Report on an unannounced inspection of

HMP Swaleside

by HM Chief Inspector of Prisons

18–19 and 25–29 October 2021

Contents

Introduction

HMP Swaleside is a category B training prison for adult men and is part of HM Prison and Probation Service's (HMPPS) long term and high security estate. Built mostly in the late 1980s and located on the Isle of Sheppey in Kent, the prison was holding just under 1,000 prisoners at the time of our inspection, some way short of its operating capacity of 1,090. Our last full inspection of the prison was in 2018, which was followed by an independent review of progress in 2019. Overall, and notwithstanding the very real challenges of the COVID-19 pandemic, outcomes for prisoners at Swaleside remained disappointing. In safety and purposeful activity, for example, outcomes were still not sufficiently good. They had deteriorated in respect to not sufficiently good and in rehabilitation and release planning they remained poor.

This was not, however, the whole story. The governor was enthusiastic and committed and he articulated clearly, although largely informally, his values-based vision for the prison. The energy of the leadership team was carrying the prison some distance and despite significant operational risk, it was settled and relationships were benign. Across the prison, we saw several pockets of good practice and useful endeavour. Examples included efforts to upgrade aspects of the environment, the good work of specialist facilities such as the PIPE unit, innovative arrangements to support new staff and some useful work to encourage the promotion of equality.

The prison was less effective in harnessing its strengths in a more sophisticated way to accelerate and sustain progress. Structures to oversee and supervise operational delivery, for example, were often underdeveloped or missing. The coordination of departments was weak; data was not used sufficiently to inform decision-making and there was a lack of robust planning to identify priorities and deliver improvements.

These failings were perhaps most clearly seen in the prison's approach to rehabilitation. Most prisoners were serving over 10 years, with a third serving life or another indeterminate sentence. Nearly all presented a serious risk of harm. The progress of high-risk men, serving long sentences, was at the heart of the prison's mission, yet for the second successive inspection we saw a lacklustre and poorly coordinated service that was failing to meet the needs of the public or prisoners. It was no surprise to us that in our survey of prisoners, fewer than half of respondents thought their time at Swaleside would make them less likely to offend.

Similarly, work was needed to improve important partnerships, notably in health care provision and facilities management. Time out of cell for prisoners was better than we sometimes see, although the recovery of the regime in the wake of the pandemic lacked ambition. In addition to some weak planning and coordination, progress across many areas of delivery, including rehabilitation and release planning, was hindered by significant shortages of staff, including specialist staff. Much of this was beyond leaders' ability to influence directly, but it was a fundamental strategic risk and priority, which needed the intervention and support of HMPPS.

Despite the identification of some weak outcomes, we sensed that leaders and their staff were doing their best and working hard to take the prison forward. To aid this process we have made recommendations, which include the need for a more coordinated and evidence-based approach to planning, urgently needed improvements to rehabilitation and release planning, and a clear strategy, supported by HMPPS, to increase staffing.

Charlie Taylor
HM Chief Inspector of Prisons
November 2021

About HMP Swaleside

Task of the prison
HMP Swaleside is a category B adult male training prison.

Certified normal accommodation and operational capacity (see Glossary of terms)
Prisoners held at the time of inspection: 964
Baseline certified normal capacity: 1,111
In-use certified normal capacity: 1,090
Operational capacity: 1,090

Population of the prison
- Number of new transferred prisoners received:
  - 15 October 2020 – 14 October 2021: 326
  - 15 October 2019 – 14 October 2020: 218
- 171 foreign national prisoners
- 44% of prisoners from black and minority ethnic backgrounds
- 37 prisoners were released into the community from October 2020 to October 2021
- 431 prisoners were receiving support for substance use:
  - 24 on the integrated drug treatment system
  - 221 on an open care plan
  - 186 on a closed care plan (still supported)
- Approximately 100–120 prisoners were on the caseload for mental health services each month

Prison status (public or private) and key providers
Public

Physical health provider: Integrated Care 24 (IC24)
Mental health provider: Oxleas NHS
Substance misuse treatment provider: Forward Trust
Prison education framework provider: Milton Keynes College
Escort contractor: Serco

Prison group/Department
Long-term and high-security estate

Brief history
HMP Swaleside opened in 1988 with four wings, A–D. E wing was built in 1998, and F wing in 1999. G wing was added in 2009, and H wing in 2010.

Short description of residential units
A wing – 126 prisoners of various sentences
B wing – 126 prisoners, compact-based vulnerable prisoner unit
C wing – 126 prisoners, includes the emotional well-being initiative
D wing – 126 prisoners, first night centre and induction
E wing – 120 prisoners; drug, alcohol and substance misuse treatment unit
F wing – 120 prisoners, 60 prisoners allocated the psychologically informed planned environment (PIPE) unit

G wing – 178 prisoners, one-half of which is a lifers unit
H wing – 178 prisoners, unit for prisoners convicted of sexual offences

Name of governor/director and date in post
Mark Icke, March 2018

Leadership changes since the last inspection
None

Prison Group Director
Will Styles

Independent Monitoring Board chair
Bob Chapman

Date of last inspection
3–13 December 2018

Section 1 Summary of key findings

1.1 We last inspected HMP Swaleside in 2018 and made 50 recommendations, five of which were about areas of key concern. The prison fully accepted 47 of the recommendations and partially (or subject to resources) accepted two. It rejected one 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 Swaleside 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 two recommendations about key concerns in the area of safety. At this inspection we found that both of those recommendations had not been achieved.

1.5 We made one recommendation about key concerns in the area of purposeful activity. At this inspection we found that it had not been achieved.

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

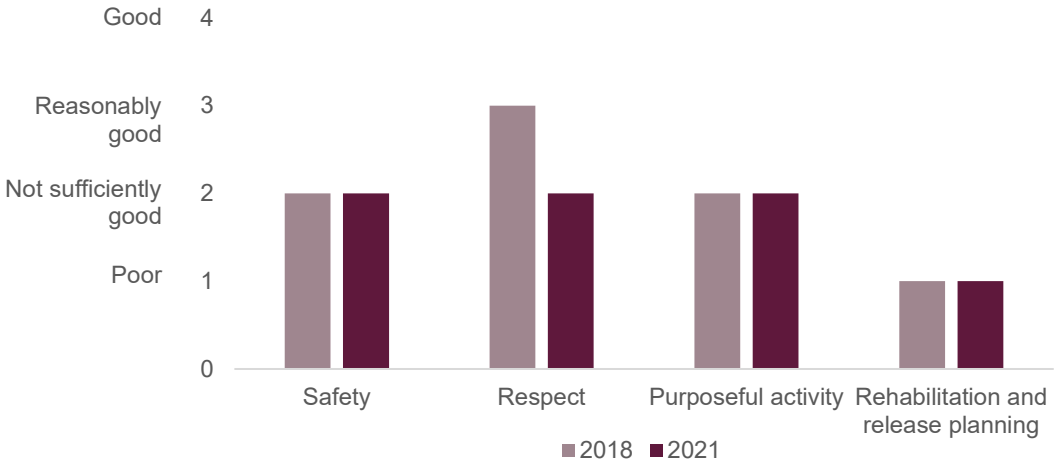
Outcomes for prisoners

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 Swaleside, we found that outcomes for prisoners had stayed the same in three healthy prison areas and declined in one.

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 Swaleside healthy prison outcomes 2018 and 2021



Safety

At the last inspection of HMP Swaleside, in 2018, 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.

1.10 Early days in custody were affected adversely by ongoing COVID-19 restrictions, and the regime for new arrivals was poor. Too many initial assessments, including health care screening, took place in cells on residential units, which compromised privacy.

1.11 Although lower than at our last inspection, the number of assaults against staff was higher than at similar prisons, and the incidence of violence was on the rise. The causes of violence were not yet fully understood and there was no long-term plan to make the prison safer. In our survey, over a third of prisoners said that they felt unsafe, and those we spoke to said that there were limited incentives to encourage positive behaviour.

1.12 Several prisoners alleged to us that they had been assaulted by staff, and in our survey Muslim respondents and those who identified as being from a racial minority reported more negatively than their counterparts in relation to bullying or victimisation by staff.

1.13 Too many disciplinary adjudications had been adjourned for a long period, thereby undermining efforts to address poor behaviour. Data analysis was still too basic to identify any emerging patterns and improve processes.

1.14 The number of incidents involving the use of force had increased substantially. We saw evidence of good de-escalation of incidents, but some use of force was excessive and approved techniques were not always used in some of the closed-circuit television records we viewed. Aspects of governance arrangements were adequate, but there had

been no use of force management meetings and the prison did not have enough body-worn cameras to capture valuable evidence.

1.15 The use of special accommodation had reduced considerably since the last inspection and our review visit in 2019. However, we found two cells in the segregation unit without furniture that had been used many times without authorisation by senior managers.

1.16 Although cells were grubby, the communal areas in the segregation unit were clean. The unit was usually full, and lengths of stay were long. Although a small number of prisoners were supported by Swaleside Outreach Service (see paragraph 6.41), the regime on the unit was too limited and reintegration planning was generally poor.

1.17 Most security measures were proportionate and security information was managed well. Preventing the supply of illicit items was a key priority for managers. A small dedicated team addressed the risks posed by staff corruption and threats from prisoners with extremist views.

1.18 There had been three self-inflicted deaths since the last inspection, two of which had happened a few months before this inspection. The amount of self-harm had almost doubled since the last inspection and had been rising throughout 2021, peaking in April. Analysis by managers had identified that, over a three-month period, 10 prisoners had been responsible for almost two-thirds of self-harm incidents. The self-harm prevention strategy was specific to the establishment, but data analysis was not used sufficiently to drive improvements.

1.19 The quality of support delivered through assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide and self-harm was variable, with some inconsistent case management and care plans that lacked meaningful or completed actions. In our survey, only just under half of prisoners with experience of being on an ACCT said that they had felt cared for by staff.

Respect

At the last inspection of HMP Swaleside, in 2018, 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.

1.20 We saw some skilful management of prisoners by prison staff, but some low-level poor behaviour went unchallenged and it was disappointing that we often found too many staff in offices, away from the prisoners in their care. There was a lack of visible input from middle managers to support their staff and reinforce standards and practices. The key worker scheme (see Glossary of terms) was not operating fully and few electronic case notes we observed demonstrated effective support.

1.21 Communal areas were generally clean, and most cells were equipped and maintained to a decent standard, but too many toilets lacked lids and were dirty. Some showers had been refurbished and a window replacement programme had started, although prisoners repeatedly complained about a lack of ventilation. Insufficient prison-issue clothing and bedding were provided and there was no effective system for kit exchange.

1.22 Meals were served too early and often served at the prisoners' doors which was disrespectful. Self-cook facilities had been removed at the outbreak of the pandemic, which was a source of considerable prisoner complaint.

1.23 All applications were tracked using an impressive recording system, but not logged on return. The number of complaints submitted was much higher than in comparator prisons, but little had been done to explain this, although arrangements for the quality assurance of complaints was identifying areas for improvement both in relation to the decision made on a complaint and how it was communicated.

1.24 Wing-based prisoner council meetings had ended at the beginning of the pandemic, but the main consultation committee had met regularly throughout, which was positive.

1.25 Although the prison lacked a strategic approach for the promotion of equality, there was evidence of some good work in important areas. Equality monitoring data, for example, were analysed and some disproportionality highlighted was addressed. Responses to discrimination incident report forms had improved.

1.26 Our survey highlighted negative perceptions among black and Muslim prisoners, and we heard repeated complaints about racist attitudes from some staff. We were told about innovative mentoring of some black prisoners and reverse-mentoring that was being undertaken between prisoners and staff.

1.27 Support to meet the needs of foreign nationals, older prisoners and those with disabilities was too limited. A forum for LGBT prisoners was no longer taking place, although transgender prisoners were receiving individual support. There was some good care for young people who had previously been in local authority care.

1.28 The chaplaincy provided good pastoral support, but access to corporate worship remained limited because of pandemic restrictions.

1.29 A resilient health care team delivered primary care services but was overstretched because of longstanding staff shortages. Too many prisoners missed internal and external appointments because of a lack of officer escorts, leading to prisoner frustration and wasted clinical time. All services also had limited access to appropriate space on the wings to carry out assessments and interventions. There was a lack of a whole-prison approach to health promotion, and there were no nurse-

led long-term condition clinics, although the GPs still managed complex cases.

1.30 The cleanliness and fabric of the inpatient unit were unsatisfactory and did not meet infection prevention and control standards, and there was a lack of therapeutic activities to support patient well-being and recovery. Some emergency resuscitation equipment had not been kept in good order and it was unclear if there were regular checks. Social care needs were identified and met, but peer mentors lacked training and oversight.

1.31 Mental health services provided a range of support, but groups were yet to restart and waiting times for counselling remained too long. Substance misuse services were reasonably good and psychosocial groups had resumed.

1.32 Aspects of medicine management were poor, including unsafe transportation of medicines and inconsistent supervision of medicine queues. Dental services were good and long waits for routine appointments had been cut to just four weeks.

Purposeful activity

At the last inspection of HMP Swaleside, in 2018, 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.

1.33 Although time out of cell, at up to three and a half hours a day for most prisoners, was more than we had seen recently in other prisons, during our roll checks we found just 17% attending any purposeful activity. Gym provision was good, although take-up was low, and the library provided a reasonable out-reach service.

1.34 Plans for reopening education, skills and work were over-cautious. Workshops were not fully used, and there were too few work and vocational options available. Attendance and punctuality to training and work were poor. Prison staff shortages had a negative impact on the regime and workshops were closed too often.

1.35 Until recently, there had been no careers advice and guidance service and too many prisoners did not know what was on offer at the prison. Prisoners were highly frustrated at the poor communication about the recently revised pay policy, and the reduction in pay for many.

1.36 A broad and interesting education curriculum was provided through supported in-cell learning, engaging more prisoners with education than before the pandemic. Teachers produced high-quality in-cell learning packs but took too long to provide them when requested or give feedback on completion.

1.37 Those who worked in the DHL workshop completed good-quality work and gained skills that would help them on release. However, too few were able to attain accredited learning through workshops, and there was insufficient support available to meet the needs of those with the lowest levels of English and mathematics. Personal development for prisoners had also not been considered.

Rehabilitation and release planning

At the last inspection of HMP Swaleside, in 2018, we found that outcomes for prisoners were poor against this healthy prison test.

At this inspection, we found that outcomes for prisoners remained poor.

1.38 Access to social visits was insufficient and there were none available at weekends. Problems with the booking line and the scarcity of visit slots made booking a visit difficult. The visits hall was welcoming and there was a popular tea bar staffed by prisoners, but the children's play area was still closed. Secure video calls were greatly appreciated by prisoners.

1.39 Most prisoners were serving long sentences and posed a high risk of harm to the public after committing violent or sexual offences. Around a third of prisoners were serving an indeterminate or life sentence but were provided with only limited support or additional interventions. The oversight and coordination of reducing reoffending work was weak and had not improved since the last inspection.

