146</i>	64%	72%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	<i>n=152</i>	22%	30%
6.4	Do you have a personal officer?	<i>n=142</i>	78%	
<i>For those who have a personal officer:</i>				
6.4	Is your personal or named officer very / quite helpful?	<i>n=111</i>	43%	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	<i>n=151</i>	5%	
6.6	Do you feel that you are treated as an individual in this prison?	<i>n=143</i>	33%	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	<i>n=149</i>	40%	
	If so, do things sometimes change?	<i>n=60</i>	27%	
FAITH				
7.1	Do you have a religion?	<i>n=146</i>	73%	70%
<i>For those who have a religion:</i>				
7.2	Are your religious beliefs respected here?	<i>n=110</i>	63%	
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	<i>n=111</i>	59%	
7.4	Are you able to attend religious services, if you want to?	<i>n=110</i>	75%	
CONTACT WITH FAMILY AND FRIENDS				
8.1	Have staff here encouraged you to keep in touch with your family / friends?	<i>n=152</i>	15%	
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	<i>n=152</i>	68%	44%
8.3	Are you able to use a phone every day (if you have credit)?	<i>n=152</i>	79%	
8.4	Is it very / quite easy for your family and friends to get here?	<i>n=152</i>	43%	
8.5	Do you get visits from family/friends once a week or more?	<i>n=149</i>	23%	
<i>For those who get visits:</i>				
8.6	Do visits usually start and finish on time?	<i>n=104</i>	19%	
8.7	Are your visitors usually treated respectfully by staff?	<i>n=98</i>	59%	

18%	31%
30%	26%
56%	66%
55%	72%
64%	73%
22%	30%
78%	86%
43%	47%
5%	10%
33%	44%
40%	51%
27%	32%
73%	63%
63%	70%
59%	74%
75%	89%
15%	29%
68%	57%
79%	94%
43%	39%
23%	17%
19%	62%
59%	77%

18%	
30%	
56%	55%
55%	84%
64%	72%
22%	18%
78%	
43%	
5%	
33%	
40%	
27%	
73%	82%
63%	
59%	
75%	
15%	
68%	52%
79%	
43%	
23%	
19%	
59%	

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TIME OUT OF CELL						
9.1	Do you know what the unlock and lock-up times are supposed to be here?	<i>n=149</i>	85%		85%	
<i>For those who know what the unlock and lock-up times are supposed to be:</i>						
9.1	Are these times usually kept to?	<i>n=127</i>	29%		29%	
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	<i>n=146</i>	21%	13%	21%	19%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	<i>n=146</i>	9%	16%	9%	18%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	<i>n=146</i>	55%		55%	
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	<i>n=146</i>	4%		4%	
9.4	Do you have time to do domestics more than 5 days in a typical week?	<i>n=149</i>	38%		38%	
9.5	Do you get association more than 5 days in a typical week, if you want it?	<i>n=148</i>	27%		27%	
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	<i>n=146</i>	10%		10%	
9.7	Do you typically go to the gym twice a week or more?	<i>n=149</i>	66%		66%	
9.8	Do you typically go to the library twice a week or more?	<i>n=149</i>	10%	12%	10%	12%
<i>For those who use the library:</i>						
9.9	Does the library have a wide enough range of materials to meet your needs?	<i>n=57</i>	74%	60%	74%	70%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS						
10.1	Is it easy for you to make an application?	<i>n=151</i>	58%	80%	58%	80%
<i>For those who have made an application:</i>						
10.2	Are applications usually dealt with fairly?	<i>n=133</i>	29%	57%	29%	50%
	Are applications usually dealt with within 7 days?	<i>n=136</i>	13%	40%	13%	34%
10.3	Is it easy for you to make a complaint?	<i>n=151</i>	54%	59%	54%	53%
<i>For those who have made a complaint:</i>						
10.4	Are complaints usually dealt with fairly?	<i>n=102</i>	17%	32%	17%	24%
	Are complaints usually dealt with within 7 days?	<i>n=100</i>	18%	28%	18%	23%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	<i>n=112</i>	31%		31%	
<i>For those who need it, is it easy to:</i>						
10.6	Communicate with your solicitor or legal representative?	<i>n=128</i>	31%		31%	
	Attend legal visits?	<i>n=116</i>	37%		37%	
	Get bail information?	<i>n=94</i>	6%		6%	
<i>For those who have had legal letters:</i>						
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	<i>n=106</i>	67%	50%	67%	55%

