Report on an unannounced inspection of

HMP Altcourse

by HM Chief Inspector of Prisons

1–2 and 8–12 November 2021

Contents

Introduction

Located in Liverpool, HMP Altcourse is a category B local prison serving courts in the Merseyside and Cheshire regions. A modern institution, Altcourse is a privately run facility that has been managed by G4S since it first opened in 1997. At the time of our inspection 1,158 men were being held, just short of the prison's capacity. The establishment experienced a significant turnover of new receptions, with just under 400 new prisoners arriving each month and about half the population either unsentenced and on remand or serving very short sentences.

We last inspected Altcourse in 2017 when, in keeping with earlier visits to the prison, we reported very positive outcomes. In the context of the restrictions created by the prison's response to the COVID-19 pandemic, this report, although critical of some aspects of the prison's performance, continues to highlight some very encouraging findings.

Overall, we assessed safety outcomes as not sufficiently good, a deterioration since the last inspection. To a great extent this reflected the fact that since 2017, eight prisoners had taken their own lives, with four of the deaths in the last 12 months. We were critical of some aspects of the prison's approach to safeguarding, but staff seemed to be responding to learning from reviews that followed these deaths. The prisoners in crisis we spoke to told us they felt well cared for, and although recorded instances of self-harm remained too high, the number had reduced over the last year.

In general, the prison was calm and well-ordered with staff working hard to ensure prisoners' experience of custody was respectful. The quality of staff-prisoner relationships remained a great strength and in our survey 83% of prisoners told us they felt respected by staff. Key worker arrangements were working reasonably well, consultation was effective and complaints and applications procedures were better than we normally see. Leaders had retained focus on the promotion of equality and were responsive to the advice provided by inspectors. Time out of cell had improved recently and most prisoners were unlocked for at least five hours a day and participating in some form of activity. Again, this was much better than most prisons we have visited this year. However, Ofsted found weaknesses in the curriculum and identified the need to maximise attendance in education, both of which required greater leadership attention. We also concluded that there was scope for more radical thinking about how the prison could improve outcomes in work to support rehabilitation and release planning.

The Director and most other leaders we met during the inspection were proactive and committed. There was evidence to suggest they could have improved planning and decision-making through more sophisticated use of data. That said, leaders had managed some significant COVID-19 outbreaks well, and there was a confidence about their approach to the management of recovery. There was a greater sense of pre-pandemic normality in the prison than we have seen elsewhere.

Altcourse is already one of the better local prisons in the country in terms of outcomes for prisoners, the capability of leadership and staff culture. Leaders responded well to our scrutiny and we were confident that they would tackle the deficits we identified and commit to further improvement.

Charlie Taylor
HM Chief Inspector of Prisons
January 2021

About HMP Altcourse

Task of the prison/establishment
A category B men's local prison.

Certified normal accommodation and operational capacity (see Appendix II Glossary of terms)
Prisoners held at the time of inspection: 1,158
Baseline certified normal capacity: 780
In-use certified normal capacity: 780
Operational capacity: 1,164

Population of the prison
- 4,576 new prisoners received each year (about 380 per month).
- 106 foreign national prisoners.
- Over 40% of prisoners were unsentenced.
- 2,082 prisoners released into the community over the previous 12 months.
- 183 prisoners receiving support for substance misuse.
- 209 prisoners receiving support from the mental health team.

Prison status and key providers
Private – G4S

Physical and mental health and substance misuse treatment provider: G4S Health Services
Secondary mental health services: CRG (Castle Rock Group)
Prison education framework provider: Novus
Escort contractor: GEOAmey

Prison group
North West

Brief history
The prison opened in 1997 as a category A prison. It was turned into a category B core local prison in June 2003. It subsequently expanded in 2007 when a further house block holding an additional 180 prisoners opened.

Short description of residential units
Melling Brown – vulnerable prisoner accommodation, induction wing and reverse cohort unit (RCU) (see Appendix II Glossary of terms)
Melling Blue – vulnerable prisoner accommodation
Bechers Green – induction wing and RCU
Bechers Blue – induction wing and RCU
Furlong Red – induction wing, RCU and detoxification unit
Furlong Green – substance misuse recovery unit
Canal Green and Blue – general accommodation
Reynoldstown Brown and Blue – general accommodation
Valentines Red and Green – general accommodation
Foinavon Green – general accommodation
Foinavon Blue – family unit

Foinavon Red – unit for enhanced level prisoners.

Name of director and date in post
Steve Williams, September 2016

Leadership changes since the last inspection
None

Managing director for Justice in G4S
Gordon Brockington

Independent Monitoring Board chair
Terry Welby

Date of last inspection
13–23 November 2017

Section 1 Summary of key findings

1.1 We last inspected HMP Altcourse in 2017 and made 47 recommendations, three of which were about areas of key concern. The prison fully accepted 32 of the recommendations and partially (or subject to resources) accepted 10. It rejected five of the recommendations.

1.2 Section 8 contains a full list of recommendations made at the last full inspection and the progress against them.

Progress on key concerns and recommendations from the full inspection

1.3 Our last inspection of HMP Altcourse took place before the COVID-19 pandemic and the recommendations in that report focused on areas of concern affecting outcomes for prisoners at the time. Although we recognise that the challenges of keeping prisoners safe during COVID-19 will have changed the focus for many prison leaders, we believe that it is important to follow up on recommendations about areas of key concern to help leaders to continue to drive improvement.

1.4 At our last full inspection, we made one recommendation about key concerns in the area of safety. At this inspection we found this recommendation had been partially achieved.

1.5 We made one recommendation about key concerns in the area of respect. At this inspection we found that this recommendation had been achieved.

1.6 We made one recommendation about key concerns in the area of rehabilitation and release planning. At this inspection we found that this recommendation had not been achieved.

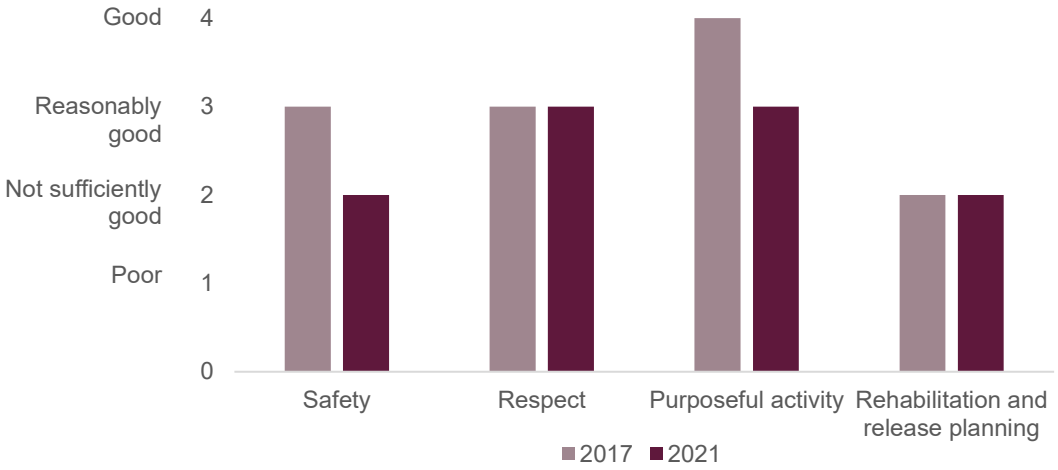
Outcomes for prisoners

1.7 We assess outcomes for prisoners against four healthy prison tests (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

1.8 At this inspection of HMP Altcourse, we found that outcomes for prisoners had stayed the same in two healthy prison areas and declined in two.

1.9 These judgements seek to make an objective assessment of the outcomes experienced by those detained and have taken into account the prison's recovery from COVID-19 as well as the 'regime stage' at which the prison was operating, as outlined in the HM Prison and Probation (HMPPS) National Framework for prison regimes and services.

Figure 1: HMP Altcourse healthy prison outcomes 2017 and 2021



Safety

At the last inspection of Altcourse in 2017 we found that outcomes for prisoners were reasonably good against this healthy prison test.

At this inspection we found that outcomes for prisoners were now not sufficiently good.

1.10 Reception staff were welcoming, and the safer custody team conducted a private interview, which was designed to focus on prisoner care. Despite this, we identified several new prisoners whose needs had not been identified or addressed sufficiently following their arrival, this despite their age or background suggesting likely vulnerabilities. The frequent redeployment of staff delayed important elements of prisoners' induction.

1.11 During our visit, the prison was calm and well ordered. Recorded levels of violence, while still too high, had reduced since the previous inspection. The analysis of available safety data was limited and not applied usefully to inform a meaningful violence reduction strategy. Investigations into violent incidents did not focus on detail and did not always lead to action to address issues identified. The prison provided an enhanced unit as well as a family unit, both of which could have been used more proactively to promote good behaviour.

1.12 The use of force had increased substantially since the previous inspection, but it was still low compared with other similar prisons. Over half of incidents were attributed to low-level guiding holds, which were used to steer prisoners back to their cells following non-compliance. It was positive that there had been no use of special accommodation during the previous 12 months, and prison staff did not use batons or PAVA incapacitant spray to maintain control.

1.13 Segregation was used less frequently than at the previous inspection. Prisoners we spoke to in the unit were generally positive about the care they received, and staff knew most prisoners well. However, the use of segregation was not always fully justified, and, for example, the decision logs used to outline the reasons for segregating prisoners who were at risk of suicide or self-harm were poor.

1.14 Physical security arrangements were proportionate and aligned to the identified risks facing the prison. Managers were aware of the key threats of drugs and mobile phones. Despite this, not all intelligence-led searching that was identified took place, and there was no suspicion-led mandatory drug testing.

1.15 There had been eight self-inflicted deaths since the previous inspection, which was a significant concern. The prison was using early learning reviews to improve its practice, but we identified some weaknesses in support systems that still created unnecessary risks. Although self-harm had decreased over the previous 12 months, rates remained higher than in similar prisons. Most prisoners at risk of suicide or self-harm received support through the assessment, care in custody and teamwork (ACCT) case management process for at-risk prisoners and reported good care. Despite local quality assurance, some aspects of ACCT case management had ongoing weaknesses. The prison's analysis of safety data was too limited to inform an effective self-harm reduction strategy or action plan specific to Altcourse.

Respect

At the last inspection of Altcourse in 2017 we found that outcomes for prisoners were reasonably good against this healthy prison test.

At this inspection we found that outcomes for prisoners remained reasonably good.

1.16 Staff-prisoner relationships remained a real strength and we observed supportive and caring interactions between staff and prisoners across all units. Key work took place more frequently than in similar prisons and was of a better standard. Some peer mentors were training to be information, advice and guidance advisers, which provided them with excellent opportunities for the future and enhanced the support they could provide to fellow prisoners.

1.17 Communal areas and cells were clean and graffiti free. Prisoners experienced few problems accessing cleaning materials and laundry facilities. During association time, which had recently been increased, prisoners could shower, exercise, and take part in recreational activities. The kitchen provided a varied and balanced menu, and the food was of reasonable quality.

1.18 Prisoner consultation was good and had continued throughout the pandemic, leading to some better outcomes for prisoners. Both the complaint and application systems were well managed and effective.

1.19 The prison had developed a comprehensive equality strategy although only some elements were being delivered. Disproportionate outcomes for prisoners with protected characteristics were not always identified or acted on. The number of discrimination incident reporting forms submitted was low. Investigations into allegations of discrimination were not always thorough, and not all responses were appropriate. Consultations with prisoners who shared protected characteristics had resumed, some of which had led to better outcomes.

1.20 The chaplaincy was well integrated and provided good spiritual and pastoral support. Almost all prisoners had access to a chaplain of their own faith, and corporate worship had resumed for a limited number of prisoners.

1.21 Effective partnership working between the prison and health care partners meant five outbreaks of COVID-19 since the pandemic began had been successfully managed. Health care services were well led, and providers had demonstrated resilience in maintaining core services. However, the pace of recovery had slowed significantly due to severe staffing shortages.

1.22 A dedicated team provided an integrated primary and secondary mental health service. Low staffing levels and recruitment difficulties affected service delivery. Too many prisoner referrals to external hospitals under the Mental Health Act exceeded the NHS guideline on waiting times.

1.23 The clinical substance misuse team provided treatment options to support prisoners, but psychosocial support had been severely reduced because of the redeployment of non-clinical staff. There remained some weaknesses in the oversight and governance of medicines management arrangements.

Purposeful activity

At the last inspection of Altcourse in 2017 we found that outcomes for prisoners were good against this healthy prison test.

At this inspection we found that outcomes for prisoners were now reasonably good.

1.24 Time out of cell had improved and prisoners could participate in more part-time work or education. As a result, two thirds of prisoners had a minimum of five hours out of their cells on weekdays, which was better than in most other prisons inspected recently.

1.25 The library remained closed, and the ongoing remote service did not provide prisoners with an adequate long-term alternative to a full library service. The prison had expanded its physical education provision, which now included inter-wing football and running sessions.

1.26 Leaders and managers secured high-quality education and training for most prisoners, who developed their knowledge and skills over time. Prisoners took pride in their work and enjoyed their learning experience. However, leaders did not make sure that the provision of outreach education was sufficiently consistent to help prisoners achieve the qualifications they needed for employment in prison and on release. They had not implemented appropriate support for all prisoners who had additional learning needs.

1.27 Leaders did not sufficiently consider the impact on the education and vocational training curriculum when they adjusted the prison's regime from full-time to part-time activities.

1.28 Attendance at vocational training and industry workshops was good, but in education attendance was poor in too many lessons. Leaders provided a suitable range of learning programmes so prisoners could develop their personal and social skills, but they did not make sure that the advice and guidance prisoners received was sufficiently focused on their longer-term career or educational goals.

1.29 Leaders developed the curriculum to meet local and regional employment needs, introducing, for example, new vocational training in barbering and multi-trade construction. However, leaders did not have an ambitious enough vision to provide high-quality education, skills and work for all prisoners. Vulnerable prisoners did not have the same appropriate opportunities for education and vocational training as the general population.

1.30 Leaders had increased the number of education, skills and work spaces to provide enough part-time opportunities for most prisoners. They made sure that remand prisoners had the same access to activities as those who were sentenced. However, one third of available spaces were not filled at the time of the inspection, and an additional third of prisoners were unemployed. Even with increases in education spaces, there remained insufficient places to meet the demand.

Rehabilitation and release planning

At the last inspection of Altcourse in 2017 we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

At this inspection we found that outcomes for prisoners remained not sufficiently good.

1.31 Visits were only available Monday to Friday and prisoners, including those on remand, could only have two social visits a month. All visitors we spoke to said booking had been straightforward and they had been treated with respect at the prison. The family unit was still in operation albeit with a restricted regime. The family intervention programme had started again recently.

