



Report on an unannounced  
inspection of

## **HMP Guys Marsh**

by HM Chief Inspector of Prisons

21 June and 4–8 July 2022



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# Introduction

HMP Guys Marsh is a category C training prison located in rural Dorset. Mainly built in the 1960's the campus-style prison has a mix of accommodation and held just under 460 men at the time of our visit. We have criticised Guys Marsh heavily in the recent past, and on this inspection outcomes for prisoners were still not good enough in safety and purposeful activity, and had deteriorated in resettlement since we last inspected. Despite these disappointing assessments, there was enough evidence to indicate that improvement was taking place which in time ought to lead to better outcomes.

The governor had a strong and commendable focus on getting the prisoners back into work and education after the restrictions of the pandemic, and managers and staff were supportive of this priority. A plan had been made in advance and was launched quickly when restrictions lifted. At the time of the inspection nearly 60% of prisoners were in work or education and spent at least nine hours out of their cells, which is much better than we normally see. Some three quarters of prisoners were already allocated to work and there were clear and credible plans to keep driving up these numbers in the coming months. This prioritisation of regime aligned with the central purpose of the establishment and was to be commended, although gaps remained, such as in education, which Ofsted judged as 'requires improvement.'

Our evidence spoke to a safer prison than at our last visit but continuing high levels of violence and a very significant drug problem, especially when compared with other category C prisons, could not be ignored. There was a lot of work with individual prisoners, and cross-departmental working was a real strength, but investigation and data analysis concerning violence were major gaps. Use of force had increased since the last inspection and more also needed to be done properly to support those in self-harm crisis. Reducing the supply of drugs, mainly coming in over the prison's long, rural perimeter, remained an underlying priority despite the commitment by the prison in seeking to stem the problem.

A residential refurbishment programme linked to fire improvements had recently been completed, and the ageing and slightly crumbling residential units were now in an acceptable condition and reasonably clean. The general external environment, however, was neglected and somewhat depressing.

Staff prisoner relationships were a strength, and consultation was good, although this did not always result in much action, while the management of applications and complaints were surprisingly lacklustre. There were signs that the promotion of equality was being reinvigorated, although again this newfound energy had yet to translate into better outcomes.

There was some decent work to support family ties, including good development of family days in what was termed 'wellbeing visits', but more was needed. Offender management was well led, and staff worked hard, but a lack of case administration staff was undermining delivery. Prisoners did not have enough contact with their offender manager, and there were frustrations about lack of progression and difficulty in moving eligible prisoners to category D jails.

As elsewhere, probation unification in mid-2021 meant the resettlement team was now virtually non-existent, but prison managers had made real efforts to plug the resulting gaps in release planning.

Overall, we judged the prison to be making slow but steady progress. Good leadership and a supportive staff were causes for optimism. We had confidence that if this sense of initiative in the prison could be maintained measurable improvement to outcomes will eventually be realised.

**Charlie Taylor**

HM Chief Inspector of Prisons

August 2022

# What needs to improve at HMP Guys Marsh

During this inspection we identified 14 key concerns, of which three should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

Leaders should make sure that all concerns identified here are addressed and that progress is tracked through a plan which sets out how and when the concerns will be resolved. The plan should be provided to HMI Prisons.

## Priority concerns

1. **The number of violent incidents was high.** They were not investigated or analysed in sufficient depth to understand better the causes fully.
2. **High levels of illicit drugs were coming into the prison.** Although security measures had been improved, not enough had been done to reduce supply.
3. **The support for prisoners with a learning difficulty or disability was not effective or consistent.** Those with complex support needs did not complete an in-depth screening of their needs until after they had started their courses.

## Key concerns

4. **Too little was being done to understand and address the drivers of self-harm.** Serious incidents were not routinely investigated and the analysis of data was too limited.
5. **Too much of the living environment was shabby and substandard.** There were vermin on some wings, and outside areas were littered.
6. **The applications and complaints systems were not fully effective.**
7. **Diversity and inclusion were not given sufficient priority.** The focus on areas of potential discrimination was not consistent across all areas of the prison's life.
8. **Prisoners needing a transfer under the Mental Health Act were waiting beyond the 28-day target, which delayed treatment.**
9. **The delivery of some areas of the pharmacy service were not effective.** There were no pharmacist clinics, there were delays in the arrival of medicines, stock levels were not recorded and night medicines were given too early.
10. **Tutors did not teach curriculums that were ambitious enough for all of the prisoners that they taught.** In English and mathematics classes, tutors did not make effective enough use of diagnostic

assessments to plan learning that challenged all prisoners. In the kitchen, instructors did not encourage all prisoners to develop the full range of skills and knowledge that they could within the setting.

11. **Attendance and punctuality at work and education sessions was not good enough.** Too many prisoners arrived late, finished early or missed classes because of gym sessions. Attendance in workshops was particularly low.
12. **Leaders had not ensured that there was enough focus on developing prisoners' English and mathematical knowledge.** There were too few spaces in English and mathematics classes. Prisoners had to wait too long to study these subjects. Only a small number of prisoners accessed outreach English and mathematics classes, which took place in workshops.
13. **Not enough was being done to support prisoners to progress in their sentence.** Offender management and key work lacked focus and frequency; there were delays in progressive transfers and treatment programme allocation disadvantaged those who were not due for imminent release.
14. **Resettlement planning arrangements were inconsistent.** This was having a negative impact on too many prisoners, who were insufficiently prepared and supported prior to their release.

# About HMP Guys Marsh

## Task of the prison/establishment

HMP Guys Marsh is a category C adult male training and resettlement establishment.

## Certified normal accommodation and operational capacity (see Glossary)

Prisoners held at the time of inspection: 459

Baseline certified normal capacity: 476

In-use certified normal capacity: 436

Operational capacity: 491

## Population of the prison

- 227 prisoners were assessed as presenting a high or very high risk of reoffending.
- 67% were serving sentences of four years or more.
- 58 were serving indeterminate sentences.
- 54% were subject to multi-agency public protection arrangements (MAPPA) on release.

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

Public

Physical health provider: Practice Plus Group

Mental health provider: Practice Plus Group

Substance misuse treatment provider: Exeter Drugs Project

Prison education framework provider: Weston College

Escort contractor: Serco

## Prison group/Department

Devon and North Dorset

## Brief history

The site was originally a World War II American field hospital. It became a borstal, and then a young offenders institute in the mid-1990s, when a perimeter fence was erected.

Young offenders were relocated to HMP & YOI Portland in 2004 and Guys Marsh became a fully adult establishment. It has remained in this role ever since.

## Short description of residential units

Anglia wing – Induction unit

Mercia wing – General population

Jubilee wing – Enhanced prisoner unit

Saxon wing – General population

Gwent wing – General population

Cambria wing – Moving towards substance misuse support and interventions

Dorset – General population

Rainbow – Temporary accommodation

Fontmell wing – Decanted in June 2022, with plans to demolish in the near future

**Name of governor/director and date in post**

Ian Walters, August 2019

**Prison Group Director**

Jeannine Hendrick

**Independent Monitoring Board chair**

Rob Norton

**Date of last inspection**

17 December 2018 – 11 January 2019

## Section 1 Summary of key findings

- 1.1 We last inspected HMP Guys Marsh in 2019 and made 36 recommendations, five of which were about areas of key concern. The prison fully accepted 27 of the recommendations and partially (or subject to resources) accepted six. It rejected three of the recommendations.
- 1.2 Section 8 contains a full list of recommendations made at the last full inspection and the progress against them.

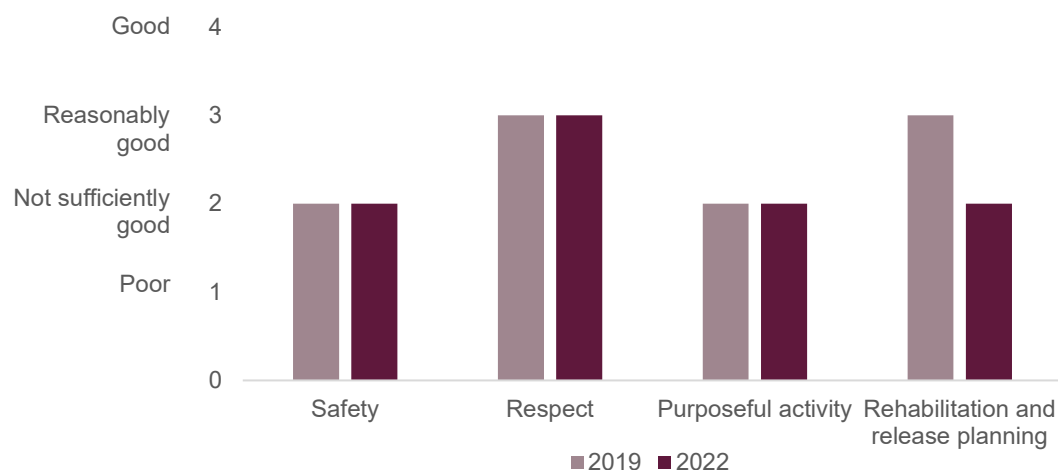
### Progress on key concerns and recommendations

- 1.3 Our last inspection of HMP Guys Marsh 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 five recommendations about key concerns. At this inspection we found that two of those recommendations had been achieved, two had been partially achieved and one had not been achieved. One recommendation made in the area of safety had been achieved and the other partially achieved. The one recommendation made in the area of respect had been partially achieved. One recommendation made in the area of purposeful activity had been achieved and the other not achieved. For a full summary of the recommendations achieved, partially achieved and not achieved, please see Section 8.

### Outcomes for prisoners

- 1.5 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).
- 1.6 At this inspection of HMP Guys Marsh, we found that outcomes for prisoners had stayed the same in three healthy prison areas and declined in one.
- 1.7 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 Guys Marsh healthy prison outcomes 2019 and 2022**



## Safety

At the last inspection of HMP Guys Marsh, in 2019, 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.

- 1.8 Reception staff were welcoming and use of strip-searching and the body scanner were intelligence led. However, not all prisoners were offered a shower or free telephone call on their first night. Although a thorough induction was timetabled, new arrivals could only start this on a Monday, resulting in some waits of up to a week.
- 1.9 Violence against staff and prisoners had decreased since the last inspection, but the number of incidents was still higher than in most similar prisons. Violent incidents were not investigated thoroughly and there was insufficient analysis of data. The challenge, support and intervention plans (see Glossary) to manage perpetrators were not operating effectively, and prisoners who were self-isolating because of fears for their safety were managed poorly.
- 1.10 Use of force had increased, but most incidents were low level, and the documentation suggested a focus on de-escalation. There were strengths in some aspects of use of force oversight, but not all incidents involving batons were fully investigated.
- 1.11 Since our last inspection the use of segregation had reduced, but the average length of stay had not. The segregation unit was clean and relationships between staff and prisoners were good.
- 1.12 In our survey, 45% of respondents said that it was easy to get illicit drugs at the prison, which was higher than in similar prisons. The use of psychoactive substances (see Glossary) had fluctuated but had risen sharply in 2022. This was a critical issue for the prison, and managers were making concerted efforts to tackle it. A successful NHS funding

bid was supporting demand reduction initiatives as well as the development of a recovery wing. There was also good cooperation with the police and joint working between security and other teams in the prison. However, work that had been done to strengthen the security of the prison against the ingress of illicit drugs, much of it from 'throwovers', had still to deliver the desired outcomes.

- 1.13 There had been one self-inflicted death in custody since the last inspection. Learning points from the initial investigation had been incorporated into the safety action plan. Levels of self-harm had reduced slightly since the last inspection, but remained just above the average for similar prisons. Not all serious self-harm incidents were investigated and the analysis of self-harm data at the monthly safety meeting was limited.
- 1.14 The number of assessment, care in custody and teamwork (ACCT) case management documents opened for prisoners at risk of suicide or self-harm was higher than at the time of the previous inspection and had increased in the last three months. The quality of ACCT documentation was often poor. Listeners (prisoners trained by the Samaritans provided confidential emotional support to other prisoners) were not well integrated into prison life.