1.40 Prisoners did not have enough in person contact with their prison offender manager (POM) to aid progression and rehabilitation. The prison struggled to recruit probation officers, which resulted in prison officer POMs being responsible for high-risk and complex cases. At the time of the inspection, most of the probation officers in post were still working mainly remotely. There continued to be a backlog in offender assessment system (OASys) assessments.

1.41 Public protection had improved and processes were now generally sound. However, for those needing monitoring, the inability to listen to all telephone calls because of a lack of resource limited the prison's ability to protect the public.

1.42 Recategorisation reviews were timely, but we were not confident that decisions were always fair, consistent or in line with the new HMPPS recategorisation policy. Although 25% of the population were category C prisoners, progressive moves were not timely, as a result of a national shortage of category C spaces and poor oversight of movement holds. This meant that some prisoners were kept at the establishment for longer than they should have been.

1.43 There was a lack of programme opportunities, which limited prisoners' ability to progress. Group programmes had stopped in March 2020 because of the pandemic and had only recently restarted for a handful

of prisoners, and were restricted to wing cohorts. Completion of group programmes on a larger scale was unlikely to start before April 2022 because of staffing issues. Since the last inspection, the prison had introduced some appropriate short courses for prisoners convicted of sexual offences.

1.44 Services provided under the offender personality disorder pathway, including the psychologically informed planned environment (PIPE) unit, which ran a range of therapeutic groups, and Swaleside Outreach Service were providing a good level of support. Attending work sessions in the farms and gardens area was valued by the prisoners involved, who said that it gave them a sense of well-being and hope.

1.45 Few prisoners were released from Swaleside, but those being released could access some useful practical support.

Key concerns and recommendations

1.46 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.

1.47 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.

1.48 Key concern: A staffing shortfall was limiting the ability to reinstate purposeful activity and support prisoners' progression. Only around three-quarters of prison officers were available and there was a severe shortage of workshop instructors, programme delivery facilitators, health care staff, probation officers, operational support grades and caterers. Leaders had been proactive in trying to address the high level of attrition and inexperience among prison officers by, for example, recruiting a 'Swaleside ambassador' to support new recruits, but wider systemic issues relating to recruitment and retention needed to be addressed by HMPPS.

Recommendation: There should be support and clear measures implemented as a matter of urgency to recruit and retain sufficient operational and specialist staff to reinstate purposeful activity and support prisoners' progression.
(To HMPPS and the governor)

1.49 Key concern: Although leaders spoke of their aims for the future, strategic thinking supported by a meaningful analysis of data was very limited. In too many areas leaders lacked clarity or specific measurable plans for how improvement might be achieved. Governance and oversight were, too often, similarly lacking; undermining the prison's ability to sustain improvement. This applied to many important areas of operational delivery, for example, violence reduction, use of force, the promotion of equality and rehabilitation and release planning.

Recommendation: Prison leaders should develop longer-term plans for improving outcomes for prisoners against their identified priorities. The governor and his team should introduce robust data and evidence-based governance arrangements to give them assurance that work is taking place on time, that progress is monitored, and that there are clear lines of accountability. In addition, there should be a robust process for reviewing plans. (To the governor)

1.50 Key concern: New arrivals, particularly those isolating because of COVID-19, spent long periods locked up with little to do during their induction period. First night cells were shabby and did not give a positive first impression of the prison. Initial assessments involving the discussion of personal information were not conducted in private. Additional first night checks did not always take place. In our survey, only around a third of respondents said that induction covered everything they needed to know about the prison. Prisoners described issues with telephone credit and numbers, and property that they could not resolve while spending so much time locked up. Some of these weaknesses were a consequence of COVID-19 arrangements intended to keep staff and prisoners safe, but they needed to be addressed.

Recommendation: All new arrivals should be able to access good-quality, proactive and consistent support and advice from staff and peer workers during their induction period, following a thorough, private assessment of their needs. (To the governor)

1.51 Key concern: Levels of violence were high and were on an upward trajectory. The number of assaults against staff was higher than at similar prisons and many were serious. In our survey, more than a third of prisoners said that they currently felt unsafe. There were limited incentives to encourage positive behaviour.

Recommendation: Leaders should introduce effective measures to reduce violence and improve the safety of prisoners and staff. (To the governor)

1.52 Key concern: The level of self-harm had almost doubled since the previous inspection and had been rising in the 12 months prior to this inspection. Data were not used well enough to inform work to reduce self-harm. There were gaps in the quality of support delivered by staff through assessment, care in custody and teamwork (ACCT) case management and too few prisoners in crisis felt supported by staff.

Recommendation: The prison should develop and implement an effective plan supported by specific measures to reduce self-harm and deliver consistently good care for at-risk prisoners. (To the governor)

1.53 Key concern: The promotion of equality lacked a plan and there was little clarity about how outcomes and well-being among minority groups resident in Swaleside might be improved. There was a poor

understanding of needs and priorities, data analysis was weak and consultation with prisoners with protected characteristics very limited.

Recommendation: The prison should develop and implement a comprehensive equality strategy, including clear milestones for delivery that is informed by the views and experiences of prisoners. (To the governor)

1.54 Key concern: The primary care service often operated below the set staffing level. Consequently, to cover essential services, the interim head of health care often had to carry out clinical duties and could not always focus on the strategic aspects of her role. Managerial supervision was lacking, and complaints were not always responded to on time. There were no nurse-led long-term condition clinics and few such prisoners had a care plan.

Recommendation: The prison should work with the local delivery board, in conjunction with NHS England and Improvement, to make sure that there are sufficient health care staff to meet the health needs of the population. (To the governor)

1.55 Key concern: Several aspects of medicines management were poor. There was no pharmacy input into any clinics because of staff shortages. Some risk assessments for in-possession medicines had not been updated when circumstances changed, or on a regular basis. The prescribing of medicines liable to abuse was high and some were given in-possession, against national guidelines, which increased the risk of diversion. The inconsistent management of the medicine queues also posed a risk for diversion. The method of transporting medicines to the wings was unsafe, and secondary dispensing and a lack of a second checker for controlled drugs were not in line with national professional standards. The lack of a prescription chart and the administration of medicines at the cell door or through a gate which was in constant use were inappropriate and unsafe.

Recommendation: The prison should work with the local delivery board, in conjunction with NHS England and Improvement, to make sure that prisoners receive their medication safely and in full accordance with correct clinical standards. (To the governor)

1.56 Key concern: Although at stage 2 of the recovery plan, time unlocked for many prisoners remained limited, at around three and a half hours a day on weekdays. Employed prisoners could be unlocked for around five hours a day, but few prisoners were engaged actively in any purposeful activity for any length of time. Leaders had not maximised the opportunities to increase places for activities, and during an afternoon session of the inspection we found just one prisoner engaged in any work in the vocational workshops. While in-cell worksheets had proved a success for many, they took far too long to be provided and subsequently assessed.

Recommendation: Leaders should prioritise urgently increasing time unlocked and the provision of regular education, skills and work activities. (To the governor)

1.57 Key concern: The strategic management of reducing reoffending remained poor and had not improved since the last inspection. In our survey, only 44% of respondents said that their experience at the prison had made them less likely to reoffend. The offender management unit (OMU) continued to be under-staffed, which affected all aspects of its work. Too many prisoners did not have an up-to-date assessment of their risk and needs, which meant that sentence plans were often out of date. The amount of meaningful in person contact that prisoners had with their prison offender manager was insufficient, and among the worst we have seen. Both of these issues hindered a prisoner's ability to feel included in their rehabilitation and progression, as well as making it difficult for prisoners to demonstrate progress against their sentence plan.

Recommendation: The prison should understand fully the needs of its prisoners across all resettlement pathways and support them to reduce their risk of harm and progress through their sentence plan. (To the governor)

1.58 Key concern: We were not confident that recategorisation decisions were sound, proportionate, fair or consistent. Prisoners expressed concern about recategorisation decisions and were not involved routinely in the process. Once recategorised, prisoners were not moved promptly to lower security establishments because of space shortages and the prison's poor management of transfer holds.

Recommendation A: Prisoners should be moved promptly to the appropriate lowest security prison. (To HMPPS and the governor)

Recommendation B: Recategorisation decisions should be based on the professional judgement of risk factors. (To HMPPS and the governor)

1.59 Key concern: Group programmes had stopped in March 2020 and had not yet restarted on a large scale. Only a small number of prisoners had access to one-to-one work, and most would not be able to access any accredited medium-intensity group programmes until at least April 2022 because of staffing shortages. There was a lack of analysis of whether the prison was offering the right interventions, and large groups – for example, category C prisoners – were excluded from waiting lists, which meant that we could not assure ourselves that there would be enough programme spaces. Most prisoners, therefore, had been unable to access interventions that were important for their rehabilitation and progression.

Recommendation: Prisoners should have timely access to the right interventions to aid rehabilitation and progression throughout their sentence. (To the governor)

Notable positive practice

1.60 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.

1.61 Inspectors found three examples of notable positive practice during this inspection.

1.62 The newly created ‘Swaleside ambassador’ post provided much needed additional support to newly qualified staff. A ‘development manager’ also supported recently promoted supervisory officers and custodial managers in their new roles. (See paragraphs 2.5 and 2.6)

1.63 The prison facilitated secure video calls throughout the winter holiday, including on Christmas Day, which gave prisoners the opportunity to see their families at a time that was important for many. (See paragraph 6.4)

1.64 The work and therapeutic sessions in the farms and gardens area were valued by prisoners on the offender personality disorder pathway, who said that it gave them a sense of well-being and hope. (See paragraph 6.41)

Section 2 Leadership

Leaders provide the direction, encouragement and resources to enable good outcomes for prisoners. (For definition of leaders, see 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 extent of the prison's COVID-19 outbreak, which was among the longest within the prison estate, had been especially challenging to manage and leaders were understandably cautious in the steps they were taking to recover from the pandemic.

2.3 Although the prison was now at stage 2 of the recovery plan (see Glossary of terms), allowing more time unlocked for domestic activity than we have seen recently in similar prisons, the progress in reinstating more purposeful activity was far too slow. We found workshops empty, and little face-to-face education or offending behaviour programme work.

2.4 The committed and enthusiastic governor had a clear vision for the prison, based on what he described as 'safety, decency and hope', and a 'values-based culture' that he aimed to instil. Although the rehabilitative purpose of the prison was still largely aspirational, the senior leadership team had been recently restructured and expanded to address the needs of the prison in some key areas, including new managers responsible for communication, equality, decency, drug strategy, COVID-19 recovery, corruption prevention and counterterrorism. The role of the head of safety had also been upgraded. Leaders had been further proactive by recruiting a manager to engage new industries for prison workshops after contractors had left as a result of insufficient work due to the pandemic.

2.5 Although there seemed to us to be quite limited ambition in relation to the pace of recovery, we were told Swaleside's approach was consistent with the approach being taken by the long-term high-security estate generally. Leaders were however, being more creative with respect to a number of small-scale initiatives, which was a cause for some optimism. These included a 'development manager', appointed to support newly promoted supervisory officers and custodial managers; a team of prisoners refurbishing offices and facilities on the wings; and an 'accelerator project', better to meet neurodiverse needs, had recently started.

2.6 A staffing shortfall was limiting the ability to reinstate purposeful activity and support prisoners' progression. Only around three-quarters of prison officers were available and there was a severe shortage of

workshop instructors, programme delivery facilitators, health care staff, probation officers, operational support grades and caterers. Leaders had been proactive in trying to address the high level of attrition and inexperience among prison officers by, for example, recruiting a 'Swaleside ambassador' to support new recruits, but wider systemic issues relating to recruitment and retention needed to be addressed by HMPPS. (See key concern and recommendation 1.48)

2.7 The prison needed substantial investment to improve some poor living conditions and replace failing equipment. We were told that £31 million had been secured to upgrade showers, replace windows and improve fire safety, and new body-worn video cameras and telephone lines that would allow staff to make calls to in-cell telephones were on order.

2.8 Some relationships with partner agencies were particularly strained. The current health care provider struggled to maintain delivery and there had been insufficient enablement by the prison to ensure attendance at appointments. Prison leaders told us that their concerns about poor facilities management by Government Facilities Services Limited had been escalated to contract managers within the Ministry of Justice to drive improvements. However, the working relationship with the education provider was much better, and strong partnership working between clinical and prison staff on the psychologically informed planned environment (PIPE) unit had improved outcomes for prisoners.

2.9 Communication by leaders, both with staff and prisoners, through regular bulletins and meetings was a strength. An external agency, EP:IC (Empowering People: Inspiring Change), had recently been engaged to support the 'residents' committee meeting', which was positive.

2.10 Although leaders spoke of their aims for the future, there was little strategic oversight of important areas of delivery, insufficient analysis of data and a lack of tangible action plans (see key concern and recommendation 1.49).

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 The reception area was clean and functional and, in our survey, 69% of prisoners reported they were treated well or very well in reception, which was similar to other category B training prisons. However, new arrivals were strip-searched, which was unnecessary, as a body scanner was used to detect secreted items (see paragraph 3.35). They had interviews with healthcare and reception staff and spent time with peer workers while in reception.

3.2 However, COVID-19 restrictions in place during the inspection to keep prisoners and staff safe meant many prisoners bypassed reception and went directly to a first night and induction unit, either D wing or H wing. They did not have the opportunity to speak to reception peer workers or to have private interviews with reception and healthcare staff. The personal property they arrived with was quarantined for 72 hours. These prisoners spent up to 10 days in isolation in line with COVID-19 guidance. Their initial healthcare screening and interviews to determine vulnerability were often completed in their cells. This compromised confidentiality and the robustness of the assessments as prisoners were less likely to disclose important information if others could hear (see key concern and recommendation 1.50).

3.3 First night and induction cells were single occupancy and were adequately equipped, but on D wing they were shabby, contained graffiti and toilets were badly stained. New prisoners were not routinely provided with prison issue clothing despite their own property being quarantined.

3.4 Prisoners in isolation had an impoverished regime; they were unlocked for only 30 minutes each day for a shower and time in the fresh air. Meals were taken to them, and induction-related communication with staff and Insiders (prisoner peer workers) was often through their door (see key concern and recommendation 1.48).

3.5 Insufficient attention was given to helping new arrivals resolve issues of concern to them, for example contacting family, while they had to spend nearly all their time in their cells. In our survey, 78% of respondents said that they had had problems on arrival and less than a

quarter said that they had been helped by staff to deal with these (see key concern and recommendation 1.50).

3.6 New prisoners who did not have to isolate joined the daily regime on their induction unit, which was usually unlocked for two to three hours each day. They had access to Insiders, who offered information and support, and also provided mentoring for some prisoners.

3.7 In our survey, 78% of respondents said that they had received an induction, which was similar to the percentage at the previous inspection, but only 38% said that it covered everything they needed to know about the prison (see key concern and recommendation 1.50). Prisoner information booklets had not yet been updated to reflect changes made during the pandemic. Some information was available in other languages, but foreign national prisoners told us that professional telephone interpreting services were not used to help their understanding.