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HEALTH CARE						
11.1	Is it very / quite easy to see:					
	- Doctor?	<i>n=149</i>	37%		37%	29%
	- Nurse?	<i>n=145</i>	55%		55%	53%
	- Dentist?	<i>n=148</i>	14%		14%	14%
	- Mental health workers?	<i>n=141</i>	11%		11%	22%
11.2	Do you think the quality of the health service is very / quite good from:					
	- Doctor?	<i>n=147</i>	38%		38%	43%
	- Nurse?	<i>n=144</i>	60%		60%	55%
	- Dentist?	<i>n=144</i>	40%		40%	30%
	- Mental health workers?	<i>n=135</i>	13%		13%	26%
11.3	Do you have any mental health problems?	<i>n=150</i>	21%		21%	45%
<i>For those who have mental health problems:</i>						
11.4	Have you been helped with your mental health problems in this prison?	<i>n=31</i>	29%		29%	40%
11.5	Do you think the overall quality of the health services here is very / quite good?	<i>n=151</i>	40%		40%	41%
OTHER SUPPORT NEEDS						
12.1	Do you consider yourself to have a disability?	<i>n=149</i>	22%	26%	22%	36%
<i>For those who have a disability:</i>						
12.2	Are you getting the support you need?	<i>n=29</i>	35%		35%	30%
12.3	Have you been on an ACCT in this prison?	<i>n=147</i>	11%		11%	15%
<i>For those who have been on an ACCT:</i>						
12.4	Did you feel cared for by staff?	<i>n=16</i>	25%		25%	43%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	<i>n=150</i>	37%		37%	46%
ALCOHOL AND DRUGS						
13.1	Did you have an alcohol problem when you came into this prison?	<i>n=151</i>	9%	16%	9%	15%
<i>For those who had / have an alcohol problem:</i>						
13.2	Have you been helped with your alcohol problem in this prison?	<i>n=14</i>	36%	61%	36%	49%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	<i>n=150</i>	19%	26%	19%	30%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	<i>n=149</i>	18%	12%	18%	5%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	<i>n=149</i>	9%		9%	12%
<i>For those who had / have a drug problem:</i>						
13.6	Have you been helped with your drug problem in this prison?	<i>n=39</i>	39%	59%	39%	47%

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13.7	Is it very / quite easy to get illicit drugs in this prison?	<i>n=149</i>	50%		50%	51%	50%	
13.8	Is it very / quite easy to get alcohol in this prison?	<i>n=151</i>	42%		42%	33%	42%	
<b>SAFETY</b>								
14.1	Have you ever felt unsafe here?	<i>n=151</i>	48%	41%	48%	39%	48%	32%
14.2	Do you feel unsafe now?	<i>n=149</i>	22%	18%	22%	18%	22%	16%
14.3	Have you experienced any of the following from other prisoners here:							
	- Verbal abuse?	<i>n=141</i>	23%		23%	33%	23%	
	- Threats or intimidation?	<i>n=141</i>	23%		23%	28%	23%	
	- Physical assault?	<i>n=141</i>	13%		13%	15%	13%	
	- Sexual assault?	<i>n=141</i>	1%		1%	2%	1%	
	- Theft of canteen or property?	<i>n=141</i>	23%		23%	22%	23%	
	- Other bullying / victimisation?	<i>n=141</i>	11%		11%	16%	11%	
	- Not experienced any of these from prisoners here	<i>n=141</i>	66%	69%	66%	56%	66%	76%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	<i>n=144</i>	24%		24%	36%	24%	
14.5	Have you experienced any of the following from staff here:							
	- Verbal abuse?	<i>n=143</i>	27%		27%	30%	27%	
	- Threats or intimidation?	<i>n=143</i>	20%		20%	22%	20%	
	- Physical assault?	<i>n=143</i>	11%		11%	8%	11%	
	- Sexual assault?	<i>n=143</i>	2%		2%	2%	2%	
	- Theft of canteen or property?	<i>n=143</i>	13%		13%	6%	13%	
	- Other bullying / victimisation?	<i>n=143</i>	15%		15%	14%	15%	
	- Not experienced any of these from staff here	<i>n=143</i>	59%	71%	59%	60%	59%	71%
14.6	If you were being bullied / victimised by staff here, would you report it?	<i>n=142</i>	43%		43%	51%	43%	
<b>BEHAVIOUR MANAGEMENT</b>								
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	<i>n=149</i>	41%		41%	41%	41%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	<i>n=149</i>	29%		29%	40%	29%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	<i>n=151</i>	15%	9%	15%	10%	15%	8%
<i>For those who have been restrained in the last 6 months:</i>								
15.4	Did anyone come and talk to you about it afterwards?	<i>n=23</i>	9%		9%	14%	9%	