1.32 The management of reducing reoffending work had been neglected since early 2020. The strategy was not suitable, and there was no action plan or strategic meeting to steer the delivery of work or drive improvements. Resettlement work to meet the needs of the significant number of unsentenced prisoners was limited.

1.33 Too often prison offender managers (POMs) were redeployed to other operational tasks and were unable to undertake their core jobs. Recorded levels of contact between POMs and prisoners were among the lowest we have seen in 2021. Most prisoners had an up-to-date offender assessment system report, although few of them knew they had a custody plan. Most prisoners had a monthly key work session (see Appendix II Glossary of terms), which focused well on prisoner welfare but not on progression or sentence planning. Risk management plans that POMs prepared were reasonably good, and we saw them communicate well with community offender managers to manage potential risk on release.

1.34 The interdepartmental risk management team (IRMT) meeting considered prisoners with complex risk management issues before their release. It was not clear if the action set at this meeting had been implemented.

1.35 There was no managerial oversight of phone call monitoring for those who posed a risk, and there was a substantial backlog of calls that had yet to be dealt with.

1.36 The prison delivered one accredited programme – the Thinking Skills Programme – and some in-cell work to promote victim awareness.

1.37 Release plans we reviewed were reasonable, but finance, benefit and debt support was very limited, and prisoners could not open a bank account. The prison reported that one in five prisoners were released without suitable accommodation, although recent work with partner agencies to provide an accommodation service was promising.

Key concerns and recommendations

1.38 Key concerns and recommendations identify the issues of most importance to improving outcomes for prisoners and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of prisoners.

1.39 During this inspection we identified some areas of key concern and have made a small number of recommendations for the prison to address those concerns.

1.40 Key concern: Despite a review of early days procedures, there was evidence that amongst newly arrived prisoners not all risk factors were always identified or adequately addressed. Some new prisoners were allocated to cells that were not equipped with basic furniture or equipment, such as a working telephone or kettle. The frequent

redeployment of safer custody staff meant that a significant number of new arrivals had not received important elements of their induction.

Recommendation: The vulnerabilities and risks of newly arrived prisoners should be properly assessed, and adequate support and interventions offered. All new prisoners should be properly inducted into the requirements of prison life. (To the director.)

1.41 Key concern: Although the rates of violence and self-harm had reduced since our last inspection, there had been a recent spike in incidents of violence and four self-inflicted deaths in the previous 12 months. Too many assault investigations were categorised as gang-related violence, without the analysis or evidence to support this assumption. Quality assurance data did not identify weaknesses in early days procedures, such as prisoners who had not received an induction. There had been no analysis of the poor quality of defensible decision logs justifying the segregation of prisoners at risk of suicide and self-harm. Overall, the quality and analysis of data was not used well to understand and reduce violence and self-harm.

Recommendation: Leaders should conduct a detailed analysis of data on a regular basis to inform more effective plans to improve the safety of prisoners and staff. (To the director.)

1.42 Key concern: Although leaders had identified the drug supply as one of the prison's main threats, their response was not robust. Random drug testing had only recently resumed, returning a 19% positive rate. There was still no intelligence-led drug testing and requests for intelligence-led searches often failed to happen because of staff shortages. There was no documented discussion at key meetings about the impact of this or plans to address it.

Recommendation: Leaders should resume intelligence-led drug testing and ensure that all intelligence-led searches are carried out to further reduce the supply of illicit items. (To the director.)

1.43 Key concern: Levels of self-harm remained high and there had been eight self-inflicted deaths since the previous inspection. Actions identified in early learning reviews following self-inflicted deaths were not transferred into a longer-term safety plan or processes to prevent further failures. On residential units, cell emergency bells often went unanswered for long periods of time. A prisoner being supported on ACCT had their level of observations amended without an appropriate multidisciplinary case review. Safer custody staff were frequently redeployed to other duties which affected the support they could provide to vulnerable prisoners.

Recommendation: There should be action to reduce self-harm and self-inflicted deaths, drawing on previous learning and quality assurance findings. (To the director.)

1.44 Key concern: Staffing challenges had a detrimental impact on the delivery of primary care, mental health and pharmacy services. This

meant prisoners experienced long delays for a mental health assessment, and reviews of their ongoing treatment and prescribed medicines did not take place. Medicines administration was prioritised, which led to frequently cancelled mental health and primary care appointments. The lack of structured clinical supervision meant that the safety and effectiveness of care was not being addressed.

Recommendation: Prison leaders should make sure there are sufficient health care staff to meet the health needs of the population in line with national guidelines.
(To the director.)

1.45 Key concern: Patients requiring a transfer to secure mental health inpatient services so they could receive specialist care continued to wait far too long for a bed, often in conditions that were worsening their mental health and well-being.

Recommendation: The local delivery board, in conjunction with NHS England and NHS Improvement, should take urgent steps to make sure prisoners requiring a transfer to hospital are moved within the national timescale of 28 days.
(To the director.)

1.46 Key concern: Leaders and managers had not allocated all the education, skills and workplaces that were available and there were insufficient education spaces to meet demand. Attendance in too many education classes was poor and staff absences meant that not all classes were running.

Recommendation: Leaders should make available sufficient education, skills, and work spaces to meet the demand and allocate spaces promptly. They should make sure that attendance improves significantly in education and that they have enough staff to run all the classes outlined in their curriculum plan.

1.47 Key concern: POMs were regularly redeployed which affected their ability to support the prisoners on their caseloads. Recorded levels of contact with prisoners were among the lowest we have seen in 2021, and many prisoners we interviewed could not name their POM. Most prisoners had a custody plan, although in our survey, only 14% of prisoners knew they had one. We found no evidence of POMs undertaking one-to-one work to help prisoners make progress with their plan.

Recommendation: All eligible prisoners must receive regular, meaningful contact from POMs to help them make progress against their sentence plan.
(To the director.)

1.48 Key concern: Many prisoners were subject to restraining orders or child contact restrictions, yet very few were subject to monitoring arrangements. There was no oversight of call monitoring and the calls of some prisoners had not been dealt with for two months. This meant the prison's ability to identify when prisoners might use the phone to cause harm was limited, undermining other risk-based decision making. POMs had not attended the IRMT meeting for many months and the staff could not confirm if action set at this forum had been implemented.

Recommendation: The prison should immediately put in place robust arrangements to make sure that the public protection risks posed by prisoners are identified and managed effectively.
(To the director.)

1.49 Key concern: Changes within the probation service meant that unsentenced prisoners were no longer provided with formal resettlement support. In our survey, more than half of those who expected to be released in the following three months said they needed support with accommodation and finances, yet only very few said they were receiving support. Despite promising recent work to improve accommodation support, too many prisoners were still being released without an address to go to. Support to help prisoners with their finances, benefits and debts was limited to informal advice from the resettlement team and prisoners could not open bank accounts.

Recommendation: All prisoners, including those who are unsentenced, should be able to access resettlement advice and support to prepare them for their release into the community.
(To the director.)

Notable positive practice

1.50 We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

1.51 Inspectors found two examples of notable positive practice during this inspection.

1.52 The introduction of information, advice and guidance (IAG) mentors provided prisoners with an increased level of support with day-to-day issues and more complex matters. The mentors received training across a wide range of subjects, including neurodiversity and customer service. Other mentors were trained by the Shannon Trust, a charity helping prisoners to read and write through peer support. Mentors gained a national vocational qualification (NVQ) level 2 in IAG mentoring and an NVQ level 1 in mentorship. (See paragraphs 4.6 and 4.7.)

1.53 A ‘residence decency timetable’ scheduled maintenance, such as the descaling of toilets, and the replacement of items like mattresses and pillows. This resolved many of the problems we regularly encounter at other prisons. (See paragraph 4.10.)

Section 2 Leadership

Leaders provide the direction, encouragement and resources to enable good outcomes for prisoners. (For definition of leaders, see Appendix II Glossary of terms.)

2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.

2.2 The priorities set out in the director's self-assessment report were aligned with the risks presented during our inspection. However, some of the plans to address the priorities were not detailed enough to be effective. Although good data provided leaders with useful information about the prison's strengths and weaknesses, data were not always used well to inform strategies or plans for improving outcomes in some important areas. For example, leaders had correctly identified the need to improve safety but had not utilised available data to inform a plan to reduce violence as more prisoners were unlocked and able to move around the site.

2.3 There had been four self-inflicted deaths in the year leading up to our inspection, and leaders had taken action to address some of the findings from early reviews. However, there were inherent risks in the systems for identifying and supporting vulnerable prisoners, which required a more robust response, particularly during their early days at the prison. Leaders had created a culture that encouraged and supported prisoners to ask for help and the majority of prisoners had the confidence to do this. However, our concerns were for a significant minority of prisoners who would not speak out and instead went without their basic entitlements. Additionally, we found one prisoner with mental health problems who was segregated while on an assessment, care in custody and teamwork case management document without adequate oversight or support. Leaders from departments across the prison, including safer custody and the mental health team, had not made sure that the prisoner was provided with an appropriate level of care while waiting for a bed in a secure hospital.

2.4 The prison had experienced five COVID-19 outbreaks during the course of the pandemic, but, working in partnership with local health care and health care agencies, leaders had managed them well.

2.5 Leaders had prioritised the prison's recovery, and its pace compared to similar prisons was commendably swift and more ambitious. They were also proactively driving the move to stage 1 of the national framework for prison regimes and services (see paragraph 1.9) in the following months. Concerted efforts to protect the positive, relaxed culture of the prison were evident during our inspection. We found an engaged community where most prisoners were participating in purposeful

activity, domestic chores, and recreational activities. Key work had also been prioritised, which strengthened relationships and contributed to a positive culture. Overall, there was a greater sense of pre-pandemic normality than we have seen elsewhere.

2.6 The population mix of the prison was complex, which meant leaders found it challenging to design an education and skills curriculum that met the needs of both the large number of remand prisoners and sentenced category C prisoners. Ofsted concluded that the overall provision required improvement, and leaders had to do more to tailor the curriculum to meet prisoners' needs and maximise attendance in education.

2.7 There was a lack of proactive leadership in rehabilitation and release planning work, which was at odds with the generally good work we saw in other areas. Leaders had not addressed the issue of staff working in isolation or their redeployment from offender management work, and they had failed to identify key issues with respect to public protection, such as poor telephone monitoring.

2.8 Methods of communication were traditional, relying mainly on written briefings for staff and prisoners. Recent key changes to the regime were primarily communicated through a written briefing delivered at short notice, creating confusion among staff and prisoners. Fortunately, the positive culture and a willing and enthusiastic frontline staff group had made sure the regime changes were implemented. The director produced a useful weekly bulletin, which was read out on the prisoner TV channel, but otherwise the use of telecommunications was limited.

2.9 Partnership working was effective in a number of areas, and most partners were on site providing face-to-face support. Leaders had worked closely with the police to stem the flow of contraband entering the prison and to address some of the problems caused by gang affiliations. Arrangements between the HM Prison and Probation Service contract team on site and the prison were open and productive. However, partnership working between prison leaders and the education provider had not been effective enough to make sure classrooms were full and that the curriculum met the needs of the complex population held at Altcourse.

2.10 Staffing levels in most areas were reasonably good, but the current allocation of resources, known as the staff profile, was out of date and did not fit the regime leaders needed to deliver. This meant that staff were regularly redeployed from important work like searching or offender management to residential units. Leaders were confident that suitable staff profiles would be in place in the following months, once the prison had moved to stage 1 of the national framework.

Section 3 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.

3.1 Reception was usually busy with approximately 100 prisoners arriving every week, and a further 140 prisoners on average passing through reception to attend court, transfer elsewhere, or be released. Population pressures at other establishments, meant the prison regularly received new arrivals who would have ordinarily gone to Forest Bank or Preston prisons. As a result, many prisoners experienced longer than necessary journeys to the prison, often preceded by long delays in court cells due to a lack of escort vehicles. These issues placed additional pressure on the prison and contributed to prisoners' anxieties when they arrived at Altcourse, particularly if they were new to custody.

3.2 Prisoners entered a welcoming reception area, where admissions staff conducted initial checks in a relaxed manner. In our survey, 86% of prisoners said they were treated well in reception, which was better than at other local prisons (75%). Prisoners were offered face masks to reduce the risk of virus transmission, and holding rooms were spacious enough to support distancing. Communal areas and holding rooms were clean and had basic information for new arrivals.

3.3 All new prisoners were seen by a member of the safer custody team, who conducted an interview in private. Documentation for this interview had been revised and consisted of a series of three booklets that were sufficiently detailed to assess prisoners' immediate risks and needs during their early days. Despite this, we identified several new prisoners whose potential vulnerabilities had not been acknowledged or sufficiently addressed. For example, a new arrival who had been known to pose a risk of self-harm was not asked any supplementary questions to determine their triggers or address concerns. (See key concern and recommendation 1.40.)

3.4 The prison made appropriate use of non-intrusive technology, such as a body orifice security scanner chair and body scanner during the admissions process. Despite this, all new arrivals were also routinely strip-searched, regardless of their risk (see paragraph 3.32). While staff were respectful, the area where prisoners were searched was not sufficiently private.

3.5 All prisoners were offered hot food, a phone call and a shower as part of the admissions process. A prisoner peer support worker known as a 'carer' (see paragraph 3.44) was available to support new arrivals before they were transferred to one of three first night centres, which were used as reverse cohort units (RCU).

3.6 Not all cells used to locate prisoners on their first night were adequately equipped – during our checks we found several cells across all three RCUs missing basic items, such as working phones and kettles.

3.7 Induction started on the following working day. During COVID-19 restrictions, the prison had produced a useful video that was specific to Altcourse, which prisoners could view three times a day in their cells. This was supplemented by a detailed induction booklet, but neither the video nor the booklet were available in languages other than English. This was despite about 9% of the population who identified as a foreign national or who did not have English as their first language.

3.8 A face-to-face induction had been reintroduced during the summer and was delivered by safer custody staff. However, staff were frequently redeployed, and we identified about 200 prisoners, some of whom had been at Altcourse for over 10 weeks, who were yet to receive important elements of the induction programme. This was reflected in our survey, where just 66% of prisoners said they had received an induction, compared with 94% at the previous inspection and 79% at other local prisons. However, prisoner carers were available to speak to new arrivals during periods of association to deal with any immediate concerns about prison life at Altcourse (see paragraph 3.44).

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

3.9 At the time of our inspection, the prison was calm and well ordered. In our survey, 16% of prisoners said they felt unsafe, which was similar to the previous inspection. Fewer prisoners (36%) than at comparator prisons (55%) said they had ever felt unsafe at the prison.

