



Report on an unannounced inspection of

## **HMP Liverpool**

by HM Chief Inspector of Prisons

18–19 and 25–29 July 2022



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## Introduction

Built in the mid-19<sup>th</sup> century, HMP Liverpool, a reception and resettlement prison, holds just over 800 adult men. At the time of our inspection the jail was in a process of transition with the intention that its traditional frontline reception responsibilities will end, and it will become a category C resettlement prison. This process had been delayed by the impact of the pandemic, and so the prison still held a significant minority of unconvicted and unsentenced prisoners.

Overall, this was a very encouraging inspection. At our visit in 2017, we found a prison in a parlous state, and our criticisms led HMPPS to make urgent and radical interventions, including a sharp reduction in the prison population. In part, this reduction in roll facilitated a programme of refurbishment to better the conditions experienced by those held in the prison.

At the following inspection in 2019, HMP Liverpool had made a commendable improvement in outcomes, something that this most recent inspection showed had been sustained. The prison is now even safer than it was in 2019 and outcomes were judged 'reasonably good'. Our assessment of respect remained good, a considerable achievement, and although we evidenced some deterioration in provision of rehabilitation and release planning, outcomes were still reasonably good. Only in the provision of purposeful activity were outcomes unsatisfactory.

There was a positive and caring culture in the prison, and new prisoners were received well. The prison was calm and well-ordered, and most prisoners in our survey told us they felt safe. Violence levels were falling, and the community feel among those held was motivating good prisoner behaviour. As with violence, incidents of self-harm had also fallen markedly, although sadly one person had taken their own life since we last inspected. The prison's strategy for reducing self-harm evidenced a good approach to care, predicated on good staff-prisoner relationships, which were a real strength at HMP Liverpool.

A long-term refurbishment programme was still ongoing, but despite the old Victorian infrastructure, surveyed prisoners were positive about their living conditions and most had good access to kit and amenities. Too many prisoners, however, were still sharing cells designed for one. Consultation and access to applications and complaints arrangements were reasonable, but more needed to be done to better promote equality. In our survey, however, prisoners from minority or protected groups suggested few disproportionate perceptions or outcomes.

Access to purposeful activity was problematic. There were sufficient activity places for about two-thirds of the current (reduced) population and places that were available were not used well. Time out of cell generally, was poor. Our colleagues in Ofsted judged the provision of education, learning and skills as 'requires improvement' in accordance with their assessments. For a prison about to take on a fully-fledged resettlement function this was not good enough and was an area that needed to be prioritised.

The prison was doing some good work to promote family ties, and in general the approach to risk reduction and offender management was reasonably good. Many prisoners also told us that someone was helping them as they prepared for release, and we were able to evidence some good release planning.

At this inspection we found a well-led, safe and respectful prison. Leaders had a decent understanding of the prison's strengths and weaknesses, although the prison could have improved further with slightly more robust oversight in some important areas of policy and practice. This could, perhaps, be encouraged by a better and more targeted use of data and more attention to the recommendations we had made, only a third of which were achieved following our last visit.

Nevertheless, leaders and staff were doing well. Sustaining improvement in a challenging prison like Liverpool is a significant achievement, and this had created a platform from which to take the prison forward with confidence.

**Charlie Taylor**

HM Chief Inspector of Prisons

August 2022

# What needs to improve at HMP Liverpool

During this inspection we identified 11 key concerns, of which four 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 availability of illicit drugs was too high.**
2. **The management of medicines was inadequate.** Administration was not safe, there were delays in the delivery of medicines and the management of sedating medicines was not in line with national guidance.
3. **There were not enough activity places for the population.** Too many prisoners were unemployed, the allocation process was not efficient and the rate of pay for education acted as a disincentive.
4. **Prisoners did not have enough time unlocked.** Unemployed prisoners in particular were locked up for far too long.

## Key concerns

5. **The standard of some living accommodation was inadequate.** Too many prisoners were living in a cell designed for one and too many cells had broken windows.
6. **Prisoners waited too long to see a GP or a dentist.**
7. **There was a lack of training and oversight for peer workers who provided care for other prisoners in receipt of social care.**
8. **Prisoners waited too long for a hospital transfer under the Mental Health Act for specialist care and treatment.**
9. **Attendance at education, vocational training and work was too low.** Punctuality was a problem with delays caused by late movement, medication dispensing and health care appointments.
10. **Instructors in prison industries did not effectively identify or support prisoners with learning difficulties or development needs in English and mathematics.**
11. **Arrangements to manage public protection risks posed by prisoners were not sufficiently robust.** The inter-departmental risk

management team meeting failed to identify and share information about prisoners who presented the greatest risk before their release.

# About HMP Liverpool

## Task of the prison/establishment

HMP Liverpool is an adult male prison with a reception and resettlement function.

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

Prisoners held at the time of inspection: 805

Baseline certified normal capacity: 1,224

In-use certified normal capacity: 890

Operational capacity: 810

## Population of the prison

- 2,070 new prisoners received each year
- 41 foreign national prisoners
- 12% of prisoners from black and minority ethnic backgrounds
- 60 prisoners released into the community each month
- 238 prisoners receiving support for substance misuse

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

Public

Physical health provider: Spectrum Community Care CIC

Mental health provider: Mersey Care NHS Trust

Substance misuse treatment provider: Change, Grow, Live (CGL)

Prison education framework provider: Novus

Escort contractor: GeoAmey

## Prison group/Department

Greater Manchester, Merseyside and Cheshire

## Brief history

HMP Liverpool was constructed in 1855. The primary function of the establishment is a reception prison, serving Liverpool Crown Court. Since the previous inspection HMP Liverpool no longer serves the local Magistrates' Courts as they are served by HMP Altcourse. HMP Liverpool has a secondary function as a resettlement prison for category C prisoners. The prison comprises eight residential units. There is an in-patient facility in the health care centre.

## Short description of residential units

A Wing: Drug dependency unit

B Wing: First night centre (the care and separation unit is located on B1)

F Wing: General

G Wing: General

H Wing: General

I Wing: General (closed for refurbishment)

J Wing: Well-being unit

K Wing: Vulnerable prisoner unit

**Name of governor and date in post**

Mark Livingston, February 2020 – present

**Changes of governor since the last inspection**

Pia Sinha, November 2017 – February 2020

**Prison Group Director**

Tim Allen

**Independent Monitoring Board chair**

Peter Bradley

**Date of last inspection**

August/September 2019

## Section 1 Summary of key findings

- 1.1 We last inspected HMP Liverpool in 2019 and made 29 recommendations, seven of which were about areas of key concern. The prison fully accepted 19 of the recommendations and partially (or subject to resources) accepted nine. It rejected one of the recommendations.
- 1.2 Section 8 contains a full list of recommendations made at the last full inspection and the progress against them.

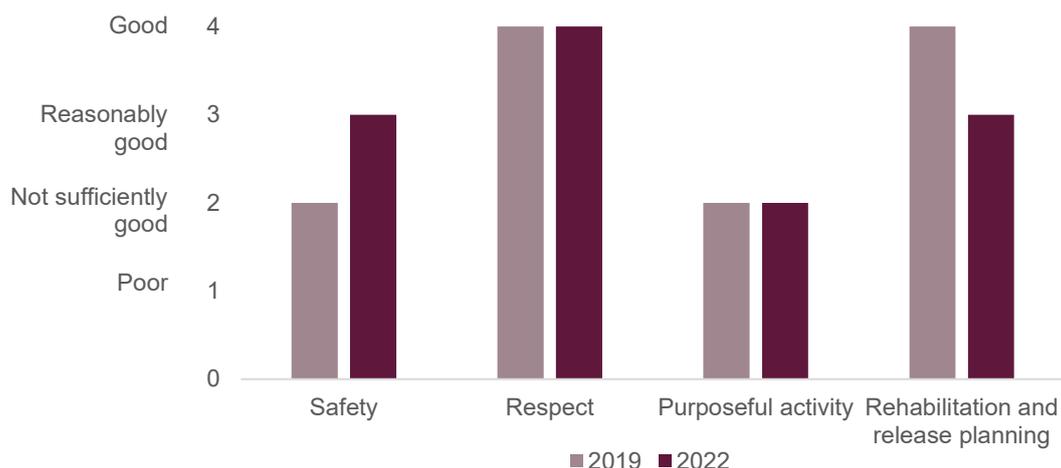
### Progress on key concerns and recommendations from the full inspection

- 1.3 Our last inspection of HMP Liverpool 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 report on progress in areas of key concern to help leaders to continue to drive improvement.
- 1.4 At our last full inspection, we made seven recommendations about key concerns. At this inspection we found that one of those recommendations had been achieved, one had been partially achieved and five had not been achieved. At this inspection we found that neither of the two recommendations made in the area of safety, the one made in respect and the one made in the area of rehabilitation and release planning had been achieved. Of the three recommendations made in purposeful activity, one had been achieved, one had been partially achieved and one had not been achieved.
- 1.5 For a full summary of the recommendations achieved, partially achieved and not achieved, please see Section 8.

### Outcomes for prisoners

- 1.6 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).
- 1.7 At this inspection of HMP Liverpool, we found that outcomes for prisoners had stayed the same in two healthy prison areas, improved in one and declined in one.
- 1.8 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 Liverpool healthy prison outcomes 2019 and 2022**



## Safety

At the last inspection of HMP Liverpool 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 were now reasonably good.

- 1.9 Reception was a welcoming and supportive environment where safety interviews identified prisoners' risks and vulnerability effectively. The first night unit provided a safe environment for most, although less so for some vulnerable prisoners who, due to a lack of space on the vulnerable prisoner wing, also had to spend their first night on the main induction wing. Until very recently, a brief induction covered the basics of custody, but a promising multidisciplinary induction programme had been introduced shortly before the inspection. Once again, because vulnerable prisoners could not mix with the general population, their induction to the prison remained very poor.
- 1.10 In our survey, 13% of prisoners said they felt unsafe which was significantly better than in similar prisons. The rate of violence against both staff and prisoners had reduced considerably since the last inspection and was now lower than most comparators. Several methods had been adopted to manage and support prisoners with a history of challenging behaviour, including challenge, support and intervention plans and a well-being unit. During our inspection, the prison was calm and well ordered, mainly due to the positive culture and a great sense of community that motivated prisoners to behave well.
- 1.11 The segregation unit was managed well and staff provided a good level of care to prisoners. The regime was very basic, although lengths of stay were short and there were some good examples of successful reintegration into the general population.

- 1.12 Reported use of force had decreased by 46% from the last inspection and was lower than at similar prisons. There was an appropriate focus on de-escalation and a drive to improve the use of body-worn video cameras when required. However, the governance of use of force was still not sufficiently robust.
- 1.13 The supply of illicit items including drugs and mobile phones remained a significant threat to the prison. Although our survey indicated a reduction in how easy it was to get drugs in Liverpool, recent random drug testing had returned a high positive rate of 33%. Prisoners said that the limited regime often led to drug use. There were some solid measures to address both supply and demand reduction internally and externally in partnership with the police and local community. However, this work was not sufficiently coordinated. There was no effective drug strategy forum, which was a missed opportunity to use the collective knowledge and skills of a multidisciplinary team to drive improvement in this area.
- 1.14 Recorded levels of self-harm had fallen by 60% from the last inspection and were now lower than most comparator prisons. There had been one self-inflicted death since the last inspection and Prisons and Probation Ombudsman recommendations were being implemented. Most prisoners who had been on an ACCT (assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm) were positive about the care they received.