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\* less than 1% probability that the difference is due to chance

**Number of completed questionnaires returned**

	HMP The Mount 2018	All other category C training prisons	HMP The Mount 2018	All other category C training prisons surveyed since September 2017	HMP The Mount 2018	HMP The Mount 2015
	156	6,531	156	1,075	156	185

*n=number of valid responses to question (HMP The Mount 2018)*

15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	<i>n</i> =150	7%	15%	7%	8%	7%	15%
<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>								
15.6	Were you treated well by segregation staff?	<i>n</i> =10	60%		60%	67%	60%	
	Could you shower every day?	<i>n</i> =10	70%		70%	80%	70%	
	Could you go outside for exercise every day?	<i>n</i> =10	70%		70%	82%	70%	
	Could you use the phone every day (if you had credit)?	<i>n</i> =10	70%		70%	76%	70%	
<b>EDUCATION, SKILLS AND WORK</b>								
16.1	In this prison, is it easy to get into the following activities:							
	- Education?	<i>n</i> =146	47%		47%	61%	47%	
	- Vocational or skills training?	<i>n</i> =140	21%		21%	42%	21%	
	- Prison job?	<i>n</i> =143	24%		24%	49%	24%	
	- Voluntary work outside of the prison?	<i>n</i> =138	1%		1%	4%	1%	
- Paid work outside of the prison?	<i>n</i> =139	1%		1%	3%	1%		
16.2	In this prison, have you done the following activities:							
	- Education?	<i>n</i> =146	86%	81%	86%	79%	86%	74%
	- Vocational or skills training?	<i>n</i> =132	73%	75%	73%	68%	73%	72%
	- Prison job?	<i>n</i> =136	87%	84%	87%	79%	87%	76%
	- Voluntary work outside of the prison?	<i>n</i> =127	41%		41%	30%	41%	
- Paid work outside of the prison?	<i>n</i> =127	41%		41%	30%	41%		
<i>For those who have done the following activities, do you think they will help you on release:</i>								
	- Education?	<i>n</i> =125	69%	58%	69%	61%	69%	55%
	- Vocational or skills training?	<i>n</i> =96	68%	59%	68%	69%	68%	49%
	- Prison job?	<i>n</i> =118	36%	43%	36%	41%	36%	42%
	- Voluntary work outside of the prison?	<i>n</i> =52	62%		62%	52%	62%	
	- Paid work outside of the prison?	<i>n</i> =52	65%		65%	58%	65%	
16.3	Do staff encourage you to attend education, training or work?	<i>n</i> =142	35%		35%	62%	35%	

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\* less than 1% probability that the difference is due to chance

**Number of completed questionnaires returned**

*n=number of valid responses to question (HMP The Mount 2018)*

HMP The Mount 2018	All other category C training prisons	HMP The Mount 2018	All other category C training prisons surveyed since September 2017	HMP The Mount 2018	HMP The Mount 2015
156	6,531	156	1,075	156	185

PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	<i>n=148</i>	55%
<i>For those who have a custody plan:</i>			
17.2	Do you understand what you need to do to achieve your objectives or targets?	<i>n=80</i>	84%
17.3	Are staff helping you to achieve your objectives or targets?	<i>n=78</i>	28%
17.4	In this prison, have you done:		
	- Offending behaviour programmes?	<i>n=76</i>	47%
	- Other programmes?	<i>n=70</i>	47%
	- One to one work?	<i>n=68</i>	27%
	- Been on a specialist unit?	<i>n=65</i>	15%
	- ROTL - day or overnight release?	<i>n=65</i>	11%
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>			
	- Offending behaviour programmes?	<i>n=36</i>	69%
	- Other programmes?	<i>n=33</i>	73%
	- One to one work?	<i>n=18</i>	56%
	- Being on a specialist unit?	<i>n=10</i>	20%
	- ROTL - day or overnight release?	<i>n=7</i>	0%
PREPARATION FOR RELEASE			
18.1	Do you expect to be released in the next 3 months?	<i>n=149</i>	9%
<i>For those who expect to be released in the next 3 months:</i>			
18.2	Is this prison very / quite near to your home area or intended release address?	<i>n=13</i>	46%
18.3	Is anybody helping you to prepare for your release?	<i>n=14</i>	36%
18.4	Do you need help to sort out the following for when you are released:		
	- Finding accommodation?	<i>n=13</i>	69%
	- Getting employment?	<i>n=11</i>	46%
	- Setting up education or training?	<i>n=11</i>	46%
	- Arranging benefits?	<i>n=13</i>	62%
	- Sorting out finances?	<i>n=12</i>	50%
	- Support for drug or alcohol problems?	<i>n=11</i>	36%
	- Health / mental Health support?	<i>n=12</i>	42%
	- Social care support?	<i>n=12</i>	33%
	- Getting back in touch with family or friends?	<i>n=12</i>	33%

55%	64%
84%	84%
28%	47%
47%	46%
47%	40%
27%	33%
15%	16%
11%	10%
69%	71%
73%	66%
56%	69%
20%	48%
0%	36%
9%	25%
46%	43%
36%	59%
69%	59%
46%	58%
46%	46%
62%	64%
50%	53%
36%	42%
42%	49%
33%	37%
33%	39%

55%
84%
28%
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69%
73%
56%
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42%
33%
33%

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**Number of completed questionnaires returned**

*n=number of valid responses to question (HMP The Mount 2018)*

HMP The Mount 2018	All other category C training prisons	HMP The Mount 2018	All other category C training prisons surveyed since September 2017	HMP The Mount 2018	HMP The Mount 2015
156	6,531	156	1,075	156	185

18.4	Are you getting help to sort out the following for when you are released, if you need it:						
	- Finding accommodation?	<i>n=9</i>	33%		33%	34%	
	- Getting employment?	<i>n=5</i>	0%		0%	18%	
	- Setting up education or training?	<i>n=5</i>	0%		0%	25%	
	- Arranging benefits?	<i>n=8</i>	25%		25%	26%	
	- Sorting out finances?	<i>n=6</i>	17%		17%	22%	
	- Support for drug or alcohol problems?	<i>n=4</i>	25%		25%	47%	
	- Health / mental Health support?	<i>n=5</i>	20%		20%	28%	
	- Social care support?	<i>n=4</i>	25%		25%	24%	
- Getting back in touch with family or friends?	<i>n=4</i>	25%		25%	34%		
<b>FINAL QUESTION ABOUT THIS PRISON</b>							
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	<i>n=144</i>	50%		50%	53%	

## HMP The Mount 2018

### Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of prisoners from black and minority ethnic groups are compared with those of white prisoners
- Muslim prisoners' responses are compared with those of non-Muslim prisoners

Please note that these analyses are based on summary data from selected survey questions only.

Shading is used to indicate statistical significance\*, as follows:

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Number of completed questionnaires returned

Black and minority ethnic	White	Muslim	Non-Muslim
73	80	35	111

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	0%	0%	0%	0%
	Are you 50 years of age or older?	8%	15%	3%	14%
1.3	Are you from a minority ethnic group?			77%	39%
7.1	Are you Muslim?	39%	11%		
11.3	Do you have any mental health problems?	21%	22%	17%	23%
12.1	Do you consider yourself to have a disability?	13%	29%	18%	23%
19.2	Are you a foreign national?	13%	19%	20%	14%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	2%	5%	0%	5%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	85%	92%	80%	93%
2.4	Overall, were you treated very / quite well in reception?	85%	90%	89%	86%
2.5	When you first arrived, did you have any problems?	72%	73%	69%	73%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	22%	28%	13%	28%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	65%	72%	59%	70%
3.5	Have you had an induction at this prison?	94%	91%	91%	94%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	42%	48%	34%	47%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	11%	18%	11%	16%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	50%	50%	47%	51%
	- Can you shower every day?	71%	78%	79%	74%
	- Do you have clean sheets every week?	29%	39%	33%	35%
	- Do you get cell cleaning materials every week?	52%	54%	52%	54%
	- Is it normally quiet enough for you to relax or sleep at night?	64%	61%	59%	65%
	- Can you get your stored property if you need it?	16%	18%	16%	17%