3.10 The number of violent incidents had decreased substantially following the introduction of regime restrictions in March 2020. However, in the month before our inspection, the number of assaults had reached the highest level since that date. Leaders attributed it to a spike in gang-related violence, along with the gradual easing of restrictions. There had been 241 prisoner-on-prisoner assaults in the 12 months prior to the inspection, which was considerably lower than at the previous inspection. The number of assaults on staff was similar to the previous

inspection which, although still too high, was lower than in similar prisons.

3.11 Monthly safety meetings were well-attended, and a useful range of data was gathered, including identified locations and times when violent incidents were more likely to occur. However, the data were not analysed in any detail and there was little recorded action to address the issues identified. As a result, data were not used effectively to inform a strategy to reduce violence (See key concern and recommendation 1.41.)

3.12 All violent incidents were investigated, but the prison had too few staff trained in conducting investigations, and the response to violent incidents was not swift or effective enough. For example, we found two prisoners who had committed multiple assaults over a short period of time and another prisoner, known to have been at risk of gang retaliation, who had been assaulted twice on consecutive days. A more robust response after the initial assault could have prevented subsequent incidents. Reports often took too long to produce and many we reviewed were not detailed enough and did not explore fully the reasons for the violence. Staff witnesses were frequently not interviewed, and we saw too many investigations where assaults were categorised as gang-related violence, without the evidence to support this assumption. This made it more difficult for leaders to determine the causes of violence at Altcourse. Some reports identified lessons to be learnt, but it was not clear how they were disseminated among staff or reviewed to assess improvements.

3.13 The casework approach to supporting victims and managing perpetrators of violence using the challenge, support and intervention plan (CSIP) (see Appendix II Glossary of terms) had been suspended at the start of the pandemic. However, the intervention had recently been reintroduced on a small scale, with a full relaunch planned for January 2022. During the inspection, the process was used appropriately and effectively to manage four prisoners who had committed multiple assaults. They had individual plans, relevant targets and goals, and told us the process supported them well. However, apart from this limited intervention, targeting the most prolific perpetrators of violence, the prison's response to managing behaviour was not sufficiently robust (see also paragraphs 3.16, 3.17 and 3.19). There was little support for the victims of violence beyond a visit from a safer custody officer.

3.14 Behaviour was generally good and during our inspection, the prison was calm and well ordered. A dedicated unit accommodated prisoners who had reached the enhanced level of the incentives scheme. There was also an established family unit (see paragraph 6.5). Both units had the potential to encourage prisoners to behave well and progress because of their enhanced regimes and benefits. However, because of COVID-19 restrictions, neither unit was operating as intended, which meant the opportunity to promote good behaviour was being missed.

3.15 The points-based incentives policy was not well embedded, and most prisoners we spoke to did not know how the system worked, indicating that it was largely ineffective. The prison lacked creativity when it came to motivating and encouraging prisoners to reach the enhanced level of the scheme. In our survey, only 38% of prisoners said that the incentives or rewards in the prison encouraged them to behave well, and only 28% felt the scheme had treated them fairly.

3.16 The basic level of the incentives scheme had been reintroduced a month before the inspection and focused on punishment rather than interventions to improve behaviour. Behaviour improvement targets were too generic and were not tailored to the individual. Despite reviews being undertaken, most prisoners remained on the lowest level for 28 days, even when their behaviour had improved.

Recommendation

3.17 **Investigations into violent incidents should be conducted promptly and in sufficient detail so that managers can determine the causes of violence, identify action to be taken and maintain the safety of the prison.**

Adjudications

3.18 There had been 1862 adjudications in the previous 12 months, which was lower than at the previous inspection. Charges were dealt with promptly, and very few adjudications were outstanding. A small number of adjudication hearings were held in the RCU (see Appendix II, Glossary of terms) so that prisoners subject to cohorting arrangements did not experience delays.

3.19 Prisoners were given enough time to prepare for hearings and had access to legal advice if they requested it. However, some records of hearings we examined, showed insufficient enquiry before a finding of guilt, and it was not always clear why an adjudicator had made a decision. For example, we found two cases where violent assaults had resulted in unusually minor punishments.

Use of force

3.20 Force was used much more frequently than at the previous inspection but remained lower than at similar prisons. Local data indicated that there had been 655 recorded incidents involving force in the 12 months before the inspection, compared with 328 over the same period before our 2017 inspection. However, over half of all incidents consisted of low-level guiding holds, such as staff holding a prisoner's arm to encourage them back into their cells following minor non-compliance with COVID-19 restricted regimes.

3.21 The oversight of force had improved overall since the previous inspection. However, improvements had stalled in recent months as a weekly scrutiny panel had not met consistently since August. The safer custody team had continued to gather data following incidents involving

force, but the lack of local governance during the previous two months was beginning to have a negative impact. For example, there was no forum for analysing the data gathered to identify any trends or lessons to reduce the use of force. HM Prison and Probation Service (HMPPS) digital recording systems showed over 50 incidents involving force where documentation was incomplete, and the staff statements we examined often lacked sufficient detail and were poorly written. Again, the absence of the scrutiny panel meant these issues were not being discussed or addressed. (See key concern and recommendation 1.41.)

3.22 In the video footage of incidents that we reviewed, de-escalation was adequate, but too many staff failed to activate body-worn video cameras routinely.

3.23 There had been no recorded use of special accommodation during the previous 12 months. It was also notable that prison staff did not use batons or PAVA incapacitant spray to maintain control.

Recommendations

3.24 **Body-worn video cameras should be worn and activated during all incidents involving force.**

3.25 **Regular use of force scrutiny forums should be reinstated to identify any immediate lessons to be learnt and provide assurance that any incidents involving force are proportionate and justified.**

Segregation

3.26 The use of segregation had declined since the previous inspection. However, in 63% of cases, segregation was used for prisoners awaiting adjudication, which was high. Many of these prisoners could have been safely managed in residential units.

3.27 There were weaknesses in the governance of segregation. Some of the documentation we reviewed did not provide adequate justification for segregation. The decision logs used to outline the reasons for segregating prisoners receiving support through the assessment, care in custody and teamwork (ACCT) case management system because they were at risk of suicide or self-harm were poor. We were also concerned that one prisoner who was placed in the segregation unit in August had not had a reassessment of their suitability to be segregated until we requested this during our inspection.

3.28 As at the previous inspection, relationships between staff and prisoners were good. Most of the prisoners we spoke to in the unit were positive about the care they received, and staff knew them well.

3.29 The regime in the segregation unit remained limited. Prisoners spent about one and a half hours out of their cell every day. Exercise yards were cage-like and bleak and there was nothing to keep prisoners occupied during their limited time out of cell. Meals were served at the cell door, further reducing the time prisoners were unlocked. Some efforts were made to occupy prisoners in their cells as education staff

regularly visited the unit and provided them with education packs to complete.

3.30 The segregation unit was clean and had lots of natural light, and the cells were more spacious than general cells in residential units. Furnishings in the segregation unit cells were basic, there were no curtains and the toilets were not screened.

Segregation unit cell

3.31 The telephone and information kiosks were surrounded by transparent plastic, which provided prisoners with privacy when making calls and enabled staff to unlock more than one prisoner at a time to facilitate the regime. The kiosks were small, and prisoners were locked into them until staff had time to clear the landings and unlock them.

CSU kiosk

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 use and effective drug supply reduction measures are in place.

3.32 Security arrangements were generally proportionate and aligned to identified risks. However, all prisoners arriving at the prison were strip-searched, even though a body scanner, which is able to detect illicit items, was also used. The procedure was not subject to regular review to assess how effective the measure was or to try alternative risk-assessed approaches that limited the need for strip- searching (see paragraph 3.4).

3.33 Leaders had identified that drugs and mobile phones were key threats. Random mandatory drug testing (MDT) had been reintroduced in the month before the inspection, and had yielded a 19% positive test rate, which was high. Some measures were in place to disrupt the drug supply, for example the use of a body scanner, enhanced searching of all staff and visitors on entry, and the use of a scanner to examine incoming mail. However, suspicion-led drug testing had not yet

resumed, and frequent staff redeployment reduced the security team's capacity to conduct all requested intelligence-led cell searches. (See key concern and recommendation 1.42.)

3.34 The flow of intelligence was good and about 530 reports were received by the security department each month. Most reports were quickly reviewed and analysed, and information was communicated to staff across relevant areas of the prison.

3.35 Inter-agency links remained a strength. There was a dedicated liaison officer who managed the substantial number of prisoners who were affiliated to gangs in the community. The security department had maintained good links with the police, which helped the prison to determine and manage the risks posed by individual prisoners before they had arrived at the prison. Multi-agency arrangements to counter staff corruption were active and effective.

3.36 Monthly security meetings were reasonably well attended, but the minutes were brief and did not reflect key discussion points or priorities. They did not identify meaningful action or demonstrate that available data were appropriately analysed. For example, there was no documented discussion about the impact of the continued suspension of suspicion drug testing, or the inability to carry out all required searches to further reduce the supply of illicit items. (See key concern and recommendation 1.42.)

3.37 The security department had produced useful information for staff across the prison, including a good briefing about the specific security challenges the prison might face as COVID-19 regime restrictions were lifted.

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

3.38 There had been eight self-inflicted deaths since 2017. The three most recent deaths had all occurred between August and October 2021, which was a significant concern. The level of self-harm was similar to the previous inspection and remained higher than at other local prisons. However, the numbers had decreased over the previous year.

3.39 Recommendations from Prisons and Probation Ombudsman investigations following the previous four self-inflicted deaths were yet to be received as investigations were ongoing. The prison was responding to findings from early learning reviews (ELRs) conducted in partnership with the HMPPS regional safer custody team to improve

current practice. Tackling the risks of self-inflicted deaths had been identified as a key priority and, in response, leaders had set up a safety project team led by a senior prison director. The primary role of the small team was to review and improve current practice, and team members were very responsive to the issues raised during the inspection.

3.40 Nevertheless, there remained several weaknesses in the prison's efforts to reduce suicide and self-harm. Action to address the risks identified in the ELRs had not been added to the Altcourse safer custody action plan or adequately communicated to staff outside the safer custody team. As a result, some staff were not aware of the action they needed to take. For example, during our night visit, while staff were aware of emergency procedures, very few said they would enter a cell to preserve life until they were accompanied by other colleagues, even if it was safe to do so. We also identified prisoners during their early days in custody who were left locked in their cells for long periods without basic items like a working phone (see paragraph 3.6). In another case, the observation levels for a prisoner being managed through the ACCT process were changed outside a formal multidisciplinary review. (See key concern and recommendation 1.43.)

3.41 The number of prisoners subject to ACCT case management had increased from an average of 30 to about 50 at any one time. Managers attributed this to better staff awareness following the recent deaths. Most prisoners we spoke to who were currently or had previously been supported through the ACCT process said they felt cared for by staff.

3.42 The prison had introduced the updated version of the ACCT process (version 6) and had provided staff with local training, which meant they had a better understanding of the new process than we have found elsewhere. Nevertheless, both ELRs and some quality assurance records identified persistent weaknesses that had not been addressed, for example, there were persistent inadequacies in the quality of care plan reviews. Inspectors also identified a frequent failure to review identified risks in case review meetings.

3.43 Complex cases were discussed at safety intervention meetings (SIMs), which included prisoners who had self-harmed or were identified as being particularly vulnerable. The monthly strategic safety meeting had also continued to meet online, throughout the period of restrictions. A useful range of data was gathered and made available to the meeting, but data analysis was too limited to inform a self-harm reduction strategy and associated action plan specific to Altcourse. (See key concerns and recommendations 1.41 and 1.43.)

3.44 The prison had maintained the use of peer mentors known as 'carers' to support prisoners during their early days in custody, including those at risk of harm. Carers worked towards qualifications in mentoring but were not provided with formal support or supervision when they were dealing with other prisoners in crisis. The prison had made effective use of the Birds of Prey therapy course and the Pets as Therapy dogs

to support prisoners with identified needs (see paragraphs 4.86 and 4.87).

Protection of adults at risk (see Appendix II Glossary of terms)

3.45 A comprehensive policy on assessing and referring adults at risk had been implemented since the previous inspection. The procedure defined indicators of vulnerability and the policy outlined how to refer cases to the relevant services. However, not all aspects of the policy had been embedded and very few staff were aware of its existence. Links with the local authority had improved, and a manager from the safer custody team attended Merseyside adults safeguarding board meetings.

3.46 Despite the prison's various mechanisms for identifying and supporting prisoners with specific vulnerabilities, not all vulnerable prisoners received the care they needed. For example, we met a prisoner with a diagnosed mental health condition who was located in the segregation unit pending a transfer to a secure unit. The prisoner was vulnerable and withdrawn and refused to interact with staff. He had been on a 'three-officer unlock' (where three officers must be present when the prisoner is being unlocked) for many weeks without a regular review, which made it more difficult to interact with him. He was living in poor conditions and did not participate in the regime. The multidisciplinary response in this case was poor and there seemed to be an acceptance that he would continue as he was until he was transferred. When we raised these issues with the director, action was taken to review this particular case. (See key concerns and recommendations 1.40, 1.43 and 1.45 and paragraphs 3.28 and 4.84.)

Section 4 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.

4.1 Staff-prisoner relationships at Altcourse were very good. In our survey 83% of prisoners said most staff treated them with respect, which was higher than in comparable prisons (66%). In addition, 73% said there were staff they could turn to if they had a problem.

4.2 We observed respectful, caring interactions between staff and prisoners in all units. Feedback we received from prisoners during the week demonstrated that they were confident most staff and wing managers would help them with their day-to-day problems.

4.3 Key work had continued throughout the pandemic. Prisoners assessed as being vulnerable were seen every week and other prisoners were seen every month, both for 45 minutes, which was much better than we usually see. Key work sessions were face to face and the records of the meetings we reviewed indicated that staff knew their prisoners well and made efforts to address their concerns.

4.4 This was reflected in our survey where 48% of prisoners told us a member of staff had talked to them about how they were getting on in the previous week and 70% said their key worker was helpful. Both survey results were higher than in other comparable prisons.

4.5 Prisoners did not see the same key worker each time, however, which affected their ability to build rapport. Although the sessions were supportive and caring, they did not discuss prisoners' rehabilitation or resettlement needs. (See paragraph 6.17.)

4.6 Over 20 peer mentors were being trained as information, advice and guidance (IAG) mentors, which improved the quality of the support they provided to their peers. They helped them with day-to-day issues, such as applications or complaints, or provided general advice to cater for individual needs, such as help with reading and writing. (See paragraph 1.52.)

4.7 The IAG mentors gained two national vocational qualifications (NVQs) on completion of the course – a level 1 NVQ in mentorship and a level 2 IAG NVQ that covered areas such as neurodiversity and customer service. Other mentors received training from the Shannon Trust, a charity that supports literacy skills in prisoners. (See paragraph 1.52.)