3.8 A useful pack contained documentation for staff to complete with prisoners during their induction period, but this was not being completed well enough; for example additional first night checks were not recorded as having taken place for some prisoners and during a night visit we found staff on D wing who were unaware of the new arrivals to check. There was little recorded induction input from staff in other areas of the prison (see key concern and recommendation 1.50).

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 Data concerning levels of violence were mixed. The total number of assaults during the 12 months leading up to the inspection was lower than at the time of our last inspection but was increasing steadily. There had been 176 assaults against staff, which was higher than at similar prisons, and 19 of these had been serious, with some staff taken to an outside hospital. In contrast, over the same period there had been 80 prisoner-on-prisoner assaults, which was considerably lower than at the time of our last inspection, but higher than at similar prisons.

3.10 In our survey, 61% of respondents said that they had felt unsafe at some point during their stay at the prison, and 35% felt unsafe currently; both figures being similar to those at our previous inspection. Several prisoners alleged that they had been assaulted by staff, and provided details of what had happened, including the date and the name of the individual. We were unable to verify these allegations, so we passed an overview of the general themes we received to

managers for their information (see key concern and recommendation 1.51).

3.11 In our survey, Muslim prisoners and those who identified as being from a racial minority reported more negatively than their counterparts in relation to experiencing bullying or victimisation from staff. In addition, respondents with mental health problems reported more bullying or victimisation by other prisoners.

3.12 Wing staff had identified 19 prisoners as 'self-secluding', effectively hiding in their cell because of fears for their safety. These individuals received weekly reviews by a multidisciplinary team, to identify the reasons for self-seclusion and to reduce their isolation. They were offered a daily shower and exercise while the rest of the wing was locked up. However, those we spoke to spent most of their time locked in their cell, some being too scared to leave to have a shower, and they did not receive regular meaningful contact from staff to check on their well-being (see key concern and recommendation 1.51).

3.13 The causes of violent incidents were not yet fully understood by the prison and there was no long-term plan to make the prison safer. The violence reduction strategy was not specific to the issues at Swaleside and did not clearly set out actions to be taken. All violent incidents from the previous week were discussed at the well-attended weekly safety intervention meeting, which was a good forum for sharing information, but the monthly strategic safety meetings were poorly attended. There was little data analysis at these meetings to explore the possible causes of violence, and there was no monitoring of trends over time (see key concern and recommendation 1.49).

3.14 The casework approach to managing perpetrators of violent behaviour using the challenge, support and intervention plan (see Glossary of terms) was not fully effective. Referrals were made following a violent incident and most investigations were completed in a timely manner, but reviews were often late, and most plans were not specific to the individual and their behaviour. Not all prisoners we spoke to were even aware of their own plans.

3.15 There were limited incentives to encourage positive behaviour. The self-cook facilities had been removed because of COVID-19 (see paragraph 4.13). Those we spoke to said that the only incentive to encourage them to behave was that they could spend more money each week in the prison shop (see key concern and recommendation 1.51).

3.16 The basic level of the incentives scheme had been suspended at the start of the pandemic but was reintroduced in October 2021 following a review of the incentives policy. The new scheme was not yet, however, fully embedded; those who had been placed on the basic regime because of a pattern of poor behaviour were, for example, not informed of behaviour targets needed to return to the standard level of the scheme. In addition, we found unauthorised sanctions being given, for

example two prisoners were banned from using the gym for 28 days in response to poor behaviour.

Adjudications

3.17 Delays in the adjudication process were undermining efforts to address poor behaviour. There had been 2,345 adjudication hearings in the last 12 months; 822 were outstanding, some dating back as far as May 2019; and 80 had been referred to the police and were waiting for an outcome.

3.18 In general, oversight of adjudications lacked rigour. There was no quality assurance arrangement and, as we found at the last inspection, data analysis at the quarterly adjudication standardisation meeting was too basic to identify any emerging patterns and improve processes.

3.19 The records from hearings that we sampled were not detailed enough to understand the prisoner's experience, and conduct reports from wing staff were routinely absent.

Recommendation

3.20 **Managerial oversight of disciplinary procedures should make sure that all hearings are held fairly and completed within a reasonable time.**

Use of force

3.21 The number of incidents involving the use of force had increased substantially, with 508 in the last 12 months. This was surprising when most prisoners had experienced very little time unlocked in the last year. Fourteen incidents had involved batons being drawn and there had been two incidents in which PAVA (see Glossary of terms) had been used.

3.22 Overall, the paper records we reviewed gave a good account of how the incident arose and demonstrated evidence of good de-escalation. However, there was limited recording of incidents on body-worn cameras as the prison had only 25, which was not enough.

3.23 In some of the closed-circuit television (CCTV) footage we viewed, the use of force was excessive. For example, in one incident a prisoner was being restrained on the floor and was compliant, but an officer put his foot on his back, which was unnecessary and escalated the situation. In addition, we found that approved techniques were not always used; for example, we saw a use of force incident during which staff did not adopt the head support position.

3.24 Training in approved use of force methods had been paused during most of the COVID-19 period, but even with the national dispensation applied to extend the minimum gap between refresher courses, only 31% of staff remained in date.

3.25 There were some strengths to some aspects of governance and supervision, for example, 'lessons learned' investigations following the use of batons and PAVA. In addition, although poorly attended, the weekly scrutiny meeting identified learning points from reviewing documentation and CCTV footage. The use of data to support accountability and improvement, however, required improvement.

3.26 The use of special accommodation had reduced considerably since the last inspection and subsequent review visit in 2019. However, there were two further cells in the segregation unit without furniture, and these had been used 60 times in the last six months, with an average stay of 4.9 days. There was no evidence that these uses had been authorised appropriately or that risks, and safeguarding issues had been assessed formally. We raised our concerns with managers, who took appropriate action immediately to make sure that these cells would not be used until furniture had been fitted.

Recommendation

3.27 **Use of force data should be monitored in well-attended meetings and any emerging patterns should be identified and acted on.**

Segregation

3.28 The unit had usually been full in the last 12 months, with typical stays of around 23 days. In addition, two prisoners had been in the segregation unit for over a year and a further two for over six months, which was too long. Most prisoners were on Rule 45 (good order and/or discipline/segregation for own protection) and were seeking a transfer out of the establishment. They told us that they were unable to return to mainstream location, either through fears for their safety or because they were frustrated with the lack of progression at the prison (see key concern and recommendation 1.57).

3.29 Five of the prisoners on the unit had been assessed as needing three or four officers to unlock them because of their unpredictable and sometimes violent behaviour. We were not confident that risk assessments to justify this decision were reviewed regularly as they were not recorded.

3.30 The daily regime for segregated prisoners was too limited, with around 40 minutes in the fresh air each day and access to showers every other day. Positively, a small number were supported by Swaleside Outreach Service and accessed services within the prison weekly to complete one-to-one work. However, reintegration planning was generally poor; not all the interventions that we had judged as positive in our last inspection were available and there were no meaningful behaviour targets to enable prisoners to return to the wings.

3.31 The segregation unit was supported by psychology staff, who had completed 'one-page plans' for a small number of complex prisoners. These included details about psychological behaviour traits and triggers and provided a useful guide for staff. Furthermore, weekly

reflective practice for staff, delivered by the psychology team, was well received and helped them to deal with difficult prisoners.

3.32 Meetings about segregated prisoners, called 'residential reviews', were also held every two weeks by the psychology team. However, these were often poorly attended, and most actions fell to one psychologist, so were often carried over to following meetings. Disappointingly, these reviews did not contribute to reintegration planning.

3.33 Living conditions on the segregation unit had not improved since our last visit. Cells were grubby, with ingrained dirt and toilets with no seats, and the exercise yards were stark. Some cells lacked basic furniture items, such as a table and chair where prisoners could eat their meals. However, the communal areas were clean, and the showers had undergone a refurbishment. Most prisoners had televisions and in-cell telephones.

A cell on the segregation unit

Security

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

3.34 The security team had a good awareness of key threats to the prison which included the supply of illicit items, the prevalence of hooch (alcohol brewed by prisoners) and associated violence and self-harm. Addressing these were priorities for managers. Measures being taken included enhanced searching on entry to the prison for staff and visitors, testing of incoming mail for illicit substances and a dedicated search team.

3.35 Most security measures were proportionate, but routine strip-searching of new arrivals from other prisons was unnecessary when they also had a body scanner (see also paragraph 3.1).

3.36 Intelligence reports were dealt with quickly and a triage meeting each morning made sure that actions were identified, assigned and actioned appropriately. Monthly tactical assessments presented to the security committee identified gaps in intelligence and gave an overview of security concerns and priorities. Staff received regular updates through weekly briefing notes and at morning meetings.

3.37 Our independent review of progress in 2019 found that good progress was being made towards reducing the supply of illicit drugs and embedding the prison's drug strategy. However, some of the work – for example, suspicion drug testing – had stopped during COVID-19 restrictions. In our survey, 37% of respondents said that it was easy to get illicit drugs, and 41% alcohol, in the prison. Drugs and hooch were the most frequent finds over the previous 12 months, with over 2,800 litres of alcohol found. A three-day lockdown search of the prison, carried out just before the inspection, indicated the level of concern about the availability of illicit items and their impact on the prison.

3.38 The drug strategy was up to date and there was good attendance at drug strategy meetings, which provided oversight of local issues. Mandatory drug testing was reintroduced in July 2021 but was sometimes dropped if staff were needed elsewhere in the prison. Prisoners who were suspected of having used illicit substances were referred to the Forward Trust for support.

3.39 A small team working alongside the main security team addressed the risks posed by staff corruption. Regular case management meetings took place, with involvement from the onsite police intelligence officer. Awareness training for staff was being developed. The same small team also managed the threats posed by prisoners with extremist views and had good links with the long-term high-security group of

prisons to support this. Individual offence-related work was undertaken with some of these prisoners (see paragraph 6.29).

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

3.40 There had been two self-inflicted deaths since the last inspection, both taking place shortly before the current inspection. Prisons and Probation Ombudsman (PPO) investigations were ongoing. Progress against recommendations from previous PPO investigations was updated by the safer prisons team, but actions from these recommendations were not yet all fully embedded into practice. This included ensuring quality care maps in ACCTs and providing regular keywork with prisoners. There were no local investigations into serious incidents of self-harm, so that lessons could be learned. During the inspection, managers asked us for examples of practice at other prisons that they could learn from, which was reflective of wanting to develop their work in this area.

3.41 The level of self-harm had almost doubled since the previous inspection, and had been on the rise over the previous 12 months, peaking in April 2021. Managers' analysis of the data showed that a small number of prisoners self-harmed repeatedly, with 10 prisoners accounting for 60% of the incidents recorded between April and June 2021 (see key concern and recommendation 1.52).

3.42 Monthly safer prisons meetings took place as part of a Swaleside-specific self-harm and suicide prevention strategy. These were not sufficiently well attended to drive improvement. Data reviewed at the meeting were not used to their full potential, to help inform work to reduce self-harm. Some useful discussions took place, but few actions were noted and links to the safer prisons action plan were not clear. The safety intervention meeting (see paragraph 3.13) had better multidisciplinary attendance and was informed by useful written descriptions of prisoners, including their self-harm history and potential risk factors (see key concern and recommendation 1.52).

3.43 Over 550 assessment, care in custody and teamwork (ACCT) case management documents had been opened over the previous 12 months, more than in the same period at the time of the previous inspection. ACCT documentation was still variable in quality, with some having inconsistent case management, or care plans that lacked meaningful or completed actions. Daily support from the team of safer prison community officers, quality assurance and weekly morning

briefing sessions were being used to address shortcomings (see key concern and recommendation 1.52).

3.44 In our survey, just under half of prisoners who had been on an ACCT said that they had felt cared for by staff, which was in line with the figure at similar prisons. Most of those we spoke to said that they had derived more benefit from the opportunity that the process provided to talk to staff privately about their concerns than from the formal ACCT reviews and care plans (see key concern and recommendation 1.57).

3.45 Some staff we spoke to on a night shift were not wearing an anti-ligature tool. Not all said that they would enter a cell in an emergency before other staff arrived; this would have resulted in a delay in providing the prisoner with the help they needed.

3.46 There had been 66 uses of constant observation over the previous 12 months. The two cells used for these were poor environments for prisoners in crisis.

3.47 In our survey, only 25% of respondents said that it was easy to speak to a Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). There were nine Listeners – which was too few – and this was being addressed with the training of more prisoners by the Samaritans under way. There was no Listeners suite. Managers and staff said that it had been difficult to facilitate private access to Listeners during the pandemic restrictions. Prisoners had access to the Samaritans helpline from their cells.

Protection of adults at risk (see Glossary of terms)

3.48 The prison's adult safeguarding policy focused more on social care than protecting adults at risk, but it included information about abuse and neglect, and how staff should report this. A monthly safeguarding meeting, which had appropriate attendance, oversaw the management of prisoners who were vulnerable for medical or behavioural reasons, and the potential for them to experience abuse or neglect was considered there.

3.49 The prison was not represented at the local safeguarding adults board and it was not clear how input from this forum would be sought if, for example, a concern about neglect, abuse or trafficking was identified.

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 In our survey, only 58% of respondents said that staff treated them with respect, and only 30% that a member of staff had talked to them during the previous week about how they were getting on. Responses from prisoners from racial minority groups were notably much worse in relation to respectful treatment and having a member of staff they could turn to for help.

4.2 There was a chronic shortage of staff across the prison, especially at prison officer grade. New entry prison officer courses run at the prison barely kept up with losses, as staff regularly left, we were told, for better paid jobs, including at other government agencies. This meant that many of those who staffed this complex and often difficult prison were inexperienced and lacked confidence (see key concern and recommendation 1.48). Although we saw some skilful management of difficult prisoners, especially at lock-up times, all too often we saw low-level poor behaviour going unchallenged – including the playing of loud music (including during our night visit); lack of adherence to dress codes, with prisoners remaining in dressing gowns all day; and ignoring staff instructions to vacate busy shower areas at lock-up times. It was also disappointing that, on some wings, we routinely found too many staff locked in offices away from the prisoners in their care (see also paragraph 3.39).

4.3 The prison had recently invested in and appointed a full-time development coach and 'staff ambassador' to support and guide the new and inexperienced staff, but there was often a lack of visible input from middle managers to support their staff and reinforce standards and practices. This finding was further corroborated by prisoners on some wings who told us that they rarely saw anyone above officer rank during the day.

4.4 In our survey, more respondents than at the time of the last inspection said that they had a named officer or key worker (see Glossary of terms), with around half of these saying that this officer was helpful or very helpful. However, the key worker scheme had almost stalled at the move to stage 2 of the recovery plan, as a result of more of the already stretched prison officer resource being required to manage prisoners during the increased time unlocked. With the notable exception of the specialist wings, such as the psychologically informed planned

environment (PIPE) unit (see paragraph 6.37) and the drug support wing, few case notes we examined evidenced any meaningful contact and support from key workers.