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Number of completed questionnaires returned

	Black and minority ethnic	White	Muslim	Non-Muslim
	73	80	35	111

FOOD AND CANTEEN					
5.2	Do you get enough to eat at meal-times always / most of the time?	31%	29%	32%	30%
5.3	Does the shop / canteen sell the things that you need?	55%	60%	55%	59%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	44%	66%	47%	56%
6.2	Are there any staff here you could turn to if you had a problem?	57%	73%	58%	65%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	17%	27%	11%	23%
6.6	Do you feel that you are treated as an individual in this prison?	29%	38%	27%	33%
FAITH					
<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	54%	73%	53%	67%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	50%	67%	43%	66%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	7%	22%	6%	16%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	78%	61%	77%	68%
8.3	Are you able to use a phone every day (if you have credit)?	73%	84%	68%	83%
<i>For those who get visits:</i>					
8.7	Are your visitors usually treated respectfully by staff?	51%	65%	35%	66%
TIME OUT OF CELL					
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	26%	18%	25%	21%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	6%	12%	6%	10%
<i>For those who use the library:</i>					
9.9	Does the library have a wide enough range of materials to meet your needs?	71%	77%	50%	79%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	62%	52%	57%	58%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	28%	30%	17%	34%
10.3	Is it easy for you to make a complaint?	48%	58%	51%	55%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	13%	19%	10%	18%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	40%	22%	39%	29%

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Number of completed questionnaires returned

	Black and minority ethnic	White	Muslim	Non-Muslim
	73	80	35	111

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	34%	39%	23%	41%
	- Nurse?	51%	56%	50%	56%
	- Dentist?	11%	17%	9%	13%
	- Mental health workers?	11%	11%	10%	11%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	33%	25%	33%	29%
11.5	Do you think the overall quality of the health services here is very / quite good?	43%	37%	31%	42%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	33%	37%	33%	32%
SAFETY					
14.1	Have you ever felt unsafe here?	53%	42%	44%	49%
14.2	Do you feel unsafe now?	30%	14%	32%	19%
14.3	Not experienced bullying / victimisation by other prisoners	67%	65%	77%	63%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	22%	26%	23%	24%
14.5	Not experienced bullying / victimisation by members of staff	52%	69%	49%	61%
14.6	If you were being bullied / victimised by staff here, would you report it?	38%	49%	30%	46%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	38%	43%	32%	42%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	25%	34%	15%	32%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	16%	15%	24%	13%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	7%	6%	9%	8%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	33%	37%	29%	39%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	55%	54%	46%	58%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	22%	33%	20%	30%
PREPARATION FOR RELEASE					
<i>For those who expect to be released in the next 3 months:</i>					
18.3	Is anybody helping you to prepare for your release?	25%	40%	0%	36%
FINAL QUESTION ABOUT THIS PRISON					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	47%	52%	30%	57%

## HMP The Mount 2018

### Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:  
 - responses of foreign national prisoners are compared with those of British national prisoners  
 Please note that these analyses are based on summary data from selected survey questions only.

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<b>Number of completed questionnaires returned</b>	<b>25</b>	<b>124</b>
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DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	0%	0%
	Are you 50 years of age or older?	8%	13%
1.3	Are you from a minority ethnic group?	38%	48%
7.1	Are you Muslim?	32%	23%
11.3	Do you have any mental health problems?	20%	22%
12.1	Do you consider yourself to have a disability?	12%	24%
19.2	Are you a foreign national?		
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	4%
ARRIVAL AND RECEPTION			
2.3	When you were searched in reception, was this done in a respectful way?	100%	86%
2.4	Overall, were you treated very / quite well in reception?	84%	88%
2.5	When you first arrived, did you have any problems?	87%	70%
	<i>For those who had any problems when they first arrived:</i>		
2.6	Did staff help you to deal with these problems?	32%	22%
FIRST NIGHT AND INDUCTION			
3.3	Did you feel safe on your first night here?	56%	70%
3.5	Have you had an induction at this prison?	83%	95%
	<i>For those who have had an induction:</i>		
3.5	Did your induction cover everything you needed to know about this prison?	45%	47%
ON THE WING			
4.2	Is your cell call bell normally answered within 5 minutes?	17%	15%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	40%	52%
	- Can you shower every day?	68%	77%
	- Do you have clean sheets every week?	32%	34%
	- Do you get cell cleaning materials every week?	52%	55%
	- Is it normally quiet enough for you to relax or sleep at night?	71%	61%
	- Can you get your stored property if you need it?	24%	15%