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

4.8 Prisoners' perceptions of the environment they lived in were good. In our survey, 86% said the communal areas of their unit were clean and 68% said it was quiet enough for them to sleep at night. Both figures were higher than at other local prisons (64% and 54% respectively).

4.9 The fabric of the prison was beginning to show signs of wear and tear, but there was a clear focus on keeping the whole prison clean. There was very little litter in the well-maintained grounds. The residential units were bright and airy – they were clean and tidy, as were prisoners' cells, and there was very little graffiti. A group of prisoners in the drug support unit scrubbed the unit floor twice a week, which gave prisoners a sense of pride.

4.10 A 'residence decency timetable' scheduled maintenance, such as the descaling of toilets, and the replacement of items like mattresses and pillows. This resolved many of the problems we regularly encounter at other prisons. (See paragraph 1.52)

4.11 Cells were very cramped and most had two occupants, despite being designed for one. Cells had adequate furniture, including a desk, chair, cupboard space and phone, and the decency rota made sure damaged furniture was repaired or replaced regularly.

4.12 In-cell toilets had adequate screening to maintain privacy. Toilets were clean and scale free in all units. The prison had manufactured toilet covers for many cells, but most did not have a seat fitted.

4.13 In our survey, 98% of prisoners said they could shower every day. Shower areas were kept clean, and staff made every effort to make sure that prisoners could use facilities on their return from work. However, showers were located in full view of the whole unit and staff areas, with only a stable door to provide minimal privacy.

4.14 In our survey, 73% of prisoners told us they received cleaning materials every week, and we saw prisoners being provided with toiletry essentials on request. The supply of bedding and clothes was equally good, and prisoners could change their bedding every week. They also had easy access to unit laundries.

4.15 Only 31% of prisoners in our survey said cell call bells were answered within five minutes. We observed long delays in some units, especially in the evenings when risk levels were higher as prisoners were locked

up. Responses were not effectively monitored, as only two of the units had an electronic system in place to record staff response times. (See key concern and recommendation 1.43.)

4.16 Many prisoners reported problems with getting access to their property or property going missing. The Independent Monitoring Board confirmed that this remained one of the top issues raised by prisoners. Leaders were struggling to understand the reasons for such widespread dissatisfaction in this area. They had allocated more staff to deal with stored items in reception and had successfully reduced the backlog. Prisoners regularly complained about the prison's failure to secure their property when they were removed from their cell, for example, if they were segregated and could not pack up their property themselves. Not enough had been done to address this issue.

4.17 Association areas were well appointed and offered a wide range of recreational activities, which prisoners had access to throughout the recently extended association period.

Recommendation

4.18 **Staff should make sure that when a prisoner is moved from a cell, their property is promptly and accurately accounted for so that it can be kept safe.**

Residential services

4.19 The kitchen provided a healthy balanced menu on a four-week rota. Prisoners had five options to choose from at lunch and dinner and both medical and religious diets were catered for. The amount and quality of the food was reasonable, and regular consultation had influenced the menu.

4.20 Only one hot meal was served every day at lunchtime, which was unpopular with many prisoners. Leaders had plans in place to provide the hot meal in the evening.

4.21 Prisoners had access to microwaves and toasters, and those in the enhanced units also had sandwich makers.

4.22 The prison shop had a lengthy list of items that prisoners could buy, including cultural and religious items. Only 58% of respondents in our survey said the shop sold the things that they needed compared with 73% at the previous inspection. Leaders attributed this to product shortfalls in the retail sector due to COVID-19 as experienced in the community.

Prisoner consultation, applications and redress

4.23 There were 852 complaints in the 12 months before the inspection, which was significantly lower than in comparable prisons. Forms were readily available in all residential units.

4.24 The complaints process was managed well – about 95% of prisoners received a response within seven days. The sample of responses we reviewed were polite and dealt with the issues raised. There was an effective quality assurance process that provided feedback to staff who responded to complaints. Leaders analysed complaint trends and we saw evidence of action being taken to address areas of concern, such as providing additional staff to help with property (see paragraph 4.16.)

4.25 In our survey, 52% of prisoners told us that applications were dealt with fairly, which was comparable to similar prisons. It was easy for prisoners to make an application as the prison operated both an electronic kiosk and a paper system, both of which were tracked and monitored. The records we reviewed indicated that most responses were appropriate and timely. Prisoners we spoke to during the inspection were positive about the system and the support staff provided to make the system work.

4.26 Consultation with prisoners was good. Since February 2021, the IAG mentors in each unit (see paragraph 4.7) had distributed a 'Have your say' form to each prisoner and responses were collated and discussed at a forum involving managers and the mentors. Several ideas, including the purchase of new unit cooking facilities, had been discussed and approved. Each unit also held a separate monthly forum, and there was a similar forum to discuss the kitchen and shop.

4.27 Legal visits took place every week day. In our survey, only 41% of prisoners said it was easy to attend legal visits, which was much lower than in 2017 (61%). Leaders had identified the problem and doubled the number of face-to-face legal visits from five per day to 10. There were an additional 12 conference phone calls available each day and four video conferences could also take place. Areas where remote and face-to-face visits took place were well appointed and private.

4.28 There were good court video-link facilities, including separate rooms where prisoners could speak in private to their legal representative via video before and after the video link court session. Prisoners did not have access to independent legal advice or advocacy.

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 (see Glossary of terms) 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

4.29 The prison had updated its equality strategy, which was comprehensive. However, some aspects of the strategy would only

apply once COVID-19 restrictions had been lifted. Neither the strategy nor the equality action plan outlined this phased approach.

4.30 The head of the safer custody department led the prison's equality work. Although there was only one dedicated equality officer, safer custody staff undertook different aspects of equality work.

4.31 Equality action team meetings, which were attended by relevant managers, had taken place since the beginning of 2021. Although the meeting agendas covered most pertinent areas, the minutes did not demonstrate that all areas were considered thoroughly. Equality monitoring data were produced for the meeting, but there was little explanation of what they meant. Data had been used well for some decision making, such as on suitable locations for foreign national prisoners, but disproportionate treatment was not always identified or addressed.

4.32 There was only one prisoner equality representative at the start of our inspection. They were not able to undertake their role in units other than their own because of COVID-19 restrictions. Towards the end of our inspection the prison appointed equality representatives for every unit.

4.33 Only 18 discrimination incident reporting forms had been submitted in the 10 months since the beginning of 2021. Responses we reviewed did not always demonstrate that investigations were thorough, and documented decisions about whether the complaint was upheld or not were not always well reasoned or clearly expressed. The prison was in the process of introducing a new procedure, which meant a committee would consider responses to strengthen quality assurance.

4.34 The prison had resumed its consultation of prisoners with protected characteristics. Consultations were organised by safer custody managers who were assigned to lead on various protected characteristics. Some consultations had led to particular needs being identified, and, in some instances, action had already been implemented. For instance, prisoners with disabilities asked to undertake light gardening. As a result, plans were in place for them to cultivate herb gardens in exercise yards, once planters had been constructed.

4.35 In other instances, we found that consultations were little more than a 'tick box exercise' and did not show that prisoners' needs had been explored. The prison had been slow to resume consultation with prisoners from black and ethnic minority backgrounds – the first forum only took place during the inspection. Similarly, the prison had only just decided to consult gay and bisexual prisoners individually, which had started during the inspection, and no action had yet been taken as a result.

4.36 The prison had only obtained a partial understanding of prisoners' needs from its regular data reports and consultations and the head of the safer custody department had identified the need for supplementary

data. Immediately before our inspection, the prison had sent out equality questionnaires to all prisoners, which, by the week of our inspection, had elicited nearly 250 returns. The manager had only just started to analyse responses but believed the data would inform the planning and prioritisation of equality work in 2022.

Recommendation

4.37 **Equality data should be analysed regularly to identify disproportionate treatment and to enable appropriate responses to be developed.**

Protected characteristics

4.38 During the inspection, there were 106 foreign national prisoners, constituting nearly 9% of the prison population. Eleven had been detained under immigration powers. A large proportion of the equality officer's time was dedicated to meeting the needs of the foreign national prisoners. The focus of the one prisoner equality representative in place at the start of our inspection was to provide relevant information to foreign national prisoners. The prison worked closely with immigration officials to arrange weekly visits and monthly surgeries to make sure foreign national prisoners were kept informed about decisions made relating to their immigration status. Foreign national prisoners also received information on legal advice and representation, and the prison was working to make sure those held under immigration powers were aware of their entitlement to free initial legal advice.

4.39 The provision of information in foreign national prisoners' languages was inadequate. Most relevant information was only available in English, and we found only limited use of telephone interpretation in the units.

4.40 Personal emergency evacuation plans (PEEPs) were in place for disabled prisoners who needed them. Although all units kept records of prisoners on PEEPs, they did not always contain details of prisoners' needs in the event of an evacuation and were mostly kept in offices away from the residential areas. In some units, it was not clear where prisoners with PEEPs were located. The prison was using enhanced support plans for prisoners with particular needs who did not meet the threshold for social care but needed specific support. Many of those on the plans had hidden disabilities – their cases were considered at safety intervention meetings. (See also paragraph 4.75.)

4.41 Individual support was provided to transgender prisoners. The only transgender prisoner at the time of the inspection indicated that her specific needs were largely being met. However, case board records we reviewed for transgender prisoners who had been at the prison earlier in 2021 did not demonstrate that a thorough consideration of their needs had been undertaken.

4.42 The prison had decided not to develop a strategy for young adult prisoners because managers considered that violence data showed it did not require one. This indicated a lack of understanding about maturity and the specific needs of young people, as not all younger prisoners' needs were related to violence. This had been recognised to some extent in the equality strategy, which outlined a scheme in which young prisoners would receive support from trained mentors while in the prison. However, the initiative had been suspended when the restricted regime was put in place and there were no definitive plans to reintroduce it.

4.43 There was some provision for older prisoners. Older prisoners we spoke to had the support of a peer prisoner care worker to help them keep their cells clean.

Faith and religion

4.44 Almost all prisoners had access to a chaplain of their own faith, and we found that the chaplaincy was well integrated and provided good spiritual and pastoral support to prisoners, including those with particular vulnerabilities and needs.

4.45 Corporate worship had resumed in the chapel for a maximum of 30 prisoners at a time. Prisoners had to apply to attend and prisoners from different wings could attend services together. There was no clear schedule based on location and prisoners would sometimes only know they had been selected to attend a service when they were approached to be taken to the chapel. Sometimes prisoners decided not to attend, if it coincided with their time for association or domestic tasks.

4.46 Some prisoners from the Melling vulnerable prisoners' unit were reluctant to attend services, as they feared being subject to verbal abuse from prisoners from other units. However, there were no alternative arrangements in place for them.

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.

4.47 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC issued 'requirement to improve' notices following the inspection (see Appendix III).

Strategy, clinical governance and partnerships

4.48 Partnership working between health providers and the prison were strong and meetings took place monthly. Well-attended local integrated

clinical governance meetings focused on key areas of risk and patient outcomes.

4.49 Commissioners had resumed quarterly quality assurance visits and a health needs analysis, which informed service delivery, had been published in January 2021.

4.50 Health providers and the prison had worked well with UK Health Security Agency colleagues to manage and contain five outbreaks of COVID-19 since March 2020. Health providers demonstrated resilience in continuing to deliver essential health services.

4.51 Staffing vacancies in primary care, mental health and the pharmacy were a considerable concern and were negatively affecting key areas of delivery. We found clinical supervision did not take place regularly in some areas, and 60% of staff had not had an annual appraisal with their manager in the previous 12 months, which meant there was a lack of focus on the effectiveness and safety of care. (See key concern and recommendation 1.44.)

4.52 Despite this, we found health services to be well-led, and clinical leaders had oversight of key risks. Attempts were also made to mitigate staffing vacancies through, for example, using regular bank and agency clinicians to cover shortfalls. We were informed of recent difficulties obtaining agency staff, which was a concern.

4.53 Incidents were well managed, and themes were analysed and shared among health providers. This included a comprehensive Prisons and Probation Ombudsman recommendations tracker, which demonstrated when health-related recommendations had been achieved, and systems were in place to monitor their implementation.

4.54 There was good oversight of confidential health care complaints, and an identified clinical lead staff member was responsible for the complaint system's effectiveness. Themes were identified and shared, and responses we sampled were considerate, addressed the issue and informed the complainant of next steps if they remained dissatisfied.

4.55 Electronic clinical records were used and records we looked at demonstrated good clinical record keeping, with appropriate care plans, medication records and consultation notes.

4.56 Clinical rooms in the health care centre were clean and complied with infection control standards, and cleaning schedules were adhered to. A good range of health and well-being information was on display in waiting areas. However, the waiting area for vulnerable prisoners, although refurbished, was covered in graffiti and had no working TV.

4.57 Clinical staff wore uniforms and were easily recognisable. Interactions we observed showed clinicians knew their patients, and they displayed compassion and kindness. All staff we spoke to were aware of their safeguarding responsibilities.

4.58 Regularly checked and maintained emergency equipment, including automated external defibrillators (AEDs), were placed strategically around the prison and met UK Resuscitation Council guidelines. A small team of in-house paramedics provided valuable support during emergencies.

Promoting health and well-being

4.59 Health promotion activity across the prison had been curtailed due to restrictions and there was no prison-wide health and well-being strategy.

4.60 Screenings for health problems took place, including for blood borne viruses, sexual health, COVID-19, diabetes, abdominal aortic aneurysm and bowel cancer. The prison had plans to run a 'high intensity test and treat' event for hepatitis C in partnership with the UK Health Security Agency.

4.61 Prisoners had access to COVID-19 vaccinations in line with the community, and health staff actively promoted uptake, providing face-to-face advice and education for prisoners who were unsure about receiving it.

4.62 Smoking cessation support was available and was being facilitated one to one due to restrictions. Condoms were available from health staff.

Primary care and inpatient services

4.63 Competent health care practitioners interacted well with patients. Demand had increased due to the prison's reconfiguration and far more nursing activities had been moved to the units in response to the pandemic. The team had a vacancy factor of about 50%. The team was seriously stretched and relied on bank staff and overtime. (See key concern and recommendation 1.44.)

4.64 Despite this weakness, patients were being triaged by staff trained in the National Early Warning Score 2 system (which scores physiological measurements to identify acutely ill patients). Patients could complete a triage form or request an appointment through the electronic kiosk system. As a result, clinical risks were identified, and essential care was being delivered in a timely manner.