## Respect

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

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

- 1.15 Staff-prisoner relationships remained a strength. The culture was positive, most staff were caring and non-judgemental and we saw many good examples of positive interactions.
- 1.16 A long-term refurbishment programme was in progress and continued to improve living conditions for prisoners. Oversight was robust and prisoners played an active role in keeping themselves and their accommodation clean and tidy. However, too many prisoners were sharing cells designed for one and a number of prisoners lived in cells with broken windows.
- 1.17 There was evidence that action had been taken as a result of consultation and leaders surveyed prisoners each month which demonstrated a commitment to learn from and improve the prisoner's experience. Inspectors found minor shortcomings in the complaints and application systems.
- 1.18 Survey results from prisoners from protected and minority groups indicated very few disproportionate outcomes. Although leaders had

not prioritised work to improve equality and diversity during the pandemic, they had identified some deficits and had plans to address them. Pastoral support from the chaplaincy was good.

- 1.19 Governance and oversight of health delivery were well embedded and there was some impressive leadership from senior and clinical service managers. Access to prisoners during restricted regimes continued to be challenging, although there were a range of forums to discuss emerging risks and provide solutions. Leaders had established a comprehensive social care pathway, although the informal peer support arrangements presented potential safeguarding risks.
- 1.20 A well-led and resourced mental health service provided timely screening and assessment of need and risk. This was complemented by appropriate interventions which optimised patient outcomes. An effective integrated substance misuse service provided a wing-based patient-led service and a tailored approach focused on recovery through joint care planning and interventions. The supply and oversight of medicines was mostly good, although the administration of medicines was inconsistent with good practice.
- 1.21 The primary care team delivered a good service despite staff vacancies, but waiting times for routine appointments with the GP, nurse practitioner and dentist were too long. Patients on the inpatient unit received a good standard of care but had poor time out of cell and no access to therapeutic activities.

### **Purposeful activity**

At the last inspection of HMP Liverpool 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.

- 1.22 There were only enough education, training and work spaces for 65% of the population, which was not enough for a predominantly category C population. To compound this, not all available spaces were used. Time out of cell in general was poor, with unemployed prisoners receiving less than two hours a day out of their cell. Many prisoners we spoke to felt frustrated at the lack of opportunities to work and the long periods locked up.
- 1.23 The gym and library services were adequate.
- 1.24 Although the purposeful activity offer was not yet sufficient, leaders had a clear vision to adapt the education delivery model to meet the needs of prisoners better by using blended learning.
- 1.25 When prisoners were allocated to an activity, they benefited from a range of courses from pre-entry to level 2 informed by local and regional market intelligence. Bespoke practical courses were being

added to improve the matching of prisoners' skills to current industry practice. Teachers and trainers provided a calm learning environment and interactive learning activities that engaged and enthused learners. As a result, behaviour and relationships were very good.

- 1.26 Education and vocational courses were sequenced well, learners developed an improved understanding of how to use basic mathematics and English in everyday situations and learners developed good skills in vocational training. In industries, however, officers did not provide enough support for prisoners with identified learning support needs.
- 1.27 Teachers had developed good quality video and audio resources that supported the blended learning approach and promoted prisoners' personal development. Following induction, appropriate pathways were established for prisoners to support their career aspirations. However, not all prisoners were supported with information, advice and guidance during their sentence or as they approached release.
- 1.28 Prison and education staff planned and implemented a wide and innovative range of enrichment and personal development lessons and activities. The prisoners who participated in these activities tended to benefit greatly but too few prisoners had accessed these initiatives and managers had taken action to broaden the reach.
- 1.29 Attendance and punctuality were not good enough. Pay rates did not place sufficient value on education and improving skills and too many learners withdrew early from education courses. Leaders were taking action to develop a new pay policy that would reward attendance and good behaviour.

## **Rehabilitation and release planning**

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

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

- 1.30 Work to enable prisoners to build and maintain family relationships was good. The visits provision had recently improved to ensure that all prisoners could have their entitlement. The POPs team provided excellent support for the families of some prisoners and leaders had recently introduced a promising new parenting programme in partnership with Liverpool City Council. In-cell telephones enabled prisoners to maintain regular contact with their families and friends.
- 1.31 There were good working arrangements with reducing reoffending partners in the community such as the police and city council. Internal partnership working was equally effective with good multidisciplinary work among teams.

- 1.32 The work of the offender management unit had been affected by staff vacancies and absences which were exacerbated by the frequent cross-deployment of operational prison offender managers (POMs). The level of face-to-face contact between POMs and prisoners varied but was often infrequent. Initial sentence plans were not always adequately focused on the work the prisoners needed to do to reduce their risks. Despite a large category C population, release on temporary licence was not available to help prisoners progress in their sentence.
- 1.33 The monthly interdepartmental risk management team meeting was not an effective forum to manage the release of high-risk prisoners. Meetings were not sufficiently multidisciplinary, attendance was poor and the agenda lacked focus. This was mitigated to a small extent by reasonably good communication between POMs and community offender managers before release.
- 1.34 Categorisation decisions were timely, with sound evidence. Prisoners were transferred promptly to category B and D prisons. Too many category C prisoners serving long sentences experienced long waits for a transfer to a training prison that could meet their rehabilitative needs. However, while at Liverpool, some prisoners could benefit from a range of interventions from partner agencies to assist rehabilitation. The prison was commissioned to deliver the accredited thinking skills programme but had not done so since before the pandemic.
- 1.35 The resettlement team assessed the needs of all new arrivals, including remanded prisoners, and made early referrals to support agencies. Partnership work to support resettlement was good and the multi-agency resettlement board had recently resumed to coordinate this work. An impressive mentoring service based in the prison could refer prisoners to mentors in the community, which was an excellent resource. In response to unreliable HMPPS data on accommodation on release, leaders were developing their own use of data to better understand these important outcomes.

### **Notable positive practice**

- 1.36 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.
- 1.37 Inspectors found six examples of notable positive practice during this inspection.
- 1.38 The well-being unit, J wing, continued to support prisoners with complex needs with their physical and personal well-being. (See paragraph 3.10)

- 1.39 The use of the wing kiosks to carry out monthly prisoner perception surveys was an innovative way of acquiring feedback on prisoners' views of quality of life at the prison. (See paragraph 4.19)
- 1.40 The substance misuse service providers delivered a good wing-based service which was easily accessible to prisoners. (See paragraph 4.85)
- 1.41 Change, Grow, Live (see Glossary) staff wore uniforms with a message on the back, encouraging prisoners to ask them about Naloxone which was a good awareness-raising initiative. (See paragraph 4.88)
- 1.42 A member of the Partners of Prisoners (POPs) team worked at the courts to identify and start supporting family members before the prisoner arrived at the prison. (See paragraph 6.2)
- 1.43 A team of five mentors worked inside the prison. They saw each prisoner before release and could refer them to mentors in the community to provide continuing support with resettlement and rehabilitation. (See paragraph 6.41)

## Section 2 Leadership

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

- 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 HMP Liverpool was in the process of reconfiguring its role to become a category C resettlement prison but still held a small remand and unsentenced population at the time of inspection. Leaders and staff had maintained and built on many of the improvements reported at the last inspection despite COVID, an increase in the population and a reduction in staff. However, the pace of recovery was slow in some key areas, particularly the provision of purposeful activity and offender management.
- 2.3 Less than a third of our recommendations from the last inspection had been achieved. Unlike many other prisons, Liverpool did not have significant staff vacancies and their staff retention rate was comparably good, but staff absence during numerous COVID outbreaks had led to cross-deployment and restricted regimes.
- 2.4 The governor articulated a clear vision to develop the prison's role as a community prison serving the people of Merseyside. To this end, leaders continued to build strong partnerships with organisations in the community. Most notably, one of the senior team worked in the Mayor's office two days a week which was leading to tangible benefits in the prison, such as matched funding for a new workshop to deliver modern employment opportunities, for example, coding and call centre work. Several new workshops were ready to come online in the coming months.
- 2.5 The culture at Liverpool was positive. Staff were caring, patient and non-judgemental. Relationships continued to be a real strength and numerous creative initiatives were driven by committed staff to enrich the experience of many prisoners.
- 2.6 The prison self-assessment was broadly in line with our findings during the inspection. The self-assessment report described six weighty priorities, although our assessment of outcomes in the healthy prison areas indicated that the provision of purposeful activity, drug supply reduction and equality work warranted immediate remedial action. For the process to be useful to the prison, leaders had to be more self-critical about weaknesses in important areas of policy and practice and improve oversight arrangements. This would be helped by better use of data and clearer improvement plans, allowing them to be delivered at pace and sustained over time.

2.7 Liverpool was a fundamentally safe and respectful prison that was well led in many areas by the governor, his team and key partners. This provided a solid foundation for developing a more rehabilitative ethos and services that will meet the needs of category C prisoners.

## 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 Eighty-four per cent of prisoners who responded to our survey said they had been treated with respect in reception. We found a welcoming and supportive environment where staff quickly put prisoners at ease. Risks and vulnerability were identified effectively through safety interviews.
- 3.2 Most prisoners had the opportunity to shower, have a hot meal and make a short phone call while in reception. A peer worker helped prisoners to place an emergency canteen order from the prison shop, with an advance of up to £20 available if necessary to prevent prisoners building up debt.
- 3.3 Time spent in reception was monitored and reported at monthly performance meetings, but stays usually exceeded two hours. While officers and orderlies worked together well to ensure that most reception processes were completed quickly, the absence of available health care staff meant that prisoners were often waiting for extended periods to see a nurse or GP. Longer spells in reception were mitigated to some extent by spacious, comfortable holding rooms and separate holding rooms were used for vulnerable prisoners.



**Reception holding room**

- 3.4 The main first night and induction unit (B wing) provided a safe environment for most prisoners and, in our survey, they responded more positively than at similar prisons about feeling safe and having a clean cell. Cells were run down but they were clean and generally well equipped. Double cells had a toilet behind a door which provided a good level of privacy. On their first night, prisoners had the opportunity to meet a peer worker who explained daily life on the wing and helped them complete paperwork.



**Double cell on induction wing**

- 3.5 Until very recently, induction had been brief. It consisted of visits at cell doors by departments such as the chaplaincy and a booklet covering the basic procedures while in custody. A promising updated two-day multidisciplinary induction programme had been introduced shortly before the inspection but was not yet fully embedded.
- 3.6 There was still a shortage of space on the vulnerable prisoners' wing and many of these prisoners were held on the main induction wing for at least their first night and often longer. They were separated from other prisoners and had a separate regime but did not receive an induction, which was poor.

## **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 In our survey, 13% of prisoners said they felt unsafe at the time of the inspection which was significantly lower than the average 24% reported at similar prisons.