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	Foreign national	British national
<b>Number of completed questionnaires returned</b>	<b>25</b>	<b>124</b>

<b>FOOD AND CANTEEN</b>			
5.2	Do you get enough to eat at meal-times always / most of the time?	<b>32%</b>	<b>30%</b>
5.3	Does the shop / canteen sell the things that you need?	<b>48%</b>	<b>59%</b>
<b>RELATIONSHIPS WITH STAFF</b>			
6.1	Do most staff here treat you with respect?	<b>52%</b>	<b>56%</b>
6.2	Are there any staff here you could turn to if you had a problem?	<b>57%</b>	<b>65%</b>
6.3	In the last week, has any member of staff talked to you about how you are getting on?	<b>25%</b>	<b>20%</b>
6.6	Do you feel that you are treated as an individual in this prison?	<b>52%</b>	<b>30%</b>
<b>FAITH</b>			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	<b>60%</b>	<b>64%</b>
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	<b>45%</b>	<b>61%</b>
<b>CONTACT WITH FAMILY AND FRIENDS</b>			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	<b>16%</b>	<b>15%</b>
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	<b>56%</b>	<b>71%</b>
8.3	Are you able to use a phone every day (if you have credit)?	<b>79%</b>	<b>79%</b>
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	<b>67%</b>	<b>58%</b>
<b>TIME OUT OF CELL</b>			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	<b>25%</b>	<b>21%</b>
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	<b>21%</b>	<b>6%</b>
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	<b>60%</b>	<b>79%</b>
<b>APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS</b>			
10.1	Is it easy for you to make an application?	<b>52%</b>	<b>59%</b>
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	<b>21%</b>	<b>32%</b>
10.3	Is it easy for you to make a complaint?	<b>48%</b>	<b>55%</b>
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	<b>15%</b>	<b>18%</b>
10.5	Have you ever been prevented from making a complaint here when you wanted to?	<b>27%</b>	<b>31%</b>

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Foreign national	British national
<b>25</b>	<b>124</b>

Number of completed questionnaires returned

<b>HEALTH CARE</b>			
11.1	Is it very / quite easy to see:		
	- Doctor?	<b>28%</b>	<b>39%</b>
	- Nurse?	<b>54%</b>	<b>55%</b>
	- Dentist?	<b>16%</b>	<b>13%</b>
	- Mental health workers?	<b>5%</b>	<b>12%</b>
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	<b>20%</b>	<b>31%</b>
11.5	Do you think the overall quality of the health services here is very / quite good?	<b>32%</b>	<b>41%</b>
<b>OTHER SUPPORT NEEDS</b>			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	<b>0%</b>	<b>39%</b>
<b>SAFETY</b>			
14.1	Have you ever felt unsafe here?	<b>44%</b>	<b>48%</b>
14.2	Do you feel unsafe now?	<b>38%</b>	<b>20%</b>
14.3	Not experienced bullying / victimisation by other prisoners	<b>75%</b>	<b>66%</b>
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	<b>33%</b>	<b>22%</b>
14.5	Not experienced bullying / victimisation by members of staff	<b>50%</b>	<b>62%</b>
14.6	If you were being bullied / victimised by staff here, would you report it?	<b>29%</b>	<b>46%</b>
<b>BEHAVIOUR MANAGEMENT</b>			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	<b>44%</b>	<b>41%</b>
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	<b>25%</b>	<b>30%</b>
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	<b>8%</b>	<b>17%</b>
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	<b>4%</b>	<b>8%</b>
<b>EDUCATION, SKILLS AND WORK</b>			
16.3	Do staff encourage you to attend education, training or work?	<b>38%</b>	<b>34%</b>
<b>PLANNING AND PROGRESSION</b>			
17.1	Do you have a custody plan?	<b>36%</b>	<b>58%</b>
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	<b>50%</b>	<b>27%</b>
<b>PREPARATION FOR RELEASE</b>			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?	<b>0%</b>	<b>46%</b>
<b>FINAL QUESTION ABOUT THIS PRISON</b>			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	<b>52%</b>	<b>49%</b>

## HMP The Mount 2018

### Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of prisoners with mental health problems are compared with those of prisoners who do not have mental health problems
- disabled prisoners' responses are compared with those of prisoners who do not have a disability

Please note that these analyses are based on summary data from selected survey questions only.