4.65 Prisoners were assessed on arrival, and records indicated that secondary screenings were being offered, which made sure prisoners' ongoing needs were reviewed. Community GP records were accessed, and medicines were usually available for patients promptly, although there were exceptions if patients arrived close to the weekend.

4.66 A new lead GP had been appointed and other medical staff changes were still being embedded. Routine GP appointments took about three weeks and slots for urgent care were ring-fenced. Staffing constraints, reduced capacity in the waiting area, and the lack of available escorts was affecting clinic waiting times. Routine access to opticians,

physiotherapy and chiropody took up to eight weeks, which was broadly acceptable.

4.67 A practice nurse took the lead on supporting patients with long-term conditions which had improved substantially since the previous inspection. Care plans and systematic reviews were established and were subject to a regular audit. An effective multidisciplinary approach was in place for patients with more complex needs.

4.68 The inpatient unit continued to provide care and treatment for 12 patients, and a clearly defined admissions and discharge pathway was now in place. Although cells had been refurbished and were now clean and contained all necessary amenities, the regime was poor. Patients were only allowed out of their cells for a maximum of two hours per day. Therapeutic activities for patients remained very limited. Despite this, all the patients we spoke to were complimentary about the care they were receiving.

4.69 Access to secondary care was well organised and good relations had been established with local hospitals. Consultants contacted patients by phone, and mobile x-ray, ultrasound and visiting clinics reduced the need for hospital attendance.

4.70 Necessary pre-release assessments took place.

Recommendation

4.71 **Patients in the inpatient unit should have access to therapeutic and constructive activities to maintain their well-being and promote recovery.**

Social care

4.72 A memorandum of understanding was in place between the local authority, the health care provider and the prison, outlining key responsibilities and describing how social care needs would be identified and met. It had been extended until March 2022.

4.73 Three prisoners were receiving a social care package (see Appendix II Glossary of terms) during the inspection, and an external provider visited the prison Monday to Friday to provide care. However, there had been issues over the previous 12 months obtaining consistent providers due to staffing and vetting issues.

4.74 The current care provider had been in place since August 2021. At times when the provider was unable to provide a service, staff from G4S Health Services stepped in, placing additional pressure on them. Commissioners were exploring options for providing a solution with an integrated health and social care model.

4.75 Prisoners with identified social care needs were referred to Liverpool City Council and a designated social worker for the prison carried out assessments in a timely manner. In addition, a member of the prison

social care team had been trained to carry out low-level needs assessments and could order equipment and aids to support prisoners.

4.76 There were only three disabled cells in the prison and access to showers was difficult for those using wheelchairs, or who had poor mobility. Prisoners with these issues could use showers in the health care department, but officers were not always available to arrange this.

Recommendation

4.77 **Prisoners' social care needs should be met consistently and plans to provide an integrated health and social care model should be expedited.**

Mental health care

4.78 Significant staffing shortages were experienced across the primary and secondary mental health services, which challenged leaders' and staff's ability to meet prisoners' needs. Providers were proactive and creative in their attempts to improve staffing levels and both teams worked flexibly to support prisoners, however staffing cover continued to be problematic.

4.79 The primary care mental health team provided support seven days a week, and prisoners in crisis were prioritised. However, due to the shortage of nurses in the team, there were long delays in some prisoners having an initial assessment, which meant risks might not have been identified promptly. (See key concern and recommendation 1.44.) Unfilled vacancies across the primary health care team placed mental health nurses under additional pressure, as they were sometimes required to support medication administration.

4.80 Referrals came from a range of sources and regular allocation meetings were held to discuss new arrivals and referrals received. The primary care mental health team included a counsellor as well as a learning disabilities nurse, who had a clear vision to create a prison-wide approach to supporting prisoners with learning disabilities. A health care assistant supported prisoners individually through low-level interventions and a suitable room was being obtained so group work could be reintroduced.

4.81 Secondary mental health services, which offered an integrated stepped care approach (mental health services that address low-level anxiety and depression through to severe and enduring needs), provided support to 83 prisoners, many with complex needs. There had been an increase in the number of referrals. Funding had been provided for two nurses however, only one had been recruited, while another was due to leave within the month. This limited therapeutic intervention time with prisoners and increased caseloads. Staff did not receive regular clinical supervision. (See key concern and recommendation 1.44.)

4.82 Prisoners received support through the care programme approach (mental health services for individuals diagnosed with a severe mental

illness). Initial medical and nurses' assessments were carried out, however, staff reported it was difficult to make sure staff from a variety of disciplines attended reviews.

4.83 A consultant psychiatrist and a specialist psychiatric registrar from Mersey Care NHS Foundation Trust provided three sessions a week and a specialist nurse supported prisoners with attention deficit hyperactivity disorder.

4.84 We observed significant delays in prisoners gaining access to hospital treatment under the Mental Health Act. In the previous 12 months, 36 Mental Health Act transfers to external hospitals had been made and 28 had exceeded the NHS transfer time guideline, which was inappropriate. One patient had waited 501 days, which was unacceptable. (See key concern and recommendation 1.45.)

4.85 Nurses prioritised attendance at initial assessment, care in custody and teamwork (ACCT) case management meetings for prisoners at risk of suicide or self-harm and provided input into reviews, contributing to the multidisciplinary support offered to prisoners who self-harmed.

4.86 An Improving Access to Psychological Therapies programme was available. Support included self-help material, psychological therapies and counselling. Practitioners could refer appropriate patients to creative interventions, such as the Birds of Prey therapy course (which involves prisoners working with birds of prey in the prison grounds) to improve their well-being and encourage them to participate in the regime.

Birds of prey area

4.87 There was also a beekeeping initiative and the prison made use of Pets as Therapy dogs to support those at risk of self-harm (see also paragraph 3.44).

Pets as Therapy dog

4.88 The mental health team had to establish working relationships with new community mental health teams in a variety of areas before a prisoner's release. They had different thresholds for accepting discharge referrals, as a result of recent changes.

Substance misuse treatment

4.89 Strategic oversight of substance misuse and supply reduction measures was in place. The substance misuse strategy group monitored and reviewed the annual action plan. The clinical and non-clinical teams were known as 'Stay out and recover' (SOAR) team. Referrals to the service came from a variety of sources, including officers and prisoners.

4.90 All new arrivals were screened for alcohol and drug issues and if necessary, referred to the GP. Clinical assessments took place promptly and opiate substitution treatment was prescribed.

4.91 Prisoners with drug or alcohol issues were placed on a detoxification wing and records we reviewed showed a nurse carried out first night welfare observations. Medication for prisoners experiencing acute

alcohol withdrawal on their first night was available. A health care assistant reassessed their needs every day for up to five days using a recognised assessment tool.

4.92 The substance misuse clinical team was also experiencing staffing shortages however, three new pharmacy technicians had been appointed to carry out medicine administration, which freed up registered nurses to carry out other clinical duties. Recruitment was underway for health care assistants to complement the services offered and for a registered mental health nurse who would provide further support to prisoners with a dual diagnosis.

4.93 Methadone administration was observed during the inspection, and we found custody staff supervised prisoners well.

4.94 Very limited non-clinical SOAR team support was available to provide prisoners with psychosocial support. Officers who had been trained to deliver psychosocial support had been redeployed elsewhere in the prison, and staff were frustrated about being unable to provide a holistic recovery service. The restricted regime further limited opportunities for group work. Self-help workbooks were available, but mutual aid services had not yet returned to the prison, although community support programmes were being piloted.

4.95 Prisoners received naloxone (a drug to manage a substance misuse overdose) and training in how to use it, and information was shared with community services to support them on release.

Recommendation

4.96 **Effective, joined-up non-clinical substance misuse support should be available for prisoners.**

Medicines optimisation and pharmacy services

4.97 Medicines were supplied by an onsite pharmacy. They were received at the prison and transferred to the units safely. They were stored securely in treatment rooms, where they were administered or supplied by nurses and pharmacy staff. The pharmacist explained the team was struggling to provide pharmacy-led medicines administration, reconciliation, and medicines reviews to patients because of the lack of available pharmacy staff. (See key concern and recommendation 1.44.) Stock management systems in the pharmacy were appropriate and information on policies and procedures was available.

4.98 About 80% of medicines were in possession, and medicines were prescribed for 28 days where possible, although there were some patients receiving medicines for seven days in possession because cells did not have lockable storage. Nurses completed risk assessments for all prisoners on reception and they were easily accessible via the electronic clinical record system. A system was in place to highlight new prisoners who had not had a risk assessment

completed on arrival, but they were not reviewed afterwards in line with the documented procedure.

4.99 In-possession medicines were supplied as patient-named items with appropriate labelling and a dispensing audit trail. Stock and named patient medicines were separated in medicines cupboards, and quantities of stock and over-the-counter medicines were reconciled by pharmacy technicians every week but not recorded. The pharmacy was informed when items were administered to prisoners from stock or over-the-counter medication, but there was no process in place for investigating items that were missing without an audit trail or explanation.

4.100 COVID-19 restrictions meant the medicines optimisation group had not been convened since November 2020. The pharmacist reported a large number of prisoners on mirtazapine (an anti-depressant) because they had already been prescribed it in the community. Work was ongoing to reduce the number of tradeable medicines prescribed. During the COVID-19 restrictions, some patients were allowed seven days of controlled drugs (CDs) in possession, following an adequate risk assessment. This policy was now being reviewed and a plan was in place to make sure CDs would not be prescribed in possession.

4.101 Medicines were administered three times a day at approximately 8am, 1pm and 5pm. There was no provision for night-time medicines, which meant that some recommended dosage schedules for effective clinical care were not adhered to. Quantities of CDs for administration were counted or measured by a nurse and checked and witnessed by a prison officer. Staff could not provide assurances that prison officers had been trained appropriately in this process, and there were substantial gaps in some CD registers – this information was passed to the head of health care to investigate during the inspection.

4.102 Secondary dispensing (an illegal practice) was occurring in the Melling unit, where nurses were ‘potting up’ medication and delivering it door-to-door while the unit was unlocked. In the treatment rooms visited, staff were using the wrong equipment to measure smaller amounts of methadone and insulin that had been removed from the fridge for administration. The medication had not been properly labelled to prevent it from being used after it had expired.

4.103 Adequate provision was made for patients attending court and following planned discharge.

Recommendations

4.104 **In-possession risk assessments should be carried out in line with the policy and secure storage provided in cells for prisoners’ in-possession medication.**

4.105 **CD administration should be governed effectively to make sure the drugs are being given in accordance with documented**

policies and appropriately trained staff are witnessing administration.

4.106 **The dispensing of medicines should be carried out legally, safely and in line with established policy.**

Dental services and oral health

4.107 Six dental sessions a week were provided, along with two dental hygienist sessions. All NHS treatments were provided, but environmental constraints had reduced the number of appointments available. The dentist reviewed all applications and updated waiting lists during every visit and unit triage was undertaken to prioritise those with urgent needs and reassure patients, which was good.

4.108 Access was based on clinical risks and pain management requirements. Critical care was generally arranged within two to three weeks, and treatment was then planned based on assessed needs. Over 30 patients had waited over eight weeks for treatment, but requests for a check-up and routine care were taking significantly longer.

4.109 There was no separate decontamination room, x-rays were not digitalised and there was no ventilation in the dental suite, all of which reduced available clinic times. Changes to these contingencies would have improved access times. However, the service was working well to deliver essential patient care.

4.110 The dental suite was clean, suitable and complied with all the relevant equipment testing, infection prevention and waste disposal standards.

Section 5 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 (see Appendix II Glossary of terms) and are encouraged to engage in activities which support their rehabilitation.

5.1 Time out of cell for most prisoners had improved recently. The introduction of an extended association period (see paragraph 5.3) alongside the decision to make all work and education classes part time, meant prisoners who were employed away from their unit had at least five hours out of cell during the week. About two-thirds of prisoners benefited from this, which was better than in many other prisons we have inspected in 2021. However, there was still not enough work or education for everyone, which meant a third of prisoners who were unemployed only had two hours out of their cell each day. In addition, opportunities to maximise attendance at all available work and education places were missed. During our roll check we found 37% of prisoners locked in their cells, while places in classrooms were unused. We were told there were credible plans to remedy this issue. (See key concern and recommendation 1.46.)

5.2 The regime began and ended on time with few delays. Prisoners who worked in the morning had association in the afternoon and the process was reversed for those who worked in the afternoon, providing everyone one with equal access.

5.3 Association periods had been extended to two hours every day including weekends. Prisoners could access the exercise yard to exercise, get fresh air, and socialise with their peers. Most prisoners also had sufficient time to shower and complete domestic tasks. Staff successfully balanced supervision with good interaction with prisoners during association periods.

5.4 Although two hours of association was an improvement on the regime offered earlier in the pandemic, this was the only time prisoners had out of their cells at the weekend. However, there was little purposeful activity available at weekends. (See key concern and recommendation 1.46.)

5.5 The library had closed at the start of the pandemic, and a remote lending service had been introduced. The two part-time librarians had retired earlier in 2021 and efforts to recruit a new librarian had not been successful.

5.6 The library remained closed at the time of our inspection except in very specific circumstances, such as when prisoners needed to consult the legal textbooks. The prison intended to reopen the library before the end of the year, but information about prisoners' access were vague.

5.7 The remote lending service was being run by two library assistants. The service remained popular with some prisoners. It was currently loaning out about 450 books to approximately 230 users each month. However, most prisoners were not actively using the facility. Efforts to promote the library to non-users were limited.

5.8 The stock of books was small for the size of the prison, although new items had recently been purchased. There were no inter-library loan arrangements in place. A very limited stock of foreign language books was available, which meant speakers of other languages had either limited or no provision.

5.9 During the height of the pandemic physical education (PE) had taken place in the exercise yards. Since then, exercise in the gym had been resumed. The main hall had been divided into three areas with weights, fixed equipment and a games area. There was a cardio suite outside the main hall.

5.10 Before the inspection, PE had been available only once or twice a week and prisoners complained about a lack of access. However, the prison had just expanded its PE provision. Most residential units now had five gym slots a week, although access was only available to those already out of their cells for association. Prisoners we spoke to were positive about the new provision. The gym also provided a service to those referred by the physiotherapist.

5.11 Many vulnerable prisoners, including those who were frail and elderly, did not attend PE in the gym. However, the prison was resuming exercise sessions in the yards for these prisoners.

5.12 If staffing levels allowed, prisoners from across different units not assigned for gym sessions could play football on the well-maintained artificial grass pitch. In addition, the prison had reintroduced its 5km run on Saturday mornings, although only a limited number of prisoners could participate.

Recommendations

5.13 **Access to purposeful activity and recreation should be extended at the weekend to limit the amount of time prisoners spend locked in their cells.**

5.14 **The library, which should be managed by suitably qualified staff, should reopen so that prisoners can attend.**

5.15 **The stock of books in languages spoken by prisoners should be significantly increased.**

Education, skills and work activities

This part of the report is written by Ofsted inspectors using Ofsted's inspection framework, available at https://www.gov.uk/government/publications/education-inspection-framework.