- 3.8 The rate of violence against both staff and prisoners had reduced considerably since our last full inspection and was now lower than at most similar prisons. HMPPS performance data showed that there had been a reduction in violence year by year and very few incidents were of a serious nature.
- 3.9 Leaders had developed a positive culture characterised by good relationships and a great sense of community that motivated prisoners to behave well. At the time of our inspection, the prison was calm and well ordered and we observed good supervision by staff in residential units.
- 3.10 The well-being unit (J wing) provided a safe and supportive environment for prisoners with a history of challenging behaviour and other complex needs. The rehabilitative ethos of the wing was underpinned by several interventions such as group work from Change, Grow, Live (see paragraph 4.80). J wing housed some of the most challenged prisoners in the system and was intended to give them the opportunity to flourish rather than end up in segregation or self-isolation.
- 3.11 The challenge, support, and intervention plan (CSIP, see Glossary) was used in response to incidents of violence or poor behaviour and to also support the victims of such behaviour. CSIPs was, in addition, used at an early stage to try and prevent deteriorating behaviour from individual prisoners. For example, CSIPs were being used to support a prisoner whose behaviour had deteriorated through drug use and to support prisoners who had recently arrived at the prison with identified behavioural concerns to deter them from resorting to violence.
- 3.12 In the CSIP cases that we reviewed, the initial referral and subsequent investigation were of reasonable quality. Weaknesses in the process included some poor recording of prisoners' progress and a failure to update original plans when further referrals were made following similar incidents. This meant that some challenging behaviour was not addressed as effectively as it could be. The safety team and other leaders were aware of these issues and continued to promote better use of the process.
- 3.13 The prison operated the HMPPS incentive framework. In our survey, 54% of prisoners said that the incentives scheme encouraged them to behave well, which was significantly better than the 39% reported at similar prisons. Very few prisoners were on the basic level of the scheme and managers made sure that adequate safeguards were in place for timely reviews. We did observe some poor behaviour, such as the use of vapes, that could have been dealt with quickly and effectively using the incentive framework.
- 3.14 Although the prison operated a broadly effective behaviour management system, oversight in several key areas of safety had lapsed since our last full inspection. For example, the purpose of the monthly 'safer Liverpool' meeting was to discuss analysed data to determine action to address any shortfalls, but the irregularity of the

meeting made it ineffective in driving this work. This was mitigated to an extent by a daily safety meeting led by health care, known as the huddle (see paragraph 4.47), and a weekly performance and safety intervention meeting which focused on all aspects of safety. A newly appointed safety lead had drafted a revised strategy and associated action plan that aimed to sustain and improve the prison's positive safety outcomes as it developed into a fully functioning category C prison.

## **Adjudications**

- 3.15 There had been just over 1,600 adjudications during the previous 12 months, about half of which had resulted in a finding of guilt. About 100 charges remained outstanding which, while similar to other prisons, was still too many. Most adjudications were for the possession of illicit items such as mobile phones or drugs (see paragraph 3.26).
- 3.16 In the charges that we reviewed, prisoners were given enough time to prepare for hearings and had access to legal advice when requested. Adjudicators did not always demonstrate that the charge had been fully investigated before reaching a judgement. The practice of deferring formal punishment to facilitate engagement with substance misuse services that we praised at the last inspection was no longer in place.
- 3.17 A range of data on disciplinary hearings were collated but there was no forum for leaders to learn from the data or quality assurance to improve practice.

## **Use of force**

- 3.18 The reported rate of use of force had decreased by 46% since the last inspection and was lower than at similar prisons. Records indicated that batons had not been drawn or used during the previous 12 months. Officers were not issued with and therefore did not rely on PAVA (incapacitant spray) to deal with incidents, although there were plans to introduce this over the coming year. It was very encouraging to note that special accommodation had not been used in the last 12 months.
- 3.19 In footage that we viewed, there was an appropriate focus on de-escalation which reflected the good staff-prisoner relationships that we observed throughout the inspection (see paragraph 4.1). There had been a drive to improve the use of body-worn video cameras, but too many spontaneous incidents were still not recorded.
- 3.20 The governance of use of force was not sufficiently robust. Three incidents were viewed at weekly scrutiny meetings, but the minutes did not always clarify what conclusions had been drawn. On the few occasions that actions were identified for improvement, the minutes did not record follow-up at subsequent meetings. There were no written records of reviews of footage and statements by the use of force coordinator, and prison records showed that mandatory health care paperwork was only completed in 54% of incidents.

## Segregation

- 3.21 In our survey, 93% of prisoners said that staff treated them with respect in segregation compared with 56% in similar prisons.
- 3.22 The excellent relationships that we observed during our inspection were forged as soon as a prisoner arrived on the unit. Regardless of the reason for segregation, staff were non-judgemental and caring. We saw many positive interactions such as the meaningful support provided to a prisoner who had suffered a bereavement, despite his negative behaviour. In another example, we were impressed by the efforts of staff who learned Spanish so they could interact with a prisoner which resulted in a considerable improvement in his behaviour. Staff received regular supervision and opportunities for reflection from the psychology team, which contributed to the positive ethos.
- 3.23 The unit remained bright and clean and cells were adequately furnished. The exercise yards were drab and there was nothing to occupy prisoners for the short time that they were outside. The regime remained too limited, but it was consistent. All prisoners were given sufficient time each day to exercise, make a phone call and access the kiosk. Prisoners also had access to a small but reasonably stocked library.
- 3.24 Periods in segregation were short with an average stay of six days during the previous 12 months. More recent data indicated a further reduction since April 2022 and there were examples of successful reintegration. Senior leaders carried out appropriate reviews for a small number of prisoners who had been segregated for longer periods.
- 3.25 Staff collated a useful range of quarterly data to assist in the oversight of segregation, but this was not yet used usefully by leaders to learn and improve the use of segregation.

## 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.

- 3.26 The supply of illicit items, including drugs and mobile phones which were often linked to organised crime in the community, remained a substantial threat to the prison. In our survey, 29% of prisoners compared with 52% in 2019 said it was easy to get illicit drugs, but this was still too high. Random drug testing had restarted in April 2022 and the positive rate was very high at 33%.
- 3.27 Important measures had been taken to address supply and demand by key departments such as security and the substance misuse team.

There was strong partnership working with the police and local community to reduce the ingress of illicit items thrown over the perimeter or flown in on aerial drones. The introduction of a body scanner and deployment of drug search dogs had also mitigated the risk of supply.

- 3.28 While there were numerous strands of good work in response to the supply and demand for drugs, work was not as well coordinated as it could be. The drug strategy, action plan and associated meeting that had been well embedded at our last inspection had since lapsed. There was no useful forum to identify and address wider factors contributing to demand, such as the limited regime that prisoners told us often led to drug use. This was a missed opportunity to use the collective knowledge and skills of a multidisciplinary team to drive improvement in this area.
- 3.29 The security department received about 440 intelligence reports each month, which were analysed quickly, and information was communicated to relevant staff across the prison. Attendance at security-led meetings had improved and senior leaders, including the governor, conducted a weekly security review to make sure that actions in response to intelligence were being progressed. This contributed to a monthly tactical assessment that identified the key security risks. These were communicated to all staff in a monthly briefing complemented by an easy-to-read newsletter that provided updates and reminders on prevailing risks and security measures.

## 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

- 3.30 There had been one self-inflicted death since the last inspection and subsequent recommendations by the Prisons and Probation Ombudsman were well managed, with oversight by the prison group director and regional safety lead every six months.
- 3.31 Recorded levels of self-harm had fallen by 60% since the last inspection and were now lower than most comparator prisons.
- 3.32 Prisoners in crisis were supported through the ACCT process (assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm). Most prisoners who had been supported through ACCT case management were positive about the care they had received from staff. Records that we reviewed showed a good understanding of individuals' risks and triggers. Daily entries by

wing staff were often detailed and indicated that they built constructive and supportive relationships with the prisoners in their care.

- 3.33 Listeners (prisoners trained by the Samaritans to provide emotional support to fellow prisoners) were based on most wings and a new cohort were due to be recruited and trained. More prisoners than in similar prisons told us it was easy to speak to a Listener. Listening sessions at night were often facilitated through cell doors rather than in a private environment.
- 3.34 A safer custody manager investigated incidents of serious self-harm, drawing out key lessons and making appropriate recommendations aimed at preventing future incidents. However, these recommendations were not tracked and there was no assurance that the learning was embedded or that recommendations had been implemented.
- 3.35 While it was commendable that self-harm was reducing and that the positive culture in the prison contributed to this, there were weaknesses that had to be addressed to make further improvement. There were too few interventions for prisoners in crisis and, despite the good relationships with staff, prisoners at risk of self-harm spent about 22 hours a day in their cells with little purposeful activity (see paragraph 5.3). Poor oversight of the use of constant watch remained a concern and most decisions to instigate these measures were not made at a sufficiently senior level. During the previous 12 months, constant watch had been used 55 times for an average of 42 hours. The approach to constant watch was outdated: staff sat on chairs watching prisoners in their cells rather than proactively encouraging and engaging them in more meaningful activity. Data were not used effectively to understand the full picture of self-harm over time, or to explore the drivers of self-harm and measures that had worked well to reduce it in the past.
- 3.36 A newly appointed head of safer custody, supported by competent and enthusiastic managers, had started to make improvements. Recording and tracking actions taken at monthly strategic safety meetings had improved and there was a more thoughtful process for the selection of prisoners who were discussed at weekly safety intervention meetings. Staff were working with the national lead to gain a better understanding of the problem of prison debt that might be a link to bullying and self-harm, formulating an action plan to tackle it.

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

- 3.37 A good safeguarding strategy outlined a clear pathway for making referrals, although not all staff were aware of it and many said they did not understand the criteria for a referral or how to make it.
- 3.38 The head of safer custody had overall safeguarding responsibility but had not yet attended a local authority meeting since taking up post in April 2022. A named mental health social worker reported on safeguarding issues at the weekly safety intervention meeting and most safeguarding referrals came from health care or the mental health team, often after a violent incident. Few potentially vulnerable

prisoners, such as those who were self-isolating, were identified by wing staff.

## 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 Good relationships between staff and prisoners were a real strength at Liverpool. In our survey, 82% of prisoners said most staff treated them with respect compared with 68% in similar prisons. In addition, 85% said there were staff they could turn to if they had a problem. Staff were caring and non-judgemental and we saw many examples of relaxed and respectful interactions around the prison. This created a positive environment for staff and prisoners alike which was reflected in some positive outcomes, particularly in respect and safety.
- 4.2 An adapted key worker scheme (see Glossary) had been in operation which ensured that each prisoner could meet with a keyworker once a month. These meetings were not always with the same member of staff and discussions did not focus on sentence progression (see paragraph 6.17). Leaders had plans to develop the scheme to improve the quality of interactions.
- 4.3 There was a small number of peer work initiatives, such as Listeners (prisoners trained by the Samaritans to provide emotional support to fellow prisoners), prisoner information desk representatives and the Shannon Trust (see Glossary) mentors who helped prisoners to read and write.
- 4.4 The use of peer workers was limited and, apart from the Listeners, had only recently restarted, which was slow for a prison holding so many category C prisoners.