## Respect

At the last inspection of HMP Guys Marsh, in 2019, we found that outcomes for prisoners were reasonably good against this healthy prison test.

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

- 1.15 In our survey, 84% of respondents said that most staff treated them with respect, which was higher than in similar prisons. Most staff were calm and confident in their role and support was given to newer staff, especially through a recent increase in the number of supervising officers on the wings. Relatively few key worker (see Glossary) sessions were carried out and they were not fulfilling their intended role in supporting sentence progression.
- 1.16 Refurbishment of residential areas had continued, but too much of the living environment was shabby and substandard. However, a robust system of decency checks by managers had been introduced and most cells had basic furniture and equipment. The number of overcrowded double cells had reduced. There was extensive litter in the outside areas at most times of the day.
- 1.17 Prisoners were offered two hot meals each day at appropriate times, which was better than we usually see. However, there were no self-catering facilities on residential units.
- 1.18 A range of consultation took place but there was a lack of recording of action taken in response to issues raised. Levels of complaints were

low, but prisoners lacked confidence in the process and the application system was also poorly managed.

- 1.19 There was a lack of a positive establishment-wide agenda for diversity and there were some gaps in provision for those with protected characteristics. However, prisoner diversity and inclusion representatives contributed well and the handling of discrimination incident report forms had improved considerably.
- 1.20 The chaplaincy had moved quickly to restore corporate worship and prisoners were positive about faith provision. Chaplaincy facilities were in an unsatisfactory condition, although some improvements had started.
- 1.21 Supportive leadership across all clinical services enabled an effective and accessible health provision. Joint working arrangements were good, particularly for prisoners at risk and for those being resettled into the community.
- 1.22 A social care pathway was available, but waiting times for assessment by the local authority were too long.
- 1.23 Mental health services generally met the needs of the population, but patients waited too long for transfer to hospital under the Mental Health Act.
- 1.24 Clinical management of substance misuse was good, there was a range of psychosocial interventions and the high number of psychoactive substance (see Glossary) incidents were managed well.
- 1.25 There was a lack of oversight of some areas of the pharmacy service, and there were no pharmacist clinics, where advice could be sought on how to take medicines safely.
- 1.26 The dental team provided a good and flexible service in a high-quality environment.

### **Purposeful activity**

At the last inspection of HMP Guys Marsh, in 2019, 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.

- 1.27 The prison had capacity for all prisoners to be employed, but only three-quarters of the population were actually allocated to activities, although these were mostly full time. Some 20% of prisoners remained unemployed, but we were told that there were plans to resolve this within a month. During our roll checks, we found 59% of the population engaged in purposeful activity.

- 1.28 The new core day provided more time out of cell, with almost nine hours unlocked for most employed prisoners on weekdays, and up to 11 hours on enhanced units. Unemployed prisoners and those not attending work spent up to three hours out of their cell each day.
- 1.29 In our survey, more prisoners than at similar prisons responded positively about time out of cell, access to activities and the encouragement given by staff to attend work or education. However, there were limited opportunities for time in the open air or daily association, which was a source of frustration, particularly for employed prisoners. Recreational equipment was only available for use at weekends.
- 1.30 A good system ensured equity of access to the gym, including evening sessions, but the facilities needed improvement.
- 1.31 The library ran a range of good initiatives, including mindfulness sessions and arts and crafts, that were valued by prisoners.
- 1.32 There were too few spaces in English and mathematics classes and prisoners had to wait too long to study these subjects. Only a small number of prisoners accessed outreach English and mathematics classes, which took place in workshops.
- 1.33 Tutors did not have high enough ambition for all prisoners, with too many studying topics in which they were competent at the start of the course.
- 1.34 In lessons, the quality of support for prisoners with a learning difficulty or disability was not of a consistently high standard. In-depth screening of prisoners' needs too often took place when they had already started their courses.
- 1.35 Leaders' attempts to improve low attendance rates within purposeful activity had been only partially effective and prisoners did not arrive punctually at too many of their activities.
- 1.36 In workshop areas, there were limited opportunities for prisoners to gain accredited qualifications. This had had a negative impact on their levels of motivation.
- 1.37 Prisoners serving very long sentences rightly expressed frustration at the lack of opportunity to develop their skills and knowledge, and only a small number studied degree-level distance learning qualifications. There was also only limited access to the virtual campus (see Glossary).

## Rehabilitation and release planning

At the last inspection of HMP Guys Marsh, in 2019, 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.

- 1.38 Work with children and families was well integrated across the prison, and the information provided to families was excellent. The number of social visits available had increased recently, but was still insufficient to meet demand. 'Well-being visits' (family days) had recently restarted and the needs of prisoners who did not receive visits were considered when planning activities.
- 1.39 The establishment was designated as both a resettlement (60%) and training (40%) prison and the population flow was largely in keeping with this model.
- 1.40 The strategic management of reducing reoffending was good. Effective leadership and frequent meetings coordinated action ambitiously and collaboratively across all the resettlement pathways. A comprehensive refresh of the needs analysis of the population was nearly complete.
- 1.41 The capacity and capability of staff in the offender management unit were undermined by shortfalls in staffing and a lack of training in some critical areas of case administration. Prison-employed prison offender manager and case administrator caseloads were too high.
- 1.42 About 14% of the eligible population did not have a valid assessment of their risk and needs, but there were concerted efforts to reduce the backlog. The quality of sentence plans was at least reasonably good in most of the cases we reviewed.
- 1.43 Contact between prisoners and their prison offender manager was too infrequent and largely reactive. Most prisoners in our case sample had not made sufficient progress towards their sentence plan targets. There were also delays in transfers for those prisoners eligible for progressive moves.
- 1.44 The risk management meeting considered all those who were subject to multi-agency public protection arrangements (MAPPA) in good time before their release. Contact between the prison and community offender managers, to share information in preparation for prisoners' release, was not always timely – despite good efforts from the prison. However, arrangements for prisoners subject to monitoring for public protection purposes were reasonably well managed.
- 1.45 Good work was under way to understand the treatment needs of the prison population, and accredited programmes were now running in larger groups. The allocation of programme places was prioritised on

the basis of national instructions, but this limited the opportunity for some prisoners to demonstrate their progression.

- 1.46 The prison had worked creatively to address some of the deficits in resettlement support following the unification of probation services, but gaps remained. Release planning arrangements were not sufficiently coordinated or effective.

### **Notable positive practice**

- 1.47 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.
- 1.48 Inspectors found six examples of notable positive practice during this inspection.
- 1.49 The prison had created a robust audit trail for legal mail, which had improved prisoner perceptions that the prison handled this appropriately. (See paragraph 4.18)
- 1.50 An innovative suite of virtual reality videos had recently been produced for universities to encourage health students to consider the care of patients in prison as a career option. (See paragraph 4.39)
- 1.51 Custody officer immediate life support (COILS) was a promising innovation that enabled prison officers to deliver more sophisticated life support to collapsed prisoners, which could improve the chances of survival until the arrival of an ambulance. (See paragraph 4.42)
- 1.52 The new dedicated discharge coordinator role harmonised all pre-release health activities to provide continuity of care, optimise the prisoner's chances of success in the community and help to minimise risks. (See paragraph 4.55)
- 1.53 There was a good system to ensure equitable access to the gym. An individual timetable was created for each person as part of their gym induction. The level of access depended on regime level and employment status. Evening sessions were available for those working full-time. (See paragraph 5.7)
- 1.54 Regular use of online tools such as virtual forums, email, a regular newsletter and social media provided a readily accessible way for families to be kept up to date about life in the prison. (See paragraph 6.5)

## Section 2 Leadership

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

- 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 During the pandemic, the governor had formulated plans for recovery to a purposeful category C training and resettlement prison, and a new extended core day, which prioritised full-time activity, had been swiftly implemented once restrictions were lifted.
- 2.3 Leaders were incrementally increasing the amount of purposeful activity and encouraging staff to drive attendance. Almost 60% of the population were engaged in work or education, and were unlocked for around nine hours a day during the inspection, which was more than we had recently seen in similar prisons.
- 2.4 Leaders had taken realistic action in a recent re-profile by reducing the impact on the core day of an ongoing shortfall in prison officers. The decision to increase the number of senior officers had provided more staff supervision on the wings during the regime changes, and new staff told us that they felt well supported. Leaders had also struggled to recruit administrators and caterers but had recently appointed a well-being lead as part of its 'people plan' and efforts to improve staff retention.
- 2.5 Although staff we spoke to were in support of the governor's vision for the prison and the return to a full regime, only 17% of those who responded to our survey said that the prison's priorities had been very, and 27% quite, clearly communicated to them. Staff and prisoners also told us that senior managers were not sufficiently visible.
- 2.6 Members of the senior management team and some, relatively inexperienced, middle managers were being supported with personal development plans and training. The governor had also started a two-monthly leadership meeting to broaden their skills and knowledge.
- 2.7 Leaders had a considerable challenge in preventing the ingress of illicit drugs, and more HM Prison and Probation Service (HMPPS) support was needed. There had been regional search and dog team support, effective joint working with the police and some improvements in physical security, including zonal fencing and the installation of new windows, but the ease of access to illicit drugs and the high use of psychoactive substances (see Glossary) remained a critical strategic issue for the prison.

- 2.8 Strong partnership working had secured over £270,000 of NHS England funding for an innovative PS strategy to support drug recovery and the development of a recovery wing. Poor delivery by the education provider had been managed robustly and a performance improvement notice subsequently lifted, although during the inspection Ofsted judged the overall effectiveness of education to require improvement. Delivery by the facilities management provider had reportedly improved, despite high staff vacancy rates, in response to good collaborative working.
- 2.9 The unification of probation services had removed the previous resettlement provision and a new on-site team was still to be recruited. Prison leaders had made creative efforts to plug the gaps, although release planning arrangements remained inconsistent.
- 2.10 We found good collaborative working across the prison; the health care department was well integrated, security staff worked jointly with the safety team, and cooperatively with other teams across the prison, and the reducing reoffending meetings coordinated action across all the resettlement pathways. The prison was also at the forefront of an HMPPS 'accelerator' initiative, with the introduction of three new roles to improve drug strategy, engage potential employers and support the neurodiverse needs of prisoners.
- 2.11 More in-depth analysis of data was required – for example, in relation to safety – to understand fully the causes of violence and drive continuous improvement. However, the prison's self-assessment had identified relevant priorities, and there were ambitious but realistic plans for improvement with clear targets and incremental measures of success.

## 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 Between 10 and 20 prisoners were received each week, transferred in from other prisons. The reception area was clean and staff were welcoming, helped by a reception orderly, who greeted new arrivals and provided assistance. In our survey, 90% of respondents said that they were treated well in reception.
- 3.2 There were two holding rooms in reception; one was bright and clean, with some information provided for new arrivals, but the other was dirty and bare. The reception processes we observed were efficient. In our survey, 71% of respondents said that they had spent less than two hours in reception, which was far better than at the time of the last inspection and at other prisons, and our observations confirmed this. Property was searched and recorded in front of prisoners, and we saw staff dealing efficiently with any property issues on arrival. Use of strip-searching and body scanning were intelligence led.
- 3.3 First night interviews were carried out in private and those we observed were conducted sensitively, with some consideration of risks. However, these initial screenings were too brief and prisoners did not routinely receive a follow-up conversation or a second chance to talk to a staff member in private until seven days after arrival. We were therefore not confident that their needs and potential vulnerabilities would be identified in this process.
- 3.4 Information materials in reception were not readily available in other languages. Although professional telephone interpreting services were available, the multilingual reception orderly was sometimes used for interpreting during initial screening interviews, which should have been confidential.
- 3.5 Prisoners spent their first night on the induction unit, and those we spoke to were generally positive about the care they received from staff. In our survey, 40% of those with problems on arrival said that staff had helped them to deal with these, which was more than at similar prisons. However, not all prisoners were offered a shower or a free telephone call on their first night. Cells were adequately equipped, although some lacked privacy screening for toilets and we saw some graffiti. New arrivals were observed hourly on their first night, and 88%

of respondents to our survey said that they had felt safe on their first night, which was higher than at other category C prisons recently inspected.