Ofsted inspects the provision of education, skills and work in custodial establishments using the same inspection framework and methodology it applies to further education and skills provision in the wider community. This covers four areas: quality of education, behaviour and attitudes, personal development and leadership and management. The findings are presented in the order of the learner journey in the establishment. Together with the key concerns and recommendations, provided in the summary section of this report, this constitutes Ofsted's assessment of what the establishment does well and what it needs to do better.

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

Overall effectiveness: Requires improvement.

Quality of education: Requires improvement.

Behaviour and attitudes: Requires improvement.

Personal development: Requires improvement.

Leadership and management: Requires improvement.

5.17 Leaders had increased the number of education, skills and work spaces to provide enough part-time spaces for the large majority of prisoners. Remand prisoners had the same access to activities as those who were sentenced. However, one third of these activity spaces were not used at the time of the inspection. Over one third of prisoners were unemployed. Even with the recent increases in education spaces, there remained insufficient places to meet demand. (See key concern and recommendation 1.46.)

5.18 Leaders rightly prioritised the English and mathematics curriculum to address the low levels of literacy and numeracy in the prison population. Their vision to provide high-quality education, skills, and work was not ambitious enough to include all prisoners. Vulnerable prisoners did not have the same appropriate opportunities for education and vocational training as the general population, nor did they have access to suitable teaching accommodation.

5.19 Leaders used their quality assurance arrangements to identify weaknesses, but they took too long implement improvements. Prison leaders had appropriately identified that subcontractors had contributed to the slow pace of improvement in education. They frequently held subcontractors to account at regular meetings in which they challenged them to speed up the pace of improvement. Leaders had identified the need to improve the quality of the vocational curriculum. Their actions to deal with weaknesses included assessing prisoners' prior knowledge and skills and monitoring their progress in learning better. As a result, leaders and managers now had an accurate view of the industry technical knowledge that prisoners needed to develop. However, they focused too much on monitoring prisoners' completion of vocational units and not enough on the progress prisoners had made from their starting points. Leaders had only implemented just over half of the recommendations made at the previous inspection.

5.20 Attendance at vocational training and industry workshops was good. Although prisoners received additional pay to participate in education, attendance was poor in too many classes. Staff absences had negatively affected the delivery of some aspects of the curriculum including English, mathematics, and information and communications technology (ICT). Leaders did not make sure that the outreach education provision was sufficiently staffed to help prisoners achieve the qualifications they needed for employment in the prison and on release.

5.21 Leaders had developed a curriculum that took appropriate account of the changes in prisoner demographics, including the increased number of foreign national prisoners. They provided an effective curriculum in English for speakers of other languages (ESOL) that helped prisoners to develop their English skills and understand what it was like to be a citizen in modern Britain. Leaders had recently introduced 'bite-sized' English and mathematics lessons, to help those on shorter sentences or on remand, to improve their English and mathematical skills.

5.22 Following a review of regional labour market intelligence, leaders had identified the need for qualifications in construction skills, barbering and welding. They had introduced accredited vocational qualifications in these areas. Leaders had not developed a curriculum that considered the starting points or past experiences of vulnerable prisoners. During the inspection, only three were studying for a vocational qualification.

5.23 Leaders did not consider the impact on the education and vocational training curriculum when they adjusted the prison's regime from full-time to part-time activities. The increase in the length of some courses meant that a minority of prisoners would not complete their qualifications before they were released or transferred.

5.24 Leaders and managers secured high-quality education and training for the majority of prisoners. As a result, these prisoners developed their knowledge and skills over time. Most tutors in English and mathematics sequenced the curriculum logically. Prisoners developed a solid foundation on which to build their future learning. In mathematics,

prisoners learned about decimals before moving onto fractions. However, prisoners were not always placed on the right course level in maths. A few prisoners completed lower-level qualifications because classes in the level that they needed were full. There were no opportunities for prisoners to achieve their level 2 qualifications in English or mathematics, despite this being part of the prison's English and mathematics strategy.

5.25 During the initial lockdown, teachers had undertaken developmental training on how to be creative in the classroom and how to embed English and mathematics in vocational training. Tutors in vocational training and workshops were very experienced in their specialist areas. Most tutors made good use of a suitable range of resources to support learning in the classroom and in workshops. In vocational training, prisoners learned industrial skills, such as the safe handling of chemicals, barbering, catering and customer care. They applied technical language appropriately. The ICT facilities for vulnerable prisoners were not to the same standard as those accessed by other prisoners.

5.26 Prisoners valued their learning. They respected their tutors' knowledge and expertise. Prisoners were respectful, cooperative, and good humoured towards their tutors and each other. They took pride in their work and enjoyed their learning experience. Most prisoners participated actively in their learning. ESOL learners had, over time, developed a sufficient understanding of the tone used in different types of verbal and written communications.

5.27 Most vocational tutors provided prisoners with constructive feedback on their completed work. This helped prisoners understand what they needed to do next to succeed. Prisoners in workshops and vocational training produced a high standard of work, which they proudly showed to inspectors. In English, learners found the feedback they received from most tutors useful in improving their work further. However, in mathematics tutors did not routinely provide sufficient feedback to help learners understand their mistakes or how to correct them.

5.28 Tutors used a range of assessments to check prisoners' understanding and progress in vocational learning and workshops. They used appropriately set targets and reviewed prisoners' progress in workshops. Tutors set smaller, more manageable targets to begin with, and they increased in difficulty as the prisoner gained in confidence. In education, they tracked prisoners' progress against the completion of their English and mathematics qualifications effectively. However, they did not monitor the wider skills that prisoners gained, such as confidence or their motivation to learn. Tutors did not routinely complete or update prisoners' learning plans to include targets that would help learners develop these skills.

5.29 Too few prisoners with additional learning needs were identified as needing support when they arrived at the prison and not enough received the support they needed to achieve their full potential. The few learners on education courses who had learning support plans in place

made good progress on their courses. This was mostly because teachers had more time to devote to them as a result of the reduced number of learners in lessons. Leaders did not have appropriate plans in place to make sure that sufficient resources were available to support all prisoners when they fully reopened all education, skills and workplaces. According to the qualifications data, learners with additional learning needs performed broadly as well as their peers.

5.30 Prisoners felt safe while at work and in education. Tutors had a strong focus on health and safety in the workshops and made sure all prisoners wore the correct personal protective equipment. Prisoners recalled and implemented appropriate health and safety measures while at work.

5.31 Prisoners had a reasonable grasp of the importance of the values of respect and tolerance. They could identify key areas, such as democracy and the rule of law. They understood the main features of life in modern Britain, particularly political processes, freedom of speech and tolerance of others.

5.32 Leaders had reduced the backlog of prisoners waiting for an induction by increasing the number of spaces and employing two more advice and guidance officers. However, the advice and guidance that prisoners received did not focus sufficiently on their current educational goals, aspirations, or long-term career plans. This meant the needs of over half of prisoners, who remained at the prison for 12 weeks or less, were not met.

5.33 Prisoners benefited from a range of suitable opportunities aimed at promoting their personal development. They attended courses to improve their resilience, as well as those focused on mentoring and developing confidence. Prisoners who wanted to study higher-level courses, including those run by the Open University, received information during induction about these options. During the inspection, very few learners were enrolled on higher-level programmes.

5.34 Leaders did not use information on the education and employment destinations of released prisoners to inform future curriculum developments. They had not put in place a system for gathering this information from their partners. Leaders were too slow to address this weakness.

Recommendations

5.35 **Leaders should provide vulnerable prisoners with the same opportunity to participate in education and vocational training as the general population, in suitable accommodation.**

5.36 **Leaders should provide support for all prisoners with additional learning needs so that they can make the progress they are capable of in education, skills, and work activities.**

5.37 **Leaders should improve prisoners' prospects of progressing to education, training, or employment on release by making sure the careers advice and guidance they receive focus sufficiently on their long-term career and educational goals.**

Section 6 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.

6.1 In our survey, only 35% of respondents said staff had encouraged them to keep in touch with family and friends. Visits had resumed in April 2021, with a reduced capacity of 20 slots instead of 40. The café and children's play area remained unavailable because of COVID-19 restrictions.

Visits hall

6.2 Visits were only available Monday to Friday during the day time, and prisoners could only have two per month, including remand prisoners who were normally entitled to three per week. National restrictions also limited the number of visitors to three per session. This meant that visitors had to take children out of school to visit their loved ones and there were no plans to change this until the prison was at stage 1 of the

national framework (see paragraph 1.9). The director had recently authorised more visitors per session by not counting children under four years of age, but restrictions still created problems for those with bigger families. Family days, which offered extended and more relaxed visits, had still not been reinstated.

6.3 Although far fewer prisoners than in 2017 said their visitors were treated with respect in our survey (42% compared with 85%), all of the visitors we spoke to said they had been treated well at the prison. However, further analysis was required so staff could understand these negative survey findings.

6.4 Visitors and prisoners said they had not experienced any difficulties booking visits, although many sessions were still under-subscribed. Prisoners attributed this to the current visiting restrictions (see paragraph 6.2).

6.5 The family unit held 60 prisoners who wished to improve their family relationships. Some of the benefits of being in the unit had not been available due to the restricted regime, such as the much-valued family day and the self-catering facility enabling prisoners to cook for their family in the unit's kitchen. The three-week Families Together programme had resumed in September 2021, but interventions were not available for prisoners who were not in the unit. The unit also had its own secure video calling suite (see Appendix II Glossary of terms), which included books for prisoners to read with their children.

Secure video terminal family unit

6.6 The prison had a family pathway coordinator with a social work background who could offer prisoners advice about family court matters. However, the initiative was not well publicised among

prisoners who did not live in the family intervention unit. We found some evidence that families had been involved in casework to support and encourage prisoners while at Altcourse, but this was exceptional.

Recommendation

6.7 **Prisoners should be able to access all the visiting sessions they are entitled to at appropriate times throughout the week.**

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.

6.8 Since the previous inspection Altcourse had started to serve Merseyside courts rather than those in North Wales. Coinciding with this change had been an increase in the proportion of unsentenced prisoners (from 27% to 41%), and a greater number of prisoners recalled to custody (a rise from 10% to 15%). Over 45% of all prisoners at Altcourse had been at the prison for less than a month at the time of the inspection.

6.9 The management of reducing reoffending work had been neglected since early 2020. The strategy document did not set out the key priorities or targets for this area of work and read like a directory of services. It did not provide an analysis of the population with an outline of plans to meet their needs. Much of the content had not been updated to account for COVID-19, and still referred to provision that was not available, such as family visits (see paragraph 6.2).

6.10 The reducing reoffending strategy group, who were responsible for driving rehabilitative work, had not met since before the pandemic started. There was no action plan to capture or monitor outcomes in this area of work. Staff in some areas, such as education and the offender management unit (OMU) held regular meetings, but their work was not adequately coordinated with other departments. This lack of oversight and coordination meant there was a risk of duplicating or omitting important rehabilitation and resettlement work.

Since June 2021, the head of reducing reoffending had prioritised the prison's response to national changes in the probation service, which saw community rehabilitation companies disbanded and passed the responsibility for resettlement support to the probation service. Some promising work had been undertaken to coordinate accommodation services for prisoners in recent months. However, contract changes meant that support for the significant number of unsentenced prisoners had declined significantly and was limited to informal advice and guidance from resettlement workers. (See paragraphs 6.34, 6.35 and 6.36.)

6.11 The OMU was reasonably well resourced – it had 12 prison officer and 3.5 probation POM positions, although only two probation POMs were currently in post. Prisoners assessed as presenting a high risk of harm were correctly allocated to a probation POM, with a prison officer POM in a supporting role. Under the offender management in custody model (see Appendix II Glossary of terms) the responsibility for managing prisoners approaching release was transferred to a community offender manager (COM) with a POM in a supporting role. On average most POMs had a caseload of about 50 prisoners, including 40 for whom they acted in a supporting role.

6.12 Prison officer POMs were frequently redeployed and spent at least 20% of their total available hours on operational tasks outside the department. This was frustrating for POMs and affected quality contact time with prisoners. In the reduced amount of time they had available, POMs prioritised time-bound tasks, such as compiling reports for home detention curfew (HDC) and re-categorisation applications. (See key concern and recommendation 1.47.)

6.13 Recorded levels of contact between POMs and prisoners were among the lowest we have seen in 2021. Many prisoners had not seen their POM since they had been sentenced, which in some cases was many months. Most of the 10 prisoners we interviewed could not name their POM. The lack of contact between prisoners and their POMs was compounded by electronic kiosks in the units being unable to offer the option to send a message to the OMU. Prisoners had to rely on traditional paper applications, which they said deterred contact, and as a result they had resorted to accessing support themselves, for example, through contacting substance misuse service workers. (See key concern and recommendation 1.47.)

6.14 In our survey, only 14% said they had a custody (or sentence) plan, which was significantly lower than in 2017 (35%). Our reviews found that most prisoners who were eligible for an offender assessment system (OASys) report had one, and they were generally up to date. Some of those we spoke to were shown their sentence plans during their interview with inspectors and claimed it was the first time they were aware of them. (See key concern and recommendation 1.47.)

6.15 Most of the sentence plans we reviewed were sufficient. We assessed that in about half of the cases we looked at in detail prisoners had made reasonable progress against the targets set. However, much of this progress related to regime-based targets, such as attaining enhanced status through the incentives framework or remaining free of adjudications. We saw progress among those with mental health targets, although only about half of those with substance misuse targets had met them.

6.16 Prisoners had made least progress when the plan included targets to complete offending behaviour work. The prison had only recently been able to offer the Thinking Skills Programme (TSP) (see paragraph 6.31). We found no evidence of POMs delivering one-to-one work to help prisoners make progress with their plans, although some prisoners

had been given in-cell packs covering substance misuse and victim awareness. (See key concern and recommendation 1.47.)

6.17 Most prisoners had a monthly key work session. Records of the sessions indicated that prisoners were asked about maintaining family ties, attendance at work and their general well-being. The frequency of contact with prisoners and range of topics discussed was better than we have seen in many prisons recently. However, contact sessions did not include discussions about sentence plans or progression, which was an omission, particularly in the context of poor POM contact levels. (See paragraph 4.5.)

6.18 There were 54 indeterminate sentence prisoners at the time of the inspection, which was similar to the previous inspection. We saw reasonably good support for some of those who were considered for parole.