### 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 In our survey, prisoners responded more positively than in similar prisons on many aspects of daily life, including access to clothes, bedding and showers.
- 4.6 HMPPS had continued to invest in living conditions. H wing had been refurbished and recently reopened. The cells were much improved, although the toilets remained at the end of the bed. At the time of the inspection, I wing was closed for refurbishment and K wing, which was the worst accommodation, was due to be completed next.



**Refurbished cell**

- 4.7 Overall standards of cleanliness across residential areas were reasonably good. In our survey, 73% of prisoners said that communal areas in their wing were clean. Leaders had maintained most of the improved standards across the residential units that we saw at the previous inspection, which was impressive, and it was notable that there was minimal graffiti. Leaders had strong oversight of standards across all cells through monthly checks.
- 4.8 Wing cleaners and painters played an active role in maintaining good standards in accommodation and most prisoners took pride in keeping their cell clean and tidy. However, in our survey, only 42% of prisoners

told us they received cleaning equipment each week against the comparator of 53%. There was enough stock in the prison, but prisoners were keeping equipment such as mops and brushes in their cells while other prisoners struggled to access them.

- 4.9 In our survey, only 25% of prisoners said they were in a single cell and we found that many still had to share a cell designed for one. This was partially mitigated in cells where the toilet was in a separate adjoining room rather than in the area where prisoners ate their meals and slept. Overcrowding was not recorded accurately.



**Double cell on A wing**

- 4.10 Too many prisoners were still in cells with broken windows, which was unacceptable. Several factors contributed to the damage, including prisoners breaking the windows for ventilation or to retrieve contraband from drones. Leaders were taking action to address these issues. Most cells were appropriately furnished but there were still no lockable cupboards or privacy keys for cells. Prisoners were not given curtains and many prisoners had made their own from sheets and towels.



**Broken window on G wing**

- 4.11 Rats and cockroaches presented a longstanding problem, although this had improved. Litter was removed regularly, including at weekends, and the use of pest control had increased.
- 4.12 Most prisoners wore their own clothes and most could use the wing laundries at least once a week. In our survey 73% of prisoners said they had enough clean, suitable clothes for the week compared with 58% at similar prisons. We found several machines that were broken and decommissioned and on some wings there were not enough machines to meet the demand. Staff and prisoners were working hard to tackle this by creating drying space and using the facilities flexibly on other wings.



### **Laundry**

- 4.13 Leaders quality assured the timeliness of responses to cell call bells adequately. In our survey, 41% of respondents said that their cell call bell was normally answered within five minutes which although still not good enough, was better than the 26% response rate seen at similar prisons.

### **Residential services**

- 4.14 In our survey, 49% of prisoners said that the food was good compared with 39% in similar prisons. The food that we observed was of good quality.



#### **Evening meal**

- 4.15 Prisoners chose their meals from a four-week rolling menu which offered reasonable variety. Halal, kosher and medical diets were catered for. A machine had been purchased to seal food once it was cooked which alleviated the concerns of a small number of prisoners who worried that their food was tampered with. This was a considerate action for leaders to take.
- 4.16 Lunch was served just after 11am, which was too early, partly mitigated during the week when the food choices were predominantly cold, and prisoners could choose to eat later. However, at a weekend, prisoners ate their hot meal just after 11am. Breakfast had deteriorated since our last inspection, with a small cereal pack issued to prisoners with their evening meal.
- 4.17 There was no access to self-catering facilities such as microwaves and toasters on the residential units, apart from J wing, and no opportunities for prisoners to eat communally. This was a disappointing finding in a prison with a largely category C population.
- 4.18 Prisoners could use the shop each week and could order from catalogues. In our survey, 63% of prisoners said the shop sold what they needed.

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

- 4.19 During the previous 12 months, leaders had met the prisoner consultative committee intermittently and some actions had been taken forward after these meetings. Additional forums were held to consult with prisoners from protected groups (see Glossary). A useful monthly prisoner survey was conducted via the wing kiosks (see Glossary)

which demonstrated a desire by leaders to understand the perceptions of their population.

- 4.20 Our prisoner survey was significantly more positive than similar prisons in relation to the timeliness and fairness of applications and complaints, both of which were evidence of procedural justice and a positive culture.
- 4.21 Applications could be submitted electronically to most departments using the kiosks on the wings, which improved the tracking of response times. Most applications were replied to promptly but there were delays in a few areas which explained frustrations expressed by some prisoners during the inspection.
- 4.22 Most complaints were responded to promptly and managers took prompt corrective action when we identified complaints that had not been responded to. The quality of investigation into complaints was reasonable, with the better responses demonstrating discussion with the prisoner who made the complaint, remedial action and an attempt to address underlying issues. Quality assurance procedures successfully identified areas for improvement during random checks.
- 4.23 There was suitable provision for legal visits complemented by video link facilities which were used for legal and other professional visits and for court appearances. A bail information officer assisted prisoners on remand and signposted detainees held under immigration powers to relevant legal support (see paragraph 4.32). Legal texts and prison service instructions were stocked in the library where information could also be found on the Prisons and Probation Ombudsman and Criminal Case Review Commission. Prisoners were able to borrow secure laptops to view their legal paperwork. Two prisoners had been provided with laptops over the last year.

## **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**

- 4.24 Work to promote and improve equality and diversity had not been prioritised during the pandemic and leaders did not exercise sufficient oversight when compared to the last inspection. Although there were plans to address this decline, the current functional structure did not support a quick recovery.

- 4.25 Functional responsibility for equality and diversity sat within the safer custody team where safety work was generally prioritised. Limited resources were allocated to equality work and there was no lead manager. Four prison officers in the safer custody team were frequently cross-deployed which made it even more difficult for them to make any progress in this area.
- 4.26 The usual safeguards were in place to support improvement, but their application was inconsistent. An up-to-date policy clearly set out relevant legislation and how prisoners in protected characteristic groups (see Glossary) would be supported. Equality action team meetings had taken place intermittently over the previous year. The most recent meeting in March 2022 demonstrated good attendance by prison managers but a glaring absence of prisoner representatives. Prisoner equality representatives had been appointed and they provided help and guidance to their peers, but they were not used well to gather and assess prisoner feedback to progress work in this important area. Data were not used at every equality action team meeting to identify disproportionate outcomes, but there was evidence of action taken to address some concerns.
- 4.27 The number of discrimination incident report forms (DIRFs) submitted had increased during 2022. DIRFs were investigated by a member of the safety team, but the quality of responses was too variable and some were not timely, although the reasons for this had been identified and addressed. A manager from another prison carried out quality assurance of the system and had identified actions to improve the process.

### **Protected characteristics**

- 4.28 In our survey, there were few areas where prisoners from protected groups responded more negatively than their peers.
- 4.29 At the time of the inspection, 11% of prisoners were from a black or minority ethnic background. At a forum with this group in April 2022, discussion had focused on their low confidence in DIRFs and the lack of black and minority ethnic representation on some wing serveries. This latter point was also raised with inspectors to illustrate a lack of understanding about the importance of preventing cross-contamination of food prepared for religious diets. Following an equality and action team meeting during 2021, steps had been taken to address this, but it was still not yet fully resolved.
- 4.30 In our survey, 73% of Muslim prisoners said that they had felt unsafe at Liverpool compared with 27% of non-Muslim prisoners, which was very concerning and required further investigation by leaders. More positively, some Muslim prisoners who had observed Ramadan had been able to eat together one evening to break their fast which was a mark of respect.
- 4.31 Six per cent of the population were foreign nationals, including six detainees held under immigration powers after completing their

custodial sentences. Telephone interpreting services were not used as frequently as we had noted at the last inspection. Case notes indicated that staff had used another prisoner to interpret during key work discussions which could have deterred prisoners from raising personal issues. English for speakers of other languages (ESOL) classes had resumed, which was a positive step. Immigration Enforcement Agency officers continued to visit the prison regularly and now had a dedicated office in which to see prisoners.

- 4.32 The prison was not equipped to provide the facilities and access to advice that was available to detainees held in immigration removal centres. One had been detained for more than a year and had been waiting for more than two months for suitable bail accommodation to be identified. Immigration detainees were given information about their entitlement to free legal advice and contact details for local legally-aided immigration legal advisers. No other immigration legal support or advice was available.
- 4.33 At the time of the inspection, 160 prisoners were recorded as having a disability which was fewer than the 37% who had self-identified in our survey. Some improvements had been made to help prisoners with mobility difficulties, for example ramps on to exercise areas, adapted cells on the refurbished H wing and a lift in one of the refurbished workshops. However, important areas remained inaccessible to these prisoners. Staff were aware of prisoners with a personal emergency evacuation plan and could locate the plans in each wing office. Consultation with this group had identified the lack of subtitles on televisions and digiboxes were being provided to prisoners with hearing difficulties to restore subtitles.
- 4.34 A small number of prisoners were employed as 'buddies' to support their peers on K wing which housed some of the oldest prisoners. The parameters of their role were set out in a clear policy which included help with cleaning and getting meals. Age-specific provision such as a separate gym session had stopped during the pandemic and older prisoners spoke in discussion groups of the benefits of talking to and spending time away from their wings with like-minded people of their age.
- 4.35 In our survey, only 47% of prisoners aged 25 and under said they were treated with respect by staff compared with 86% of over-25s. The under-representation of young adults on the highest level of the incentives scheme had been discussed at an equality action team meeting and, although lack of maturity had been identified as a contribution to this, no initiative had been taken to encourage younger prisoners to engage and progress.
- 4.36 At the time of the inspection, one trans prisoner was receiving support to make their gender transition, including the provision of hormone replacement therapy which we do not always see. Complex case boards had taken place to oversee the prisoner's future management, although the next board was overdue. The prisoner's location had been carefully considered and she had no engagement with other prisoners

during regime activities. Her visits were facilitated on the wing that she lived on. Leaders were addressing issues with access to clothes and, for the most part, staff on her wing were supportive and understanding of her needs.

- 4.37 More prisoners described themselves as gay, bisexual or other sexual orientation in our survey than had been declared to the prison. The small number of prisoners who attended a forum had discussed the reasons for their peers wishing to maintain anonymity in relation to their sexuality. Primarily, they felt that not enough was done to help prisoners to feel safe about disclosing their sexual orientation in the prison.

### **Faith and religion**

- 4.38 The return to full prison communal worship had been slower than in some prisons which reflected prison leaders' decision to take a very cautious approach to mixing prisoners from different wings. Despite efforts to maximise the numbers, this decision had restricted prisoners' attendance at group worship.



### **Chapel**

- 4.39 The weekly multidisciplinary resettlement board established by the chaplaincy had recently restarted. Plans to reintroduce other elements of chaplaincy provision, including faith classes, the Sycamore Tree (victim awareness) course and prison visitors, were also advancing. However, as with full prison communal worship, some of these interventions were already up and running in other prisons and the progress made at Liverpool was slow in comparison.

- 4.40 Despite these delays, the chaplaincy continued to provide good pastoral support to all prisoners. There were vacancies for Rastafarian and Hindu chaplains but support from other prisons was available if needed. The team was well organised and consistently carried out their statutory duties and responded promptly to applications and other requests to see prisoners. Chaplains were active around the prison, in particular offering additional support to prisoners being managed on ACCTs (assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm) and facilitating prisoners' virtual or actual attendance at farewell visits and funerals for family members.