Recommendation

4.5 **There should be visible leadership on the wings, to support inexperienced staff and model appropriate standards.** (Repeated recommendation 2.4)

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

4.6 All cells had been maintained as single occupancy, which was much appreciated by a population with experience of sharing small cells elsewhere. Most were reasonably well equipped, and many prisoners had taken the opportunity to personalise them with their own possessions and soft furnishings during the long periods they were held at the prison. The in-cell telephone was also much appreciated and 'had made a real difference' during the severe regime restrictions brought about by COVID-19. However, too many toilets were in a dreadful state, often dirty, scaled and with no seat or lid. In addition, many mattresses we saw were in a poor state and there was no programme in place to replace them routinely. A window replacement project was under way, although prisoners often complained of poor ventilation leading to insufferable conditions, particularly during the summer months (see paragraph 2.7).

4.7 Communal areas were generally clean and tidy, although there were wide disparities in the standard of cleaning, with some areas, such as H wing, F wing and half of E wing, being particularly well maintained. Other areas, such as G wing and the other half of E wing, were grubby, and where floors had been polished, the polish had been laid over dirty floors. Some of the sluice rooms on the older units were filthy and abandoned, leading to cleaners inappropriately using the showers to dispose of buckets of dirty water.

C wing sluice room

4.8 There had been a programme of replacement of the previously very poor showers on A–D wings, but some of these were still out of use because of inadequate drainage. This had led to flooding on landings and prisoners told us that the water pressure in some of these was 'pathetic'. Some were useable, but prisoners much preferred using the original showers that were yet to be refurbished; although old and shabby, these were clean and efficient.

4.9 Elsewhere, particularly on G wing, shower rooms were dirty, damp and, because of the closure of some of the other shower rooms, overused, leading to conflict and delays in the regime at lock-up periods (see paragraph 4.2).

G wing shower

4.10 Prisoners mostly wore their own clothes. Laundry facilities were impressive, with industrial washing and drying machines on all wings, so that prisoners could access these at least once a week. During the inspection, prisoners repeatedly complained at the lack of prison-issue kit provision and a total lack of kit change for those lucky enough to have obtained some. We regularly saw cleaners and food servery workers wearing their own clothes and flip flops/sliders while cleaning and serving food.

4.11 Some external areas of the prison were litter strewn throughout the inspection. There were also numerous surgical face masks, which were only issued to staff, discarded along the walkways. There was evidence of vermin around the prison and we saw some large rats in the vicinity of E and H wings during our night visit. Much of the litter in the grounds had been thrown from the windows on the older units, where window cages were often full of rubbish and in a poor state of repair; holes had been cut in the mesh, through which rubbish, including food waste, was deposited. This also enabled 'lines' made from blankets and sheets to extend across the outside of the wing, to facilitate the transfer of contraband. The window replacement project would alleviate this issue.

Window cage

Window lines

Recommendation

4.12 **There should be enough prison-issue clothing and bedding for prisoners who require it, with an effective exchange process in place.**

Residential services

4.13 In our survey, only 30% of respondents said that the food provided was good (compared with 42% at the time of the last inspection), and 27% that they got enough to eat. We found the quality and quantity (providing that all options were taken) of the food to be reasonable, although the breakfast packs remained meagre and unappealing. There were no supplementary toasters and, much to the frustration of prisoners, all self-cook facilities had been removed at the outbreak of the pandemic. The menu offered a range of choices and a balanced diet, and faith and medical diets were catered for.

4.14 Except for Fridays, when the hot meal was served in the evening, hot food was served at lunchtime, with a cold evening meal. Food was collected very early from the kitchen and we saw the evening meal being collected as early as 2.30pm and served within an hour. Evening meals for wings that were locked up were distributed at cell doors, which was disrespectful and further reduced time out of cell (see section on time out of cell).

Distribution of the evening meal

4.15 The kitchen was clean and in mostly in good order, although some key equipment had been out of action for several months. Serveries across the prison were clean but lacked screening. Food trollies were often left uncleaned and we saw previous days' food waste and spillage remaining on them.

4.16 The prison shop had continued to operate throughout the pandemic. The service provider (DHL) suffered similar staff shortages to the prison, which often meant that prison staff had to be diverted from their

day-to-day tasks to help deliver the goods, exacerbating the prison's own staffing issues. Prisoners complained of very low wages and that their pay had been cut at least twice in the previous year, often leaving them with insufficient funds to make purchases, supplement their meals and contact their families.

4.17 Catalogue purchases had mainly been replaced by online ordering, but, because of administration issues, prisoners had to wait over two months to receive their goods, which added to their frustrations.

Prisoner consultation, applications and redress

4.18 Although wing-based community meetings had ended at the beginning of the pandemic, the main consultative committee had continued to meet, to raise issues with senior managers. These meetings, although well attended by representatives from all wings, were largely unstructured and there was no assurance that the origin of matters being raised were collective or personal to those attending. The prison had already identified this as a potential problem and had appointed an independent body to run the meetings formally. This included elections for attendees and creating formal sub-structures to make sure that the presentation of issues and ideas to senior leaders reflected the collective experience of the population.

4.19 An additional meeting structure had been put in place during the pandemic, to provide prisoners with regular updates of developments and enable them to raise COVID-19-specific concerns.

4.20 In our survey, 72% of prisoners said that it was easy to make an application. All applications were tracked at the point of submission, using what was potentially an impressive recording system. However, the system then failed, as responses bypassed the clerk on return to the sender, removing the opportunity to record completions and effect any form of quality control. The tracking system provided some useful information, but there was no analysis of these data.

4.21 In our survey, 74% of respondents said that it was easy to make a complaint, which was far more than at the time of our last inspection (59%), although during the inspection we saw instances where complaint forms were not available in their designated locations. The number of complaints submitted was high, with 4,602 in the previous six months, which was more than at any other prison within the long-term and high-security estate and over twice the average across it. The prison monitored complaints data actively and was aware that the number of submissions was high, but was doing little to try to understand, or address, the reasons for this. During the inspection, we came across many examples of issues that could, and should, have been addressed informally or through the application process.

4.22 In our review of a sample of responses to complaints, we found that these were usually polite, concise and written in plain English. However, not all were timely and they did not always address fully the issues raised. Quality assurance of complaint responses had recently

resumed and 10% of them were dip sampled. This process worked well and identified areas for improvement effectively, both in relation to the decision made on a complaint and how it was communicated. This was then conveyed to the member of staff concerned, along with constructive advice for future responses.

4.23 Legal visits had resumed and there were six rooms where prisoners could instruct their lawyers. There were four video links, of which one could be used for court hearings. The library was well stocked with legal materials, which prisoners could access via the application process (see also paragraph 5.4). Although the prison did not hold immigration detainees, many of the foreign national prisoners we spoke to had immigration concerns and there was an absence of advice or signposting to providers to help them (see also paragraph 4.32).

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

4.24 The prison had a comprehensive equality policy, which had been updated recently. However, the equality strategy was very brief and did not serve as a guide for action. An equality action plan consisted of a list of tasks but was not linked to the strategy (see key concern and recommendation 1.53).

4.25 The prison had a dedicated equality lead position, at middle management level. Equality was a discrete function within the remit of the safety team, and there was some joint working with others within it, particularly the safer community officers. Senior staff were assigned to lead work on particular protected characteristics and had participated in some activities. There were also staff 'equality champions' on the residential wings, but we saw no evidence of meaningful work being undertaken by them (see key concern and recommendation 1.48).

4.26 The prison produced monthly equality data reports covering most aspects of prison life, and these included a narrative section that contained good analysis of much of the data. However, the presentation of data did not always make it easy to make comparisons. Although some disproportionalities had been identified, we came across many instances where this was not the case.

4.27 The equality data were considered at equality scrutiny meetings, chaired by the equality lead. Although planned to be monthly, only four such meetings had taken place over the previous eight months.

Attendance had varied between the meetings, although relevant senior staff had generally been present. No prisoner representatives had attended these meetings. As well as considering data, other equality issues were considered, but the equality action plan was not reviewed at this – or any other – meeting. Although points for action were identified at the meeting, they were not always assigned or tracked clearly. Moreover, the minutes – and action points – from the last meeting could not be located.

4.28 Some celebratory events relevant to protected characteristics had been undertaken over the past year, but the calendar had been affected adversely by the pandemic. Some prisoners we spoke to were disappointed that some events did not include greater involvement by, or consultation with, the prisoners themselves.

4.29 There had been 288 discrimination incident report forms (DIRFs) submitted in the previous year. We were told that several staff had been trained on investigating and responding to DIRFs during 2021, and we saw evidence of a marked improvement in responses during the year. However, arrangements for quality assurance were too informal.

Protected characteristics

4.30 Compared with their respective counterparts, our survey highlighted more negative perceptions among Muslim prisoners in a wide variety of areas, and among black prisoners in respect of their treatment by staff. During the inspection, we heard a number of complaints from prisoners about racist attitudes from some staff. We found that the prison was doing little to understand the needs and views of prisoners in relation to equality and diversity. Prisoner equality representatives had been appointed only recently and had not been fully briefed about their expected role. There had been limited recent consultation of prisoners about equality matters. Although we were told that there had recently been a consultation meeting held with black prisoners, it was not clear what was discussed or whether there would be follow-up. While there had been no other recent consultations with those with protected characteristics, to ascertain their needs, some work was being undertaken with individuals. For example, work was being undertaken with three transgender women prisoners, to establish and respond to their needs (see key concern and recommendation 1.53).

4.31 For several years, a mentoring programme for black prisoners had been ongoing. This involved support, advice and guidance from successful black professionals from outside the prison. We met black prisoners for whom the programme had clearly had a positive impact. More recently, those involved in it had expanded the scope to reverse-mentoring, whereby staff members were mentored by black prisoners to increase their competence at working with them. Given the negative perceptions among black prisoners mentioned above, this would obviously have relevance. However, in both parts of the programme there was an absence of documentation, which made it impossible to

judge its reach and effectiveness, and the absence of clear oversight mechanisms was a particular concern.

4.32 Around 17% of the population were foreign nationals and there was a lack of specific provision to meet their needs. The equality team considered that the work with these prisoners was led by offender management unit staff, but when we spoke to the latter it appeared that they did not consider this to be the case and did not have a specific point of contact in this respect. On most wings, there was only limited use of professional telephone interpreting facilities to communicate with prisoners who could not speak English. There had been no immigration surgeries for over a year and foreign national prisoners had particular challenges with securing legal advice and representation in relation to their immigration matters (see also paragraph 4.23).

4.33 There was limited provision for prisoners with disabilities. A prisoner disability carer scheme described in the equality policy was not in operation, although there were plans to resume it. In several instances, informal arrangements were in place. There were personal emergency evacuation plans (PEEPs) for those who needed them, but it was not always clear where these individuals were located on the wings. In addition, the plans that we saw did not indicate the particular assistance needed by each prisoner.

4.34 Specific provision for older prisoners was similarly limited. Many of them were located on H wing, and those we spoke to had the same regime as other prisoners, with little consideration of their specific needs. An allotment was being created behind the block, but H wing prisoners were yet to access it.

4.35 Some good work was being undertaken with young people who had previously been in local authority care, who had been linked up with their respective social services.

4.36 During the last inspection, a social and support forum for LGBT prisoners had been popular with individuals from those communities, but had been discontinued before the pandemic. Those who had attended the forum said that they had felt its loss, particularly in the absence of other provision.

Recommendation

4.37 **There should be a designated focal point to coordinate and monitor the prison's work with foreign national prisoners.**

Faith and religion

4.38 The chaplaincy was active and visible, and provided good pastoral support. Almost all prisoners had access to a chaplain of their faith.

4.39 Corporate worship had been suspended during the pandemic, until about six weeks before the inspection. Roman Catholic and Anglican services and Muslim prayers had then been reintroduced. As a result of ongoing infection-control restrictions, each wing only had access to

corporate worship every four weeks. Religious study classes remained suspended.

4.40 The Muslim chaplains were aware of some of the negative perceptions that Muslim prisoners had of aspects of prison life (see paragraph 4.30). They were doing some good work to help to address the contentious issues that sometimes arose.

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.

4.41 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC; see Glossary of terms) 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 II: Further resources).

Strategy, clinical governance and partnerships

4.42 Primary care health services were provided by IC24, and substance misuse treatment and interventions by the Forward Trust. Mental health services were delivered by Oxleas NHS Foundation Trust, which had been successful in its bid to provide all health services from April 2022.

4.43 The primary care team relied heavily on agency staff because of longstanding vacancies. The service often operated below the set staffing level because of sickness. Consequently, to cover essential services, the interim head of health care often had to carry out clinical duties and could not always focus on the strategic aspects of her role. All staff had received relevant training, but primary care staff had not received regular managerial supervision (see key concern and recommendation 1.54).

4.44 The health needs analysis had been produced in 2017 and needed refreshing to make sure that it remained relevant to the needs of the population.

4.45 The prison had experienced a protracted and significant outbreak of COVID-19, with the last prisoner testing positive in April 2021. Contingencies had been implemented in line with public health guidance and there had been effective communication between the establishment, health providers and health commissioners about the management of the pandemic.

4.46 There were various local partnership meetings, and health care providers and prison managers said that relationships were strained at times. There continued to be prison-related issues that had a negative

impact on the delivery of health services. For example, access to many health care appointments, across all services, was hindered because prisoners were not being escorted to them, increasing waiting times and wasting clinical time. All services also had limited access to appropriate space on the wings to carry out assessments and interventions. Often, hospital appointments had to be rescheduled because of a shortage of prison escort officers.

4.47 There was a robust system for reporting and learning from incidents, and staff felt confident that they could report issues. Lessons learned from investigations were shared with staff. There was oversight of progress made with the health recommendations from Prisons and Probation Ombudsman reports following deaths in custody, although this was variable.

4.48 EP:IC (Empowering People: Inspiring Change), an independent organisation, completed several surveys with prisoners, mainly focused on understanding their views on health care during the pandemic and the impact of the latter on their mental health.

4.49 There was a confidential complaints system and each health care provider investigated its own complaints. Prisoners who had made a complaint about the primary care service often did not receive a response within the allotted timescale because of staffing shortages (see key concern and recommendation 1.54). The complaint responses that we saw were polite, offered an apology and addressed the issues raised.

4.50 The environment in the health care centre was not compliant with infection prevention and control standards, and some rooms needed upgrading. The primary care provider carried out audits and, where issues were identified, action was taken to secure improvements. However, some issues with infection control, poor medicines management practices (see key concern and recommendation 1.55) and checks of emergency equipment (see below) had not been identified.

4.51 We found some out-of-date pads on the automated electronic defibrillator on the inpatient unit and H wing; these were changed when we identified this. Emergency equipment was placed strategically around the prison; the bags were sealed and the tag was checked daily, but the weekly full check was not itemised, so it was unclear if it had been completed or not.