- 3.6 A full week's induction was timetabled, involving different departments across the prison. In our survey, 84% of respondents said that they had been given an induction, and 52% that this had covered everything that they needed to know about the prison. An induction orderly helped new arrivals with their timetable and was on hand to answer any questions. However, new arrivals could only start their induction programme on a Monday, resulting in waits of up to a week. Several told us that this was frustrating as they had nothing to occupy them in their first days at the prison.

## 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

- 3.7 The level of violence was high. The number of assaults was almost twice the average for similar prisons and was on an upward trajectory. There had been 162 assaults against prisoners and 61 staff assaults in the past 12 months, although the number of recorded violent incident had slightly decreased when compared with a similar period up to the last inspection.
- 3.8 The prison had not done enough to understand what was driving the high level of violence. Leaders told us during the inspection that gang activity, supply of illicit substances and bullying, debt and retaliation were the main drivers. However, analysis of data at the monthly safety meetings was not sufficiently in-depth to enable a full understanding. There had been few longer-term actions to identify or address patterns, themes or learning.
- 3.9 Violent incidents were also not investigated thoroughly enough. Although victims were interviewed and supported, staff did not speak to perpetrators directly to understand the causes fully. However, the safer custody and security department hub gathered and shared intelligence about violent incidents between the departments.
- 3.10 The weekly safety intervention meeting (SIM) was well attended and was a good forum for sharing information. It discussed all violent incidents from the previous week but, similar to the monthly safety meeting, actions were too limited.
- 3.11 The challenge, support and intervention plan (CSIP; see Glossary) process for managing perpetrators was not operating effectively. For example, CSIPs were not tailored to the specific needs of perpetrators

and hardly any reviews were up to date. We found three prisoners on a CSIP plan who had subsequently been involved in further violent incidents, but their plans had not been reviewed. Furthermore, we spoke to prisoners who were on a CSIP but were not aware of what their plan entailed or what the process meant for them. The SIM recorded prisoners who were on an open CSIP, but updates were often repetitive and not meaningful as a basis for supporting prisoners.

- 3.12 The good support for self-isolating prisoners that we had seen during the previous inspection was no longer in evidence. Although numbers were low, there were now no safeguarding systems to monitor the well-being of those self-isolating or whether they accessed a reasonable regime. No one-to-one work was carried out with prisoners living in fear like this to better understand or address their reasons for isolation.
- 3.13 Despite the high levels of violence, fewer respondents than at the time of the last inspection said in our survey that they had felt unsafe in the prison at some point (35% versus 53%). Fewer also said that they had experienced bullying or victimisation from either prisoners or staff.
- 3.14 Leaders made good use of the incentive of progression to an enhanced living unit to encourage positive behaviour. Prisoners we spoke to on these units appreciated living with like-minded peers and having more access to the open air. However, only 44% of respondents to our survey said that the prison's incentives scheme encouraged them to behave well. Those on the lowest level of the incentives scheme were given little support to improve their behaviour and reviews were not always timely.

## **Adjudications**

- 3.15 Despite the high levels of violence and illicit drugs in the prison, the number of adjudications had reduced since the last inspection. However, in the sample we looked at, we were assured that the most serious charges had been appropriately referred to the police or the independent adjudicator and were dealt with in a timely way.
- 3.16 Most hearings within the prison had been found proven and the awards given had not been over-punitive. At the time of the inspection, there were 62 adjudications outstanding, which was fewer than at the time of the previous inspection. Of these, 31 were waiting for a police investigation. Most delays were the result of adjudicators asking for further evidence or legal advice, which was appropriate.
- 3.17 The governor regularly quality-assured 10% of adjudication records and had found that offence specific issues were not fully explored. We found that adjudication records were not detailed enough to understand the prisoner's experience, and conduct reports about their general behaviour were routinely missing. However, no meetings had been held in the current year to monitor the data or improve the quality of adjudications.

## **Use of force**

- 3.18 Use of force had increased. There had been 380 recorded uses of force in the previous 12 months, mostly in response to violent incidents and intelligence led cell searches. There had been four incidents involving the use of a baton.
- 3.19 However, most use of force incidents were low level and had a focus on de-escalation, which was an improvement since the last inspection. Documentation was up to date, and the records we looked at gave a good account of what had led up to the incident and often involved just the application of guiding holds and/or handcuffs. However, in around half of the cases we reviewed, 'injury to prisoner' forms were missing, and body-worn cameras had not been used to capture valuable evidence.
- 3.20 The oversight of use of force was inconsistent. Although assurance meetings had reviewed footage of incidents and shared training needs with the prison's use-of-force instructors, they were not held as regularly as intended. Furthermore, incidents involving the use of a baton were not always fully investigated or reviewed. However, governance by the monthly use of force committee meeting had improved with analysis of data identifying any evidence of disproportionality as well as hotspots where the most incidents occurred. No prisoners had been held in the special accommodation in this period.

## **Segregation**

- 3.21 Only 74 prisoners had been segregated in the last six months, fewer than in the same period at the time of the previous inspection. Part of this reduction was due to a temporary closure for work to meet fire regulations. The average length of stay was nine days, which was similar to the situation at the time of the last inspection.
- 3.22 The segregation unit was in reasonable condition. The communal areas were clean. Cells were well prepared for prisoners arriving on the unit, but some cell flooring was in poor condition and there were no curtains.



**Prepared segregation cell**

- 3.23 In our survey, 9% of respondents said that they had spent one or more nights in the segregation unit in the last six months, 78% of whom said that they had been treated well by staff. We observed good interactions between staff and prisoners during the inspection.
- 3.24 Reintegration planning took place. However, the plans were basic and, in the cases that we examined, did not fairly represent the depth of work that leaders and staff were doing to progress prisoners out of segregation.
- 3.25 Oversight arrangements needed some improvement. Statutory visits by managers, health care staff and the chaplaincy were not always documented. The justification for segregating prisoners when they were subject to the assessment, care in custody and teamwork (ACCT) case management process was also not always given and quarterly segregation meetings were poorly attended.
- 3.26 We were concerned to find a prisoner segregated on normal accommodation, for whom there was no oversight assessing his safety for segregation. He had an impoverished regime and did not receive the statutory daily visits from staff around the prison (see above). Leaders rectified this during the inspection.

## 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.

- 3.27 The key threat to security in the prison was the throwing of contraband (principally drugs) in parcels over the perimeter fence, which was extensive and, given the rural setting, difficult to guard. Thirteen packages had been retrieved from the grounds in May and 10 in June 2022. New fencing had been added, and some fences heightened, to restrict the conveyance of items by prisoners, but further strengthening of physical and procedural security was needed.
- 3.28 Illicit drug use presented a serious challenge. In our survey, 37% of respondents said that they had arrived with a drug problem, against 24% at comparable prisons, and 19% said that they had developed a drug problem at the establishment, against 8% elsewhere. In addition, 45% said that it was easy to get illicit drugs at the prison, which was higher than elsewhere (30%) but lower than at the time of the previous inspection (63%). Since 2019, the use of psychoactive substances (see Glossary) had fluctuated from month to month but had risen sharply in 2022. The brewing of alcohol was also an increasing issue.
- 3.29 Managers were taking action to address these problems. A successful NHS funding bid was supporting a major project on demand reduction, centring on a recovery wing. This was just starting to operate, with staff trained and the first cohort of prisoners in place. In addition, a dedicated drug strategy manager was leading on new approaches, including debt management support for individuals.
- 3.30 As at the time of the previous inspection, there was a local system of enhanced case management for those with serious risk issues in relation to drugs – buyers and sellers alike. Security and safety staff worked assertively and supportively with the individuals in question. This system had been incorporated into the CSIP process, with the advantages of joined-up recording, but subject to the shortcomings in the use of CSIP at the prison (see paragraph 3.11). Cooperative working with the police had improved and there was prompt, effective communication. At the time of the inspection, however, no security staff had yet been trained in the use of the violent and sexual offenders register database.
- 3.31 The close cooperation between security and safety staff brought benefits, and under new leadership the relationships and communication between security and other departments were improving. This higher profile may have been a factor in the 64% rise in intelligence flows between January and July 2022. The high volume presented a challenge to the collator team, which was working hard to

reduce a backlog in the full analysis of information reports. All of these were triaged, so that any urgent action was taken within 24 hours of receipt.

- 3.32 Staff were alert to corruption issues, and the police were closely engaged with this work.

## 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

- 3.33 There had been one self-inflicted death in custody since the last inspection and learning points from the initial investigation had been incorporated into the safety action plan which was reviewed at monthly safety meetings and enabled progress to be monitored.
- 3.34 Levels of self-harm had reduced slightly since the last inspection and were on a downward trend, although were still just above the comparator average. The SIM meetings (see paragraph 3.10) provided a useful forum for sharing information on individual cases. However, not all incidents of serious self-harm were investigated routinely. Of the 13 serious self-harm incidents in the previous six months, only two had been investigated, and one of the reports was incomplete. Local self-harm data were reviewed at monthly safety meetings, but analysis was too limited. While some attempt was made to identify the triggers of self-harm, not enough was being done to identify or address patterns, themes or learning.
- 3.35 The number of prisoners at risk of suicide or self-harm and receiving support through the ACCT process was higher than at the time of the previous inspection and had increased in the last three months. Staff were knowledgeable about the needs of those on ACCTs in their care and we witnessed some sensitive and considered interactions. However, staff supporting those on ACCTs were overstretched; some staff we spoke to expressed concern about the number of ACCTs they were managing and the impact on prisoner care. Only 50% of those trained in suicide prevention were currently up to date.
- 3.36 In our survey, 61% of respondents who were on an ACCT said that they felt cared for by staff, which was higher than at the time of the previous inspection. However, during the inspection prisoners provided mixed feedback about the support they received. While some were positive, others told us that they were aware that staff were overburdened by their caseload, and that they felt overlooked.

- 3.37 The quality of ACCT documentation was often poor. In the cases we sampled, care planning was particularly weak and in some cases the template was left blank. Initial action plans were generic, often lacking evidence that individual risks had been fully considered. There was not a consistent case manager for each ACCT. However, positively, reviews were usually attended by a mental health nurse, and families were sometimes involved in the review process. ACCT quality assurance took place in an attempt to identify issues, but this was not sufficiently robust. While the prison was aware of the flaws with the ACCT process and had some plans to address them, the necessary improvements had not yet been implemented.
- 3.38 A safer custody 'hotline' was advertised, for families to use if concerned about a relative at the establishment. Two different numbers were advertised, both going to a safer custody voicemail when out of hours, but only one was checked regularly; the other had not been listened to for several weeks. This was rectified during the inspection.
- 3.39 Progress to resume the Listener scheme (whereby prisoners trained by the Samaritans provided confidential emotional support to other prisoners) since the lifting of COVID-19 restrictions had been too slow. There were only four active Listeners at the time of the inspection, which was too few to provide support to the population, and prisoners were not routinely made aware of their availability. In our survey, only 27% of prisoners said that they had access to a Listener.

#### **Protection of adults at risk (see Glossary)**

- 3.40 The prison had developed a comprehensive policy on safeguarding children and adults. However, during the inspection there was some confusion over which senior leader was responsible for this area. Although links with the local authority safeguarding adults board had lapsed, staff we spoke to were aware of the steps they should take if they had a safeguarding concern.