## Health, well-being and social care

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

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

### Strategy, clinical governance and partnerships

- 4.42 Health services at HMP Liverpool were progressive and well led.
- 4.43 Effective partnership working was evident in the robust governance and oversight of health service delivery. Incidents were investigated appropriately and lessons learned were shared with staff.
- 4.44 The dedication, knowledge and skills of the health care staff were impressive. Pressures on staff in primary care were evident and nurses were covering several roles at the same time.
- 4.45 Health care complaints were responded to promptly but were formulaic and not always focused on the problem. Senior staff agreed to strengthen oversight of complaints.
- 4.46 Prisoners could apply for appointments via the electronic kiosks and there were procedures to make sure that urgent appointments were prioritised when waiting times were long.
- 4.47 Prisoners' attendance at appointments remained inconsistent and clinical time was wasted. Joint working arrangements between health teams and prison managers were good and the daily safety 'huddle' (see paragraph 3.14), safety intervention meeting and delivery board meeting provided a forum to discuss emerging risks and optimise resolutions.

- 4.48 Staff were suitably trained and supervised and staff we spoke to felt supported by their leaders and managers. We observed good interactions between staff and patients and most patients said they were treated well by health staff.
- 4.49 Patient records were comprehensive and in line with expected standards.
- 4.50 A purpose-built health care centre delivered inpatient and outpatient care. Some of the rooms where medicines were administered were not compliant with infection prevention and control standards and were too small for the purpose. Most consultations were conducted in confidence, although this was compromised in some cases when doors to the consulting room were left open. The decision to leave a door open was not based on an individual risk assessment.
- 4.51 Trained staff responded appropriately to emergencies with a full range of equipment which was suitably monitored.

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

- 4.52 There was no overarching health promotion strategy nor were health promotion days planned. However, we observed some good health promotion work, including the new pilot for promoting well-being coordinated by health, pharmacy and gym staff.
- 4.53 Screening for health conditions, immunisation and vaccinations were in place and the uptake of COVID vaccinations was good. Nicotine replacement therapy was available for prisoners who wished to stop vaping.
- 4.54 A health protection and outbreak prevention procedure was effective in controlling the spread of infection.
- 4.55 Good work was carried out with patients who were under 25 years and with older men who were screened for ill health and memory problems.
- 4.56 Sexual health clinics and specialist clinics for blood-borne viruses were in place and more complex cases were managed by specialist staff at the local hospital.
- 4.57 Most health promotion material was distributed to individual patients and very little was visible on the wings.

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

- 4.58 All new arrivals received an initial health screen from a primary care nurse, a member of the substance misuse team and a GP if necessary. The regular requirement for the primary care nurse to cover medicines administration on the wings resulted in extended waits for some prisoners in the reception area. Health care needs were identified promptly. Relevant information, including the person escort record, was checked for external health communications, including potential risk

factors, and appropriate onward referrals were made. A secondary health screen was completed within the seven-day guidelines.

- 4.59 Primary care services carried considerable staff vacancies and services were stretched. Despite these challenges, staff worked diligently to make sure that health services were delivered in a timely manner.
- 4.60 Urgent appointments to see a GP were available every day, but patients waited up to three weeks for a routine GP appointment and eight weeks for a nurse practitioner appointment. This was too long.
- 4.61 Regular podiatry, optometry and physiotherapy clinics were delivered, but waits to see the physiotherapist were too long at 40 weeks. Ultrasound and X-ray clinics were held each month for routine appointments.
- 4.62 External hospital appointments were managed well but there were not enough appointments for the prevailing need. Appointments had to be rescheduled each day to accommodate emergencies and mental health transfers. GPs were asked to triage these appointments when additional staff were not available to handle these movements.
- 4.63 Long-term conditions were managed very well. An identified lead screened the medical records of all new arrivals and arranged onward referrals and appropriate reviews for their condition. Two senior nurse prescribers led on the management of these prisoners and records indicated that all patients with a long-term condition had an up-to-date care plan which was regularly reviewed.
- 4.64 An end-of-life care pathway was aligned with national guidelines and primary care staff had good links with local hospice staff who could attend to see patients and contribute to multidisciplinary reviews.
- 4.65 The inpatient unit held up to 20 patients who required support for physical and mental health needs. The admission and discharge policy was well managed and inappropriate admissions were rare. Patients we spoke to said they had limited time out of cell for showers and there were no therapeutic activities. Despite this, patients described the care and treatment as very good and this was reiterated by the dedicated prison officers on the unit. It was disappointing that the exercise area remained stark.

### **Social care**

- 4.66 There was an up-to-date memorandum of understanding between HMP Liverpool, Spectrum Community Health CIC and Liverpool City Council.
- 4.67 Health care staff made appropriate referrals and assessments were carried out in a timely manner with health care staff supporting prisoners in the interim. The local authority social worker liaised with safer custody to raise awareness across the prison of the referral process for prisoners requiring additional support.

- 4.68 At the time of the inspection, four men were in receipt of social care and each had a copy of their care plan. Peer supporters known as carers supported men with non-personal care. However, there was no formal recruitment process, training or oversight of their role to make sure that they understood their responsibilities. This presented a potential risk of inconsistency in care.
- 4.69 Equipment was obtained through the occupational therapy service or directly from the provider. Equipment that we saw had been maintained and serviced, but it was unclear where responsibility for this lay. Prisoners with restricted mobility or impaired communication could summon assistance in an emergency if required.
- 4.70 The local authority social worker and health care staff provided support to patients with continuing social care needs who were transferred or released from prison.

### **Mental health care**

- 4.71 Mersey Care NHS Foundation Trust delivered a seven-day mental health service, including assessment, low intensity psychological interventions and trauma-informed support. Nurses screened all prisoners on arrival at the prison and the team followed this up with a primary mental health screen within 48 hours.
- 4.72 The service had a clear referral pathway. A duty nurse reviewed new referrals each day, responding to acute concerns and prioritising clinical need and risk. Nurses referred patients, including those with complex needs, for further assessment or specialist mental health input through a regular single point referral meeting. The service worked well with safer custody and attended all ACCT meetings.
- 4.73 The mental health team had good resources including mental health and learning disability nurses, occupational therapy, psychiatry, speech and language therapy, social work, psychology, counselling and IAPT practitioners (improving access to psychological therapies). Independent mental health advocates worked alongside the team. Caseloads and waiting lists were not excessive: the talking therapy service had the longest waiting time at 13 weeks. Vacancies were minimal across the service and agency staff were not used which provided good continuity of care.
- 4.74 Staff were skilled and competent. They assessed patients using standardised tools and delivered a range of appropriate care and treatment interventions in line with national guidance on best practice. In addition to mental health disorders, this included support for learning disability and trauma. Managers made sure that staff received induction appropriate to their role, clinical supervision and an annual appraisal.
- 4.75 Patients we spoke to were complimentary about the service, saying that staff were kind, caring and responsive to their needs. Care records consistently demonstrated good quality care plans that were reviewed regularly, personalised and reflected the assessed needs and goals for

patients, including risk. Patient medication was regularly reviewed, physical health checks were undertaken and annual reviews were carried out. The team had strong partnerships with services in and outside the prison including community services, offender managers and other health services.

- 4.76 The care programme approach was used consistently for patients with complex or severe and enduring mental health conditions and involved a range of professionals, including independent advocates.
- 4.77 About half the hospital transfers under the Mental Health Act for specialist care and treatment exceeded the national guidelines of 28 days, which was unacceptable. The availability of local mental health beds delayed some transfers.
- 4.78 Staff planned a patient's discharge effectively and worked with prison colleagues and community services to ensure continuity of care on release.
- 4.79 Prison staff received training in mental health awareness. Mental health staff regularly delivered informal training sessions to prison staff on the wings in relation to specific mental health needs, which was good.

#### **Substance misuse treatment**

- 4.80 Spectrum Community Health CIC delivered clinical substance misuse services in partnership with Change, Grow, Live (CGL), who were sub-contracted to deliver psychosocial support services. The teams worked well together to deliver an integrated and seamless service to support prisoners' needs. The clinical and psychosocial leads attended the prison drug strategy meetings, although these were not held regularly.
- 4.81 All new arrivals were screened for alcohol and drug concerns and were seen by a doctor and health care assistant. Clinical assessments were prompt and opiate substitution treatment prescribed as necessary. At the time of the inspection, 96 prisoners were receiving opiate substitute treatment and one alcohol detoxification.
- 4.82 A wing was dedicated to supporting prisoners with detoxification and stabilisation and there were two cells in the inpatient unit for this purpose. Observations were carried out in accordance with risk assessments and these were monitored by the clinical lead.
- 4.83 The teams jointly conducted five-day and 13-week assessments and a dual diagnosis pathway had been developed with the mental health team to support prisoners with mental health and substance misuse needs.
- 4.84 New referrals, allocations and emerging concerns were discussed at daily multidisciplinary meetings. CGL visited all prisoners reported to have used illicit substances to deliver harm reduction advice and tailored support. Both teams delivered a wing-based, community model service and were easily accessible to prisoners.

- 4.85 Clinical and managerial supervision was conducted and staff felt supported and encouraged to develop the services further. The teams provided informal substance misuse training to wing-based staff and newly recruited prison officers.
- 4.86 Mutual aid groups had been suspended during the pandemic, but there were plans to reinstate them. Constraints to CGL services during the pandemic had affected the delivery of one-to-one and group work, but these had restarted and a variety of programmes was offered.
- 4.87 Both teams received positive feedback from prisoners, one of whom told us 'I would be lost without them, they supported me on release...they go the extra mile.'
- 4.88 Naloxone (to reverse the effects of opiates) was given to prisoners on release and to raise awareness further. CGL staff wore uniforms with a message on the back, encouraging prisoners to ask them about Naloxone. This was good practice.
- 4.89 Family support and through-the-gate work with community drugs services provided prisoners with a good support plan on release, and the team liaised with partners to make sure that care was in place.

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

- 4.90 The pharmacy delivered an adequate service. In-possession medicines were dispensed remotely by Formby Health Rooms but medicines that had been ordered did not always arrive in a timely manner. Most medicines that were not in possession were administered from stock obtained by the in-house pharmacy. This did not reflect prevailing recommendations.
- 4.91 Medicines were administered three times a day and there was provision for night-time administration. About 52% of patients received their medicines in possession, which was low for a predominantly category C establishment. Patients were not supplied with lockable storage facilities for their medicines. Prescribing and administration were recorded on SystemOne (electronic clinical records) and most prisoners had an in-possession risk assessment, although very few were reviewed.
- 4.92 The use of tradeable medicines was relatively high and about a quarter of the population were prescribed Mirtazapine. We were told that the prescribing of most sedating medicines pre-dated arrival at Liverpool. There was no evidence that this was being managed robustly.
- 4.93 Medicines were stored and transported securely and temperature sensitive medicines were kept in suitable fridges, with temperatures monitored. Controlled drugs were well managed and audited at regular intervals. A range of emergency medicines were available for patients to access medicines out of hours, but there were no reconciliation procedures for stock medicines on the wings. The F wing treatment room was dated and too small with inadequate bench and storage

space. Officers' supervision of the medicines queues was generally good and afforded a degree of privacy.