Recommendations

4.52 **The prison should work with the partnership board to reduce non-attendance rates for both internal and external appointments to optimise use of clinical time, reduce waiting times and improve outcomes for patients.**

4.53 **Health care services should have access to appropriate space on the wings to carry out assessments and interventions.**

4.54 **Cleaning and infection prevention and control standards should meet NHS requirements.**

4.55 **Emergency resuscitation equipment should be kept in good order, with regular itemised, documented checks.**

Promoting health and well-being

4.56 There was no whole-prison strategy or approach to health promotion involving key services, such as the gym and the kitchen, to provide a coordinated approach.

4.57 The health care team followed a calendar based on national health promotion programmes, and information was displayed around the prison. Information could be translated, but this was not well advertised. Professional telephone interpreting services were used by health care staff when needed, but were not available on the induction wing, where initial and secondary screenings took place (see section on early days in custody).

4.58 Weight management, well-being and sleep clinics were running, and the new health and well-being adviser was recruiting for peer health and well-being mentors to help deliver health promotion initiatives. An eye-catching monthly well-being newsletter was distributed to all prisoners.

4.59 The overall uptake of COVID-19 vaccinations was around 58% for the first dose and 50% for the second dose, with a lower uptake among the younger population, despite encouragement and ongoing education and guidance. The influenza vaccination programme was under way.

4.60 External sexual health services had resumed their clinics at the establishment. Barrier protection was available, but not well advertised.

4.61 All new arrivals were tested for hepatitis C and other blood-borne viruses, unless they wished to 'opt-out'; the latter option had improved uptake. A range of prevention screening programmes was available.

4.62 The 'hepatitis C high-intensity test and treat' programme was due to start imminently. During the inspection, the Hepatitis C Trust was delivering some staff training in preparation for this event.

Recommendation

4.63 **A prison-wide systematic approach to promoting prisoner well-being should be outlined within a whole-prison health promotion strategy which is monitored regularly.**

Primary care and inpatient services

4.64 Staff were dedicated and had continued to provide face-to-face nurse-led services throughout the pandemic. More recently, these had been provided in wing-based rooms, some of which were not suitable. Nurse triage appointments were available, and a range of other services were

provided, including wound care. Applications for health care appointments were triaged clinically, with prisoners allocated an appointment or placed on a waiting list. The asthma clinic waiting list contained the names of many prisoners whose need was not related to asthma; this was addressed during the inspection.

4.65 Allied health professionals had resumed their clinics, with reasonable waiting times. There was a four-week wait for a routine GP appointment, which was too long; however, urgent slots were available daily. The GP provision was sub-contracted, and practitioners were on-site Monday to Friday. The high number of non-attendances at GP appointments had an impact on waiting times and needed to be addressed (see key concern and recommendation 1.54).

4.66 Prisoners with long-term conditions such as diabetes did not always receive annual reviews and few had a care plan. The provider had tried to recruit a long-term conditions nurse, without success (see key concern and recommendation 1.54). The GPs provided good care to more complex, high-risk patients and there was effective liaison with hospital consultants.

4.67 The administrative oversight of external hospital appointments was good, but too many appointments were cancelled because of a lack of prison officer escorts (see paragraph 4.52). This was further compounded by extended waiting times caused by the pandemic.

4.68 The inpatient unit had some disrepair, with black mould in a number of rooms, and cell cleaning was of poor quality (see paragraph 4.54). It accommodated both physically and mentally unwell prisoners and was at capacity. The admissions policy was comprehensive, but permitted non-medical admissions by the prison, to ease population pressures, and during the inspection there was one lodging in the palliative care suite.

4.69 All the prisoners we spoke to on the unit were positive about the care they received, and the environment felt calm. Although their interactions with staff were frequent and meaningful, they told us that they were bored, as time out of cell was short and lacked therapeutic or occupational activities. Care plans were in place but lacked detail in some areas.

Recommendation

4.70 **Patients on the inpatient unit should have access to a range of therapeutic activities to support their well-being and recovery.** (Repeated recommendation 2.75)

Social care

4.71 Social care arrangements were informed by a memorandum of understanding with the local authority and the three prisons on Sheppey. IC24 delivered the domiciliary care, which was working well. The prison safer custody team was the single point of contact for

referrals, and the list of those receiving care was up to date, but there was no formal monitoring of timelines from referral to care implementation.

4.72 Prisoners we spoke to who were receiving a social care package (see Glossary of terms) were mostly satisfied with this, and we did not find any unmet needs. All such prisoners had a care plan in their health records and could request a copy from IC24.

4.73 There were no trained peer support workers in place during the pandemic. However, despite the COVID-19 restrictions and because there was a need, volunteers were recruited for this role, although they were untrained and unsupervised, which carried risks.

Recommendation

4.74 **Trained and supervised peer support workers should be reinstated, to reduce safeguarding risks.**

Mental health care

4.75 Both the mental health in-reach team (MHIRT) and the Bradley Therapy Service (BTS) provided a good range of support via a stepped model of care for prisoners with mild-to-moderate and more complex needs. The teams comprised skilled and experienced mental health practitioners from nursing, psychology, counselling and support backgrounds, and there was regular psychiatric input.

4.76 Referrals, received from a variety of sources, including self-referral, were reviewed daily by the MHIRT. Routine referrals were assessed within five days and urgent ones usually within 48 hours. Mental health services ran from Monday to Friday, 8am until 4pm.

4.77 Both services were based on C wing, and the teams used to have input into which prisoners came on to it. However, although this wing had previously had a focus on mental health, this was no longer the case. This meant that it was now not ideal as a base for these services, as the space for providing support opened directly on to the wing, which was often noisy and disruptive, and not conducive to therapeutic activity. Mental health staff also treated prisoners on the other wings, but there was limited access to appropriate space there to carry out assessments and interventions (see paragraph 4.53).

4.78 The MHIRT was supporting 58 prisoners with complex needs, and the care programme approach, a framework designed to assess and support individuals with a mental illness, was used. The team visited the segregation unit regularly and attended assessment, care in custody and teamwork (ACCT) case management reviews for individuals on their caseload. IC24 staff attended the remaining ACCT reviews, when staffing levels permitted and when they were informed.

4.79 There was effective joint working between the offender personality disorder pathway services and the substance misuse team, to support prisoners who were engaged with both teams.

4.80 The MHIRT had trained two members of its staff to undertake physical health checks for prisoners on mental health medication. The clinic was running well and reviews were timely.

4.81 As a result of the pandemic, BTS activity had been limited to brief psychological support appointments and telephone psychology sessions. Groups were yet to resume, but the in-cell sessions, including low-intensity interventions using compassion-focused and cognitive behavioural techniques, had restarted. Psychologists offered longer, higher-intensity therapeutic interventions for individuals with more complex presentations. Counsellors provided eight to 10 sessions to prisoners experiencing bereavement or difficulty in processing events from childhood. The waiting list for this therapy remained long, but individuals were supported while they were waiting. The BTS was supporting around 30 prisoners.

4.82 The emotional well-being mentors scheme was being reinstated and five mentors were being trained.

4.83 Clinical records we sampled were very good, with thorough risk assessments, comprehensive progress notes and care plans demonstrating prisoner involvement.

4.84 Mental health awareness training for officers had been curtailed, and while a few informal sessions had taken place, the MHIRT was keen to re-establish this as soon as possible.

4.85 The transfer coordinator had developed good links with community services and liaised effectively with all concerned, to improve the transfer process. Since October 2020, there had been four transfers to medium secure units under the Mental Health Act. Two had been within the national guidelines, and the others had exceeded this by two and nine weeks, respectively. A prisoner waiting for a high secure bed had waited an excessive time, of 11 months, because of the lack of these.

Recommendations

4.86 **Prisoners should have timely access to counselling services.** (Repeated recommendation 2.87)

4.87 **The transfer of prisoners to hospital under the Mental Health Act should take place within agreed NHS England and Improvement timescales.**

Substance misuse treatment

4.88 The Forward Trust delivered clinical and psychosocial substance misuse services. There was an up-to-date drug strategy and meetings were well attended, with good oversight of local issues. There was an action plan, but this carried some out-of-date and historical work. All new arrivals were stabilised before transfer and screened for drug and alcohol use; appropriate referrals were made to the substance misuse service. The fully staffed psychosocial team consisted of a service manager, a team leader and six drug workers, with a joint caseload of

205 prisoners. A further 200 individuals who were no longer in active interventions were reviewed every six months, which was above expected practice and resource intensive.

4.89 The service was delivering a range of interventions, either one to one or within group work; the nine workshops were currently not being delivered because rooms in the education department were unavailable, although alternative accommodation was being explored. The waits for these workshops were mitigated by the use of one-to-one sessions. The 12-step programme took place daily, but some groups could not run because of the lack of officer support; this was not being recorded, preventing accurate reporting of lost sessions. Both Alcoholics Anonymous and Narcotics Anonymous had restarted groups.

4.90 The psychosocial team did not have any allocated safe and therapeutic space to deliver one-to-one care and was required to use ad hoc space for assessments and reviews; this was not equitable with community services (see paragraph 4.53).

4.91 Staff logged their appointments in individual paper diaries and used three different record-keeping processes. Although they were comprehensive, case notes were recorded on Nebula, which was not accessible to other health care providers, including the GP and mental health team. This process was duplicative and not in line with good practice, which requires a single contemporaneous set of health records to be used.

4.92 Twenty-four prisoners were on opiate substitution therapy, four were on a reducing regime and the remainder were on a maintenance dose. Prescribing was nurse led and in line with national prescribing guidelines.

Medicines optimisation and pharmacy services

4.93 Medicines were supplied by HMP Rochester. Currently, there was no pharmacy input into any clinics because of staff shortages. The pharmacist spent most of her time undertaking administrative tasks, such as ordering medicines and printing prescriptions (see key concern and recommendation 1.55).

4.94 The exact percentage of prisoners receiving their medicines in-possession was unavailable, but we were told that it was about 59%. Some risk assessments for in-possession medicines had not been updated when circumstances changed, or on a regular basis. A risk assessment for a prisoner receiving weekly dihydrocodeine in-possession had not been reviewed since 2019 (see key concern and recommendation 1.55). The prescribing of medicines liable to abuse was high, and diazepam, mirtazapine, dihydrocodeine and zopiclone were given in-possession, against national guidelines. The large proportion of prisoners receiving tradeable medicines in-possession increased the risk of diversion. The prescribing of zopiclone had been reviewed and had been reduced considerably. Officer supervision at

the medicines administration hatches and at cell doors was inconsistent, which also increased the risk of diversion.

4.95 Medicines were administered three times a day, with some provision for night-time doses. We observed some competent medicine administration in treatment rooms, although we came across several aspects of poor practice. This included the lack of a second checker and secondary dispensing of controlled drugs (by taking them out of their original container and placing them in a different one, with a hand-written label), which were not in line with national professional standards (see key concern and recommendation 1.55).

4.96 A few IC24 staff used lockable trolleys to transfer medicines to the wings, but several staff were using open baskets, which was unsafe. We observed IC24 and Forward Trust staff administering medication, including controlled drugs, without a prescription chart. This made it difficult to verify a person's identity against a current prescription, photograph or date of birth, which, again, was not in line with national professional standards (see key concern and recommendation 1.54).

4.97 Nurses for the Forward Trust were dispensing methadone into a glass bottle with a hand-written label completed by other nurses, and we observed them administering it through a gate that was in constant use (see key concern and recommendation 1.54).

4.98 Medicines needing cold storage were kept in suitable refrigerators, and the temperatures of these were within the required range and recorded. Medicines for each prisoner were stored in individual cardboard boxes, but some of these boxes were piled on top of each other, which could have increased the risk of administration errors.

4.99 There was a good range of medicines available in the emergency stock cupboard. However, the stock reconciliation procedures were not robust. FP10 forms were available if medicines were needed out of hours.

Dental services and oral health

4.100 Kent Community Health NHS Foundation Trust delivered routine and urgent treatment, providing 10 dental sessions per week and a dentures clinic every three weeks.

4.101 The waiting times had improved since the last inspection, with routine sessions available within four weeks and urgent appointments available on the day. However, dental staff were frustrated by the high number of cancellations as a result of prisoners not being brought to appointments (see key concern and recommendation 1.54). This continued to be monitored closely and escalated accordingly.

4.102 The dental team provided telephone triage during the early stages of the pandemic and worked with the GP to make sure that prisoners accessed pain relief and antibiotics if needed. While aerosol generating procedures (AGPs) had not yet restarted, those waiting for an

appointment had been re-reviewed and offered an alternative treatment where appropriate. This had reduced the AGP waiting list to eight prisoners.

4.103 The dental suite was clean, and staff carried out regular decontamination and equipment checks. There was a pending business case to refurbish the dental suite to improve standards, and an upcoming date to install a digital X-ray machine to replace broken equipment.

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 Glossary of terms) and are encouraged to engage in activities which support their rehabilitation.

5.1 The prison had recently moved to stage 2 of the HMPPS COVID-19 recovery plan. Most prisoners could expect to be out of their cells for about three and a half hours a day at best. Although more than we had seen in other prisons since the start of the pandemic, this was still too low for a prison in stage 2. Employed prisoners could expect to be unlocked for around five hours per day. However, in our roll checks, we found just under half of the prisoners unlocked during the morning and afternoon sessions. Most of these were unlocked for domestic activities such as cell cleaning, exercise and showers, with less than 11% of the population in any kind of off-wing activity. This figure included the DHL (prison shop) workshop, which provided shop services to several other prisons and accounted for half of those in any purposeful activity. The number of prisoners attending the vocational training workshops was very low; we found just one prisoner in these workshops during an afternoon session of our visit. Adding in wing workers, the percentage of those employed increased to only a little under 17% (see key concern and recommendation 1.56).

5.2 As a result of routine delays in the regime, the afternoon period was curtailed regularly to less than the published two hours. This was reflected in our survey, where fewer respondents than at comparator prisons said that regime times were kept to (23% versus 40%), and only 28% that they spent less than two hours unlocked during the week (compared with 13% at the time of the previous inspection). Responses about weekend unlock times were even worse, with 67% saying that they were unlocked for less than two hours (compared with 27% at the time of the previous inspection).

5.3 Gym staff had adapted the PE programme to support the cohort from the residential units. This meant that each wing had at least one session per week, with an additional session on a Friday every fourth week. There was provision for up to 80 prisoners to attend each of two daily sessions, but take-up was relatively low, at an average of just 28. All areas of the gym were in operation and the gym team had used the period of lockdown well to refurbish all areas to a good standard. Sessions were relatively short, at around an hour, and we considered the showering facilities to be inadequate, at just three shower heads for up to 80 prisoners.

Gym showers

5.4 Except for a weekly session for a small number of prisoners for research purposes, the main library remained closed to prisoners. They could order books and DVDs each week, which were then delivered to residential units. Additionally, a stock of around 100 books was maintained on each residential unit. The library stock included books in a range of languages which reflected the demographics of the population, and an appropriate range of legal texts. A well-run satellite library was also maintained on H wing; the prisoner orderlies who ran this daily said that they were well supported by the librarian. Promotion of reading had been maintained throughout the pandemic via a weekly library newsletter and the 'Reading Ahead' project.