## 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 Relationships between staff and prisoners, and the supervision of prisoners was reasonable. Most staff were calm and confident in their role and we heard much use of first names, on the part of staff and prisoners alike, while also maintaining boundaries.
- 4.2 About 40% of officers on the landings had not been in the service before the COVID-19 restrictions. Sometimes staff remained in wing offices when they should have been out among the prisoners. Nevertheless, our survey confirmed that prisoners appreciated the attitudes of staff; 84% of respondents said that most staff treated them with respect, 82% that there were staff they could turn to if they had a problem and 41% that a member of staff had talked to them in the last week about how they were getting on, against the comparators of 67%, 67% and 27%, respectively.
- 4.3 Support was given to new staff, especially through a recent increase in the number of supervising officers on the wings. This improved confidence and teamworking, particularly in maintaining order and motivating prisoners to go to workplaces. Some new officers spoke highly of the mentoring and support which they had received. However, senior managers were not sufficiently visible in prisoner areas to add their support.
- 4.4 Relatively few key worker (see Glossary) sessions were being carried out, and the number of recorded sessions had reduced in the last year. In general, entries labelled as 'key work' in prisoner records did not refer to sentence planning targets or reducing the risk of reoffending, and therefore were not fulfilling the intended role in supporting progression through the sentence.

### 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

- 4.5 Refurbishment of residential areas had continued, and most living areas were generally of an acceptable standard, despite the drab and run-down exterior appearance of the older buildings.



**Exterior of Cambria wing**

- 4.6 There were fewer double cells than at the time of the last inspection, but some had recently been converted back from single to double. Many of these were not big enough for two people, and the toilet was often not adequately screened. At mealtimes, we sometimes saw one occupant sitting on the only chair and the other on the toilet. There was some graffiti and damage to cells, including a small amount of damp penetration, but a robust system of decency checks by managers had been introduced and most had basic furniture and equipment. Prison managers and Gov Facility Services Limited (GFSL; the facilities management provider) kept in touch daily and collaborated closely, and we were told that the performance of the latter had improved as a consequence. However, staff shortages in GFSL meant that essential work was prioritised and some repairs were delayed.
- 4.7 The grassed areas were reasonably well kept, although some sections were untidy or overgrown. There was extensive litter in the outside areas at most times of the day; new cell windows were due to be fitted, which would reduce this. Some stairways and recesses were not in good condition and there was evidence of vermin on some wings, including fresh rat droppings on Anglia wing. The external environment and campus in general had a neglected feel and presentation about it, something that was not conducive to motivating and encouraging staff or prisoners alike.



**Bag torn by rats, with droppings below**

- 4.8 The system of weekly individual prisoner requests for toiletries, clothing and other items provided in a 'decency pack' was generally working well. In our survey, more respondents than elsewhere were satisfied with the supply of soap and sanitiser, and of cell cleaning materials.
- 4.9 Managers had focused on ensuring that responses to cell call bells were prompt, making regular spot checks, even though there was still no electronic system of checking this. In our survey, 45% of respondents said that their cell call bell was normally answered within five minutes, which was better than the 32% average for comparable prisons.

### **Residential services**

- 4.10 The prison provided the option of two hot meals a day, served at reasonable times, which was better than we usually see. In our survey, a similar number of respondents to that at other prisons and at the time of the previous inspection said that the food was good. The food we tasted was of good quality.
- 4.11 Prisoners selected their meals from a five-week rolling menu that offered a reasonable variety, always including a healthy option. Requirements such as halal, kosher and vegan diets were catered for and the kitchen staff worked well with the health care department on meeting individuals' needs. However, breakfast packs were small and were issued with the evening meal on the night before consumption.
- 4.12 The main kitchen was clean and well organised. Wing serveries were clean during the day, but after the evening meal we found that several serveries had not been cleaned after use, which was unhygienic and

poor practice. There were separate utensils for the serving of halal, but not for vegetarian food.



**Uncleaned servery**

- 4.13 Prisoners did not have access to self-catering facilities such as microwave ovens and toasters on the residential units. There were only limited opportunities to eat meals outside the cell with others, which was a source of frustration to some.
- 4.14 The shop provision was adequate. Leaders had introduced a small stock of basic items, which prisoners could buy on arrival. In our survey, 82% of respondents said that they had had access to the prison shop on arrival, which was better than at the time of our last inspection and at similar prisons. Prisoners could order from a range of catalogues.

### **Prisoner consultation, applications and redress**

- 4.15 Regular consultation arrangements included a prison-wide forum and a residential unit meeting, both of which took place monthly. The former was well attended by staff from many areas of the prison, but only a few prisoners attended. Some good discussions took place, taking a specific theme each month, but there was poor tracking of actions. The residential unit meetings were well attended by a good representation of prisoners from the wing, but they rarely received a response to the

issues they raised and common themes from these meetings were not taken to the prison-wide forum.

- 4.16 The application system was still paper based, with forms available in residential areas. The process was weak; there was a system to track forms, but responses were rarely logged and there was no oversight by leaders. In our survey, only a quarter of prisoners said that applications were dealt with within seven days and only half said that they were dealt with fairly. Leaders had recently piloted a prisoner information desk, on Saxon unit, and the early signs were promising.
- 4.17 Prisoners justifiably lacked confidence in the complaint procedures. On average, the complaints department logged just under 80 complaints a month, but it had become the custom for these to be regularly filtered, and in the last three months almost a third of complaints had not been processed. In our survey, only 58% of prisoners said that it was easy to make a complaint, 35% that they were dealt with fairly and 26% that they were usually dealt with within seven days. In the last three months, almost a quarter of complaints had been responded to late; leaders had identified timeliness issues and were taking action to address them. The responses we reviewed were of a good standard, polite and addressed the issues raised.
- 4.18 The provision for prisoners to meet legal advisers was poor; at the time of the inspection, these visits took place in the open visits hall, which lacked privacy. The prison library had a good range of legal texts. Leaders had introduced a new system for legal mail which made sure that each item was validated, logged and signed for by the recipient. In our survey, 39% of respondents said that their legal mail had been interfered with, which was a considerable improvement since the last inspection (65%) and better than the comparator (58%).

## **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) 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**

- 4.19 Throughout the pandemic, there had not been a dedicated member of staff leading on the promotion of equality, so it had been difficult to maintain momentum and visibility for diversity and inclusion across the prison. Energy and commitment had, however, been invested by the responsible manager, for whom this was an addition to already demanding residential management duties, and an experienced and

effective administrative officer. They had achieved much, but could not cover all of the work adequately.

- 4.20 Quarterly meetings were well attended by the governor and senior managers. Members of the senior leadership team each took responsibility for one protected characteristic. Some equality data monitoring took place, especially in relation to complaints, use of force and the incentives policy, in line with recommendations of the Lammy review (see Glossary). At the beginning of each week, a report was produced on the population profile, which enabled practical responses to changing patterns. Some protected characteristic forums had restarted in the last three months and there were plans for quarterly forums for every group.
- 4.21 Prisoner diversity and inclusion representatives contributed well and one of them went to Anglia wing daily to complete a voluntary diversity and inclusion questionnaire with each new arrival. This yielded information not only about new prisoners' protected characteristics, but also about other groups, such as care leavers and veterans. The information was passed on, with consent, to relevant departments.
- 4.22 The handing of discrimination incident report forms (DIRFs) had improved considerably. Useful guidance and templates had been produced locally and quality checking was carried out by senior managers. A team of DIRF investigators had been trained and the quality of their work was reasonably consistent. It was likely that the relatively large proportion of these complaints that were upheld showed a mature approach to taking complaints seriously, rather than a higher prevalence of discrimination than elsewhere.

### **Protected characteristics**

- 4.23 In our survey, there were no differences between the responses of white prisoners and others, although one prisoner's written comment reflected what a number of black and minority ethnic prisoners told us: "This place is harder when you're black." An ethnicity forum had been held recently, with 11 prisoners attending. In addition, work with Gypsy, Roma and Traveller prisoners had been revived and 18 of them had attended a recent event in the chapel garden.
- 4.24 There were relatively few foreign national prisoners at the establishment. A list of the few staff speaking other languages was available.
- 4.25 Those with disabilities were often identified on reception, especially through the diversity and inclusion questionnaire, and a paid peer support orderly system was now in place. Those who needed help in the event of emergency evacuation were well signalled in wing offices and staff were aware of them.
- 4.26 Older prisoners received support from visits to the prison, most weeks, by an Age UK worker. There was little support available for younger prisoners.

- 4.27 Two individuals identified openly as gay, and while prisoners said that there were no homophobia issues, there was no evident support for diversity in this area.
- 4.28 A prison officer supported veterans, with the aid of the Soldiers', Seamen's and Airmen's Families Association (SSAFA) and Care After Combat, holding regular meetings.
- 4.29 In our survey, those who had experienced local authority (LA) care had less positive perceptions of their treatment than others. This covered areas such as treatment by staff, conditions on the wings, safety, bullying by staff and the incentives policy. It was therefore timely that the establishment had recently identified a single point of contact in the offender management unit for these prisoners; with the help of the diversity and inclusion representatives, this officer collected and used information, such as the LA personal advisers' names and the support needs of these individuals.
- 4.30 Overall, activities were restarting after the easing of the pandemic restrictions, but a new approach, and more resources, were needed to ensure that equality, diversity and inclusion were embedded in the culture of the prison.

### **Faith and religion**

- 4.31 The chaplaincy had continued to be present, visible and available every day during the pandemic and had moved quickly to restore corporate worship and other activities when possible. There was a full chaplaincy team, which worked together well. In our survey, 81% of respondents with a religion said that their beliefs were respected, and 84% that they could speak to a chaplain in private, both of which were better than in comparable prisons. A new managing chaplain was providing good leadership, which his colleagues appreciated. Chaplains were thoroughly engaged in the establishment processes for supporting vulnerable and at-risk prisoners.
- 4.32 A programme of events was planned and had begun to be delivered. For example, yoga sessions were provided through the chaplaincy for staff and prisoners; the Urban Beats music project had continued throughout the pandemic; and the Sycamore Tree victim awareness programme had restarted with a new volunteer team. Links were being developed with community faith-based groups to restore volunteering and 'through-the-gate' support for prisoners.
- 4.33 The chaplaincy facilities were in process of refreshment; the chapel and the main chaplaincy corridor had been painted and a new organ installed, but the remainder was drab and unattractive. The multi-faith room was unfit for purpose: it was not watertight and had poor temperature control. Plans to reconfigure and brighten the whole complex were at an early stage.

## 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.

- 4.34 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found no breaches of the relevant regulations.

### Strategy, clinical governance and partnerships

- 4.35 Health services were provided by Practice Plus Group (PPG), which delivered a good service. Partnership working with the prison and commissioners ensured oversight of governance and service improvement.
- 4.36 All clinical services had knowledgeable and supportive leadership. Lessons were learnt from incidents, complaints and prisoner forums. In our survey, far more respondents than at comparator prisons marked the overall quality of health services as good or very good (66% versus 38%). Most prisoners we spoke to said that they could access health provision easily and that staff were respectful.
- 4.37 We saw professional and caring interactions between staff and patients in all health departments. Pharmacy staff dealt sensitively and responsively to patient concerns at the medicine administration hatches.
- 4.38 There were sufficient staff, with the right skills, available each day to deliver services. The GPs, nurses, paramedic and visiting clinical specialists were up to date with their mandatory training and staff supervision.
- 4.39 Staff vacancies were subject to regular recruitment drives, and gaps in staffing were covered by PPG nurses who knew the patients. The prison, PPG, a local university and Health Education England had recently produced an innovative suite of virtual reality videos to be used by universities to encourage health students to consider the care of patients in prison as a career option.
- 4.40 Record keeping was of a good standard and all teams used SystmOne (the electronic clinical record). Some paper care plans were in use, which carried potential risks to the efficient sharing of information, and this needed review and rectification.
- 4.41 The health care centre had sufficient space for health activities, except some substance misuse interventions, for which space was sought on the wings on an ad-hoc basis. Not all clinical rooms were fully safe because of self-locking doors in the primary care suite and poor

placement of the assistance bells in reception, which had resulted in the custom and practice of leaving doors open. Some mitigation had been adopted by using screens to block the view into the rooms, but these were not always used. This meant that consultations were not routinely held in private. While we were on-site, some remedial action was planned to resolve the issues with the use of self-locking doors, but safe systems of work for staff needed review.