- 4.94 The administration of medicines was good in most areas, although we observed unsafe practices in the inpatient unit where all the medicines were placed in pots in advance, which increased the risk of medication errors, and delivered at cell doors. Similarly, on A wing opiate substitution was administered at a desk with no physical barrier between the open wing and the methadone dispenser. Both practices created risk to personal safety.
- 4.95 Patient compliance was monitored and patients who did not attend for medication were followed up appropriately. Intelligence-led cell checks were not being carried out at the time of the inspection because of staff shortages. The provision of medication was appropriate for patients being discharged or transferred.
- 4.96 A health care partnership meeting was held regularly and attended by pharmacy staff. The team also contributed to drug and therapeutic meetings at local and regional level.

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

- 4.97 Time for Teeth delivered a full range of NHS treatments from Monday to Friday, including urgent care. Despite this, the wait for a routine appointment and follow-up treatments was too long and some patients waited for more than 12 weeks. Commissioners had funded 20 additional dental sessions to reduce waiting times but plans to use the second dental clinic had not been successful.
- 4.98 Applications arrived electronically and dental triage was carried out for new applicants. We observed some use of in-cell telephones to complement this.
- 4.99 Governance procedures were in place for staff training and supervision. Up-to-date policies for the Time for Teeth service were held on the IT system which was accessible to all staff. Equipment calibration and servicing was carried out and records confirmed this.
- 4.100 Oral health promotion was delivered only during consultations.

## 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 Our survey results indicated that significantly fewer prisoners could access education, skills and work than at the previous inspection, with prisoners expressing their frustration to us about the lack of opportunities available to them and the long periods that they spent locked up.
- 5.2 There were sufficient education, training and work spaces for about 65% of the population, which was not enough for a predominantly category C population (see paragraph 5.15). To compound this, leaders had not maximised use of that which was available with only 80% of the available spaces being filled, leaving almost half the population unemployed. Leaders had credible plans to increase spaces with the refurbishment of several workshops, but there was no timescale for this and the additional capacity would still not be enough to meet the needs of the population.
- 5.3 During the working week unemployed prisoners had less than two hours a day out of their cell, while employed prisoners were out for just over six hours. The weekend regime was also poor. Prisoners received only an hour and a half out of their cells on a Saturday and up to three hours on a Sunday if the regime was not curtailed. Leaders did not monitor or keep comprehensive records of curtailments to the daily regime.
- 5.4 The weekday regime did not encourage prisoners to attend full-time purposeful activity because the domestic period was scheduled during work time. This meant that employed prisoners had to return from work early, or refuse to attend, so they could complete domestic tasks. The weekend schedule required prisoners to choose between domestic activities and religious services.
- 5.5 During domestic periods, prisoners had free access to the wing including outside areas, showers, kiosks or socialising with other prisoners, but they could not access recreational games or equipment to keep themselves occupied.
- 5.6 A good range of enrichment events were provided through departments across the prison, including an initiative enabling prisoners to donate to

a local food bank, various projects to improve facilities at the prison and a nurturing programme. These were valued by prisoners who took part (see paragraph 6.3).

- 5.7 The gym had good facilities, including a large all-weather sports pitch, but there were still not enough showers. The gym programme was unusually basic for a prison holding so many category C prisoners. The timetable focused on allocation by wing, with no clubs or targeted sessions to meet the needs of specific groups of prisoners. There were no qualifications or enrichment activities, which was poor. Not all prisoners could attend the gym every week and we were not confident that access to the gym was equitable. Many prisoners spoke to us about the lack of access to the gym and the impact this had on their well-being.
- 5.8 The library, run by Liverpool city council, was large and well stocked. Access remained by wing and prisoners could apply to attend through the kiosk. In our survey, 38% said they were able to access the library once a week or more and 78% of those who used the library said that it had a wide enough range of materials to meet their needs compared with 56% at similar prisons.
- 5.9 The library was running several initiatives. Some of these were relatively new but were promising. A book club was being piloted on a wing and there were groups and mentors for emergent readers.



**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.

5.10 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: Good

Leadership and management: Requires improvement

5.11 Leaders and managers had an ambitious vision to change the education delivery model to meet the individual needs of prisoners better. They were informed by research, lessons learned over the pandemic and the views of prisoners. In recent months managers had started to implement the new model. Prisoners had started to participate in a range of taught sessions, independent study and individual support dependent on individual need. However, leaders and managers had not yet fully implemented this vision, citing a series of recent COVID outbreaks and lockdowns that had stalled momentum.

5.12 Leaders and managers had a clearly defined strategy to develop new activity places and to adapt the curriculum to increase capacity. They had planned extensively to link activities more closely to prisoners' employment opportunities on release. Leaders and managers were engaging with more employers to support the alignment of the curriculum and increase the skills and knowledge development of prisoners. They focused on ensuring that prisoners' learning would enable them to move into meaningful employment on release. Leaders

and managers were in the early stages of implementing this strategy and, so far, it had only had a limited impact on prisoners.

- 5.13 Leaders and managers understood the key weakness of the provision. A well-conceived improvement plan targeted the key priorities that would have the maximum impact on improving the provision. Improvement actions were precise but measures to evaluate success were not sufficiently defined for leaders to measure progress accurately.
- 5.14 In education, managers ensured that the workload and health and well-being of the staff were a priority. Managers took swift action to address concerns that were identified through staff surveys. Training and development were frequent and focused on specific skill development needs.
- 5.15 Leaders and managers did not yet provide enough activity places to enable all prisoners to be employed full time. Too many prisoners were unemployed. The allocation process did not maximise the capacity of the spaces available and too many prisoners were waiting to be allocated to an activity following their induction, some for a considerable time (see paragraph 5.2). The shortage of prison staff and the difficulty of recruiting teachers in English and mathematics had an adverse impact on prisoners as classes were sometimes cancelled.
- 5.16 Too many prisoners did not complete their courses. Some became disengaged because they were not allocated to their first choice of activity and others withdrew from education classes to take up a work activity that paid more. The very low rates of pay for education compared with prison work acted as a disincentive and did not place sufficient value on education and improving skills. Leaders and managers acknowledged that pay rates needed review and were developing a more equitable pay policy.
- 5.17 The range and level of classroom-based and vocational training provision met the needs of the prisoners. In education, prisoners could study English, mathematics, digital skills, radio production, English for speakers of other languages (ESOL) and art up to level 2. Education managers had identified a considerable number of prisoners who needed support to develop the digital skills to help them navigate the internet for job search and related activities. Prisoners' access to the virtual campus (prisoner access to community education, training and employment opportunities via the internet) was being extended for this purpose.
- 5.18 The vocational training curriculum was carefully aligned with local and regional employment needs in the construction, catering and cleaning industries. Managers had developed productive links with local employers to align courses to the need for skilled staff in these sectors. The range of work and vocational training for vulnerable prisoners was narrow: some work was very basic and offered very limited opportunities to develop skills.

- 5.19 Teachers and trainers were suitably qualified and experienced. They used their knowledge and skills to deliver a well-structured, coherent and well-sequenced curriculum that met prisoners' needs effectively.
- 5.20 At induction, all new prisoners received a thorough initial assessment of their English and mathematics skills and additional learning needs. These assessments were made available to teachers and trainers who adapted their strategies to meet the identified needs of these prisoners. Education staff, supported well by a Shannon Trust mentor (see paragraph 4.3), gave prisoners good support to overcome barriers to participating in induction.
- 5.21 Teachers and trainers provided a calm learning environment and established a good rapport with prisoners which was conducive to learning. They provided interesting and interactive learning materials that maintained learners' interest and helped them to build on existing skills and to develop new ones. They challenged learners' misconceptions effectively and promptly and ensured that they had good opportunities to practise and rehearse what they had learned. In mathematics sessions, prisoners learned how to apply basic number skills in their everyday lives while those studying English understood the correct use of basic punctuation conventions such as commas, full stops and capital letters.
- 5.22 In vocational training, learners developed trade skills in spray plastering, painting and decorating, joinery and industrial cleaning. In the prison kitchen and in the staff canteen, prisoners developed good practical and customer service skills. Prisoners showed pride in their work and valued the opportunities that participation in vocational training provided. Trainers used their skills and experience well to help learners develop the skills likely to benefit them on release.
- 5.23 Teachers and trainers offered clear guidance on how learners could improve their work, paying appropriate attention to inaccuracies in spelling, punctuation and grammar. Most prisoners on education and vocational training courses made reasonable progress and were prepared for the next stage in their learning. A few prisoners in catering had gained employment in the hospitality industry on release.
- 5.24 The standards of learners' written and practical work met the requirements of the courses they were studying and most learners who stayed to the end of their course achieved their qualification.
- 5.25 Peer mentors worked across the establishment in a range of settings. Some had been trained to support classroom and vocational training activities. Teachers and trainers made good use of these mentors to support prisoners' learning and skills development. A considerable number of prisoners had been assessed as having literacy skills at entry 3 level and below on entry to the prison.
- 5.26 In prison industries, most prisoners worked purposefully and were fully occupied with their work. However, instructors did not identify or provide support to prisoners with English, mathematics or additional

learning needs which inhibited their skills development. A passport to employment booklet was available in vocational training and industries to record a range of social skills that prisoners developed. However, too few staff used this consistently enough to gather an accurate view of prisoners' skills development. As a result, prisoners could not identify and focus on the skills and behaviours that needed improvement to increase their chance of meaningful and sustained employment on release.

- 5.27 Prisoners knew how to keep themselves safe and whom to ask for support. This was reinforced at induction and well promoted by signs and posters across the prison. Prisoners' behaviour was very good and respectful relationships among prisoners and between prisoners and staff were evident in all activity settings. As a result, prisoners worked and learned in calm, orderly environments that were conducive to learning.
- 5.28 Attendance had been low over the previous 12 months. Punctuality was not good enough and some prisoners arrived up to 30 minutes late for their activity. This disrupted learning activities for all prisoners and reduced their learning time.
- 5.29 A wide range of partners worked effectively together to assess prisoners' starting points and establish their employment aspirations quickly during induction. Following induction, appropriate pathways were established for prisoners to support their career and progression aspirations.
- 5.30 Prisoners who used the careers information, advice and guidance (CIAG) services and careers preparation support received good support which prepared them well for their next steps on release. This included help to apply for jobs, prepare CVs and applications for loans to help them find work. Prisoners could apply for further access to CIAG after induction by using the wing kiosks. However, not all prisoners were aware of this or sufficiently motivated to use it.
- 5.31 Prisoners had very recently started to participate in a range of effective courses and activities that supported their personal development. These included learning how to manage challenges that presented potential barriers to gaining employment. Attendance on these courses was voluntary and too few prisoners used them. Leaders and managers had already identified that they needed to do more to encourage prisoners to attend.
- 5.32 Prison and education managers and staff had planned and implemented a wide and innovative range of enrichment activities. They worked with partners such as Liverpool Hope University to deliver specialist programmes that met the needs of prisoners very well. Enrichment activities included a wide variety of arts projects, music and singing, reading and writing, sessions on health and well-being and Black History Month. Prisoners who participated in these activities gained a good awareness of how to live more successful, healthy and active lives, the steps they could take to be more active citizens and

the importance of respecting differences in society. Managers had extended the reach of the enrichment activities by producing videos of sessions and activities which could be viewed on the in-cell televisions.