Shading is used to indicate statistical significance\*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

\* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Mental health problems	No mental health problems	Have a disability	Do not have a disability
32	118	32	117

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION		Mental health problems	No mental health problems	Have a disability	Do not have a disability
1.2	Are you under 21 years of age?	0%	0%	0%	0%
	Are you 50 years of age or older?	22%	9%	26%	9%
1.3	Are you from a minority ethnic group?	47%	48%	29%	52%
7.1	Are you Muslim?	19%	26%	19%	25%
11.3	Do you have any mental health problems?			47%	15%
12.1	Do you consider yourself to have a disability?	47%	15%		
19.2	Are you a foreign national?	16%	17%	9%	19%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	3%	4%	3%	4%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	78%	91%	81%	91%
2.4	Overall, were you treated very / quite well in reception?	78%	89%	87%	86%
2.5	When you first arrived, did you have any problems?	88%	68%	87%	68%
	<i>For those who had any problems when they first arrived:</i>				
2.6	Did staff help you to deal with these problems?	22%	24%	30%	22%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	52%	73%	61%	70%
3.5	Have you had an induction at this prison?	97%	92%	91%	94%
	<i>For those who have had an induction:</i>				
3.5	Did your induction cover everything you needed to know about this prison?	43%	46%	45%	46%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	9%	16%	22%	13%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	47%	50%	47%	50%
	- Can you shower every day?	65%	77%	77%	75%
	- Do you have clean sheets every week?	34%	34%	34%	34%
	- Do you get cell cleaning materials every week?	56%	54%	59%	54%
	- Is it normally quiet enough for you to relax or sleep at night?	55%	66%	65%	64%
	- Can you get your stored property if you need it?	19%	16%	19%	16%

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\* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Mental health problems	No mental health problems
<b>32</b>	<b>118</b>

Have a disability	Do not have a disability
<b>32</b>	<b>117</b>

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	25%	33%
5.3	Does the shop / canteen sell the things that you need?	57%	57%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	52%	57%
6.2	Are there any staff here you could turn to if you had a problem?	48%	69%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	16%	22%
6.6	Do you feel that you are treated as an individual in this prison?	31%	35%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	55%	64%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	59%	59%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	6%	16%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	78%	67%
8.3	Are you able to use a phone every day (if you have credit)?	72%	80%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	67%	59%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	27%	20%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	10%	8%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	75%	73%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	53%	60%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	28%	30%
10.3	Is it easy for you to make a complaint?	41%	58%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	13%	18%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	62%	21%

32%	31%
59%	57%
58%	55%
65%	64%
19%	22%
40%	32%
67%	61%
71%	55%
16%	14%
81%	66%
72%	80%
71%	57%
19%	21%
9%	8%
78%	74%
59%	57%
27%	31%
56%	52%
29%	13%
41%	27%

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\* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

	Mental health problems	No mental health problems		
	32	118	Have a disability	Do not have a disability
			32	117

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	44%	34%	44%	35%
	- Nurse?	53%	55%	63%	53%
	- Dentist?	25%	10%	13%	13%
	- Mental health workers?	19%	8%	19%	9%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	29%		27%	31%
11.5	Do you think the overall quality of the health services here is very / quite good?	28%	42%	25%	44%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	15%	50%	35%	
SAFETY					
14.1	Have you ever felt unsafe here?	71%	41%	58%	45%
14.2	Do you feel unsafe now?	40%	18%	22%	22%
14.3	Not experienced bullying / victimisation by other prisoners	52%	70%	61%	68%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	19%	25%	23%	24%
14.5	Not experienced bullying / victimisation by members of staff	53%	61%	50%	62%
14.6	If you were being bullied / victimised by staff here, would you report it?	47%	42%	50%	41%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	29%	44%	38%	41%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	27%	29%	32%	27%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	34%	10%	28%	11%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	9%	7%	13%	6%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	33%	36%	35%	36%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	55%	55%	56%	54%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	13%	33%	18%	32%
PREPARATION FOR RELEASE					
<i>For those who expect to be released in the next 3 months:</i>					
18.3	Is anybody helping you to prepare for your release?	25%	40%	60%	22%
FINAL QUESTION ABOUT THIS PRISON					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	53%	49%	53%	50%

## HMP The Mount 2018

### Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of prisoners aged 25 and under are compared with those of prisoners over 25
- responses of prisoners aged 50 and over are compared with those of prisoners under 50

Please note that these analyses are based on summary data from selected survey questions only.