- 4.42 Health care staff were well trained in emergency response. The PPG resuscitation equipment was in a state of readiness and checked regularly. The prison had its own automated external defibrillators (AEDs) and, unusually, airway management equipment for use by officers when health professionals were not on-site. Following learning from deaths in custody, the prison and PPG had introduced the promising innovation of custody officer immediate life support (COILS) training, to enable more sophisticated resuscitation of a prisoner in a state of collapse, which could potentially preserve life until the arrival of an ambulance. COILS use was monitored by the prison and health partners.
- 4.43 Health care complaints were logged, acknowledged and responded to appropriately. Systems to safeguard vulnerable patients were effective.

#### **Promoting health and well-being**

- 4.44 There was a suitable local plan for health promotion, and a calendar of events for the year. Information on harm minimisation was given to new arrivals and health information was available across the prison.
- 4.45 Health promotion material was widely displayed. We saw a recent mental health awareness campaign being advertised in the library and on the wings. Health peer supporters were available on each wing and they encouraged prisoners to take advantage of the well-being opportunities in the prison.
- 4.46 Sexual health services were available and waiting times were short. Nurses on-site offered routine care, visiting specialist nurses treated more complex cases, and patients with urgent needs were managed as they arose. Immunisations and vaccinations were available as clinically indicated, although some childhood and human papillomavirus vaccinations were yet to be implemented following the lifting of the pandemic restrictions. The health of older prisoners was checked and monitored regularly.
- 4.47 Patients had easy access to help with weight management, smoking cessation and general well-being promotion.

#### **Primary care and inpatient services**

- 4.48 All new arrivals received an initial health screening in reception by an appropriately qualified member of the primary care team. Health care needs were identified promptly and necessary onward referrals were made, including to substance use services and the GP. A secondary

health screen was completed within seven days, in accordance with the National Institute for Health and Care Excellence (NICE) guidelines.

- 4.49 Prisoners requested health appointments via paper applications, which were reviewed and triaged by a qualified clinician daily. Two non-medical prescribers helped to make sure that prisoners had good access to skilled professionals who could prescribe appropriate medicines promptly. Waiting times for routine GP appointments were reasonable and urgent cases were seen on the same day.
- 4.50 A multidisciplinary meeting to discuss prisoners with complex needs took place weekly. Daily handover meetings were attended by all health care teams and were a valuable opportunity to share important information about patients and keep them safe.
- 4.51 Prisoners with complex needs and long-term conditions received a good standard of care from a dedicated and a caring nurse-led service. There was a strong focus on creating detailed and personalised care plans, involving patients in all decisions about their care and treatment.
- 4.52 Allied health care professionals had continued their clinics throughout the pandemic, with very short waiting times. This was well managed by a dedicated member of the primary care team.
- 4.53 Non-attendance rates were high for some clinics, including the GP and dentist. Non-attendance was followed up and, where possible, spaces were filled by others on the waiting list, to make good use of clinical time.
- 4.54 Administrative and clinical oversight of external hospital appointments was strong. At the time of the inspection, there were 120 prisoners waiting for an appointment, as a result of long community waiting times caused by the pandemic. Only 10 slots were available each week for external officer escorts; this capacity was prioritised for urgent appointments, so some routine appointments had to be cancelled.
- 4.55 Discharge processes were comprehensive and robust. A dedicated discharge coordinator worked with both health care and resettlement departments, provided pre-release appointments for patients and ensured preparation for release. The coordination of care between GPs and community agencies was efficient. The coordinator also made sure that take-home medicines, naloxone (an opiate reversal agent) and harm minimisation supplies were available on release, and referred any prisoners with no fixed abode to the appropriate local authority, to safeguard the vulnerable. The process was monitored at a monthly discharge coordinator forum, attended by PPG coordinators in the region, where learning was shared to improve practice.

## **Social care**

- 4.56 NHS England commissioned PPG to provide social care on behalf of Dorset Council, using a pooled budget arrangement. The 2019 memorandum of understanding (MoU) had not been signed by all

parties and some agreed supplementary work was outstanding. During the inspection, work was initiated to review the MoU.

- 4.57 A suitable pathway for social care was in place, although no prisoners had met the threshold for a social care package (see Glossary) for several years. Not all referrals to the local authority had completed assessments within the target of 28 days. A review of the pathway had started before the inspection, to address this performance issue.
- 4.58 A suitable pathway for end-of-life care was in place, underpinned by supportive relationships with the Weldmar Hospice, although no prisoners had needed terminal care for several years.

### **Mental health care**

- 4.59 PPG mental health services generally met the needs of the population. In our survey, more respondents than elsewhere said that the quality of mental health care was good or very good (55% versus 26%).
- 4.60 A small team of nurses, doctors and psychologists offered a responsive seven-day service. The team had a wide range of competencies and were up to date on mandatory training and supervision. A vacancy for a psychiatrist was being covered by visiting psychiatrists on a sessional basis, which had led to longer waits than usual for non-urgent consultations.
- 4.61 About 50% of officers had received mental health awareness training in the last three years, but training had been curtailed during the COVID-19 restrictions. PPG was starting a new programme of training for officers at the time of the inspection. There had been some targeted training on dementia care during the restrictions, designed to help officers to support a vulnerable prisoner.
- 4.62 The open referral system led to 50 to 60 new cases each month. A mental health duty worker triaged cases promptly each day, saw urgent referrals and allocated others for assessment. Targets for urgent (48-hour) and non-urgent (five-day) assessments were being achieved. The well-attended multidisciplinary team met each week to review all new cases and patients of concern. Waiting times were short, except for group work, which had been affected by curtailments and restrictions on the size of gatherings during the pandemic.
- 4.63 The team held 50 to 60 patients on the caseload at a time. A wide range of therapies was on offer, including short-term solution-based approaches, cognitive behavioural therapy, eye movement desensitisation and reprocessing, and dialectical behavioural therapy for trauma, and support for enduring serious disorders. Groups were being reintroduced, starting with sleep hygiene. The chaplaincy, library and Samaritans offered other avenues of support. The service was developing a neurodiversity treatment pathway, but lacked a dedicated learning disability practitioner.

- 4.64 The care programme approach was used appropriately to support patients with enduring and complex disorders. Practitioners engaged with community mental health teams before the release of patients, and held section 117 (see Glossary) reviews and liaison meetings as necessary. Nurses commented on the challenges of arranging services for prisoners being released with no fixed abode.
- 4.65 Despite our previous recommendation, only one out of four patients had completed transfer to hospital under the Mental Health Act within the target of 28 days since December 2021.

### **Substance misuse treatment**

- 4.66 There was a comprehensive drug strategy and a dedicated PPG policy on managing patients with problems arising from the high use of psychoactive substances (see Glossary).
- 4.67 Clinical management was good, with some thoughtful and patient-focused prescribing. Clinical caseloads were high, but joint prescribing reviews with the prisoner and psychosocial worker were frequent. Additional joint working took place, such as the 'keep-in-touch' sessions and support for administration.
- 4.68 Suitable harm minimisation advice was given to new arrivals, with psychosocial assessments being completed within three days, most including a comprehensive review of risks and mitigations. Psychosocial care plans were in place, but were not always available and did not always acknowledge mental health practitioner input. However, we saw promising developing joint work to improve services for prisoners with a dual diagnosis (those with co-existing mental health and substance misuse problems).
- 4.69 A good range of psychosocial interventions was used. Psychosocial workers were busy, each having around 40 prisoners on their caseload. Groups were undertaken weekly on each wing and could accommodate up to 10 prisoners. Those who relapsed and had resorted to taking PS were seen urgently and offered support.
- 4.70 The model included a full-time family worker and community link worker, who were providing excellent links with the community for prisoners and were highly active and visible within the resettlement and release planning boards.

### **Medicines optimisation and pharmacy services**

- 4.71 The delivery of some aspects of the pharmacy provision were not effective. Medicines were dispensed remotely by the Sigma Group, but there was a lag time for ordered medicines to arrive in the pharmacy, which meant that some prisoners did not always receive their medicines in a timely manner. However, nurses collected urgent medicines from a local pharmacy using an FP10 prescription if necessary.

- 4.72 A range of emergency medicines was available to enable prisoners to access medicines out of hours, but there were no stock reconciliation procedures, so anomalies were not being identified or investigated. Suitable medicines were available to treat minor ailments. Controlled drugs were generally well managed and audited at regular intervals. Medicines were stored and transported securely, and low-temperature medicines were kept in suitable refrigerators, which were monitored.
- 4.73 The prescribing of tradeable medicines was well controlled, so that only a handful of prisoners received them. The pharmacist was yet to restart clinics, where advice could be sought on how to take medicines safely, and medicine use reviews following the lifting of the pandemic restrictions. At the time of the inspection, there was limited pharmacy input into any clinics because of staff shortages. Staff recorded some incidents on Datix (the incident reporting system), but reporting was not sufficiently robust and could be improved to enable learning from incidents.
- 4.74 Prescribing and administration were recorded on SystmOne. Risk assessments were also entered onto this system, and reviewed as appropriate. A reasonable number of patients (around 65%) received their medicines in-possession and see-to-take medicines were administered twice daily. Officer supervision of medicines queues was good and provided a degree of privacy. There was no provision for night-time administration, which was either given in-possession or at 4pm, which reduced therapeutic benefit.
- 4.75 Patients were supplied with lockable storage boxes for their medicines. Pharmacy technicians supported officers when carrying out intelligence-led cell checks.
- 4.76 There were some procedures to monitor patient concordance with treatment, which depended on the type of medication. However, patients who did not attend for medication administration were not followed up robustly, so compliance was not always assured.
- 4.77 Patient group directions (which enable nurses to supply and administer prescription-only medicines) were limited to vaccinations and one type of asthma inhaler, but there were non-medical prescribers on-site if needed.
- 4.78 A weekly prescribing forum and a monthly medicines management group oversaw medicines processes and were regularly attended by pharmacy staff.

### **Dental services and oral health**

- 4.79 The dental team provided a good and flexible service, offering a full range of NHS dental treatments. Advice on effective oral hygiene was given routinely and disease prevention was promoted. Dental care planning and record keeping were assured by regular audit and were very good.

- 4.80 As a result of the pandemic, waiting times had increased and were now at just over five weeks, which was reasonable, and additional clinics would be held if this increased further.
- 4.81 Follow-up appointments were completed promptly and slots were set aside to see urgent referrals. Out-of-hours provision was available when needed. Non-attendance rates in the dental service were high and there was ongoing work to reduce these numbers.
- 4.82 The dental suite was clean and met infection prevention and control standards, and prisoners benefited from the high-quality environment. All required certifications, maintenance of essential equipment and radiation protection were up to date. An air purification unit was in place, to ensure the circulation of clean air. Aerosol generating procedures were now carried out without any fallow time. There were no separate decontamination facilities, which did not comply with best practice.
- 4.83 Oxygen, AEDs and medicines for use with a collapsed patient were located within a short distance of the dental surgery, which made sure that they were well prepared for medical emergencies.

## 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) and are encouraged to engage in activities which support their rehabilitation.