## 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 Good work was carried out to enable prisoners to build and maintain family relationships. The managing chaplain led in this area and coordinated work with a range of prison departments and other partners to deliver this work and improve practice.
- 6.2 A team of family workers from the charity Partners of Prisoners (POPs) worked at the prison. They welcomed all visitors to the comfortable visitors' centre and were available to provide advice about the visits process. The team also provided excellent support for prisoners' families, which included answering a well-used visitors' helpline and hosting regular and well-attended family forums where family members could ask questions and make suggestions for improvement. A member of the team worked at the courts to identify and start supporting family members before the prisoner arrived at the prison.



#### **Visitor centre**

- 6.3 The POPs family support lead provided individual casework support to some prisoners on issues such as family court matters. POPs family workers also helped prisoners to develop their parenting skills. The 'new baby' initiative enabled fathers to view a video of their new-born child and create a record of their baby's early days. An accredited parenting programme had recently been introduced in partnership with Liverpool City Council, which was positive.
- 6.4 The number of visits that prisoners could have each month had recently increased and they could now have their full entitlement. Additional visits were available for remand prisoners and those on the highest level of the incentives scheme, which rewarded positive behaviour (see paragraph 3.13).
- 6.5 In our survey, prisoners were much more positive than at other local prisons about the visits provision, including visits starting and finishing on time and visitors being treated with respect. Visitors we spoke to said they had been treated well, but many said they had experienced repeated delays trying to contact the visits booking telephone line. There were plans to improve the décor of the visits hall to make it more welcoming.



**Visits hall**

- 6.6 Prisoners could make one video call a month. A survey had recently been carried out to identify why there was such a low use of video calls and to make improvements. Prisoners also had in-cell telephones to maintain regular contact with family and friends.

## **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 function of the prison was in the process of changing since the last inspection. It no longer served the local magistrates' courts but continued to serve Liverpool Crown Court. Unsentenced prisoners now comprised 20% of the population compared with 30% at the previous inspection. HMP Liverpool was to become a category C resettlement prison for the local area and the proportion of category C prisoners had increased from 48% to 77%.
- 6.8 Joint working with community partners to reduce reoffending was impressive. A senior prison manager led the recently launched reducing reoffending project, which included senior managers from many community agencies, such as Liverpool City Council, Merseyside Police and Torus (a local provider of affordable homes). The prison lead worked part of each week in the mayor's office and had developed a promising framework for aligning the strategic reducing reoffending

plans of each partner to avoid duplication and improve outcomes for prisoners.

- 6.9 Partnership working in the prison was equally positive. The prison partnership liaison officer coordinated joint working between agencies that worked on site. These included Achieve North-west Connect (education, training and employment support), Merseyside Offender Mentoring Service, Change Grow Live (see paragraph 4.80), Department of Work and Pensions, Novus (education services), the Growth Company (information, advice and guidance) and POPs. The liaison officer also promoted a range of services in the community to which prisoners could be directed on release (see paragraph 6.40).
- 6.10 At the time of the inspection, the reducing reoffending needs analysis was being updated. The strategy and meeting structure to drive this area of work was reasonably good and explicitly recognised the role of the offender management unit (OMU) in delivering rehabilitative work, which we do not always see.
- 6.11 The capability of the OMU to support this work had been hampered by staff vacancies and absences. This was exacerbated by the frequent cross-deployment of operational prison offender managers (POMs).
- 6.12 In our survey, 57% of prisoners who said they had a custody plan said someone was helping them achieve their targets compared with 82% at the previous inspection. In our assessment of offender management cases, recorded levels of face-to-face contact between POMs and prisoners varied but were generally too infrequent from prison offender managers. Prisoners told us they were frustrated by the lack of contact and that applications to speak to their POM were ignored. To compound this, the key work sessions we reviewed only concerned prisoner welfare, with no reference to how prisoners were progressing against agreed targets.
- 6.13 Many prisoners did not meet their nominated POM during their first few weeks at the prison and in some cases the first contact was to discuss arrangements for the prisoner's release, which could be more than three months after sentencing.
- 6.14 As a result of the staff shortages and cross-deployment, POMs spent most of their time completing reports for time-bound events such as home detention curfew (HDC) and parole and they had little time left to meet prisoners on their caseload. In addition, POMs told us there were not enough private rooms on the wings to interview prisoners.
- 6.15 POMs had an average of between 50 and 55 cases each. These were allocated appropriately so that probation officer POMs managed the 40% of sentenced prisoners assessed as posing a high risk of harm. Despite the issues with resources and contact, it was evident from discussion with all POMs that they had a good understanding of their cases.

- 6.16 Most initial sentence plans were completed within three months and, in our survey, 30% said they had a custody plan compared with 19% at similar prisons. Managers in the OMU told us that they had only been able to keep up with the demand for these initial sentence plans through additional HMPPS funding, and it was unclear if the funding would be available in the future.
- 6.17 Our reviews indicated that the initial sentence plans prepared by prison POMs were of a reasonably good standard. However, sentence plans for prisoners serving shorter sentences had been prepared by the community offender manager (COM). These plans tended to focus on work to be completed in the community after release, with little reference to what the prisoner should do before then to reduce their risk.
- 6.18 More than three-quarters of sentenced prisoners were category C, but release on temporary licence (ROTL) was not available to help prisoners demonstrate a reduction in their risk or to prepare for release. Formal planning to introduce this had not started.
- 6.19 Most of the risk management plans that we examined were of reasonably good quality.

### **Public protection**

- 6.20 The weekly interdepartmental risk management team (IRMT) meeting failed to identify and share information about all prisoners who presented the greatest risk before their release. Records of the meeting showed that there were usually only two or three attendees, all of whom were from the OMU. The primary focus of the meeting was to discuss prisoners (usually those who had recently arrived) who were subject to mail and phone monitoring arrangements. The meeting did not systematically deal with multi-agency public protection arrangements (MAPPA) and there was often no reference to high-risk prisoners nearing release.
- 6.21 Managers responded promptly to our findings in this area and immediately implemented changes to the format of the meeting. In our reviews, we found evidence of reasonably good communication between POMs and COMs before release to manage identified risks for each prisoner, which to an extent mitigated the weakness in the IRMT.
- 6.22 In most relevant cases, the contact between POM and COM covered the level of management a prisoner needed under MAPPA. However, this was not monitored at a prison level and we identified several cases where COMs had not set MAPPA levels for prisoners nearing release. This had not been escalated to the senior probation officer in the community to resolve. The quality of reports prepared by POMs to support community MAPPA meetings was reasonably good.
- 6.23 Arrangements to identify prisoners who were eligible for phone and mail monitoring were sound. Staff assigned to carry out monitoring had capacity to listen to some of the calls made by all prisoners on the list

each day. The IRMT reviewed these cases regularly and made sure that appropriate action was taken, for example making a referral to the domestic violence disclosure scheme.

### **Categorisation and transfers**

- 6.24 The initial security categorisation for prisoners was completed promptly after sentencing, so that prisoners could be transferred if necessary to an appropriate prison to serve their sentence. Prisoners assessed as category B were generally transferred without delay.
- 6.25 Most prisoners were assessed as category C and those given a long sentence should have been transferred to a training prison to progress. However, not enough spaces were made available in other prisons and, despite concerted efforts to arrange transfers, more than 100 prisoners with long sentences were still waiting to move. Some of them had been waiting for several months.
- 6.26 Reviews of prisoners' categorisation level were completed by POMs and most were completed on time. Cases that we reviewed included evidence that appropriate information about the prisoner's risk had been considered. However, prisoners were not routinely consulted as part of the review.
- 6.27 In the absence of accredited offending behaviour programmes (see paragraph 6.32) or opportunities for ROTL (see paragraph 6.18), prisoners had been provided with in-cell workbooks on offence related topics to demonstrate that they were making some effort to reduce their risks. These workbooks were appreciated and had been accepted as evidence to support decisions to move to open conditions. This temporary measure did not replace the need for proper face-to-face intervention.
- 6.28 During the previous 12 months, more than 70 prisoners had been transferred to open conditions and only four assessed as suitable for such a move were still waiting. This was a lower level than we have seen in recent inspections.

### **Interventions**

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

- 6.29 In our survey, only 34% of prisoners said they had completed a non-accredited programme compared with 63% at the previous inspection.
- 6.30 The prison was commissioned to deliver the accredited thinking skills programme (TSP) to help prisoners develop thinking skills to manage their own risks. This had been paused during the initial COVID restrictions and had not yet resumed because of staff shortages. As a result, some prisoners had been released with no opportunity to complete this aspect of their sentence plan.

- 6.31 Delivery of the TSP programme was to resume in October 2022, but at the time of the inspection POMs had referred very few prisoners to the programme team to be assessed for suitability.
- 6.32 To mitigate the lack of a full TSP programme, many prisoners had been given in-cell workbooks by their POMs, which was very helpful. These had been used to inform decisions about recategorisation but were only suitable as an interim measure or to complement an accredited programme.
- 6.33 Some prisoners had received non-accredited short interventions from Achieve North-west Connect (see Glossary) covering a range of topics including personal development and employability. A few prisoners had completed the 'facing up to conflict' course to help manage anger and aggression.
- 6.34 Many partners involved in supporting rehabilitation were now meeting prisoners face to face to deliver interventions. A promising new employment hub operated as a drop-in centre with staff from DWP, New Futures Network (an HMPPS initiative that brokers partnerships between prisons and employers) and the Growth Company which helps prisoners to identify training needs and employment opportunities.

## 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.

- 6.35 About 90 prisoners were released into the community each month and, in our survey, 67% of prisoners said someone was helping them prepare for release compared with 47% at other local prisons.
- 6.36 The resettlement team assessed the needs of all new arrivals promptly by reviewing their records and contacting prisoners to discuss identified needs. We saw examples of this assessment leading to early referrals to support agencies, for example drug and alcohol services.
- 6.37 The resettlement team provided limited support to remand prisoners, such as making sure that housing benefit continued where appropriate. The team tracked remand prisoners to make sure that they could work on their release plans promptly if they received a short sentence, which we do not always see.
- 6.38 Resettlement workers then contacted all low- and medium-risk prisoners 12 weeks before their release date to develop a release plan. The plans that we reviewed were of reasonably good quality. Resettlement workers also liaised with COMs who were responsible for the release plans for high-risk prisoners.
- 6.39 Resettlement staff made referrals to partners to support release plans, although prison records did not provide an overview of all the work that

was being done. The multi-agency resettlement board had recently resumed which improved communication between prisoners and the partners involved and gave managers a useful overview of progress.