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.

5.5 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: Inadequate

Leadership and management: Requires improvement

5.6 Leaders had been over-cautious in their approach to reopening vocational training and work activities. There were too few work and vocational options for prisoners to access. Leaders made sure that workshops contained high-quality resources that met industry standards. However, too many workshops were not fully used according to the risk-assessed capacity, and many were often closed.

5.7 Leaders had maintained a broad education offer successfully through supported in-cell learning. Most prisoners were helped to learn effectively by teachers and well-qualified peer mentors. In-cell learning was reinforced successfully by appointments with teachers in the education department for individual or small group work, visits from teachers or mentors on the wings, and the use of telephony. As a result, a considerably larger proportion of prisoners engaged with education than at the time of the previous inspection.

5.8 A minority of prisoners valued the advice they had been given by teaching staff about their learning options and progression routes. However, until recently there had been no careers advice and guidance service and too many had not had an induction, so did not know what was on offer at the prison. Leaders recently had appointed a new member of staff with responsibility for careers advice and guidance. However, it was too early to judge the impact of this role.

5.9 Leaders had recently introduced a revised, and fair, pay and employment policy. Although the new pay policy rightly incentivised education, it had not been communicated to prisoners appropriately, leaving many frustrated because of a reduction in the amount they received. Leaders had not established a process for allocating prisoners to activities that took account of their individual needs and sentence plan targets.

5.10 Managers from the prison and education provider worked together effectively to make sure that the education offered through in-cell learning and face-to-face teaching was of good quality. They met often to discuss the numbers of prisoners engaged in learning, new subjects

for learning, progression within the prison from learning to work, and improvements to the in-cell learning packs.

5.11 Managers made sure that the quality of the content and layout of the learning packs were of benefit to the prisoners who completed them. A minority of prisoners who studied wholly remotely did not make swift enough progress on their courses because of delays in receiving work packs and feedback from teachers. Those who did not receive timely enough feedback or visits for help with their learning in-cell often made the same mistakes again in future work.

5.12 Prisoners valued highly their face-to-face education classes. These offered valuable accreditation and were available for all prisoners within their wing cohorts. The courses available for these lessons matched the needs of prisoners appropriately, including those preparing to sit functional skills examinations and those doing peer mentor qualifications. Teachers helped prisoners to understand quickly concepts that they had previously found difficult. For example, those who struggled to understand how to calculate volts, amps and watts through in-cell packs understood quickly how to carry out the necessary calculations when in class.

5.13 Teachers made sure that prisoners on education courses accessed well-planned and structured learning programmes, both when learning in class and in their cell. For example, in level 2 mathematics, teachers began with a recap of the most difficult topics at level 1, while instilling the analytical skills that prisoners needed for more challenging mathematical problems.

5.14 High volumes of staff absences within the prison had a negative impact on prisoners' progress. Prisoners were not able to get out of their cells to complete their work roles because of a shortage of officers. Prisoners in workshops lost motivation for their work because of the frequent occasions when they were not able to attend or were not able to arrive punctually.

5.15 Leaders and managers had insufficient oversight of the quality of activities in workshops, work areas and on the wings. Leaders had yet to implement means by which prisoners' development of skills and knowledge could be tracked in these areas. Most wing cleaners had not received appropriate training. However, they were generally positive about their work. They appreciated that their job provided a focus to their day and they gained satisfaction from improving the environment for themselves and fellow prisoners.

5.16 Teachers and workshop instructors had an appropriate understanding of prisoners and their needs. They provided suitably demanding activities and additional materials to help prisoners. As a result, most prisoners improved their knowledge quickly. For example, they became more confident in using punctuation when writing letters home. However, teachers and instructors did not use learning plans effectively to set clear targets to help prisoners understand the purpose of their

vocational learning or their progress, or to record the development of employment-related skills.

5.17 Leaders and staff in education worked effectively to enable a small proportion of prisoners to achieve English and mathematics functional skills qualifications during the pandemic through teacher-assessed grades. Examinations for these qualifications had been reintroduced recently. Teachers helped those eligible for assessments to prepare for them effectively. However, education managers had not made sure that there was sufficient support available to meet the needs of those with the lowest levels of English and mathematics. These prisoners did not improve their skills quickly as they did not access education lessons often enough.

5.18 Few prisoners were able to gain an accredited qualification through workshops. For example, in engineering, only 10 had enrolled on the national vocational qualification level 2 in welding and fabrication since 2018, of whom seven had achieved the award.

5.19 Tutors and instructors were well qualified and experienced within their subjects and vocational areas. Prison instructors had completed relevant training recently to improve their skills in training and support. Consequently, most instructors determined prisoners' existing skills and knowledge effectively. They facilitated a well-structured programme to develop prisoners' competence and specialist skillsets successfully.

5.20 Prisoners with a learning difficulty or disability (LDD) received appropriate support. For example, newly introduced reader pens had enabled a limited number of these individuals to become more independent in their prison life. Most peer mentors had received specific training in supporting learning for those with LDD, which improved the quality of support they provided.

5.21 Prisoners produced written work of an acceptable standard. This was particularly the case for those on peer mentoring courses. For example, they produced well-considered and in-depth responses on the importance of formal and informal peer agreements.

5.22 A number of prisoners were studying higher-level qualifications through the Open University or other distance learning programmes. They had access to the facilities they needed to complete their courses, and a dedicated teacher from the education department to support them effectively.

5.23 Since the previous inspection, leaders had made sure that vulnerable prisoners had access to an education, skills and work offer that was equitable to that of the rest of the population. Prisoners in the DHL packaging workshop, which was a dedicated workshop for vulnerable prisoners, arrived punctually and worked purposefully. They developed positive attitudes to work and valued the opportunities that this role gave them to progress.

5.24 Leaders and managers had not yet planned a curriculum that considered fully personal development. A minority of prisoners completed in-cell packs, in which they learned about specific topics such as healthy living, sexism, nutrition and assertiveness. However, most prisoners did not deepen or expand their understanding of important topics such as physical and mental health, diversity and inclusion.

5.25 Peer mentors received useful information in their training, to help them understand about diversity in the UK and individual protected characteristics. This understanding helped them to support learning with a more diverse group of prisoners.

5.26 Teachers and instructors set clear expectations for prisoners' conduct. Teachers maintained their expectations of prisoners' standards of behaviour through remote learning. For example, they used their feedback to prisoners on work packs who had used unsuitable language or responded to tasks inappropriately to reinforce these expectations. Learners behaved well in class and at work. They remained focused on complex topics and supported one another. They showed high levels of respect for one another's ideas and views.

Recommendations

5.27 **Leaders should make sure that prisoners receive appropriate information, advice and guidance, so that they can make informed choices about their education, skills and work activities. Advice and guidance staff should take into account prisoners' sentence plans, aspirations and abilities in devising useful plans for their activities while at the prison.**

5.28 **Managers should make sure that that prisoners' requests for education, skills and work activities are responded to swiftly. Teachers in education should provide useful feedback to prisoners on their work more promptly.**

5.29 **Leaders should make sure that there is sufficient support available to meet the needs of prisoners with the lowest levels of English and mathematics. They should make sure that the opportunities for prisoners to receive accreditation for their learning and skills development are broader, particularly for those in workshops and work roles in the prison.**

5.30 **Leaders and managers should introduce a meaningful curriculum to help prisoners develop their understanding and knowledge in relation to personal development. Managers and instructors should make sure that prisoners' progress is monitored and tracked in unaccredited activities. Teachers and instructors should help prisoners to further their understanding of the importance of wider topics, such as values of tolerance and respect, equality and inclusivity.**

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 The visitors centre was austere, with no information provision for families or activities for children. Visitors could take a rapid COVID-19 test before their visit and, if negative, could hug and hold hands with the prisoner they were visiting, which they welcomed greatly.

6.2 Each wing could access only 20 social visit allocations each month, with no provision at the weekends, which was not enough to meet the need. Prisoners we spoke to told us that their families and friends were unable to visit during the week. Problems with the booking line and the scarcity of visit slots made it difficult to book these, and in our survey only 1% of respondents had had a social visit in the last month, which was far lower than at comparator prisons.

6.3 The visits hall was welcoming, with a popular tea bar staffed by prisoners, and visitors were able to buy food for their family member. However, the children's play area was still closed and there were no immediate plans to reopen it. We saw bored children running around the hall.

6.4 Secure video calls (see Glossary of terms) were greatly appreciated by prisoners, particularly foreign nationals or those with families at a distance. In our survey, 23% of respondents had had a video call in the previous month, which was higher than at comparator prisons. There had been access to video calls throughout the winter holiday, including on Christmas Day, which gave prisoners the opportunity to see their families at a time that was important for many.

6.5 Spurgeons, a charitable organisation, provided useful support to help prisoners to maintain contact with their families. While family days had been on hold because of COVID-19 restrictions, family support workers had been able to deliver a range of interventions on the wings, including in-cell parenting packs, communication aids (tools to help with telephone conversations and letter writing) and craft workshops. Spurgeons was also able to help prisoners with establishing contact with their children, linking with social services and the family court.

Recommendation

6.6 **There should be increased access to social visits, including at weekends.**

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.

6.7 Most prisoners were serving sentences of 10 years or more and posed a high risk of serious harm to the public after committing serious violent or sexual offences.

6.8 The strategic management of reducing reoffending remained poor and had not improved since the last inspection. Multiple departments within the prison had attempted to understand the reducing reoffending needs of the population, but no one was bringing this work together and looking at prisoners' needs across the resettlement pathways, to aid rehabilitation and progression (see also paragraph 6.45).

6.9 The reducing reoffending strategy was not specific enough to Swaleside and was not informed by a comprehensive needs analysis. In addition, the prison did not hold multi-agency reducing reoffending meetings, which resulted in gaps in communication between departments.

6.10 Around a third of prisoners were serving an indeterminate or life sentence but were provided with limited support or additional interventions. Before the previous inspection, the prison had tried to create a lifer unit on G wing after sending a prospectus out to prisoners serving life sentences. In the inspection that followed, we found that this promised change to the support offered was not in place and, disappointingly, at the time of the current inspection no progress had been made. This had resulted in an increasingly disgruntled lifer population, which the prison needed to support and understand.

6.11 Parole arrangements were well organised and reports were completed on time.

6.12 In our survey, only 44% of respondents said that their experience at the prison had made them less likely to reoffend, which was a view confirmed by the prisoners we spoke to. The offender management unit (OMU) continued to be under-staffed, which affected all aspects of its work. As most prisoners were high risk, under the Offender Management in Custody (see Glossary of terms) policy the prison should have had 13.5 probation officers but had only 7.5 because of recruitment difficulties. Most probation officers had only returned to the office one day a week and two officers were still working remotely. In November 2021, this was to increase to two days a week, which was

still not enough and hindered the opportunity for regular face-to-face contact with prisoners and joint working within the OMU.

6.13 The prison had recruited more prison offender managers (POMs) and created co-working and supervision arrangements to try to resolve this situation, which was a pragmatic solution. However, complex high-risk prisoners should be fully managed by trained probation officers, in line with Her Majesty's Prison and Probation Service (HMPPS) policy, to make sure that they get the skilled intervention and management they need.

6.14 In the cases we examined, the amount of face-to-face contact that prisoners had had with their POM or probation offender manager was insufficient and was among the worst we had seen. Nearly 20% of prisoners had not had any contact from the OMU within the last 12 months, and 43% had not had contact within the last six months. This lack of OMU contact was one of the main complaints among the prisoners we spoke to and was exacerbated by a lack of good-quality contact with key workers (see paragraph 4.3, and key concern and recommendation 1.57).

6.15 Fewer prisoners (25%) were now arriving at the establishment without an initial offender assessment system (OASys) assessment, but this figure remained too high and the prison continued to have a backlog in these assessments. At the time of the inspection, 65 prisoners did not have an OASys assessment and 87% of prisoners had not had a review in the last 12 months. The prison aimed to review assessments every two to three years, but 20% of prisoners still did not have their assessment reviewed within this timeframe (see key concern and recommendation 1.58).

6.16 Many of the assessments and sentence plans we looked at related to another prison and had not been reviewed on arrival. Therefore, sentence plans often referred to interventions and courses which were not relevant to a prisoner's current situation, making it hard for them to demonstrate progression against their sentence plan. We found less than half of prisoners to have made sufficient progress against their sentence plan, with no group interventions taking place, little one-to-one work with POMs and limited employment opportunities (see section on interventions, and key concern and recommendation 1.57).

6.17 The prison did not always review the assessment when there had been a significant change in risk circumstances – for example, when they had changed prison or there had been a serious breach of non-contact arrangements while under telephone and letter monitoring – which was a concern.

Recommendation

6.18 **The needs of indeterminate and lifer prisoners should be explored, and they should be provided with adequate support to help with sentence stability and progression.**

Public protection

6.19 At the time of the inspection, 91% of prisoners were eligible for multi-agency supervision on release under multi-agency public protection arrangements (MAPPA). The prison had a good understanding of MAPPA, and all prisoners were screened adequately on arrival.

6.20 Some public protection arrangements had improved, and the prison had oversight of which prisoners were coming up for release, to make sure that MAPPA management levels were confirmed and a handover with the community probation officer had taken place. The prison held monthly meetings to discuss public protection issues, but these were not well attended outside of the OMU, which was a missed opportunity to share important risk and security information. Discussion about upcoming releases was mainly limited to MAPPA management levels and was not sufficiently in-depth. This prison had recognised this and had recently introduced a release planning meeting, which appeared promising (see paragraph 6.44).

6.21 A total of 163 prisoners were subject to child contact restrictions due to the nature of their offence. Procedures to assess and monitor such restrictions had improved recently, and at the time of the inspection were sound. However, up to June 2021 significant gaps had remained; before this time, the prison had not been screening and assessing new arrivals adequately, or reviewing prisoners' restrictions annually, in line with the public protection manual.

6.22 Appropriate prisoners were placed on telephone and letter monitoring, and decisions were reviewed monthly by a manager. However, these decisions were undermined by a lack of staff to listen to telephone calls. For prisoners who needed all their calls listened to, there was a four to six-week backlog; for others, the prison listened in on a 10% sample of calls. We were also not confident that enough letters from, and telephone calls by, foreign national prisoners under this monitoring were translated to make a robust decision.

Recommendation

6.23 **Telephone and mail monitoring arrangements should be robust, to make sure that the prison can make sound decisions about their implementation and continuation.**

Categorisation and transfers

6.24 The prison completed about 100 recategorisation reviews a month and had a good system to make sure that reviews were timely and signed off by an appropriate manager. However, prisoners were not involved routinely, which was a missed opportunity for face-to-face contact in a long-term training prison and added to their concerns that decisions were not fair or consistent (see key concern and recommendation 1.58).