- 5.1 Leaders had recently implemented a new daily schedule, as part of an incremental plan to return all prisoners to employment after the pandemic. In our survey, more prisoners than at similar prisons responded positively about time out of cell, access to activities and the encouragement given by staff to attend work or education.
- 5.2 At the time of the inspection, there was capacity for all prisoners to be employed, and just over three-quarters were currently allocated to an activity, mostly full time. However, 20% were unemployed and a further 16% were not attending their allocated activity. The remainder were not eligible to work because of long-term sickness or retirement. We were told that the high unemployment rate would be addressed within the next month.
- 5.3 During our roll checks, we found 59% of prisoners engaged in purposeful activity, of whom 40% were off the wing in education or workshops and 19% were working on their wing. We found 19% locked up, which was much better than in similar establishments we had inspected recently, but was still too high for a training/resettlement prison. The remainder were conducting domestic activities.
- 5.4 Employed prisoners spent almost nine hours a day unlocked, and prisoners on the two enhanced units had up to 11 hours out of their cell on workdays. Unemployed prisoners and those not attending work had only three hours out of their cell each day.
- 5.5 Employed prisoners had no allocated time for exercise outside on a working day, which was a source of frustration for them. Unemployed prisoners could have 30 minutes a day outdoors, which was still insufficient. In our survey, 57% of respondents said that they could go outside for exercise more than five days in a typical week, which was far worse than at similar prisons (71%).
- 5.6 Employed prisoners also had limited association time, other than at weekends. In our survey, only 41% of respondents said that they got association more than five days a week, which was far less than at similar prisons (59%). Association areas had limited recreational equipment, and on most wings this could only be used at the weekend.

- 5.7 Leaders in the gym had a good system to ensure equal access, and an individual timetable was created for each person as part of their gym induction. The level of access depended on regime level and employment status. The gym also provided evening sessions for employed prisoners. In our survey, 50% of respondents said that they could go to the gym twice a week or more, which was better than at similar prisons (29%).
- 5.8 The cardiovascular suite was cramped, and it was not in use when we visited it. The showers were not screened and were out of use at the time of the inspection, waiting for repairs. No outdoor sports area was in use at the time of the inspection, but we were told that this facility was to be restored as part of the new build programme.



**Gym facilities**

- 5.9 The gym staff had started to offer additional activities, such as volleyball and racquet clubs. The timetable also allowed for medical, mental health and safer custody staff to refer prisoners to sessions.
- 5.10 The library, run by Weston College, was large and well stocked. Access had been for one wing at a time until May 2022, but it was now open to anyone who wanted to attend. Usage was increasing month by month, but as the prison moved back to full-time employment, leaders needed to consider how the library would be accessible, in practice, to everyone.

- 5.11 Library staff ran a range of creative initiatives, including Storybook Dads (in which prisoners record stories for their children), board games, mindfulness sessions, and arts and crafts. Some initiatives were relatively new and attendance was low, but interest was building and those we spoke to valued them (see also paragraph 5.38).



The library

## 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 areas of concern, 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.

- 5.12 Ofsted made the following assessments about the education, skills and work provision:
- Overall effectiveness: Requires improvement
- Quality of education: Requires improvement
- Behaviour and attitudes: Requires improvement
- Personal development: Requires improvement
- Leadership and management: Requires improvement
- 5.13 Prison and education leaders had devised a curriculum that met the needs of much of the prison population. They used local employment information and allocations data well to ensure a focus on the industries in which prisoners would most likely work, as well as the levels of study that they most needed. Leaders also made sure that the curriculum included courses to support prisoners' social and emotional development.
- 5.14 There were enough activity spaces for the entire prison population, but there were too few spaces in English and mathematics classes. Prisoners had to wait too long to study these subjects. Only a small number of prisoners accessed outreach English and mathematics classes, which took place in workshops.
- 5.15 The process to allocate prisoners to education, skills and work had improved since the last inspection. Managers allocated most prisoners to appropriate activities. However, they did not allocate enough prisoners to roles such as classroom mentors because of backlogs in obtaining security clearance for prisoners.
- 5.16 A large minority of prisoners were unemployed. In most cases, this was because leaders were carefully reintroducing a full employment regime following a long outbreak of COVID-19 at the prison. They had devised well-considered plans and were in the latter stages of implementing them. However, prisoners who were unemployed because of regime restrictions did not engage in alternative activities, such as in-cell learning.
- 5.17 Prison leaders had taken decisive action to hold the education provider to account for recent poor performance. Their action had led to improvements. For example, the college had subsequently filled many longstanding vacancies with well-qualified staff. This meant that a broad and suitable range of academic and vocational subjects was consistently available to prisoners.
- 5.18 Prison and education leaders had a good understanding of the key weaknesses within the provision, but they had not made enough progress in rectifying these since the previous inspection. Only three of the recommendations made by inspectors had been achieved. During quality improvement group meetings, leaders did not focus closely enough on tackling weaknesses within education, skills and work.

- 5.19 The pay policy included incentives for gaining qualifications, including in functional English and mathematics. However, this had not increased prisoners' motivation to study these subjects.
- 5.20 Leaders did not provide enough opportunities for prisoners in workshops to gain accredited qualifications. In a few cases, prisoners had been told, incorrectly, that they could complete accredited courses in workshops where there was no option for this. This had had a negative impact on their levels of motivation.
- 5.21 There was only limited access to the virtual campus (see Glossary). No prisoners had recently benefited from using this resource.
- 5.22 Most prisoners attended induction sessions soon after they arrived at the prison. However, induction sessions were disjointed. Information that tutors provided to prisoners did not give them an accurate enough picture of the education, skills and work available. Tutors did not focus on the importance of gaining functional English or mathematics qualifications for certain prison jobs.
- 5.23 Prisoners found the careers information, advice and guidance they received from advisers to be helpful. Advisers conducted interviews with most prisoners soon after they arrived at the prison. Allocations staff used this information to make sure that, in most cases, prisoners accessed the appropriate qualifications promptly.
- 5.24 Leaders had increased their support for prisoners close to release. The 'employment hub' staff worked effectively with careers advisers and employment brokers to help prisoners find jobs in their resettlement areas. The number of prisoners who had gained employment through this approach had increased considerably.
- 5.25 Leaders had not developed strong links to external employers. However, at the time of the inspection, leaders had advanced plans to release eight prisoners on release on temporary licence to work with two local employers (see also paragraph 6.31).
- 5.26 Education leaders and managers carried out thorough quality assurance activities. They planned tutor development activities based on weaknesses that they identified. As a result, tutors took part in useful training that improved aspects of their classroom practice, such as how they assessed prisoners' knowledge.
- 5.27 Tutors had completed appropriate teaching, as well as subject-specific, qualifications to high levels. Those who taught vocational subjects had substantial, up-to-date work experience in related industries. They used this to enhance their teaching by linking key theoretical knowledge to their own experiences at work.
- 5.28 Leaders had not made sure that tutors had high enough ambitions for all prisoners. In English and mathematics classes, for example, tutors did not make effective use of diagnostic assessments to plan learning to challenge more-advanced prisoners, and too many were studying

topics with which they had been competent at the start of the course. In the prison kitchen, instructors did not encourage all prisoners to develop a full range of catering-related skills and knowledge.

- 5.29 Prisoners serving very long sentences rightly expressed frustration at the lack of opportunity to develop their skills and knowledge beyond level 2. Only a small number of prisoners studied degree-level distance learning qualifications. The few long-term prisoners with higher-level jobs, such as education wing mentors, did not have enough meaningful activity to complete during their working hours.
- 5.30 Tutors planned well the order of the topics that they taught. For example, English tutors gradually introduced prisoners to different types of text, starting with those that were most familiar. They integrated the concept of formal and informal register effectively into this topic. In bricklaying, prisoners learned about health and safety and basic bricklaying preparation before they learned how to use tools and bricklaying techniques correctly.
- 5.31 During lessons, tutors planned activities such as question and answer sessions to check that prisoners understood key topics thoroughly. When prisoners had a sound understanding, tutors introduced more challenging activities to develop their knowledge to a greater depth. Towards the end of courses, prisoners undertook useful revision activities to make sure that they recalled the knowledge and skills that they had covered earlier in their courses.
- 5.32 Tutors' marking of written work did not support prisoners to make improvements. For example, when they marked in-cell learning packs, they concentrated only on whether prisoners had met the criteria for passing the course. When prisoners produced poor-quality work, most tutors' feedback did not help them understand how to make improvements. In the few cases where prisoners received helpful feedback, they did not use this to improve their work.
- 5.33 Although leaders had trained staff to support prisoners with learning difficulties and/or disabilities (LDD), help for these prisoners was not consistently effective. For example, the few who had complex support needs did not complete an in-depth screening of these needs until after they had started their courses. Tutors with experience of supporting prisoners with LDD implemented helpful support strategies during lessons. In too many cases, however, they relied on other sources of support, such as trained peer mentors, and there were too few of the latter available within the education department to meet prisoners' needs.
- 5.34 The few prisoners who needed to study English for speakers of other languages (ESOL) did not receive sufficient support. Education managers had recently introduced one-to-one ESOL sessions for these prisoners, but they were poorly planned and did not always target the right prisoners. Prisoners with low levels of literacy received one-to-one support from trained Shannon Trust mentors.

- 5.35 Prisoners' achievement rates had improved since the previous inspection. Most prisoners who took qualifications in functional English or mathematics at entry level or level 1 passed them. However, achievement rates remained low, at level 2 in both subjects.
- 5.36 Most prisoners developed their knowledge and skills considerably as a result of their courses. Those who studied mathematics at level 1 confidently calculated the volumes of complex shapes. Those who studied cleaning qualifications increased their knowledge of health and safety, and the correct procedures for biohazard cleaning.
- 5.37 Prisoners within workshops such as textiles and electrics developed a small range of new knowledge and skills, as instructors did not monitor their progress closely or provide enough guidance. Prisoners who worked in farms and gardens learned useful new knowledge and skills, but they did not record or reflect on these.
- 5.38 The library had produced a wide-ranging personal development curriculum. This included events and celebrations that focused on equality and the diverse nature of Britain, as well as activities such as book clubs. These helped prisoners to develop their personal and social skills. However, too few prisoners engaged in such activities.
- 5.39 The education department ran good-quality courses that focused on prisoners' personal development. Prisoners who attended emotional resilience courses gained a deeper knowledge of the effect of their behaviour on those close to them. They openly explored their feelings with their peers. Instructors in workshops with large proportions of prisoners with LDD supported them well to overcome personal challenges.
- 5.40 Tutors planned opportunities to explore themes such as values of tolerance and respect within their lessons, but these had proven ineffective in securing prisoners' knowledge in this area. However, prisoners were highly respectful towards one another in class and tolerated differing points of view.
- 5.41 Prisoners' attendance and punctuality at work and education sessions were not good enough, in spite of attempts by leaders to improve these. Too many prisoners arrived late to classes, finished sessions early or, in a few cases, missed classes entirely because of gym sessions. Attendance in workshops was particularly low.
- 5.42 Most prisoners behaved well during lessons and in their work areas. They responded respectfully when tutors and instructors challenged inappropriate language. A few prisoners broke rules unchallenged. For example, they vaped in areas where this was not allowed. As a consequence, they did not develop a full range of work-ready skills.
- 5.43 Prisoners felt safe while they studied and worked. They understood the importance of wearing the correct personal protective equipment, and of working safely.

## 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 Work to promote contact between prisoners and their families or significant others was embedded across the prison. A comprehensive strategy outlined clear priorities, which were communicated well, both internally and externally. The 'family champion' led on this work, chairing monthly strategy meetings which were well attended by senior leaders, and overseeing an action plan which provided a focus across various departments.
- 6.2 The number of visits available had recently increased, but provision remained insufficient to meet demand, with visits often fully booked several weeks in advance. The visitors centre was shabby and run down, with little provision for children or information for visitors. By contrast, the visits hall was bright and welcoming, although the well-equipped play area had not reopened since COVID-19 restrictions had been lifted and there was only limited cafeteria provision for visitors.