- 6.40 There was good support for care leavers, with a nominated lead who met these prisoners and started resettlement planning earlier than three months from release. Promising links had been developed with support networks in the community, such as Thrive (a coffee shop in Liverpool city centre for support workers and young people to meet, build relationships and access job search support).
- 6.41 A team of mentors from Merseyside Offender Mentoring Service was based in the prison. A member of the team saw all prisoners before release and could refer the prisoner to mentors in the community for continuing support, which was an excellent resource.
- 6.42 Prison service data suggested that, during the previous 12 months, about 90% of prisoners left the prison with an address to go to on that day. However, prison leaders recognised that these data were not wholly reliable and were developing a better mechanism to improve accommodation on release.
- 6.43 A store of donated clothing was available in reception for prisoners who needed it on release. At the time of the inspection, no other support was available at the point of release although leaders planned to reintroduce the resettlement hub that we had previously recorded as good practice.

## 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 availability of illicit drugs was too high.**
2. **The management of medicines was inadequate.** Administration was not safe, there were delays in the delivery of medicines and the management of sedating medicines was weak.
3. **There were not enough activity places for the population.** Too many prisoners were unemployed, the allocation process was not efficient and the rate of pay for education acted as a disincentive.
4. **Prisoners did not have enough time unlocked.** Unemployed prisoners in particular were locked up for far too long.

### Key concerns

5. **The standard of some living accommodation was inadequate.** Too many prisoners were living in a cell designed for one and too many cells had broken windows.
6. **Prisoners waited too long to see a GP or a dentist.**
7. **There was a lack of training and oversight for peer workers who provided care for other prisoners in receipt of social care.**
8. **Prisoners waited too long for a hospital transfer under the Mental Health Act for specialist care and treatment.**
9. **Attendance at education, vocational training and work was too low.** Punctuality was a problem with delays caused by late movement, medication dispensing and health care appointments.
10. **Instructors in prison industries did not effectively identify or support prisoners with learning difficulties or development needs in English and mathematics.**
11. **Arrangements to manage public protection risks posed by prisoners were not sufficiently robust.** The inter-departmental risk management team meeting failed to identify and share information about prisoners who presented the greatest risk before their release.

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

### Recommendations from the last full inspection

The following is a summary of the main findings from the last full inspection report and a list of all the recommendations made, organised under the four tests of a healthy prison.

#### Safety

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

At the last inspection in 2019, most prisoners were now provided with good support during their early days at Liverpool. Too many prisoners still felt unsafe and, although there was less violence than at comparator sites, there was still too much. The prison's response to violence was not robust enough. However, the vulnerable prisoner wing and a wellbeing unit provided welcome places of safety for some prisoners. The formal incentive scheme was better managed than at the last inspection and opportunities to progress motivated good behaviour. The governance of force had improved and levels of force had reduced. Improvements had been made in the segregation unit. The strategy to reduce drugs was comprehensive, but drugs were too readily available. There had been six self-inflicted deaths since the last inspection. Levels of self-harm were too high, although prisoners in crisis were well cared for.

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

#### Key recommendations

All incidents of violence and antisocial behaviour should be investigated thoroughly to ensure that perpetrators are managed consistently and victims are supported. (S37)

**Not achieved**

The strategic management of self-harm should ensure that swift and focused action is taken to improve care for prisoners in crisis and to reduce self-harm. (S38)

**Not achieved**

#### Recommendations

All new arrivals should receive additional welfare checks on their first night. (1.10)

**Achieved**

Vulnerable prisoners should spend their first night on the most appropriate wing with access to a timely induction. (1.11)

**Not achieved**

Fire-retardant hoods for planned removals should only be worn when approved by a senior manager following assessment of risk. (1.33)

**Achieved**

Managers should ensure that body-worn video cameras are worn and activated during all incidents of force. (1.34)

**Not achieved**

All requests for suspicion drug testing should be actioned promptly to detect and deter the use of illicit substances. (1.51)

**Not achieved**

There should be robust oversight of the use of constant watch cells to ensure that they are only used when necessary. (1.59)

**Not achieved**

## **Respect**

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

At the last inspection in 2019, relationships between staff and prisoners were good. Living conditions had improved significantly since the last inspection. Prisoners now had a decent breakfast and the introduction of a small shop in reception was good practice. Consultation arrangements were good. The introduction of electronic kiosks supported the application system. The complaints system was managed well but prisoners' perceptions of complaints were negative. The management of equality and diversity had improved significantly, although more needed to be done to support prisoners with disabilities. Faith provision benefited from strong leadership. Health and substance use services were good.

Outcomes for prisoners were good against this healthy prison test.

### **Key recommendation**

Prisoners with disabilities should receive appropriate care and equal access to a purposeful regime. (S39)

**Not achieved**

### **Recommendations**

The single cells on H and K wings should not be used to house more than one prisoner. (2.13)

**Not achieved**

All shared cells should have lockable storage for personal items and in-possession medications. (2.14)

**Not achieved**

Poor perceptions of the responses to complaints should be explored and addressed to improve confidence in the complaints system. (2.26)

**Achieved**

The poor perceptions of prisoners from a black and minority ethnic background should be investigated further and addressed. (2.47)

**Not achieved**

Foreign national detainees should be moved to an immigration removal centre once their criminal sentence has been served. (Repeated recommendation 2.43). (2.48)

**Not achieved**

All wing treatment areas should comply with infection control and prevention standards and should have sufficient, secure storage space for medicines and other equipment. (2.63)

**Not achieved**

Recipients of social care who are re-categorised should not be prevented from progressing from category B prisons because of a lack of appropriate social care provision at category C prisons. (2.80)

**No longer relevant**

Patients requiring admission to secure mental hospitals should be transferred expeditiously and within the current guidelines. (2.88)

**Not achieved**

The level of support provided by prison officers during the administration and collection of medication should be enhanced to minimise potential bullying and diversion of supplies. (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 since the last inspection, but too many prisoners still remained locked up during the core day. Library and gym facilities were good but attendance at the library was low. Leadership and management of education, skills and work activities required improvement. Partnership working had improved and there were a number of new initiatives to improve outcomes. However, there were too few activity places for the population and attendance was still too low. Prisoners in vocational training and prison work developed valuable skills.

Too many prisoners did not progress or reach their full potential. Personal development and behaviour were good. Too many prisoners did not complete their qualifications and achievement rates on too many courses were low.

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

### **Key recommendations**

Leaders should ensure that there are enough high-quality activity places to meet all prisoners' needs and abilities, that they are appropriately staffed and provide relevant qualifications across all levels to help prisoners achieve their full potential and gain suitable employment on release. (S40)

#### **Not achieved**

Leaders and managers should ensure that teaching, learning and assessment are of a high quality and that teachers and instructors plan stimulating learning activities which include challenging targets to inspire prisoners to achieve their full potential. (S41)

#### **Achieved**

Leaders, managers, tutors and instructors should structure the curriculum to ensure that prisoners complete and achieve relevant qualifications across education, skills and work activities, progress to higher-level courses as appropriate and that there are no discernible differences in the performance of different groups of prisoners. (S42)

#### **Partially achieved**

### **Recommendations**

All prisoners, including those who are unemployed, should have enough time out of their cells to carry out domestic tasks and to have at least one hour of association every day. (3.11)

#### **Not achieved**

Leaders should ensure that attendance rates increase rapidly and are high across education, skills and work activities to ensure that prisoners participate fully in purposeful activity. (3.21)

#### **Not achieved**

Leaders, including Novus leaders, should further develop prisoners' use of the virtual campus to broaden their learning and job-search opportunities. (3.22)

#### **Not achieved**

Leaders and managers should ensure that all instructors organise workshop activities effectively so that prisoners are fully occupied and benefit from purposeful prison work that develops useful skills. (3.29)

#### **Achieved**

Leaders and managers should provide tutors and instructors with high-quality staff development that helps them to improve their questioning techniques and the quality of their feedback to prisoners. (3.30)

**Achieved**

Prison leaders should ensure that general appointments do not prevent prisoners from attending education, skills and work activities. (3.39)

**Not 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, children and families work was excellent. Strategic management of reducing reoffending had improved. OASys was generally well managed. High-risk offenders were appropriately managed by probation offender supervisors and contact between offender supervisors and prisoners was reasonably good. Re-categorisation was managed well. Too many eligible prisoners were not released on their home detention curfew date. There were weaknesses in public protection work. There was an appropriate range of interventions and the well-being unit was an example of good practice. Work to prepare prisoners for release was excellent.

Outcomes for prisoners were good against this healthy prison test.

### **Key recommendation**

Effective arrangements should be made to identify, record and monitor prisoners who pose the greatest risk in preparation for their release. (S43)

**Not achieved**

### **Recommendation**

There should be a clear escalation process with community probation offices to ensure that outstanding OASys assessments which are the responsibility of community offices are completed in a timely manner. (4.20)

**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
Deborah Butler	Team leader
David Owens	Inspector
Ian Dickens	Inspector
Lindsay Jones	Inspector
Angela Johnson	Inspector
Donna Ward	Inspector
Jed Waghorn	Researcher
Charlotte Betts	Researcher
Emma King	Researcher
Isabella Raucci	Researcher
Tania Osborne	Lead health and social care inspector
Shaun Thomson	Health and social care inspector
Noor Mohamed	Pharmacist
Dee Angwin	Care Quality Commission inspector
Joanne White	Care Quality Commission inspector
Sheila Willis	Ofsted inspector
Jai Sharda	Ofsted inspector
Mary Devane	Ofsted inspector
Malcolm Fraser	Ofsted inspector
Liz Calderbank	Offender management 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.justiceinspectors.gov.uk/hmiprison/about-our-inspections/>

### **Achieve North West Connect**

A social inclusion project that targets offenders with multiple barriers to employment, such as accommodation, substance misuse and issues with mental/physical health.

### **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.

### **Change Grow Live**

Change Grow Live is a voluntary sector organisation specialising in substance misuse and criminal justice intervention projects in England and Wales.

### **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.

### **Kiosks**

Communal electronic information touchscreens enabling prisoners to access services at the prison including selecting their daily meals, ordering items they

are allowed to buy and making applications. Kiosks are also used to communicate and share information with prisoners and conduct surveys.

### **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.

### **Partners of Prisoners (POPs)**

POPs provide information and support for offenders' families from the point of arrest through to release and beyond.

### **Protected characteristics**

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

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

Safeguarding duties apply to an adult who:

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

### **Secure video calls**

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

### **Shannon Trust**

Provides peer-mentored reading plan resources and training to prisons

### **Social care package**

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

### **Time out of cell**

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

## Appendix III Care Quality Commission Requirement Notice



Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>

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

### **Provider**

Spectrum Community Health C.I.C.

### **Location**

HMP Liverpool

### **Location ID**

1-4971424750

### **Regulated activities**

Diagnostic and Screening Procedures; Treatment of disorder, disease or injury

### **Action we have told the provider to take**

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

### **Regulation 12 (1)(2)(g)**

Care and treatment must be provided in a safe way for service users.

Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include:

- the proper and safe management of medicines.

### **How the regulation was not being met:**

The registered provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:

Secondary dispensing was occurring in the in-patient unit where one nurse was observed to be “potting up” medicines and delivering them door-to-door.

This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

## **Appendix IV Further resources**

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

### **Prison population profile**

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

### **Prisoner survey methodology and results**

A representative survey of prisoners is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection. A document with information about the methodology and the survey, and comparator documents showing the results of the survey, are published alongside the report on our website.

### **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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