6.19 HDC arrangements were generally well managed, and applications were progressed in a timely manner. In the previous 12 months about 38% were released after their eligibility date. Most delays were for reasons outside the control of the prison, for example, because a response from COMs about the suitability of the release address was outstanding. There was evidence that prison staff had attempted to expedite the necessary checks to make sure that prisoners were released on time. However, there were also cases where remand prisoners had already reached their HDC eligibility date by the time they were sentenced or had too little time left to serve to be released under these provisions.

6.20 Risk management plans to support release were in place when required in almost all the cases we reviewed, and they were of a reasonably good standard. In most of these cases, the responsibility for managing the risks outlined in the plan lay primarily with the COM, supported by the POM. We saw evidence of timely communication between POMs and COMs in relation to prisoners' risks on release, for example confirming the level at which the prisoner would be managed under multi-agency public protection arrangements (MAPPA) (see also section on public protection below).

Recommendation

6.21 **Work to rehabilitate prisoners should be effectively coordinated to avoid duplication, identify gaps in provision, and support sentence progression.** (To the director)

Public protection

6.22 Public protection arrangements were not sufficiently robust. POMs assessed all new arrivals to identify those who posed a potential public protection risk. They then recommended measures to minimise their risks, such as implementing mail and phone monitoring and child contact restrictions. Many of the prisoners had convictions for intimate partner violence and some were subject to court orders limiting contact

with named individuals, including children. Despite the size of the population and the seriousness of many offences, only 14 prisoners were subject to phone monitoring, which was very low. (See key concern and recommendation 1.48.)

6.23 There was no management oversight to make sure calls for those identified as requiring monitoring were dealt with. During the inspection we found that calls, which were meant to have been monitored from late August 2021, had only been listened to for the first time on 27 October 2021. This meant that the prison was not able to promptly identify if a prisoner had used the phone to cause harm or distress. The lack of information about call usage also undermined decision making at forums, such as MAPPA and the inter-departmental risk management team (IRMT) meetings. (See key concern and recommendation 1.48.)

6.24 The monthly IRMT meeting reviewed prisoners with complex risk management issues before their release, but the minutes taken did not make it clear whether action set had been implemented, and managers could not confirm if it had. POMs had not attended many of the meetings because of redeployment. (See key concern and recommendation 1.48.)

6.25 The standard of documentation provided by POMs for MAPPA meetings in the community was reasonably good.

Categorisation and transfers

6.26 Sentenced prisoners were promptly categorised following sentencing, many to category C. The frequency of new arrivals meant that at the time of the inspection over half the population were categorised as such. Those who had received a longer sentence were generally moved fairly swiftly to another establishment to serve their sentence unless they were close to their parole eligibility date in which case they remained at Altcourse.

6.27 Some category C prisoners remained at Altcourse because they had been designated as ‘vulnerable’ for a variety of reasons. Some prisons had used this as a reason not to accept them on transfer, even though they were not serving a sentence for a current sexual offence.

6.28 POMS completed re-categorisation reviews on time and decision making was appropriate. However, they were often undertaken without speaking to the prisoner, which meant the information available to inform the decision was limited and some prisoners told us they felt it was unfair.

Recommendation

6.29 **All prisons should abide by nationally agreed criteria to ensure prisoners are transferred without delay to support their progression.** (To HMPPS).

Interventions

Expected outcomes: Prisoners are able to access interventions designed to promote successful rehabilitation.

6.30 The prison offered one accredited programme – TSP, which helped prisoners to develop cognitive skills to manage their risk factors. Two courses with six participants each had been completed in the previous six months. Two more courses were scheduled before April 2022 offering a further six places each. They were significantly fewer course completions than the 60 that were available before COVID-19 restrictions were imposed.

6.31 A large proportion of the population had been convicted of a violent offence. The prison had submitted a bid for funding to HM Prison and Probation Service to offer the Resolve programme (a cognitive-behavioural intervention for violent offenders), but it had not been successful. Many prisoners had an offending history that involved intimate partner violence, but there were no interventions to address this type of offending behaviour while the prisoners were at Altcourse.

6.32 The chaplaincy had resumed the Sycamore Tree victim restorative justice course. Some prisoners had been given in-cell workbooks for victim awareness, but POMs told us that they did not have the time to help prisoners to complete them (see paragraph 6.17.)

6.33 In our survey, many of those who expected to be released in the following three months said they needed support to find accommodation (57%), getting employment (50%) and sorting out finances (55%). However, far fewer said they were actually receiving the support (25%, 10% and 19% respectively). (See key concern and recommendation 1.49.)

6.34 New contract arrangements meant that support to find accommodation on release was only available for sentenced prisoners, which was a significant gap. Support for sentenced prisoners was available for up to 10 sessions over five weeks for the most complex cases. Prisoners often experienced delays in receiving help with accommodation because of the contract's restrictive parameters. (See key concern and recommendation 1.49.)

6.35 The prison struggled to provide an accurate figure for the number of prisoners released without an address, but staff estimated that about one in five prisoners had been released without settled accommodation in the previous six months. The prison had recently introduced a weekly call between the head of reducing reoffending, the resettlement team manager and the accommodation contract lead staff member to monitor provision and improve data collection. (See key concern and recommendation 1.49.)

6.36 Work to support prisoners with their finances, benefits and debt was very limited. The contract for this area of work had not yet been agreed.

While the resettlement team could offer informal advice, they could not help prisoners open bank accounts. (See key concern and recommendation 1.49.)

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.

6.37 In the 12 months before the inspection, over 200 prisoners were released from Altcourse every month. In our survey, of those prisoners expecting to be released in the following few months, many more than in 2017 said the prison was near their home (66% compared with 39%).

6.38 POMs completed an initial assessment of the resettlement needs of all prisoners on arrival, although this was done without any contact with prisoners. The resettlement team subsequently conducted a review of these needs with prisoners, often face to face, and made referrals to relevant agencies for assistance with issues such as accommodation.

6.39 Resettlement workers prepared a resettlement plan with low- and medium-risk prisoners. The team also attended meetings where prisoners' risks were discussed, such as the safety intervention meeting and the IRMT, which helped to inform release planning (see paragraphs 3.44 and 6.25).

6.40 The COM was responsible for completing the resettlement plan for high-risk prisoners. In most of the cases we reviewed, we found that resettlement plans prepared by COMs and the prison's resettlement team had been developed in time to support the prisoner's release and were of a reasonable standard.

Section 7 Recommendations in this report

The following is a list of repeated and new concerns and recommendations in this report.

Key concerns and recommendations

7.1 Key concern (1.40): Despite a review of early days procedures, there was evidence that amongst newly arrived prisoners not all risk factors were always identified or adequately addressed. Some new prisoners were allocated to cells that were not equipped with basic furniture or equipment, such as a working telephone or kettle. The frequent redeployment of safer custody staff meant that a significant number of new arrivals had not received important elements of their induction.

Recommendation: The vulnerabilities and risks of newly arrived prisoners should be properly assessed, and adequate support and interventions offered. All new prisoners should be properly inducted into the requirements of prison life. (To the director.)

7.2 Key concern (1.41): Although the rates of violence and self-harm had reduced since our last inspection, both remained high in comparison to similar prisons. There had been a recent spike in incidents of violence and four self-inflicted deaths in the previous 12 months. Too many assault investigations were categorised as gang-related violence, without the analysis or evidence to support this assumption. Quality assurance data did not identify weaknesses in early days procedures, such as prisoners who had not received an induction. There had been no analysis of the poor quality of defensible decision logs justifying the segregation of prisoners at risk of suicide and self-harm. Overall, the quality and analysis of data was not used well to understand and reduce violence and self-harm.

Recommendation: Leaders should conduct a detailed analysis of data on a regular basis to inform more effective plans to improve the safety of prisoners and staff. (To the director.)

7.3 Key concern (1.42): Although leaders had identified the drug supply as one of the prison's main threats, their response was not robust. Random drug testing had only recently resumed, returning a 19% positive rate. There was still no intelligence-led drug testing and requests for intelligence-led searches often failed to happen because of staff shortages. There was no documented discussion at key meetings about the impact of this or plans to address it.

Recommendation: Leaders should resume intelligence- led drug testing and ensure that all intelligence-led searches are carried out to further reduce the supply of illicit items. (To the director.)

7.4 Key concern (1.43): Levels of self-harm remained high and there had been eight self-inflicted deaths since the previous inspection. Actions

identified in early learning reviews following self-inflicted deaths were not transferred into a longer-term safety plan or processes to prevent further failures. On residential units, cell emergency bells often went unanswered for long periods of time. A prisoner being supported on ACCT had their level of observations amended without an appropriate multidisciplinary case review. Safer custody staff were frequently redeployed to other duties which affected the support they could provide to vulnerable prisoners.

Recommendation: There should be action to reduce self-harm and self-inflicted deaths, drawing on previous learning and quality assurance findings. (To the director.)

7.5 Key concern (1.44): Staffing challenges had a detrimental impact on the delivery of primary care, mental health and pharmacy services. This meant prisoners experienced long delays for a mental health assessment, and reviews of their ongoing treatment and prescribed medicines did not take place. Medicines administration was prioritised, which led to frequently cancelled mental health and primary care appointments. The lack of structured clinical supervision meant that the safety and effectiveness of care was not being addressed.

Recommendation: Prison leaders should make sure there are sufficient health care staff to meet the health needs of the population in line with national guidelines.
(To the director.)

7.6 Key concern (1.45): Patients requiring a transfer to secure mental health inpatient services so they could receive specialist care continued to wait far too long for a bed, often in conditions that were worsening their mental health and well-being.

Recommendation: The local delivery board, in conjunction with NHS England and NHS Improvement, should take urgent steps to make sure prisoners requiring a transfer to hospital are moved within the national timescale of 28 days.
(To the director.)

7.7 Key concern (1.46): Leaders and managers had not allocated all the education, skills and workplaces that were available and there were insufficient education spaces to meet demand. Attendance in too many education classes was poor and staff absences meant that not all classes were running.

Recommendation: Leaders should make available sufficient education, skills, and work spaces to meet the demand and allocate spaces promptly. They should make sure that attendance improves significantly in education and that they have enough staff to run all the classes outlined in their curriculum plan.

7.8 Key concern (1.47): POMs were regularly redeployed which affected their ability to support the prisoners on their caseloads. Recorded levels of contact with prisoners were among the lowest we have seen

in 2021, and many prisoners we interviewed could not name their POM. Most prisoners had a custody plan, although in our survey, only 14% of prisoners knew they had one. We found no evidence of POMs undertaking one-to-one work to help prisoners make progress with their plan.

Recommendation: All eligible prisoners must receive regular, meaningful contact from POMs to help them make progress against their sentence plan.
(To the director.)

7.9 Key concern (1.48): Many prisoners were subject to restraining orders or child contact restrictions, yet very few were subject to monitoring arrangements. There was no oversight of call monitoring and the calls of some prisoners had not been dealt with for two months. This meant the prison's ability to identify when prisoners might use the phone to cause harm was limited, undermining other risk-based decision making. POMs had not attended the IRMT meeting for many months and the staff could not confirm if action set at this forum had been implemented.

Recommendation: The prison should immediately put in place robust arrangements to make sure that the public protection risks posed by prisoners are identified and managed effectively.
(To the director.)

7.10 Key concern (1.49): Changes within the probation service meant that unsentenced prisoners were no longer provided with formal resettlement support. In our survey, more than half of those who expected to be released in the following three months said they needed support with accommodation and finances, yet only very few said they were receiving support. Despite promising recent work to improve accommodation support, too many prisoners were still being released without an address to go to. Support to help prisoners with their finances, benefits and debts was limited to informal advice from the resettlement team and prisoners could not open bank accounts.

Recommendation: All prisoners, including those who are unsentenced, should be able to access resettlement advice and support to prepare them for their release into the community.
(To the director.)

Recommendations

7.11 Recommendation (3.17): Investigations into violent incidents should be conducted promptly and in sufficient detail so that managers can determine the causes of violence, identify action to be taken and maintain the safety of the prison. (To the director.)

7.12 Recommendation (3.24): Body-worn video cameras should be worn and activated during all incidents involving force. (To the director.)

7.13 Recommendation (3.25): Regular use of force scrutiny forums should be reinstated to identify any immediate lessons to be learnt and provide assurance that any incidents involving force are proportionate and justified. (To the director.)

7.14 Recommendation (4.18): Staff should make sure that when a prisoner is moved from a cell, their property is promptly and accurately accounted for so that it can be kept safe. (To the director.)

7.15 Recommendation (4.37): Equality data should be analysed regularly to identify disproportionate treatment and to enable appropriate responses to be developed. (To the director.)

7.16 Recommendation (4.71): Patients in the inpatient unit should have access to therapeutic and constructive activities to maintain their well-being and promote recovery. (To the director.)

7.17 Recommendation (4.77): Prisoners' social care needs should be met consistently and plans to provide an integrated health and social care model should be expedited. (To the director.)

7.18 Recommendation (4.96): Effective, joined-up non-clinical substance misuse support should be available for prisoners. (To the director.)

7.19 Recommendation (4.104): In-possession risk assessments should be carried out in line with the policy and secure storage provided in cells for prisoners' in-possession medication. (To the director.)

7.20 Recommendation (4.105): CD administration should be governed effectively to make sure the drugs are being given in accordance with documented policies and appropriately trained staff are witnessing administration. (To the director.)

7.21 Recommendation (4.106): The dispensing of medicines should be carried out legally, safely and in line with established policy. (To the director.)

7.22 Recommendation (5.13): Access to purposeful activity and recreation should be extended at the weekend to limit the amount of time prisoners spend locked in their cells. (To the director.)

7.23 Recommendation (5.14): The library, which should be managed by suitably qualified staff, should reopen so that prisoners can attend. (To the director.)

7.24 Recommendation (5.15): The stock of books in languages spoken by prisoners should be significantly increased. (To the director.)

7.25 Recommendation (5.35): Leaders should provide vulnerable prisoners with the same opportunity to participate in education and vocational training as the general population, in suitable accommodation. (To the director.)

7.26 Recommendation (5.36): Leaders should provide support for all prisoners with additional learning needs so that they can make the progress they are capable of in education, skills, and work activities. (To the director.)

7.27 Recommendation (5.37): Leaders should improve prisoners' prospects of progressing to education, training, or employment on release by making sure the careers advice and guidance they receive focus sufficiently on their long-term career and educational goals. (To the director.)

7.28 Recommendation (6.7): Prisoners should be able to access all the visiting sessions they are entitled to at appropriate times throughout the week. (To the director.)

7.29 Recommendation (6.21): Work to rehabilitate prisoners should be effectively coordinated to avoid duplication, identify gaps in provision, and support sentence progression. (To the director.)

7.30 Recommendation (6.29): All prisons should abide by nationally agreed criteria to ensure prisoners are transferred without delay to support their progression. (To HM Prison and Probation Service.)