**Play area in the visits hall**

- 6.3 Secure video calls (see Glossary) remained popular, and the prison was able to facilitate 45 virtual visits a week. In our survey, 20% of respondents said that they had had an in-person visit in the last month, and 26% a virtual visit. In-cell telephones were valued as a way of staying in touch with family and friends, and 97% of respondents to our survey said that they were able to use the telephone every day, which was far higher than at similar prisons.
- 6.4 The family champion worked with Barnardo's as the external provider, which provided support during visits, as well as one-to-one support to prisoners in keeping in contact with their families. Parenting courses had stopped during the pandemic and there were no immediate plans to reinstate them. However, there was a range of innovative opportunities to support prisoners in maintaining contact with their families, including a 'safe and sound selfie project', a purposeful activity photo project, in-cell activity packs and ad-hoc groups such as a 'memory box' craft group (see also paragraph 5.11). 'Well-being days' (see below) had recently restarted and were greatly appreciated by the prisoners we spoke to, providing themed visits for around 15 prisoners each month.
- 6.5 The information provided to families was excellent. Barnardo's ran a monthly virtual 'family forum', which was an online support group enabling families to share their experiences or raise concerns. As a result of feedback from these sessions, work had been done to enhance communication about the establishment for families, including the development of a comprehensive information booklet about daily life in the prison. A regular newsletter provided further information and updates, and this was sent to families directly, as well as being published on the prison's Twitter account. Managed by the family

champion, the use of email and social media to promote information sharing between the prison and families was particularly valuable.

- 6.6 Some work had begun to understand the needs of prisoners who did not receive visits, and these individuals were considered when planning activities. This included renaming family days as 'well-being days', to encourage wider take-up.

## **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 The establishment was designated as both a resettlement (60%) and training (40%) prison and the population flow was largely in keeping with this model. About 67% of prisoners were serving sentences of over four years, including 13% who were serving life or an indeterminate sentence for public protection.
- 6.8 The management of reducing reoffending seemed effective and oversight had been maintained throughout the pandemic. Effective leadership and frequent, well-attended meetings coordinated action ambitiously and collaboratively in efforts to improve outcomes for prisoners across all the resettlement pathways. The employment hub (see paragraph 5.24) was progressing well and advanced plans were under way to reinstate the 'resettlement academy' which provided information to prisoners in their last 12 weeks before release, for example, explaining license conditions and how to avoid re-call. A new 'departure lounge' offering practical help on the day of release was also due to open in the coming weeks.
- 6.9 A comprehensive refresh of the needs analysis of the population was nearly complete and would serve well to inform future planning, including for the prison's expansion programme, due in 2023.
- 6.10 The capacity and capability of staff in the offender management unit (OMU) were undermined by ongoing vacancies and a lack of training in some important areas of case administration. The prison was profiled for six case administrators, but only two were in post, one of whom had been temporarily promoted into a senior case administrator position. Recruitment to fill these vacancies was taking place and, as a temporary measure, two operational support grade staff had been drafted into the team to help. However, staff were overwhelmed in trying to cover essential daily duties and train new members, which meant that some case management tasks had to be prioritised over others, leaving gaps.
- 6.11 There were four full-time probation-employed prison offender managers (POMs) and they each carried caseloads of about 40, which was reasonable. Prison-employed POMs were no longer cross-deployed to

undertake other prison duties, but their caseloads were high, and some were new and needed more training to be fully effective.

- 6.12 Some prisoners expressed justified frustration about their inability to see and communicate with their POM and progress in their sentence. In our survey, 88% of those who had a custody plan knew what they needed to do to achieve their objectives, but only 49% said that someone was helping them.
- 6.13 The initial allocation of a prisoner to the caseload of a probation- or prison-employed POM was timely and appropriate, and prisoners were usually informed by letter. However, subsequent contact was disappointing, lacked focus and was too often infrequent – triggered largely by the need to complete paperwork for time-bound tasks and key events, instead of spending time supporting and motivating prisoners.
- 6.14 At the beginning of the pandemic, the prison had introduced ‘Dial a POM’, whereby prisoners could speak to their POM and community agencies via telephone, by appointment. It was positive that this facility had been maintained, along with the recently introduced monthly wing surgeries, in efforts to increase visibility and contact.
- 6.15 About 14% of the eligible population did not have a valid offender assessment system (OASys) assessment, but concerted efforts to reduce the backlog, with support from HM Prison and Probation service, were ongoing. Nearly three-quarters of prisoners with an OASys assessment had had some form of review in the last 12 months. From the sample we reviewed, nearly all had a sentence plan, most of which were of at least a reasonably good standard. However, there were a few weaker examples, where sentence plan targets were focused on community objectives, with little or no reference to the prisoner’s time in custody or where specified interventions were not available at the establishment.
- 6.16 In most of the cases we looked at in detail, we considered that the prisoner had not made sufficient progress towards their sentence plan targets. Progress for some was hampered further by their inability to access offending behaviour programmes, either at the establishment or elsewhere (see paragraph 6.28), and the lack of key work (see Glossary) to support rehabilitation (see paragraph 4.4).
- 6.17 In 2021, the prison had held three forums for those serving life or indeterminate sentences for public protection, which had provided a good opportunity for them to share ideas and get answers to common issues. These were due to resume shortly after the inspection. There were sometimes delays in the submission of parole dossiers.
- 6.18 The prison managed home detention curfew (HDC) processes reasonably well. Most releases were timely, but some prisoners were released late, usually for reasons outside of the prison’s control – such as receiving prisoners too close to their eligibility date, the lack of Bail Accommodation and Support Services support and delays in verifying

suitable addresses. Staff in the OMU told us that, in some instances, community offender managers (COMs; those responsible for verifying suitable addresses) were unsure of their responsibilities or how to use the electronic HDC assessment system, which sometimes added further to delays. At the time of the inspection, three prisoners waiting for release were beyond their eligibility date, one of whom had been waiting since May 2022.

## **Public protection**

- 6.19 Forty-eight per cent of the population were assessed as presenting a high or very high risk of harm to others and about 54% were eligible for multi-agency public protection arrangements (MAPPA).
- 6.20 New arrivals were appropriately screened to identify and record potential risks, and contact restrictions were applied as needed. Arrangements for prisoners subject to monitoring for public protection purposes were reasonably well managed, but there were sometimes delays in prisoners' calls being listened to. Annual reviews of those with child contact restrictions took place but were not always timely.
- 6.21 The risk management meeting considered all those who were subject to MAPPA in good time before their release. However, there were gaps in collaborative oversight for those who were assessed as presenting a high risk of harm but not subject to MAPPA, so their risks may not have been managed appropriately. Attendance at the risk management meeting lacked wider prison involvement.
- 6.22 Contact between the prison and COMs, to hand over responsibility of cases and share information in preparation for prisoners' release, was generally good – but it was not always robust or timely. Delays in responses from COMs sometimes resulted in last-minute flurries of activity to make accommodation referrals or confirm MAPPA management levels and licence conditions, despite efforts from the prison to follow up and escalate issues when there was no reply (see also paragraph 6.37).
- 6.23 Among our case sample, all but one prisoner had a risk management plan. Most were of reasonable quality, except for one which described the prisoner's situation as being in his former establishment, with no acknowledgement of his imminent release from Guys Marsh.
- 6.24 The prison's written contributions to MAPPA panels were mostly of reasonably good quality, but some lacked analysis and tended simply to repeat electronic case note entries. The standard of those written by prison-employed POMs was notably weaker than those written by probation staff. All of those we reviewed had been countersigned by the senior probation officer, but some were not dated and others were written either on the day of, or the day before, the MAPPA meeting, which was too late.

## Categorisation and transfers

- 6.25 Most categorisation decisions were timely, but prisoners could no longer attend their reviews to represent themselves in person, which was a missed opportunity to support and motivate them. They had to rely on submitting written contributions. In the previous 12 months, 75 had been assessed as suitable for open conditions. In the records we reviewed, decisions had been based on sufficient evidence and recommendations were defensible in nearly all cases. The exception to this was for one prisoner, who was deserving of category D status but had been refused solely on the basis of his imminent HDC release.
- 6.26 There were delays in the transfer of prisoners eligible for progressive moves, both to category C and D prisons, which affected their ability to progress in their sentence. At the time of the inspection, there were 19 category D prisoners, nine of whom were waiting to move to open conditions – the longest wait being over three months. Five of these prisoners had asked to be transferred to HMP Spring Hill, but staff told us that, because of fire refurbishment work, the availability of spaces there had been reduced. Other delays were attributed to the lack of transport and OMU case administrator shortages.

## Interventions

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

- 6.27 Good work was under way to understand the treatment needs of the prison population to inform future provision. Rather than waiting for prisoners to self-refer or be referred to the programmes team, staff now screened all prisoners within about a month of their arrival, to build a comprehensive profile of need. This included recording their risk levels, likelihood of reoffending, previous programme completions, offence type, sentence length and suitability for treatment. About half of the population had already been screened, and over the coming months this depth of information would serve well to make sure that the future provision of programmes was aligned with need.
- 6.28 The prison currently ran one accredited offending behaviour programme – the thinking skills programme (TSP). As with the rest of the prison estate during the pandemic, the curtailment of offending behaviour programme delivery meant that some prisoners who needed to undertake treatment interventions had not been able to do so, and opportunities had been limited. In 2021, 11 prisoners had completed TSP and, before its recent cessation, eight had completed the Resolve programme. It was promising that TSP was now running with larger groups, of up to 10 prisoners, and the number of places scheduled for the rest of the year was over double the pre-pandemic capacity.
- 6.29 The allocation of programme places was prioritised on the basis of national instructions – for example, with preference given for those with

release or parole eligibility dates within the next 12 months. However, this limited the opportunity for some prisoners to demonstrate their progression, such as those with upcoming recategorisation reviews or longer time left to serve.

- 6.30 Prisoners also had access to a range of workbooks and short, non-accredited learning modules, such as CLEA (Change Let Everyone Achieve), as well as restorative justice and victim awareness interventions (see also paragraph 4.32), to help with addressing offending behaviour. There were plans to use a peer mentor to support the delivery of the Time Wise programme (aimed at reducing violence in custody).
- 6.31 In the last 12 months, opportunities for prisoners to undergo release on temporary licence (ROTL) had been limited to just a few who had undertaken work in the prison's public café. Although ROTL was currently not being used, eight prisoners had recently been assessed as suitable, and engagement with local employers to increase the availability of work placements was promising.
- 6.32 Staff in the employment hub had worked hard to fill the gaps in finance and debt provision following the withdrawal of Catch 22. They helped prisoners with low-level financial matters, including obtaining birth certificates and driving licences for identification purposes and applying to open bank accounts. The Department for Work and Pensions helped prisoners to set up initial benefits claim appointments on release.

## 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.

- 6.33 About 30 prisoners were released into the community each month. Following the unification of probation services in 2021, the offer of support to help prisoners with their release arrangements had been withdrawn, leaving many with fragmented or little to no on-site support for several months.
- 6.34 The Probation Service had since identified these shortfalls and had agreed to fund two resettlement workers and an administrator who would work across both Guys Marsh and HMP Erlestoke. However, progress had been too slow and recruitment into these posts had only recently begun, over one year later.
- 6.35 The prison had worked creatively and collaboratively to address some of these deficits, but gaps remained. A small team of two prison-employed staff and two peer-led 'pathways ambassadors' now contacted prisoners 12 weeks ahead of release, to identify their resettlement needs and arrange appointments. In addition, the prison had recently established a multi-agency pre-release board, to convene four weeks before release.

- 6.36 However, release planning arrangements remained inconsistent. In our case sample, and discussions with prisoners, we saw some good work to address their needs, but too many felt unprepared and unsupported for their upcoming release.
- 6.37 Accommodation support now needed to be instigated by COMs. Interventions Alliance was contracted to offer a housing support and guidance service two days a week for prisoners being released to the South-West area, but the member of staff responsible was often absent from the prison and provision was not coordinated with the work of the rest of the prison. On average, 16% of prisoners were either released without knowing where they would be sleeping that night or their accommodation status was unknown.
- 6.38 Discharge arrangements for prisoners on the day of release were adequate, with procedures for the issue of licence conditions, travel warrants and other paperwork. The prison offered a transport service to the nearest train station, and a limited supply of clothing and shoes were available, along with bags, recycled from shower curtains, in which prisoners could carry their possessions.
- 6.39 The charity 'Friends of Guys Marsh' provided an excellent range of helpful resources for their release, which prisoners could request by application, such as rucksacks, hygiene products, shaving kits and interview clothing.