6.25 In some of the cases we looked at, we were concerned that recommendations by POMs for prisoners to progress to category C were being overturned by managers because they had over 20 years left to serve. We were told that this was an instruction by the Prison Group Director. This instruction removed the prison's discretion and created confusion and unfairness for prisoners. Decisions should be based on the professional judgement of 'risk factors alone', as set out in HMPPS policy (see key concern and recommendation 1.58).

6.26 At the time of the inspection, around 25% of the population were category C, compared with 10% at the time of the previous inspection. Prison managers told us that they struggled to transfer prisoners promptly because of a lack of category C places nationally. We found several examples of prisoners who had been waiting for 10–12 months to move to lower security establishments, and this delay, alongside concerns about categorisation decisions more generally, was a common complaint among those we spoke to (see key concern and recommendation 1.58).

6.27 Nearly half of the prisoners waiting for a progressive move were on a transfer hold. In some cases, this was appropriate, such as a parole hold or to complete therapy on the psychologically informed planned environment (PIPE) unit. However, many of the transfer hold decisions were out date and the prison did not have an effective system to review them. We found an example of a category D prisoner who had been waiting to move to open conditions since April 2021 because of an incorrect transfer hold (see key concern and recommendation 1.58).

Interventions

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

6.28 Although the prison offered a range of accredited, validated and non-accredited interventions for different risk levels and offences, all group programmes had stopped in March 2020 and not yet resumed fully. Under current social distancing rules, the prison could only run small groups within wing cohorts, so had only recently restarted some short interventions on H wing. It had also completed some one-to-one work with a small number of high-risk prisoners over the last few months, including some prisoners detained under the Terrorism Act 2000.

6.29 The chapel had started to run the victim awareness Sycamore Tree programme recently, with 30 prisoners from one wing at a time, which was a positive development.

6.30 Even in the absence of COVID-19 restrictions, because of the difficulties and delays in recruiting programme staff, the prison would not be able to offer accredited medium-intensity group interventions such as Resolve or the Thinking Skills Programme until April 2022 at the earliest. This lack of access to programmes hindered the prison's

aim, as a long-term training prison, to rehabilitate and address offending behaviour. It also meant that prisoners struggled to demonstrate progress against their sentence plan, which was especially important for parole, and for indeterminate prisoners. It could also have an impact on prisoners' ability to achieve enhanced status in the incentives scheme (see paragraph 3.15, and key concern and recommendation 1.59).

6.31 Waiting lists to complete the accredited programmes were not excessive, but they excluded all category C and D prisoners, those convicted of sexual offences and those without an OASys assessment. The exclusion of these prisoners added to our concern about slow transfer moves (see paragraph 6.28) and the backlog in completing OASys assessments (see paragraph 6.15). Therefore, it was difficult to assure ourselves that when group work restarted there would be enough programme places to meet the needs of the population.

6.32 The programmes team was in the process of finishing its needs analysis, which considered information from a range of sources, including OASys assessments. This analysis provided an oversight of how many prisoners needed each of the programmes that the prison currently offered but did not assess whether any additional programmes were needed.

6.33 The prison continued to hold a population of prisoners convicted of a sexual offence and had introduced a strategy for this group since the last inspection. Although there were no accredited programmes for these individuals, the psychology department had a good oversight of how many of them had a treatment need and transferred them where necessary. Most prisoners with an outstanding treatment need were in denial about their offence, and now had access to motivational short courses, which were appropriate for them.

6.34 Psychology staff also provided support for some prisoners serving indeterminate sentences for public protection (IPP) under the national project, as well as support to complex prisoners across the prison when needed – for example, in segregation; on a challenge, support and intervention plan (see paragraph 3.14); and under assessment, care in custody and teamwork (ACCT) case management (see paragraph 3.48). However, because of staff shortages, support for IPP prisoners was often provided by a trainee, rather than a registered psychologist, as set out under national policy.

6.35 The Prison Advice and Care Trust (PACT) offered a range of short interventions on a one-to-one basis, such as benefit advice, housing support, CV writing support and some work with families. In the last 12 months, PACT had provided support to 134 prisoners. Although it could provide benefit advice and some debt support, it was unable to make first appointments with Jobcentre Plus.

Specialist units

Expected outcomes: Personality disorder units and therapeutic communities provide a safe, respectful and purposeful environment which allows prisoners to confront their offending behaviour.

Offender personality disorder units, including psychologically informed planned environments

6.36 The PIPE unit worked with prisoners with very challenging behaviour and personality disorder and had accreditation with the Royal College of Psychiatrists Quality Network for enabling environments. It had space for 60 prisoners and at the time of the inspection 58 cells were occupied.

6.37 Previously, the prison had had a progression unit to feed into the PIPE unit, but it had recently decided to close this as it was unable to accept category C prisoners. Instead, it was focused on making the PIPE unit an enabling environment and was in the process of being assessed for accreditation.

6.38 There was no longer an issue with lodgers on the unit, and the prison was good at protecting the PIPE bed spaces for those who were assessed as suitable. Prisoners on the unit had the same amount of time out of cell as those on the main wings, but we saw some excellent examples of one-to-one working with POMs and key workers there which we did not see in other units. Group therapy work had stopped in March 2020 and only just restarted. However, the prison had made good attempts to continue to provide individual therapeutic support on the unit throughout the pandemic.

6.39 The unit felt like a positive environment compared with other units in the prison. There was an innovative farms and garden project, whereby prisoners could care for animals and grow their own vegetables; those involved said that it gave them a sense of well-being and hope. Unfortunately, prisoners on the unit could no longer use the self-cook facilities because of the COVID-19 restrictions, and the prison's rationale for keeping this closed was not clear, given the therapeutic benefits.

6.40 The unit also ran a range of therapeutic groups, such as a music group, a lifer group and dog therapy, alongside the 'Swaleside Outreach Service', which provided support to the most complex prisoners across the prison.

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.

6.41 As the establishment was not a resettlement prison, most prisoners were transferred to one before release, and only 37 prisoners had been released directly in the last 12 months. Releases were reviewed at the monthly public protection meeting (see paragraph 6.20), but this focused mainly on public protection issues rather than a prisoner's needs across the resettlement pathways. A dedicated POM was also allocated to screen all releases for their resettlement needs, but it was not clear how in-depth or consistent this work was.

6.42 Following a death in custody in July 2021 relating to uncertainty about accommodation, the prison recognised this gap in provision and recently had introduced a monthly multi-agency release planning meeting to run alongside the public protection meeting, and this appeared to be promising.

6.43 Housing was arranged for all prisoners before release, but the prison did not know whether this was secure and sustainable. It tracked accommodation beyond release for six weeks, however it did not record the type obtained or analyse the data. This missed the opportunity to determine whether the accommodation support was appropriate.

6.44 Prisoners could access some useful practical release planning support from PACT, such as a 'through-the-gate' mentor, welfare clothing grants and accommodation support. We found that the OMU was not always aware of the support available because of poor communication across the prison (see also paragraph 6.8).

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 1.48: A staffing shortfall was limiting the ability to reinstate purposeful activity and support prisoners' progression. Only around three-quarters of prison officers were available and there was a severe shortage of workshop instructors, programme delivery facilitators, health care staff, probation officers, operational support grades and caterers. Leaders had been proactive in trying to address the high level of attrition and inexperience among prison officers by, for example, recruiting a 'Swaleside ambassador' to support new recruits, but wider systemic issues relating to recruitment and retention needed to be addressed by HMPPS.

Recommendation: There should be support and clear measures implemented as a matter of urgency to recruit and retain sufficient operational and specialist staff to reinstate purposeful activity and support prisoners' progression.
(To HMPPS and the governor)

7.2 Key concern 1.49: Although leaders spoke of their aims for the future, strategic thinking supported by a meaningful analysis of data was very limited. In too many areas leaders lacked clarity or specific measurable plans for how improvement might be achieved. Governance and oversight were, too often, similarly lacking; undermining the prison's ability to sustain improvement. This applied to many important areas of operational delivery, for example, violence reduction, use of force, the promotion of equality and rehabilitation and release planning.

Recommendation: Prison leaders should develop longer-term plans for improving outcomes for prisoners against their identified priorities. The governor and his team should introduce robust data and evidence-based governance arrangements to give them assurance that work is taking place on time, that progress is monitored, and that there are clear lines of accountability. In addition, there should be a robust process for reviewing plans.
(To the governor)

7.3 Key concern 1.50: New arrivals, particularly those isolating because of COVID-19, spent long periods locked up with little to do during their induction period. First night cells were shabby and did not give a positive first impression of the prison. Initial assessments involving the discussion of personal information were not conducted in private. Additional first night checks did not always take place. In our survey, only around a third of respondents said that induction covered everything they needed to know about the prison. Prisoners described issues with telephone credit and numbers, and property that they could

not resolve while spending so much time locked up. Some of these weaknesses were a consequence of COVID-19 arrangements intended to keep staff and prisoners safe, but they needed to be addressed.

Recommendation: All new arrivals should be able to access good-quality, proactive and consistent support and advice from staff and peer workers during their induction period, following a thorough, private assessment of their needs. (To the governor)

7.4 Key concern 1.51: Levels of violence were high and were on an upward trajectory. The number of assaults against staff was higher than at similar prisons and many were serious. In our survey, more than a third of prisoners said that they currently felt unsafe. There were limited incentives to encourage positive behaviour.

Recommendation: Leaders should introduce effective measures to reduce violence and improve the safety of prisoners and staff. (To the governor)

7.5 Key concern 1.52: The level of self-harm had almost doubled since the previous inspection and had been rising in the 12 months prior to this inspection. Data were not used well enough to inform work to reduce self-harm. There were gaps in the quality of support delivered by staff through assessment, care in custody and teamwork (ACCT) case management and too few prisoners in crisis felt supported by staff.

Recommendation: The prison should develop and implement an effective plan supported by specific measures to reduce self-harm and deliver consistently good care for at-risk prisoners. (To the governor)

7.6 Key concern 1.53: The promotion of equality lacked a plan and there was little clarity about how outcomes and well-being among minority groups resident in Swaleside might be improved. There was a poor understanding of needs and priorities, data analysis was weak and consultation with prisoners with protected characteristics very limited.

Recommendation: The prison should develop and implement a comprehensive equality strategy, including clear milestones for delivery that is informed by the views and experiences of prisoners. (To the governor)

7.7 Key concern 1.54: The primary care service often operated below the set staffing level. Consequently, to cover essential services, the interim head of health care often had to carry out clinical duties and could not always focus on the strategic aspects of her role. Managerial supervision was lacking, and complaints were not always responded to on time. There were no nurse-led long-term condition clinics and few such prisoners had a care plan.

Recommendation: The prison should work with the local delivery board, in conjunction with NHS England and Improvement, to

make sure that there are sufficient health care staff to meet the health needs of the population. (To the governor)

7.8 Key concern 1.55: Several aspects of medicines management were poor. There was no pharmacy input into any clinics because of staff shortages. Some risk assessments for in-possession medicines had not been updated when circumstances changed, or on a regular basis. The prescribing of medicines liable to abuse was high and some were given in-possession, against national guidelines, which increased the risk of diversion. The inconsistent management of the medicine queues also posed a risk for diversion. The method of transporting medicines to the wings was unsafe, and secondary dispensing and a lack of a second checker for controlled drugs were not in line with national professional standards. The lack of a prescription chart and the administration of medicines at the cell door or through a gate which was in constant use were inappropriate and unsafe.

Recommendation: The prison should work with the local delivery board, in conjunction with NHS England and Improvement, to make sure that prisoners receive their medication safely and in full accordance with correct clinical standards. (To the governor)

7.9 Key concern 1.56: Although at stage 2 of the recovery plan, time unlocked for many prisoners remained limited, at around three and a half hours a day on weekdays. Employed prisoners could be unlocked for around five hours a day, but few prisoners were engaged actively in any purposeful activity for any length of time. Leaders had not maximised the opportunities to increase places for activities, and during an afternoon session of the inspection we found just one prisoner engaged in any work in the vocational workshops. While in-cell worksheets had proved a success for many, they took far too long to be provided and subsequently assessed.

Recommendation: Leaders should prioritise urgently increasing time unlocked and the provision of regular education, skills and work activities. (To the governor)

7.10 Key concern 1.57: The strategic management of reducing reoffending remained poor and had not improved since the last inspection. In our survey, only 44% of respondents said that their experience at the prison had made them less likely to reoffend. The offender management unit (OMU) continued to be under-staffed, which affected all aspects of its work. Too many prisoners did not have an up-to-date assessment of their risk and needs, which meant that sentence plans were often out of date. The amount of meaningful in person contact that prisoners had with their prison offender manager was insufficient, and among the worst we have seen. Both of these issues hindered a prisoner's ability to feel included in their rehabilitation and progression, as well as making it difficult for prisoners to demonstrate progress against their sentence plan.

Recommendation: The prison should understand fully the needs of its prisoners across all resettlement pathways and support

them to reduce their risk of harm and progress through their sentence plan. (To the governor)

7.11 Key concern 1.58: We were not confident that recategorisation decisions were sound, proportionate, fair or consistent. Prisoners expressed concern about recategorisation decisions and were not involved routinely in the process. Once recategorised, prisoners were not moved promptly to lower security establishments because of space shortages and the prison's poor management of transfer holds.

Recommendation A: Prisoners should be moved promptly to the appropriate lowest security prison. (To HMPPS and the governor)

Recommendation B: Recategorisation decisions should be based on the professional judgement of risk factors. (To HMPPS and the governor)

7.12 Key concern 1.59: Group programmes had stopped in March 2020 and had not yet restarted on a large scale. Only a small number of prisoners had access to one-to-one work, and most would not be able to access any accredited medium-intensity group programmes until at least April 2022 because of staffing shortages. There was a lack of analysis of whether the prison was offering the right interventions, and large groups – for example, category C prisoners – were excluded from waiting lists, which meant that we could not assure ourselves that there would be enough programme spaces. Most prisoners, therefore, had been unable to access interventions that were important for their rehabilitation and progression.

Recommendation: Prisoners should have timely access to the right interventions to aid rehabilitation and progression throughout their sentence. (To the governor)

Recommendations

7.13 Recommendation 3.20: Managerial oversight of disciplinary procedures should make sure that all hearings are held fairly and completed within a reasonable time.

7.14 Recommendation 3.27: Use of force data should be monitored in well-attended meetings and any emerging patterns should be identified and acted on.

7.15 Recommendation 4.5: There should be visible leadership on the wings, to support inexperienced staff and model appropriate standards. (Repeated recommendation 2.4)

7.16 Recommendation 4.12: There should be enough prison-issue clothing and bedding for prisoners who require it, with an effective exchange process in place.

7.17 Recommendation 4.37: There should be a designated focal point to coordinate and monitor the prison's work with foreign national prisoners.

7.18 Recommendation 4.52: The prison should work with the partnership board to reduce non-attendance rates for both internal and external appointments to optimise use of clinical time, reduce waiting times and improve outcomes for patients.

7.19 Recommendation 4.53: Health care services should have access to appropriate space on the wings to carry out assessments and interventions.