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Number of completed questionnaires returned

	25 and under		Over 25		
	31		123		
		50 and over		Under 50	
		18		136	

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.3	Are you from a minority ethnic group?	39%	50%	33%	50%
7.1	Are you Muslim?	20%	25%	6%	26%
11.3	Do you have any mental health problems?	19%	22%	41%	19%
12.1	Do you consider yourself to have a disability?	13%	23%	44%	18%
19.2	Are you a foreign national?	0%	22%	11%	18%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	3%	4%	0%	4%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	84%	90%	89%	89%
2.4	Overall, were you treated very / quite well in reception?	94%	86%	100%	86%
2.5	When you first arrived, did you have any problems?	65%	75%	72%	73%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	16%	27%	64%	20%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	71%	68%	78%	67%
3.5	Have you had an induction at this prison?	100%	91%	94%	93%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	42%	46%	53%	44%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	3%	17%	39%	11%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	39%	53%	82%	46%
	- Can you shower every day?	74%	75%	88%	74%
	- Do you have clean sheets every week?	23%	37%	75%	29%
	- Do you get cell cleaning materials every week?	39%	56%	77%	50%
	- Is it normally quiet enough for you to relax or sleep at night?	61%	63%	88%	59%
	- Can you get your stored property if you need it?	10%	19%	35%	15%

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\* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

	25 and under	Over 25	50 and over	Under 50
	31	123	18	136

FOOD AND CANTEEN					
5.2	Do you get enough to eat at meal-times always / most of the time?	32%	30%	59%	27%
5.3	Does the shop / canteen sell the things that you need?	60%	56%	65%	56%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	57%	54%	83%	51%
6.2	Are there any staff here you could turn to if you had a problem?	69%	64%	78%	63%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	7%	26%	39%	20%
6.6	Do you feel that you are treated as an individual in this prison?	30%	34%	35%	33%
FAITH					
<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	65%	63%	67%	63%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	57%	59%	67%	57%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	7%	17%	22%	14%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	84%	65%	50%	71%
8.3	Are you able to use a phone every day (if you have credit)?	81%	78%	89%	77%
<i>For those who get visits:</i>					
8.7	Are your visitors usually treated respectfully by staff?	52%	60%	73%	57%
TIME OUT OF CELL					
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	17%	23%	6%	24%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	3%	11%	6%	10%
<i>For those who use the library:</i>					
9.9	Does the library have a wide enough range of materials to meet your needs?	83%	72%	75%	73%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	43%	61%	67%	56%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	30%	30%	44%	28%
10.3	Is it easy for you to make a complaint?	53%	54%	61%	53%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	19%	15%	31%	14%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	26%	32%	21%	32%

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\* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

		25 and under	Over 25
		31	123
		50 and over	Under 50
		18	136

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	50%	33%	61%	33%
	- Nurse?	59%	53%	71%	52%
	- Dentist?	10%	15%	33%	11%
	- Mental health workers?	10%	11%	19%	10%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	17%	32%	29%	29%
11.5	Do you think the overall quality of the health services here is very / quite good?	39%	40%	44%	39%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	0%	40%	63%	25%
SAFETY					
14.1	Have you ever felt unsafe here?	39%	50%	50%	47%
14.2	Do you feel unsafe now?	13%	25%	18%	23%
14.3	Not experienced bullying / victimisation by other prisoners	74%	64%	44%	69%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	23%	24%	38%	22%
14.5	Not experienced bullying / victimisation by members of staff	57%	61%	94%	56%
14.6	If you were being bullied / victimised by staff here, would you report it?	53%	41%	63%	41%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	39%	41%	59%	39%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	13%	34%	41%	28%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	19%	14%	28%	14%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	7%	7%	6%	7%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	18%	39%	35%	35%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	47%	57%	72%	52%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	29%	29%	36%	27%
PREPARATION FOR RELEASE					
<i>For those who expect to be released in the next 3 months:</i>					
18.3	Is anybody helping you to prepare for your release?	100%	25%	100%	31%
FINAL QUESTION ABOUT THIS PRISON					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	45%	51%	65%	48%