Section 8 Progress on recommendations from the last full inspection report

Recommendations from the last full inspection

The following is a summary of the main findings from the last full inspection report and a list of all the recommendations made, organised under the four tests of a healthy prison. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2017, early days support was generally good. Levels of violence were high but decreasing. Proactive work was being carried out to address poor behaviour which had started to decline. The adjudication process was well managed. Use of force was also declining, but we found some cases where de-escalation had not been used effectively. The average time spent in segregation was generally not excessive, but the regime was limited. Security arrangements were proportionate, but problematic drug use was high. There were flaws in the way assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm were completed, but men vulnerable to self-harm told us they were well cared for. Peer workers were used well to improve safety but required better management oversight. Adult safeguarding was underdeveloped.

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

Key recommendation

Use of force should be proportionate and de-escalation techniques and body-warn video cameras used. (S43)
Partially achieved

Recommendations

Prisoners should be escorted to the prison promptly after they have been dealt with by the courts. (1.8)
Not achieved

First night cells should be clean, free of graffiti and properly equipped. (1.9)
Not achieved

Time out of cell for prisoners in the first night centre should be improved and should include evening and weekend association. (1.10)
Not achieved

The regime in the Brook unit should be improved and include a full programme of purposeful activity. (1.20)
No longer relevant

Officers should wear identity badges during removals involving force, and balaclavas should not be worn. (1.29)
Achieved

The regime in the segregation unit should allow prisoners access to constructive activity. (1.36)
Not achieved

The quality of ACCT documents should be consistently high. Care maps should be completed in full and reflect prisoners' needs. Staff observations should provide evidence of interactions. (1.52)
Not achieved

The governor should initiate contact with the local director of adult social services and the local safeguarding adults board to develop local safeguarding processes. There should be a coordinated approach to ensuring prisoners' safeguarding needs are met. This should include prompt referral, care planning and ongoing monitoring. (1.55)
Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2017, there was an excellent staff culture. Staff-prisoner relationships were very good and underpinned much that was positive about the prison. Living conditions were generally good and men were able to live decently. The food was unpopular, but shop arrangements were appreciated. General consultation arrangements were good, and the applications and complaints processes were well managed. Equality and diversity work was reasonable overall, although consultation with some groups needed to be stronger. Health care was mixed – the provision of medication needed immediate attention, but most other care was appropriate and timely.

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

Key recommendation

Prisoners should receive their prescribed medications promptly. (S44)
Achieved

Recommendations

Better oversight and governance of peer supporters and mentors should be introduced. (2.5)
Achieved

Managers should improve the standard of the food. (2.17)
Achieved

The prison should consult prisoners from all protected characteristic groups regularly. (2.28)
Partially achieved

Equality peer workers should be representative of the population and their role should be reviewed to ensure it is meaningful and the work visible. (2.29)
Not achieved

Foreign national prisoners should receive information about organisations that can provide them with immigration advice and support. (2.37)
Achieved

There should be a strategy for working with young men that takes account of their developmental needs. (2.38)
Not achieved

There should be sufficient treatment rooms all of which should comply with national infection control standards. (2.52)
Achieved

The health care department should be refurbished and particular attention paid to the waiting room for vulnerable prisoners. (2.53)
Achieved

Care plans for patients with long-term conditions should be reviewed routinely to ensure patients receive appropriate treatment. (2.61)
Achieved

The prison should develop an operational policy that describes the criteria for admission and discharge and articulates the clinical role of the unit. (2.62)
Achieved

The inpatient unit should be refurbished, individual rooms should be clean and have all basic amenities. (2.63)
Achieved

A programme of therapeutic activities and proactive daily support for men with mental health needs should be established. (2.64)
Not achieved

Patients should have access to a range of individual and group psychological interventions in line with the IAPT programme. (2.72)
Achieved

Patients should receive prompt support from specialist medical and psychology professionals that is appropriate for their level of need and clinical risk. (2.73)
Not achieved

Prisoners needing treatment under the Mental Health Act should be transferred to hospital promptly. (2.74)
Not achieved

Appropriate observation and monitoring arrangements should be in place during stabilisation, and drug- and alcohol-dependent prisoners should receive treatment that is prompt, flexible and reviewed on a regular basis. (2.80)
Achieved

Pharmacy staff should be appropriately trained for the duties they carry out. (2.86)
Achieved

The timing of the administration of supervised medication should be reviewed to ensure that patients receive optimum treatment. (2.87)
Not achieved

In-possession risk assessments should be carried out in line with the policy. Prison officers should increase the level of support during administration of in-possession medication and secure storage should be provided in cells. (2.88)
Partially achieved

Purposeful activity

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

At the last inspection, in 2017, time out of cell was much better than we usually see in local prisons and the regime ran reliably with virtually no curtailments. Ofsted rated education, skills and work activities as good overall. There were sufficient places to occupy all men and allocations were prompt. The range of activities was good and appropriate for the population, although not all men were fully occupied. Teaching and learning were generally good, and achievements were high. Attendance and punctuality needed to be improved.

Outcomes for prisoners were good against this healthy prison test.

Recommendations

All men, including those who had to be escorted to the library, should be able to visit the library at least once a week. (3.11)
Not achieved

All prisoners should have equal access to vocational training and suitable teaching accommodation. (3.20)
Not achieved

The prison should ensure that post-release outcomes data are available to inform service provision and development. (3.21)
Not achieved

The prison pay policy should be fair and encourage prisoners to participate in education and training. (3.22)
Achieved

Tutors and trainers should produce and update personal development targets in learning plans to show prisoners' progress over time. (3.29)
Partially achieved

Tutors and trainers should ensure lessons contain challenging activities that benefit all prisoners, including the most able, and provide useful feedback on how they can improve. (3.30)
Achieved

Supervisors in the prison workshops should enforce high standards of health and safety and plan suitable contingency activities to keep all prisoners occupied. (3.36)
Achieved

Trainers should help prisoners develop technical vocabulary relevant to the vocational training course. (3.37)
Achieved

Prison managers should ensure that prisoners receive a record of their ongoing achievements on courses and in work when leaving the prison. (3.42)
Partially achieved

Novus managers should systematically monitor the performance of prisoners with additional support needs to ensure their achievements are as good as their peers across all courses. (3.43)
Achieved

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.

At the last inspection, in 2017, support to help men maintain contact with their families was very good. There was a good focus on keeping up to date with offender assessment system (OASys) reports that were the responsibility of the prison, but there was a large backlog of reports produced by the National Probation Service in the community. Some other aspects of offender management work were seriously deficient, including the level of ongoing contact with men and multi-agency public protection arrangement (MAPPA) liaison work. There were gaps in the range of interventions offered and the prison needed a more strategic focus on meeting the needs of men they could not move to a training prison, including those of the many men convicted of sexual offences. Release planning and 'through-the-gate' support was generally good.

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

Key recommendation

Offender managers should ensure that high risk of harm prisoners have an up-to-date assessment and a regularly reviewed sentence plan and that all public protection and MAPPA arrangements are robust. (S45)
Not achieved

Recommendations

Offender supervisors should have regular and meaningful contact with the men on their caseloads. (4.21)
Not achieved

Casework and professional supervision and personal development should be provided to all offender supervisors, whatever their professional background. (4.22)
Achieved

Sentence plan targets should be specific and relate to reducing the prisoners' risks. (4.23)
Achieved

The prison should develop a specific strategy to manage the sex offender population. (4.24)
No longer relevant

A suitable range and number of offending behaviour programmes should be available to meet the needs of the prison's population. (4.29)
Achieved

The prison should clarify how liaison between the prison and responsible officer in the community should be undertaken to ensure all relevant information about a prisoner's progress and ongoing needs is shared. (4.35)
Not achieved

Mentoring and 'meet at the gate' support services should be developed to meet all prisoners' needs. (4.36)
Not achieved

Appendix I About our inspections and reports

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.

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.

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. For men's prisons 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 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.

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.

Our assessments might result in one of the following:

Key concerns and recommendations: identify the issues of most importance to improving outcomes for prisoners and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of prisoners.

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 notable positive practice: innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

Five key sources of evidence are used by inspectors: observation; prisoner and staff 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.

Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.

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

This report

This report provides 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) (available on

our website at https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/). 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 7 lists all recommendations made in the report. Section 8 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

Findings from the survey of prisoners and a detailed description of the survey methodology can be found on our website (see Appendix II: Further resources). Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. 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.

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy chief inspector
Deborah Butler	Team leader
Ian Dickens	Inspector
David Foot	Inspector
Lindsay Jones	Inspector
David Owens	Inspector
Tamara Pattinson	Inspector
Chris Rush	Inspector
Elenor Ben-Ari	Researcher
Charlotte Betts	Researcher
Becky Duffield	Researcher
Alec Martin	Researcher
Shaun Thomson	Lead health and social care inspector
Steve Eley	Health and social care inspector
Chris Barnes	Pharmacist
Dee Angwin	Care Quality Commission inspector
Anna Cowley	Care Quality Commission inspector
Alison Cameron Brandwood	Ofsted inspector
Bev Ramsell	Ofsted inspector
Jai Sharda	Ofsted inspector
Suzanne Wainwright	Ofsted inspector
Martyn Griffiths	Offender management inspector

Appendix II Glossary of terms

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find. If you need an explanation of any other terms, please see the longer glossary, available on our website at: http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/

Care Quality Commission (CQC)
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

Certified normal accommodation (CNA) and operational capacity
Baseline CNA is the sum total of all certified accommodation in an establishment except cells in segregation units, health care cells or rooms that are not routinely used to accommodate long stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged cells, cells affected by building works, and cells taken out of use due to staff shortages. Operational capacity is the total number of prisoners that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

Challenge, support and intervention plan (CSIP)
Used by all adult prisons to manage those prisoners who are violent or pose a heightened risk of being violent. These prisoners are managed and supported on a plan with individualised targets and regular reviews. Not everyone who is violent is case managed on CSIP. Some prisons also use the CSIP framework to support victims of violence.

Key worker scheme
The key worker scheme operates across the closed male estate and is one element of the Offender Management in Custody (OMiC) model. All prison officers have a caseload of around six prisoners. The aim is to enable staff to develop constructive, motivational relationships with prisoners, which can support and encourage them to work towards positive rehabilitative goals.

Leader
In this report the term ‘leader’ refers to anyone with leadership or management responsibility in the prison system. We will direct our narrative at the level of leadership which has the most capacity to influence a particular outcome.

Offender management in custody (OMiC)
The Offender Management in Custody (OMiC) model, being rolled out across the closed male prison estate, entails prison officers undertaking key work sessions with prisoners (implemented during 2018–19) and case management, which established the role of the prison offender manager (POM) from 1 October 2019. On 31 March 2021, a specific OMiC model for male open prisons, which does not include key work, was rolled out.

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

Protection of adults at risk
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).

Secure video calls
A system commissioned by HM Prison and Probation Service (HMPPS) that requires users to download an app to their phone or computer. Before a visit can be booked, users must upload valid ID.

Reverse cohort unit (RCU)
Unit where newly arrived prisoners are held in quarantine for between seven and 10 days.

Social care package
A level of personal care to address needs identified following a social needs assessment undertaken by the local authority (i.e. assistance with washing, bathing, toileting, activities of daily living etc, but not medical care).

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

Appendix III Care Quality Commission Requirement Notice

Care Quality Commission (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

The inspection of health services at HMP Altcourse was jointly undertaken by the CQC and HMI Prisons under a memorandum of understanding agreement between the agencies (see https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/working-with-partners/). The Care Quality Commission issued 'requirement to improve' notice/s following this inspection.

Requirement Notices

Provider

HCRG Medical Services Limited

Location

HMP Altcourse

Location ID

1-10058608504

Regulated activities

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

Action we have told the provider to take

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

Regulation

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 (2)(a)

The provider did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

How the regulation was not being met

- We were not assured the quality of audits undertaken were accurately recorded and evaluated. Data showed a safeguarding audit in August 2021 with an outcome score of 78% 'poor', whilst previous audits had scores of 100%. We were not able to establish what action had been taken as a result or gain assurance of the interpretation of the audit tool.

- Evidence we saw showed staff did not receive regular clinical supervision in order to support them with their work and patient caseloads. For example, the registered manager had not had a supervision meeting since June 2021 and one staff member did not receive their supervision meeting, which was scheduled for May 2021, until September 2021.

Requirement Notices

Provider

G4S Health Services (UK) Limited

Location

HMP Altcourse

Location ID

1-1486108625

Regulated activities

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

Action we have told the provider to take

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

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 (1) (2)(a)(g)

How the regulation was not being met

Mental Health.

- There were delays for patients waiting for a 48-hour mental health assessment. 26 were overdue and eight had waited 6 days or more. One patient had been on the waiting list for a mental health assessment for 2.5 weeks.

Medicines management.

There was no proper and safe management of medicines. In particular:

- Five controlled drug register stock entries were incorrect.
- There were eight gaps in nurse and witness signatures for some controlled drug administrations.
- Two untrained officers were acting as witnesses to controlled drug administration.
- Secondary dispensing was witnessed. A nurse “Potted up” one patient’s medication, placed it in her pocket along with other medication and delivered to three cell doors whilst prisoners were unlocked.
- Medication in possession risk assessments, were not reviewed in line with the providers documented guidance and procedure.
- Staff were using the incorrect equipment to measure smaller amounts of Methadone.

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18 (1) (2)(a)

There were insufficient numbers of suitably qualified, competent, skilled and experienced staff.

In particular:

- The primary mental health team was not fully staffed for all five registered mental health nurse (RMN) posts. Only two were working due to unfilled vacancies and some staff on long term leave.
- One RMN was observed to support medication administration rounds due to staff shortages elsewhere, which impacted their workload.
- Staffing shortages impacted 48-hour mental health assessments and resulted in high caseloads for RMNs.

Staff did not receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

- 60% of staff appraisals were not carried out in the last 12 months prior to inspection.

Appendix IV Further resources

Some further resources that should be read alongside this report are published on the HMI Prisons website (they also appear in the printed reports distributed to the prison). For this report, these are:

Prison population profile

We request a population profile from each prison as part of the information we gather during our inspection. We have published this breakdown on our website.

Prisoner survey methodology and results

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. A document with information about the methodology and the survey, and comparator documents showing the results of the survey, are published alongside the report on our website.

Establishment staff survey

Establishment staff are invited to complete a staff survey. The results are published alongside the report on our website.

Any enquiries regarding this publication should be sent to us at the address below or: hmiprisons.enquiries@hmiprisons.gsi.gov.uk

This publication is available for download at: http://www.justiceinspectorates.gov.uk/hmiprisons/

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