## Section 7 Summary of priority and key concerns

The following is a list of the priority and key concerns in this report.

### Priority concerns

1. **The number of violent incidents was high.** They were not investigated or analysed in sufficient depth to better understand the causes fully.
2. **High levels of illicit drugs were coming into the prison.** Although security measures had been improved incrementally, not enough had been done to reduce supply.
3. **The support for prisoners with a learning difficulty or disability was not effective or consistent.** Those with complex support needs did not complete an in-depth screening of their needs until after they had started their courses.

### Key concerns

4. **Too little was being done to understand and address the drivers of self-harm.** Serious incidents were not routinely investigated and the analysis of data was too limited.
5. **Too much of the living environment was shabby and substandard.** There were vermin on some wings, and outside areas were littered.
6. **The applications and complaints systems were not fully effective.**
7. **Diversity and inclusion were not given sufficient priority.** The focus on areas of potential discrimination was not consistent across all areas of the prison's life.
8. **Prisoners needing a transfer under the Mental Health Act were waiting beyond the 28-day target, which delayed treatment.**
9. **The delivery of some areas of the pharmacy service were not effective.** There were no pharmacist clinics, there were delays in the arrival of medicines, stock levels were not recorded and night medicines were given too early.
10. **Tutors did not teach curriculums that were ambitious enough for all of the prisoners that they taught.** In English and mathematics classes, tutors did not make effective enough use of diagnostic assessments to plan learning that challenged all prisoners. In the

kitchen, instructors did not encourage all prisoners to develop the full range of skills and knowledge that they could within the setting.

11. **Attendance and punctuality at work and education sessions were too low.** Too many prisoners arrived late, finished early, or missed classes because of gym sessions. Attendance in workshops was particularly low.
12. **Leaders had not ensured that there was enough focus on developing prisoners' English and mathematical knowledge.** There were too few spaces in English and mathematics classes. Prisoners had to wait too long to study these subjects. Only a small number of prisoners accessed outreach English and mathematics classes, which took place in workshops.
13. **Not enough was being done to support prisoners to progress in their sentence.** Offender management and key work lacked focus and frequency; there were delays in progressive transfers and treatment programme allocation disadvantaged those who were not due for imminent release.
14. **Resettlement planning arrangements were inconsistent.** This was having a negative impact on too many prisoners, who were insufficiently prepared and supported for their upcoming release.

## Section 8 Progress on recommendations from the last full inspection

### 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.

#### Safety

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

At the last inspection, in 2019, arrival and early days procedures were good. The prison appeared relatively calm, but levels of violence were high. Good work was in progress to understand and address violence, but it had taken too long to develop effective responses. Work to support self-isolating prisoners had improved. Use of force was high, management scrutiny was poor, and some incidents were very concerning. The segregation unit was managed reasonably well. Improvements had been made to security, in particular to reduce the supply of illicit drugs. However, the prison still had a serious drug problem and some good initiatives were not yet sufficiently embedded. Self-harm was high and there had been a self-inflicted death since the previous inspection. Support for those at risk of self-harm was good. Recommendations from the Prisons and Probation Ombudsman reports so far published had been achieved. Outcomes for prisoners were not sufficiently good against this healthy prison test.

#### Key recommendations

Managers should ensure that all use of force is justified and that poor accountability and oversight in relation to the use of force is rigorously addressed. (S42)

**Achieved**

The security department should consider trends and patterns in information received, identify specific objectives and actions based on this analysis, and measure the impact of these actions, particularly on reducing the supply of illicit drugs and associated debt and intimidation. (S43)

**Partially achieved**

#### Recommendations

Reception staff should systematically follow up lost or delayed property and log their progress. (1.9)

**Achieved**

Managerial oversight of disciplinary procedures should be effective and ensure that all hearings are completed within a reasonable time. (1.26)

**Achieved**

Co-ordinated action should be taken to make the prison safer, in particular developing effective responses to drug misuse and debt. (1.19)

**Partially achieved**

## **Respect**

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

At the last inspection, in 2019, staff-prisoner relationships were good, and the keyworker scheme was working well for most prisoners. The prison was reasonably clean, but cells were cramped. Access to necessities such as clothing and showers had markedly improved and the food was above average. Consultation and the quality of complaint responses were reasonable. There was inadequate tracking of applications. Equality and diversity work had been neglected but was now improving. Faith provision was good. Health services were very good. Outcomes for prisoners were reasonably good against this healthy prison test.

### **Key recommendations**

There should be a co-ordinated approach to equality, underpinned by thorough data analysis and prisoner consultation, to ensure the needs of all prisoners with protected characteristics are recognised and potential or actual discrimination is identified and managed robustly. (S44)

**Partially achieved**

All toilets and showers should be screened to ensure privacy. (2.10)

**Not achieved**

A standard monitoring system should be implemented to monitor the timeliness of responses to cell call bells. (2.11)

**Not achieved**

Breakfast should be provided on the day it is to be eaten. (2.17)

**Not achieved**

Robust tracking processes should be implemented to monitor the timeliness of responses to applications. (2.26)

**Not achieved**

A systematic approach to the analysis of complaints should be implemented to establish trends and learning points and amend practice. (2.27)

**Achieved**

Complaints made by prisoners about staff should be reviewed and answered by a senior member of staff. (2.28)

**Not achieved**

All discrimination incidents reported should be investigated promptly and thoroughly, supported by robust quality assurance. (2.35)

**Achieved**

A paid carer scheme to assist prisoners with disabilities should be developed and implemented. (2.41)

**Achieved**

Health care services should be informed by an up-to-date health needs analysis. (2.54)

**Achieved**

All prisoners should receive secondary health screening within seven days of arrival at the prison. (2.70)

**Achieved**

All patients should receive advance notification of their health care appointment. (2.71)

**Not achieved**

Patients requiring mental health inpatient care should be transferred without delay. (2.83)

**Not achieved**

The clinical management of substance dependent prisoners should be strengthened by consistent specialist nurse input. (2.90)

**Achieved**

All prisoners should have lockable cabinets in which to store their prescribed medicines. (2.101)

**Not achieved**

Staff training and competency assessments relating to medicines administration should be reviewed to help ensure all staff administering medicines maintain their competency. (2.102)

**Achieved**

The governance of in-possession risk assessments should be reviewed to ensure that the assessments reflect the current risks for the prisoner. (2.103)

**Achieved**

## **Purposeful activity**

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

At the last inspection, in 2019, time out of cell had improved but too many prisoners were still locked up during the working day. The library was underused. Gym provision was good. Despite energetic leadership, progress in learning and skills had been slow. There were enough activity

places, but attendance and punctuality were poor. When they attended, prisoners behaved and engaged well. The quality of teaching and learning was not consistently good. Achievements in most vocational training and personal, social and development courses were high. Achievements in functional skills English were very low. Outcomes for prisoners were not sufficiently good against this healthy prison test.

### **Key recommendations**

Leaders and managers should encourage and expect all prisoners to engage in education, skills and work and willingly attend the sessions they are allocated to. Work areas should provide prisoners with the opportunity to gain skills which employers value. (S45)

**Not achieved**

Leaders and managers should ensure that quality improvement arrangements provide critical and evaluative oversight which leads to closely-targeted, measurable actions and sustained improvement in the provision of learning and skills. (S46)

**Achieved**

### **Recommendations**

Prisoners should not be locked in their cells during main work periods except for justifiable reasons specific to the individuals concerned. (3.5)

**Not achieved**

Arrangements for access to the library should be effective and the number of prisoners using the facility should be increased through effective out-reach and reading promotion. (3.6)

**Achieved**

The activity allocations process should be efficient, fair and match prisoners' needs. (3.20)

**Partially achieved**

Leaders and managers should collate and analyse routinely a wide range of reliable data to inform fully performance monitoring and management of the provision. (3.21)

**Achieved**

Leaders and managers should ensure that appropriate learning and skills provision for non-English speakers and for longer-term prisoners is developed and implemented. (3.22)

**Not achieved**

Leaders and managers should ensure that self-assessment identifies all strengths and weaknesses in the provision. (3.23)

**Achieved**

Leaders and managers should focus strongly on improving teaching, learning and assessment so that they are consistently good and meet the needs of all prisoners. (3.29)

**Not achieved**

Leaders and managers should ensure that all prisoners attend and are involved in their education induction and initial assessment sessions. (3.30)

**Not achieved**

All prisoners with a learning difficulty or disability should receive appropriate specialist support in their classroom or workshop training sessions. (3.31)

**Not achieved**

Prisoners' attendance and punctuality at activities should improve significantly. (3.34)

**Not achieved**

Leaders and managers should ensure that prisoners' achievement of qualifications in functional skills English, horticulture and customer service improves considerably. (3.39)

**Partially achieved**

## **Rehabilitation and release planning**

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

At the last inspection, in 2019, prisoners benefited from an increased number of popular family days. The visits environment had improved but visits regularly started late. There was not enough family support work. Management of rehabilitation work was much improved and robust. Offender supervisors had time to maintain reasonable levels of contact with prisoners, and management of cases was generally good. Public protection procedures were robust. Categorisation and home detention curfew were generally managed well. Resettlement services were reasonable but too many men were released without stable accommodation. Outcomes for prisoners were reasonably good against this healthy prison test.

## **Recommendation**

Prisoners should have access to a fuller range of services to support family ties, including parenting courses. (4.6)

**Partially 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 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 identification of **areas of concern**. Key concerns identify the areas where there are significant weaknesses in the treatment of and conditions for prisoners. To be addressed they will require a change in practice and/or new or redirected resources. Priority concerns are those that inspectors believe are the most urgent and important and which should be attended to immediately. Key concerns and priority concerns are summarised at the beginning of inspection reports and the body of the report sets out the issues in more detail.

We also provide examples of **notable positive practice** in our reports. These list 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/hmiprison/our-expectations/prison-expectations/>). Section 7 summarises the areas of concern

from the inspection. Section 8 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

Findings from the survey of prisoners and a detailed description of the survey methodology can be found on our website (see 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
Natalie Heeks	Inspector
Martin Kettle	Inspector
Ali McGinley	Inspector
Jade Richards	Inspector
Donna Ward	Inspector
Martyn Griffiths	Offender management inspector
Rahul Jalil	Researcher
Elenor Ben-Ari	Researcher
Charlotte Betts	Researcher
Helen Downham	Researcher
Emma King	Researcher
Tania Osborne	Lead health and social care inspector
Paul Tarbuck	Health and social care inspector
Noor Mohamed	Pharmacy inspector
Lindsay Woodford	Pharmacy inspector (shadowing)
Gary Turner	Care Quality Commission inspector
Saul Pope	Ofsted inspector
Sheila Campbell	Ofsted inspector
Montse Perez Parent	Ofsted inspector
Tracey Zimmerman	Ofsted inspector

## Appendix II Glossary

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.

### **Lammy review**

A review into the treatment of, and outcomes for, black, Asian and minority ethnic individuals in the Criminal Justice System:

<https://www.gov.uk/government/publications/lammy-review-final-report>

### **Leader**

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

### **Offender management in custody (OMiC)**

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

### **Protected characteristics**

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

### **Protection of adults at risk**

Safeguarding duties apply to an adult who:

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

### **Psychoactive substances**

Psychoactive substances are either naturally occurring, semi-synthetic or fully synthetic compounds. When taken they affect thought processes or individuals' emotional state. In prisons, these substances are commonly referred to as 'spice'. For more information see <https://www.gov.uk/guidance/psychoactive-substances-in-prisons#what-are-psychoactive-substances>

### **Section 117**

Section 117 aftercare is intended to provide sufficient support for an individual who has been compulsorily detained so that they can leave hospital and return to their home or other accommodation in a manner that minimises the risk of deterioration of their mental health and the chances of them needing further hospital admission for treatment.

### **Secure social 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 call 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.

**Virtual campus**

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

## **Appendix III 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.

### **Prison staff survey**

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

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