7.20 Recommendation 4.54: Cleaning and infection prevention and control standards should meet NHS requirements.

7.21 Recommendation 4.55: Emergency resuscitation equipment should be kept in good order, with regular itemised, documented checks.

7.22 Recommendation 4.63: A prison-wide systematic approach to promoting prisoner well-being should be outlined within a whole-prison health promotion strategy which is monitored regularly.

7.23 Recommendation 4.70: Patients on the inpatient unit should have access to a range of therapeutic activities to support their well-being and recovery. (Repeated recommendation 2.75)

7.24 Recommendation 4.74: Trained and supervised peer support workers should be reinstated, to reduce safeguarding risks.

7.25 Recommendation 4.86: Prisoners should have timely access to counselling services. (Repeated recommendation 2.87)

7.26 Recommendation 4.87: The transfer of prisoners to hospital under the Mental Health Act should take place within agreed NHS England and Improvement timescales.

7.27 Recommendation 5.27: Leaders should make sure that prisoners receive appropriate information, advice and guidance, so that they can make informed choices about their education, skills and work activities. Advice and guidance staff should take into account prisoners' sentence plans, aspirations and abilities in devising useful plans for their activities while at the prison.

7.28 Recommendation 5.28: Managers should make sure that that prisoners' requests for education, skills and work activities are responded to swiftly. Teachers in education should provide useful feedback to prisoners on their work more promptly.

7.29 Recommendation 5.29: Leaders should make sure that there is sufficient support available to meet the needs of prisoners with the lowest levels of English and mathematics. They should make sure that the opportunities for prisoners to receive accreditation for their learning

and skills development are broader, particularly for those in workshops and work roles in the prison.

7.30 Recommendation 5.30: Leaders and managers should introduce a meaningful curriculum to help prisoners develop their understanding and knowledge in relation to personal development. Managers and instructors should make sure that prisoners' progress is monitored and tracked in unaccredited activities. Teachers and instructors should help prisoners to further their understanding of the importance of wider topics, such as values of tolerance and respect, equality and inclusivity.

7.31 Recommendation 6.6: There should be increased access to social visits, including at weekends.

7.32 Recommendation 6.18: The needs of indeterminate and lifer prisoners should be explored, and they should be provided with adequate support to help with sentence stability and progression.

7.33 Recommendation 6.23: Telephone and mail monitoring arrangements should be robust, to make sure that the prison can make sound decisions about their implementation and continuation.

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 2018, early days arrangements were generally good and prisoners were kept safe. The number of violent incidents was high. Innovative work to combat violence was promising but not yet fully productive and required more coordination. Too many prisoners in our survey said that they felt unsafe. The number of adjudication charges had increased but processes were fair. Levels of use of force were high but oversight was generally good. Prisoners were routinely stripped of their clothing on entering the special cell, which was sometimes used without sufficient justification. The use of segregation was high, and some prisoners spent a long time on the unit. Some of the work to help these individuals was impressive. Security arrangements were generally proportionate. Levels of self-harm were comparatively low, but five prisoners had killed themselves since the previous inspection. There was some good, innovative work to help those with complex needs. The mandatory drug testing positive rate was high, at 25%, but work to reduce the supply of drugs was having some success. Outcomes for prisoners against this healthy prison test were not sufficiently good.

Key recommendations

Prisoners should be and feel safe. The management of violence reduction should include input from all relevant agencies; be informed by accurate data; include prompt and robust investigations; and draw existing initiatives together in a coherent way. (S39)
Not achieved

Special accommodation should only be used in extreme circumstances and as a last resort. It should always be properly authorised and justified, and prisoners should be returned to normal conditions as soon as possible. The practice of routinely stripping prisoners of their clothing should cease. (S40)
Not achieved

Recommendations

Prisoner mediators should have sufficient managerial oversight and ongoing support. (1.19)
No longer relevant

Punishments for negative behaviour should not breach published HMPPS guidance. (1.20)
Not achieved

Adjudication standardisation procedures should identify trends, reduce the number of charges dismissed or not proceeded with, and inform local tariff guidelines. (1.24)
Not achieved

All segregated prisoners should have plans to help them to address the issues that caused their segregation. (1.34)
Achieved

The supply of illicit drugs should be greatly reduced. The drug strategy should be fully embedded and senior managers should monitor its efficacy over time. (1.41)
Not achieved

Suspicion drug testing should be reintroduced. (1.42)
Not achieved

Strategic action to prevent suicide and self-harm should address the specific needs of Swaleside prisoners, take account of local trend analysis and be monitored over time against an up-to-date action plan. (1.51)
Not achieved

Actions taken in response to recommendations from the Prisons and Probation Ombudsman should be regularly reviewed, to ensure that they are embedded in practice. (1.52)
Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2018, relationships between staff and prisoners were reasonably good but some inexperienced staff lacked authority. Despite some improvements, too many communal areas were dirty. Showers were in very poor condition. The food provided was acceptable. Prisoners could buy a reasonable range of products from the prison shop. Arrangements to consult with prisoners had improved and the community hub was a positive initiative. The applications process was poor. The number of complaints submitted had increased and was very high. The management of equality and diversity required improvement, and outcomes for protected groups were mixed but generally adequate. Faith provision was good. Health services were reasonably good but some tradable

medicines were inappropriately prescribed in-possession. Waiting times for the dentist were far too long. Outcomes for prisoners against this healthy prison test were reasonably good.

Recommendations

There should be visible leadership on the wings, to support inexperienced staff and model appropriate standards. (2.4)
Not achieved (recommendation repeated, 4.5)

Prisoners should be provided with decent and respectful living conditions. (2.12)
Achieved

Wing serveries should be well supervised, to ensure that workers are appropriately dressed, serveries are kept clean and unused food is promptly cleared away. (2.19)
Not achieved

There should be robust governance in place to support and manage all peer workers, including job descriptions. (2.26)
Not achieved

The applications system should provide timely and helpful responses to prisoners and be subject to robust checks by managers. (2.27)
Not achieved

Regular analysis of complaints should identify patterns and trends, and systematically address prisoners' concerns. (2.28)
Partially achieved

The prison’s equality and diversity group should meet regularly and use up-to-date analysis of outcomes for prisoners, to identify inequality and implement remedial action. (2.33)
Partially achieved

Prisoner carers, with appropriate training and regular staff supervision, should be reintroduced and their progress closely monitored. (2.41)
Not achieved

All prisoners should be able to attend corporate worship regularly and on time. (2.45)
Not achieved

Prison officers should ensure that health service areas, including queues for medication, are safely and effectively managed. (2.57)
Not achieved

Professional telephone interpreting services should always be used for confidential consultations when a prisoner does not speak good English. Information should be available in a range of languages. (2.62)
Partially achieved

The number of missed appointments should be reduced further, to ensure that patients receive prompt treatment within effective use of clinical resources. (2.72)
Not achieved

Arrangements for prisoners convicted of a sexual offence attending health care appointments should be safe and respectful. (2.73)
Achieved

There should be sufficient escort staff available to ensure that prisoners' treatment at outside hospitals is not delayed. (2.74)
Not achieved

Patients on the inpatient unit should have access to a range of therapeutic activities to support their well-being and recovery. (2.75)
Not achieved (recommendation repeated, 4.71)

The referral pathway should ensure that all prisoners with social care needs are identified and supported. (2.77)
Achieved

Prisoners should have timely access to counselling services. (2.87)
Not achieved (recommendation repeated, 4.87)

The in-possession policy should be followed, to ensure that the prescribing of medicines is suitable for patient treatment in a secure environment, overseen by the medicines management committee. (2.102)
Not achieved

All medication that cannot be held in possession should be administered at times that ensure clinical efficacy. (2.103)
Achieved

Risk assessments for in-possession medicines should be regularly reviewed and updated when a prisoner's circumstances change. (2.104)
Not achieved

Prisoners requiring routine dental appointments should receive them within six weeks. (2.106)
Achieved

Purposeful activity

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

At the last inspection, in 2018, too many prisoners were locked in their cells during the working day, and prisoners spent far too long in their cells at weekends. The library and gym facilities were good. The leadership and management of education, work and skills required improvement. Too many prisoners were not allocated to activities. The quality of most teaching

and instructing was good but there was too little accredited training in workshops. Not enough prisoners improved their employment skills. Prisoners' attendance and punctuality were not good enough. Outcomes and achievements for prisoners were reasonably good. Outcomes for prisoners against this healthy prison test were not sufficiently good.

Key recommendation

Prisoners should spend sufficient time out of their cells and engage in activities that support their rehabilitation. Attendance and punctuality in education, training and work should significantly improve so that they are good. (S41)
Not achieved

Recommendations

The English and mathematics needs of prisoners should be prioritised when allocating them to activities. (3.19)
Partially achieved

All activity spaces should be filled. (3.20)
Not achieved

All wing work should be purposeful, productive and of good quality. (3.21)
Achieved

Prisoners seeking protection on B wing should have access to a broader and more suitable range of activities. (3.22)
Not achieved

The range of accreditation available in training and work should be further increased. (3.23)
Not achieved

Prisoners should develop their employment-related skills to a good standard, even when they are not allocated to purposeful activity. (3.34)
Not achieved

The 'portfolio of progress' should be embedded in all areas of purposeful activity, with priority given to the areas where accredited qualifications are not yet available. (3.40)
Not achieved

The proportion of prisoners who achieve their functional skills qualifications should increase. (3.41)
Not achieved

A greater proportion of prisoners should achieve qualifications in information technology, particularly at levels 1 and 2. (3.42)
Not achieved

Rehabilitation and release planning

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

At the last inspection, in 2018, prisoners now had telephones in their cells, which was appreciated and helped them to maintain contact with families. Visits arrangements were generally good but sessions did not always start on time. The strategic management of reducing reoffending was poor. Too many prisoners did not have an up-to-date assessment of their risks and needs. Offender supervisors had little contact with prisoners, most of which was reactive. Arrangements to protect the public were weak. Categorisation processes were adequate. There were too few places on offending behaviour programmes to meet the needs of the population, and none specifically for prisoners convicted of sexual offences. Not all prisoners were moved to a resettlement prison before release. Outcomes for prisoners against this healthy prison test were poor.

Key recommendations

Prisoners should be helped to reduce their likelihood of reoffending and their risk of harm should be managed effectively. Prisoners should have regular contact with an offender supervisor and an up-to-date OASys document to help them address their offending behaviour and ensure their progression is monitored effectively. (S42)
Achieved

HMPPS and the prison should develop a strategy that reduces the level of harm presented by prisoners convicted of a sexual offence; progresses them through their sentence; and protects the public during custody and on release. (S43)
Not achieved

Recommendations

Visits should start at the advertised times. (4.10)
Partially achieved

Work to reduce reoffending should be informed by a needs analysis based on an accurate, up-to-date range of data. Progress should be routinely measured against an action plan by senior managers. (4.21)
Not achieved

Monthly public protection meetings should routinely consider all high-risk prisoners and those due for release who will potentially be subject to multi-agency public protection arrangements (MAPPA) arrangements in the community. MAPPA management levels should be confirmed far enough ahead of release to ensure that effective supervision arrangements can be implemented. (4.26)
Partially achieved

Child contact restrictions should be implemented and reviewed in accordance with the latest HMPPS guidance. (4.27)
Partially achieved

There should be enough places on accredited offending behaviour programmes to meet the needs of the population. (4.38)
Not achieved

The prison should monitor whether prisoners have maintained their planned accommodation after release. (4.39)
Achieved

A trained member of staff should interview prisoners, to identify their resettlement needs. (4.46)
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 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
Sara Pennington	Team leader
Paul Rowlands	Inspector
Natalie Heeks	Inspector
Angela Johnson	Inspector
Christopher Rush	Inspector
Alice Oddy	Inspector
Lindsay Jones	Inspector
Ali McGinley	Inspector
Martin Griffiths	Inspector
Annie Bunce	Researcher
Joe Simmonds	Researcher
Charlotte Betts	Researcher
Isabella Raucci	Researcher
Maureen Jamieson	Lead health and social care inspector
Tania Osborne	Health and social care inspector
Noor Mohamed	Pharmacist
Matthew Tedstone	Care Quality Commission inspector
Jenna Green	Care Quality Commission inspector
Rebecca Perry	Ofsted inspector
Steve Oliver-Watts	Ofsted inspector
Saul Pope	Ofsted inspector
Andrew Fitt	Ofsted inspector
Carolyn Punter	Ofsted inspector (shadowing)

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.

PAVA
PAVA (pelargonic acid vanillylamide) spray is classified as a prohibited weapon by section 5(1) (b) of the Firearms Act 1988.

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).

Recovery plan
Recovery plans are published by HMPPS and aim to ensure consistency in decision-making by governors, by setting out the requirements that must be met for prisons to move from the most restricted regime (4) to the least (1) as they ease COVID-19 restrictions.

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

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.

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 Swaleside 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.

Provider

Integrated Care 24

Location

HMP Swaleside

Location ID

1-442774881

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 12 (1)(2) (a)(g)

Care and treatment must be provided in a safe way for service users by assessing the risks to their health and safety and by the proper and safe management of medicines to ensure compliance with the requirements of the

fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met

Care and treatment for patients was not always provided in a safe way. In particular:

- Patients with long-term conditions did not always have a care plan in place or receive a timely review of their condition with an appropriately skilled member of staff.

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

- Secondary dispensing was occurring whereby nurses were removing medicines from their packaging and placing them into plastic bags to be administered at a later time.
- Staff were using an unsafe method to transport medicines around the prison, including at times when prisoners were unlocked.
- Patients' in-possession risk assessments for medicines were not always updated in a timely way or when their circumstances changed.
- Due to staffing pressures, staff administered medicines alone which meant there was no second checking for the dispensing of controlled drugs.

Regulation 17 (1)(2)(a)(b)

Systems and processes must be established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes must enable the registered person to assess, monitor and improve the quality and safety of services provided in the carrying on of the regulated activity and to assess, monitor and mitigate the risks relating to the health, safety welfare of service users and others.

How the regulation was not being met

The audits carried out were not always effective in assessing, monitoring and improving the quality and safety of services. In particular:

- Infection control audits had not identified or resolved issues such as a torn examination couch, some staff seating being in a poor condition or damaged flooring.
- Medicines audits had not identified issues with the reconciliation of medicines stocks which resulted in some balances being recorded incorrectly.
- Systems to check emergency equipment were not effective because staff were not regularly checking the contents of emergency bags. Expired pads were found on two defibrillators.

Due to staffing pressures, patients did not always receive responses to their complaints in a timely way. Many complaints had breached the timescale for

response and some patients put in repeated complaints because they had not received a response.

Staff were not receiving regular managerial supervision due to staffing pressures and a lack of a system to ensure that this was implemented and monitored. During our inspection we saw that the Head of Healthcare and other senior staff were regularly carrying out clinical duties which meant they could not focus on the strategic and managerial elements of their roles.

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.

Staff survey methodology and results

Prison 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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